

**CONFIDENTIAL**



## **FOOD FREQUENCY QUESTIONNAIRE**

### **MAIN TRIAL**

**PARTICIPANT ID:**

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

**INITIALS:**

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

This questionnaire asks for some background information about you, especially about what you eat.

**Your answers will be treated as strictly confidential and will be used only for medical research.**

**PLEASE COMPLETE USING BLACK INK/PEN**

Please answer every question. If you are uncertain about how to answer a question then do the best you can, but please do not leave a question a blank.

## 1. YOUR DIET LAST YEAR

For each food there is an amount shown, either a “medium serving” or a common household unit such as a slice or teaspoon. Please put a tick (✓) in the box to indicate how often, **on average**, you have eaten the specified amount of each food **during the past year**.

### EXAMPLE

For white bread the amount is one slice, so if you have had 4 or 5 slices a day, you should put a tick in the column headed “4-5 per day”.

| FOODS AND AMOUNTS                                           | AVERAGE USE LAST YEAR        |               |               |              |              |              |             |             |            |
|-------------------------------------------------------------|------------------------------|---------------|---------------|--------------|--------------|--------------|-------------|-------------|------------|
|                                                             | Never or less than one/month | 1-3 per month | Once per week | 2-4 per week | 5-6 per week | Once per day | 2-3 per day | 4-5 per day | 6+ per day |
| <b>BREAD AND SAVOURY BISCUITS</b><br>(one slice or biscuit) |                              |               |               |              |              |              |             |             |            |
| White bread and rolls                                       |                              |               |               |              |              |              |             | ✓           |            |

For chips, the amount is a “medium serving”, so if you had a helping of chips twice a week you should put a tick in the column headed “2-4 per week”.

| FOODS AND AMOUNTS                                    | AVERAGE USE LAST YEAR        |               |               |              |              |              |             |             |            |
|------------------------------------------------------|------------------------------|---------------|---------------|--------------|--------------|--------------|-------------|-------------|------------|
|                                                      | Never or less than one/month | 1-3 per month | Once per week | 2-4 per week | 5-6 per week | Once per day | 2-3 per day | 4-5 per day | 6+ per day |
| <b>POTATOES, RICE, AND PASTA</b><br>(medium serving) |                              |               |               |              |              |              |             |             |            |
| Chips                                                |                              |               |               | ✓            |              |              |             |             |            |

For very seasonal fruits such as strawberries and raspberries, you should estimate your average use when the fruits are in season, so if you ate strawberries or raspberries about once a week when they were in season you should put a tick in the column headed “once per week”.

| FOODS AND AMOUNTS                           | AVERAGE USE LAST YEAR        |               |               |              |              |              |             |             |            |
|---------------------------------------------|------------------------------|---------------|---------------|--------------|--------------|--------------|-------------|-------------|------------|
|                                             | Never or less than one/month | 1-3 per month | Once per week | 2-4 per week | 5-6 per week | Once per day | 2-3 per day | 4-5 per day | 6+ per day |
| <b>FRUIT</b><br>(1 fruit or medium serving) |                              |               |               |              |              |              |             |             |            |
| Strawberries, raspberries, kiwi fruit       |                              |               | ✓             |              |              |              |             |             |            |

Please estimate your average food use as best you can, and please answer every question – do not leave ANY lines blank. PLEASE PUT A TICK (✓) ON EVERY LINE.

| FOODS AND AMOUNTS                                                                    | AVERAGE USE LAST YEAR         |               |               |              |              |              |             |             |            |
|--------------------------------------------------------------------------------------|-------------------------------|---------------|---------------|--------------|--------------|--------------|-------------|-------------|------------|
|                                                                                      | Never or less than once/month | 1-3 per month | Once per week | 2-4 per week | 5-6 per week | Once per day | 2-3 per day | 4-5 per day | 6+ per day |
| <b>MEAT AND FISH</b><br>(medium serving)                                             |                               |               |               |              |              |              |             |             |            |
| Beef: roast, steak, mince, stew, or casserole                                        |                               |               |               |              |              |              |             |             |            |
| Beef burgers                                                                         |                               |               |               |              |              |              |             |             |            |
| Pork: roast, chops, stews, slices                                                    |                               |               |               |              |              |              |             |             |            |
| Lamb: roast, chops, or stew                                                          |                               |               |               |              |              |              |             |             |            |
| Chicken or other poultry e.g., turkey                                                |                               |               |               |              |              |              |             |             |            |
| Bacon                                                                                |                               |               |               |              |              |              |             |             |            |
| Ham                                                                                  |                               |               |               |              |              |              |             |             |            |
| Corned beef, Spam, luncheon meats                                                    |                               |               |               |              |              |              |             |             |            |
| Sausages                                                                             |                               |               |               |              |              |              |             |             |            |
| Savoury pies, e.g., meat pie, pork pie, pasties, steak & kidney pie, sausage rolls   |                               |               |               |              |              |              |             |             |            |
| Liver, liver pâté, liver sausage                                                     |                               |               |               |              |              |              |             |             |            |
| Fried fish in batter, as in fish and chips                                           |                               |               |               |              |              |              |             |             |            |
| Fish fingers, fish cakes                                                             |                               |               |               |              |              |              |             |             |            |
| Other white fish, fresh or frozen, e.g., cod, haddock, plaice, sole, halibut         |                               |               |               |              |              |              |             |             |            |
| Oily fish, fresh or canned, e.g., mackerel, kippers, tuna, salmon, sardines, herring |                               |               |               |              |              |              |             |             |            |
| Shellfish, e.g., crab, prawns, mussels                                               |                               |               |               |              |              |              |             |             |            |
| Fish roe, taramasalata                                                               |                               |               |               |              |              |              |             |             |            |
|                                                                                      | Never or less than once/month | 1-3 per month | Once per week | 2-4 per week | 5-6 per week | Once per day | 2-3 per day | 4-5 per day | 6+ per day |

**Please check that you have a tick (✓) on EVERY line.**

| FOODS AND AMOUNTS                                           | AVERAGE USE LAST YEAR         |               |               |              |              |              |             |             |            |
|-------------------------------------------------------------|-------------------------------|---------------|---------------|--------------|--------------|--------------|-------------|-------------|------------|
|                                                             | Never or less than once/month | 1-3 per month | Once per week | 2-4 per week | 5-6 per week | Once per day | 2-3 per day | 4-5 per day | 6+ per day |
| <b>BREAD AND SAVOURY BISCUITS</b><br>(one slice or biscuit) |                               |               |               |              |              |              |             |             |            |
| White bread and rolls                                       |                               |               |               |              |              |              |             |             |            |
| Brown bread and rolls                                       |                               |               |               |              |              |              |             |             |            |
| Wholemeal bread and rolls                                   |                               |               |               |              |              |              |             |             |            |
| Cream crackers, cheese biscuits                             |                               |               |               |              |              |              |             |             |            |
| Crispbread, e.g., Ryvita                                    |                               |               |               |              |              |              |             |             |            |
| <b>CEREALS</b> (one bowl)                                   |                               |               |               |              |              |              |             |             |            |
| Porridge, Ready Brek                                        |                               |               |               |              |              |              |             |             |            |
| Breakfast cereal such as cornflakes, muesli, etc.           |                               |               |               |              |              |              |             |             |            |
| <b>POTATOES, RICE, AND PASTA</b> (medium serving)           |                               |               |               |              |              |              |             |             |            |
| Boiled, mashed, instant or jacket potatoes                  |                               |               |               |              |              |              |             |             |            |
| Chips                                                       |                               |               |               |              |              |              |             |             |            |
| Roast potatoes                                              |                               |               |               |              |              |              |             |             |            |
| Potato salad                                                |                               |               |               |              |              |              |             |             |            |
| White rice                                                  |                               |               |               |              |              |              |             |             |            |
| Brown rice                                                  |                               |               |               |              |              |              |             |             |            |
| White or green pasta, e.g., spaghetti, macaroni, noodles    |                               |               |               |              |              |              |             |             |            |
| Wholemeal pasta                                             |                               |               |               |              |              |              |             |             |            |
| Lasagne, moussaka                                           |                               |               |               |              |              |              |             |             |            |
| Pizza                                                       |                               |               |               |              |              |              |             |             |            |
|                                                             | Never or less than once/month | 1-3 per month | Once per week | 2-4 per week | 5-6 per week | Once per day | 2-3 per day | 4-5 per day | 6+ per day |

**Please check that you have a tick (✓) on EVERY line.**

| FOODS AND AMOUNTS                                                                                | AVERAGE USE LAST YEAR         |               |               |              |              |              |             |             |            |
|--------------------------------------------------------------------------------------------------|-------------------------------|---------------|---------------|--------------|--------------|--------------|-------------|-------------|------------|
|                                                                                                  | Never or less than once/month | 1-3 per month | Once per week | 2-4 per week | 5-6 per week | Once per day | 2-3 per day | 4-5 per day | 6+ per day |
| DIARY PRODUCTS AND FATS                                                                          |                               |               |               |              |              |              |             |             |            |
| Single or sour cream (tablespoon)                                                                |                               |               |               |              |              |              |             |             |            |
| Double or clotted cream (tablespoon)                                                             |                               |               |               |              |              |              |             |             |            |
| Low fat yogurt (125g carton)                                                                     |                               |               |               |              |              |              |             |             |            |
| Full fat or Greek yogurt (125g carton)                                                           |                               |               |               |              |              |              |             |             |            |
| Dairy desserts (125g carton)                                                                     |                               |               |               |              |              |              |             |             |            |
| Cheese, e.g., Cheddar, Brie, Edam (medium serving)                                               |                               |               |               |              |              |              |             |             |            |
| Cottage cheese, low fat soft cheese (medium serving)                                             |                               |               |               |              |              |              |             |             |            |
| Eggs as boiled, fried, scrambled etc., (one)                                                     |                               |               |               |              |              |              |             |             |            |
| Quiche (medium serving)                                                                          |                               |               |               |              |              |              |             |             |            |
| Low calorie, low fat salad cream (tablespoon)                                                    |                               |               |               |              |              |              |             |             |            |
| Salad cream, mayonnaise (tablespoon)                                                             |                               |               |               |              |              |              |             |             |            |
| French dressing (tablespoon)                                                                     |                               |               |               |              |              |              |             |             |            |
| Other salad dressing (tablespoon)                                                                |                               |               |               |              |              |              |             |             |            |
| <b>The following on bread or vegetables</b>                                                      |                               |               |               |              |              |              |             |             |            |
| Butter (teaspoon)                                                                                |                               |               |               |              |              |              |             |             |            |
| Block or hard margarine, e.g., Stork, Krona (teaspoon)                                           |                               |               |               |              |              |              |             |             |            |
| Polyunsaturated margarine, e.g., Flora, sunflower, soya spreads (teaspoon)                       |                               |               |               |              |              |              |             |             |            |
| Soft margarines, including olive oil based and dairy spreads, e.g., Blue Band, Clover (teaspoon) |                               |               |               |              |              |              |             |             |            |
| Low fat spreads (less than 60% fat), e.g., Outline, Gold (teaspoon)                              |                               |               |               |              |              |              |             |             |            |
| Very low spread (less than 30% fat) (teaspoon)                                                   |                               |               |               |              |              |              |             |             |            |
|                                                                                                  | Never or less than once/month | 1-3 per month | Once per week | 2-4 per week | 5-6 per week | Once per day | 2-3 per day | 4-5 per day | 6+ per day |

**Please check that you have a tick (✓) on EVERY line.**

| FOODS AND AMOUNTS                                      | AVERAGE USE LAST YEAR         |               |               |              |              |              |             |             |            |
|--------------------------------------------------------|-------------------------------|---------------|---------------|--------------|--------------|--------------|-------------|-------------|------------|
|                                                        | Never or less than once/month | 1-3 per month | Once per week | 2-4 per week | 5-6 per week | Once per day | 2-3 per day | 4-5 per day | 6+ per day |
| <b>SWEETS AND SNACK</b><br>(medium serving)            |                               |               |               |              |              |              |             |             |            |
| Sweet biscuits, chocolate, e.g., digestive (one)       |                               |               |               |              |              |              |             |             |            |
| Sweet biscuits, plain, e.g., Nice, ginger (one)        |                               |               |               |              |              |              |             |             |            |
| Cakes e.g., fruit, sponge, home baked                  |                               |               |               |              |              |              |             |             |            |
| Cakes e.g., fruit, sponge, ready made                  |                               |               |               |              |              |              |             |             |            |
| Buns, pastries e.g., scones, flapjacks, home baked     |                               |               |               |              |              |              |             |             |            |
| Buns, pastries e.g., croissants, doughnuts, ready made |                               |               |               |              |              |              |             |             |            |
| Fruit pies, tarts, crumbles, home baked                |                               |               |               |              |              |              |             |             |            |
| Fruit pies tarts, crumbles, ready made                 |                               |               |               |              |              |              |             |             |            |
| Sponge puddings, home baked                            |                               |               |               |              |              |              |             |             |            |
| Sponge puddings, ready made                            |                               |               |               |              |              |              |             |             |            |
| Milk puddings, e.g., rice, custard, trifle             |                               |               |               |              |              |              |             |             |            |
| Ice cream, choc ices                                   |                               |               |               |              |              |              |             |             |            |
| Chocolates, single or squares                          |                               |               |               |              |              |              |             |             |            |
| Chocolate snacks bars e.g., Mars, Crunchie             |                               |               |               |              |              |              |             |             |            |
| Sweets, toffees, mints                                 |                               |               |               |              |              |              |             |             |            |
| Sugar added tea, coffee, cereal (teaspoon)             |                               |               |               |              |              |              |             |             |            |
| Crisps or other packet snacks, e.g., Wotsits           |                               |               |               |              |              |              |             |             |            |
| Peanuts or other nuts                                  |                               |               |               |              |              |              |             |             |            |
|                                                        | Never or less than once/month | 1-3 per month | Once per week | 2-4 per week | 5-6 per week | Once per day | 2-3 per day | 4-5 per day | 6+ per day |

**Please check that you have a tick (✓) on EVERY line.**

| <b>FOODS AND AMOUNTS</b>                                     | <b>AVERAGE USE LAST YEAR</b>   |               |               |              |              |              |             |             |            |
|--------------------------------------------------------------|--------------------------------|---------------|---------------|--------------|--------------|--------------|-------------|-------------|------------|
| <b>SWEETS AND SNACK</b> (continued)<br>(medium serving)      | Never or less than once /month | 1-3 per month | Once per week | 2-4 per week | 5-6 per week | Once per day | 2-3 per day | 4-5 per day | 6+ per day |
| <b>SOUPS, SAUCES, AND SPREAD</b>                             |                                |               |               |              |              |              |             |             |            |
| Vegetable soup (bowl)                                        |                                |               |               |              |              |              |             |             |            |
| Meat soups (bowl)                                            |                                |               |               |              |              |              |             |             |            |
| Sauces, e.g., white sauces, cheese sauce, gravy (tablespoon) |                                |               |               |              |              |              |             |             |            |
| Tomato ketchup (tablespoon)                                  |                                |               |               |              |              |              |             |             |            |
| Pickles, chutney (tablespoon)                                |                                |               |               |              |              |              |             |             |            |
| Marmite, Bovril (teaspoon)                                   |                                |               |               |              |              |              |             |             |            |
| Jam, marmalade, honey (teaspoon)                             |                                |               |               |              |              |              |             |             |            |
| Peanut butter (teaspoon)                                     |                                |               |               |              |              |              |             |             |            |
|                                                              | Never or less than once/ month | 1-3 per month | Once per week | 2-4 per week | 5-6 per week | Once per day | 2-3 per day | 4-5 per day | 6+ per day |

**Please check that you have a tick (✓) on EVERY line.**

**Please continue on to the next page**

| FOODS AND AMOUNTS                                         | AVERAGE USE LAST YEAR         |               |               |              |              |              |             |             |            |
|-----------------------------------------------------------|-------------------------------|---------------|---------------|--------------|--------------|--------------|-------------|-------------|------------|
|                                                           | Never or less than once/month | 1-3 per month | Once per week | 2-4 per week | 5-6 per week | Once per day | 2-3 per day | 4-5 per day | 6+ per day |
| <b>DRINKS</b>                                             |                               |               |               |              |              |              |             |             |            |
| Tea (cup)                                                 |                               |               |               |              |              |              |             |             |            |
| Coffee, instant or ground (cup)                           |                               |               |               |              |              |              |             |             |            |
| Coffee, decaffeinated (cup)                               |                               |               |               |              |              |              |             |             |            |
| Coffee whitener, e.g., Coffee-mate (teaspoon)             |                               |               |               |              |              |              |             |             |            |
| Cocoa, hot chocolate (cup)                                |                               |               |               |              |              |              |             |             |            |
| Horlicks, Ovaltine (cup)                                  |                               |               |               |              |              |              |             |             |            |
| Wine (glass)                                              |                               |               |               |              |              |              |             |             |            |
| Beer, lager or cider (half pint)                          |                               |               |               |              |              |              |             |             |            |
| Port, sherry, vermouth, liqueurs (glass)                  |                               |               |               |              |              |              |             |             |            |
| Spirits, e.g., gin, brandy, whisky, vodka (single)        |                               |               |               |              |              |              |             |             |            |
| Low calorie or diet fizzy soft drinks (glass)             |                               |               |               |              |              |              |             |             |            |
| Fizzy soft drinks, e.g., Coca Cola, lemonade (glass)      |                               |               |               |              |              |              |             |             |            |
| Pure fruit juice (100%) e.g., orange, apple juice (glass) |                               |               |               |              |              |              |             |             |            |
| Fruit squash or cordial (glass)                           |                               |               |               |              |              |              |             |             |            |
|                                                           | Never or less than once/month | 1-3 per month | Once per week | 2-4 per week | 5-6 per week | Once per day | 2-3 per day | 4-5 per day | 6+ per day |

**Please check that you have a tick (✓) on EVERY line.**



| FOODS AND AMOUNTS                                                                                        | AVERAGE USE LAST YEAR         |               |               |              |              |              |             |             |            |
|----------------------------------------------------------------------------------------------------------|-------------------------------|---------------|---------------|--------------|--------------|--------------|-------------|-------------|------------|
|                                                                                                          | Never or less than once/month | 1-3 per month | Once per week | 2-4 per week | 5-6 per week | Once per day | 2-3 per day | 4-5 per day | 6+ per day |
| <b>DRINKS</b> (continued)                                                                                |                               |               |               |              |              |              |             |             |            |
| <b>FRUIT. For seasonal fruits marked *, please estimate your average use when the fruit is in season</b> |                               |               |               |              |              |              |             |             |            |
| Apples (1 fruit)                                                                                         |                               |               |               |              |              |              |             |             |            |
| Pears (1 fruit)                                                                                          |                               |               |               |              |              |              |             |             |            |
| Orange, satsumas, mandarins (1 fruit)                                                                    |                               |               |               |              |              |              |             |             |            |
| Grapefruit (half)                                                                                        |                               |               |               |              |              |              |             |             |            |
| Bananas (1 fruit)                                                                                        |                               |               |               |              |              |              |             |             |            |
| Grapes (medium serving)                                                                                  |                               |               |               |              |              |              |             |             |            |
| Melon (1 slice)                                                                                          |                               |               |               |              |              |              |             |             |            |
| * Peaches, plums, apricots (1 fruit)                                                                     |                               |               |               |              |              |              |             |             |            |
| * Strawberries, raspberries, kiwi fruit (medium serving)                                                 |                               |               |               |              |              |              |             |             |            |
| Tinned fruit (medium serving)                                                                            |                               |               |               |              |              |              |             |             |            |
| Dried fruit, e.g., raisins, prunes (medium serving)                                                      |                               |               |               |              |              |              |             |             |            |
|                                                                                                          | Never or less than once/month | 1-3 per month | Once per week | 2-4 per week | 5-6 per week | Once per day | 2-3 per day | 4-5 per day | 6+ per day |

**Please check that you have a tick (✓) on EVERY line.**

**Please continue on to the next page**

| FOODS AND AMOUNTS                                                 | AVERAGE USE LAST YEAR         |               |               |              |              |              |             |             |            |
|-------------------------------------------------------------------|-------------------------------|---------------|---------------|--------------|--------------|--------------|-------------|-------------|------------|
|                                                                   | Never or less than once/month | 1-3 per month | Once per week | 2-4 per week | 5-6 per week | Once per day | 2-3 per day | 4-5 per day | 6+ per day |
| <b>VEGETABLES</b><br>Fresh, frozen, or tinned<br>(medium serving) |                               |               |               |              |              |              |             |             |            |
| Carrots                                                           |                               |               |               |              |              |              |             |             |            |
| Spinach                                                           |                               |               |               |              |              |              |             |             |            |
| Broccoli, spring greens kale                                      |                               |               |               |              |              |              |             |             |            |
| Brussels sprout                                                   |                               |               |               |              |              |              |             |             |            |
| Cabbage                                                           |                               |               |               |              |              |              |             |             |            |
| Peas                                                              |                               |               |               |              |              |              |             |             |            |
| Green beans, broad beans,<br>runner beans                         |                               |               |               |              |              |              |             |             |            |
| Marrow, courgettes                                                |                               |               |               |              |              |              |             |             |            |
| Cauliflower                                                       |                               |               |               |              |              |              |             |             |            |
| Parsnips, turnips, swedes                                         |                               |               |               |              |              |              |             |             |            |
| Leeks                                                             |                               |               |               |              |              |              |             |             |            |
| Onions                                                            |                               |               |               |              |              |              |             |             |            |
| Garlic                                                            |                               |               |               |              |              |              |             |             |            |
| Mushrooms                                                         |                               |               |               |              |              |              |             |             |            |
| Sweet peppers                                                     |                               |               |               |              |              |              |             |             |            |
| Beansprouts                                                       |                               |               |               |              |              |              |             |             |            |
| Green salad, lettuce,<br>cucumber, celery                         |                               |               |               |              |              |              |             |             |            |
| Watercress                                                        |                               |               |               |              |              |              |             |             |            |
|                                                                   | Never or less than once/month | 1-3 per month | Once per week | 2-4 per week | 5-6 per week | Once per day | 2-3 per day | 4-5 per day | 6+ per day |

**Please check that you have a tick (✓) on EVERY line.**

| FOODS AND AMOUNTS                                                             | AVERAGE USE LAST YEAR         |               |               |              |              |              |             |             |            |
|-------------------------------------------------------------------------------|-------------------------------|---------------|---------------|--------------|--------------|--------------|-------------|-------------|------------|
|                                                                               | Never or less than once/month | 1-3 per month | Once per week | 2-4 per week | 5-6 per week | Once per day | 2-3 per day | 4-5 per day | 6+ per day |
| <b>VEGETABLES</b> (continued)<br>Fresh, frozen, or tinned<br>(medium serving) |                               |               |               |              |              |              |             |             |            |
| Tomatoes                                                                      |                               |               |               |              |              |              |             |             |            |
| Sweetcorn                                                                     |                               |               |               |              |              |              |             |             |            |
| Beetroot                                                                      |                               |               |               |              |              |              |             |             |            |
| Coleslaw                                                                      |                               |               |               |              |              |              |             |             |            |
| Avocado                                                                       |                               |               |               |              |              |              |             |             |            |
| Baked beans                                                                   |                               |               |               |              |              |              |             |             |            |
| Dried lentils, beans, peas                                                    |                               |               |               |              |              |              |             |             |            |
| Tofu, soya meat, TVP,<br>Vegeburger                                           |                               |               |               |              |              |              |             |             |            |
|                                                                               | Never or less than once/month | 1-3 per month | Once per week | 2-4 per week | 5-6 per week | Once per day | 2-3 per day | 4-5 per day | 6+ per day |

**Please check that you have a tick (✓) on EVERY line.**

**Please continue on to the next page**

|                                                                          |                                                                           |
|--------------------------------------------------------------------------|---------------------------------------------------------------------------|
| <b>YOUR DIET LAST YEAR, continued</b>                                    |                                                                           |
| 2. Are there any <b>OTHER</b> foods which you ate more than once a week? | <b>YES</b> <input type="checkbox"/><br><b>NO</b> <input type="checkbox"/> |

If **YES**, please list below

| Food | Usual serving size | Number of times eaten each week |
|------|--------------------|---------------------------------|
|      |                    |                                 |
|      |                    |                                 |
|      |                    |                                 |
|      |                    |                                 |
|      |                    |                                 |
|      |                    |                                 |

|                                                                        |                          |                       |                          |
|------------------------------------------------------------------------|--------------------------|-----------------------|--------------------------|
| 3. What type of milk did you most often use?<br><b>Select one only</b> |                          |                       |                          |
| Full cream/whole                                                       | <input type="checkbox"/> | Semi-skimmed          | <input type="checkbox"/> |
| Skimmed                                                                | <input type="checkbox"/> | Channel Islands, gold | <input type="checkbox"/> |
| Dried milk                                                             | <input type="checkbox"/> | Soya                  | <input type="checkbox"/> |
| Other, specify                                                         |                          | None                  | <input type="checkbox"/> |

|                                                                                        |                          |                          |                          |
|----------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 4. How much milk did you drink each day, including milk with tea, coffee, cereals etc? |                          |                          |                          |
| None                                                                                   | <input type="checkbox"/> | Three quarters of a pint | <input type="checkbox"/> |
| Quarter of a pint                                                                      | <input type="checkbox"/> | One pint                 | <input type="checkbox"/> |
| Half a pint                                                                            | <input type="checkbox"/> | More than one pint       | <input type="checkbox"/> |

|                                                                                                |                                                                           |
|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| 5. Did you usually eat breakfast cereal (excluding porridge and Ready Brek mentioned earlier)? | <b>YES</b> <input type="checkbox"/><br><b>NO</b> <input type="checkbox"/> |
|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|

|                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------|
| If <b>YES</b> , which brand and type of breakfast cereal, including muesli, did you usually eat?<br><b>List the one or two types most often used</b> |
|------------------------------------------------------------------------------------------------------------------------------------------------------|

|                       |                       |
|-----------------------|-----------------------|
| Brand e.g., Kellogg's | Type e.g., cornflakes |
|                       |                       |
|                       |                       |

|                                                                                                          |                          |                     |                          |
|----------------------------------------------------------------------------------------------------------|--------------------------|---------------------|--------------------------|
| 6. What kind of fat did you most often use for frying, roasting, grilling etc?<br><b>Select one only</b> |                          |                     |                          |
| Butter                                                                                                   | <input type="checkbox"/> | Solid vegetable fat | <input type="checkbox"/> |
| Lard/dripping                                                                                            | <input type="checkbox"/> | Margarine           | <input type="checkbox"/> |
| Vegetable oil                                                                                            | <input type="checkbox"/> | None                | <input type="checkbox"/> |

If you used vegetable oil, please give type e.g., corn, sunflower.

|  |
|--|
|  |
|--|

|                                                                                            |                          |                     |                          |
|--------------------------------------------------------------------------------------------|--------------------------|---------------------|--------------------------|
| 7. What kind of fat did you most often use for baking cakes etc?<br><b>Select one only</b> |                          |                     |                          |
| Butter                                                                                     | <input type="checkbox"/> | Solid vegetable fat | <input type="checkbox"/> |
| Lard/dripping                                                                              | <input type="checkbox"/> | Margarine           | <input type="checkbox"/> |
| Vegetable oil                                                                              | <input type="checkbox"/> | None                | <input type="checkbox"/> |

If you used margarine, please give name or type e.g., Flora, Stork.

|  |
|--|
|  |
|--|

|                                                       |                          |                  |                          |
|-------------------------------------------------------|--------------------------|------------------|--------------------------|
| 8. How often did you eat food that was fried at home? |                          |                  |                          |
| Daily                                                 | <input type="checkbox"/> | 4-6 times a week | <input type="checkbox"/> |
| 1-3 times a week                                      | <input type="checkbox"/> | Never            | <input type="checkbox"/> |
| Less than once a week                                 | <input type="checkbox"/> |                  |                          |

|                                                     |                          |                  |                          |
|-----------------------------------------------------|--------------------------|------------------|--------------------------|
| 9. How often did you eat fried food away from home? |                          |                  |                          |
| Daily                                               | <input type="checkbox"/> | 4-6 times a week | <input type="checkbox"/> |
| 1-3 times a week                                    | <input type="checkbox"/> | Never            | <input type="checkbox"/> |
| Less than once a week                               | <input type="checkbox"/> |                  |                          |

|                                                        |                          |                           |                          |
|--------------------------------------------------------|--------------------------|---------------------------|--------------------------|
| 10. What did you do with the visible fat on your meat? |                          |                           |                          |
| Ate most of the fat                                    | <input type="checkbox"/> | Ate as little as possible | <input type="checkbox"/> |
| Ate some of the fat                                    | <input type="checkbox"/> | Did not eat meat          | <input type="checkbox"/> |

|                                                  |                          |                          |              |
|--------------------------------------------------|--------------------------|--------------------------|--------------|
| 11. How often did you eat grilled or roast meat? | <input type="checkbox"/> | <input type="checkbox"/> | Times a week |
|--------------------------------------------------|--------------------------|--------------------------|--------------|

|                                                                 |                          |                     |                          |
|-----------------------------------------------------------------|--------------------------|---------------------|--------------------------|
| 12. How well cooked did you usually have grilled or roast meat? |                          |                     |                          |
| Well done/dark brown                                            | <input type="checkbox"/> | Lightly cooked/rare | <input type="checkbox"/> |
| Medium                                                          | <input type="checkbox"/> | Did not eat meat    | <input type="checkbox"/> |

|                                                       |                          |           |                          |
|-------------------------------------------------------|--------------------------|-----------|--------------------------|
| 13. How often did you add salt to food while cooking? |                          |           |                          |
| Always                                                | <input type="checkbox"/> | Rarely    | <input type="checkbox"/> |
| Usually                                               | <input type="checkbox"/> | Never     | <input type="checkbox"/> |
|                                                       |                          | Sometimes | <input type="checkbox"/> |

|                                                          |                          |           |                          |
|----------------------------------------------------------|--------------------------|-----------|--------------------------|
| 14. How often did you add salt to any food at the table? |                          |           |                          |
| Always                                                   | <input type="checkbox"/> | Rarely    | <input type="checkbox"/> |
| Usually                                                  | <input type="checkbox"/> | Never     | <input type="checkbox"/> |
|                                                          |                          | Sometimes | <input type="checkbox"/> |

|                                                             |                                     |
|-------------------------------------------------------------|-------------------------------------|
| 15. Did you regularly use a salt substitute (e.g., LoSalt)? | <b>YES</b> <input type="checkbox"/> |
|                                                             | <b>NO</b> <input type="checkbox"/>  |
| If <b>YES</b> , which brand?                                |                                     |

16. During the course of last year, on average how many times a week did you eat the following foods?

| <b>Food type</b>                                                       | <b>Times/week</b> | <b>Portion size</b>       |
|------------------------------------------------------------------------|-------------------|---------------------------|
| Vegetables (not including potatoes)                                    |                   | Medium serving            |
| Salads                                                                 |                   | Medium serving            |
| Fruit and fruit products (not including fruit juice)                   |                   | Medium serving or 1 fruit |
| Fish and fish products                                                 |                   | Medium serving            |
| Meat, meat products and meat dishes (including bacon, ham and chicken) |                   | Medium serving            |

**Please continue on to the next page**

17. Have you taken any vitamins, minerals, fish oils, fibre, or other food supplements during the past year?

|                          |            |
|--------------------------|------------|
| <input type="checkbox"/> | Yes        |
| <input type="checkbox"/> | No         |
| <input type="checkbox"/> | Sometimes  |
| <input type="checkbox"/> | Don't know |

If **YES** or **SOMETIMES**, please complete the table below.

If you have taken more than 8 types of supplements, please put the most frequently consumed brands first.

*Example:* If you take one tablet of vitamin C two times a day, please write '2' in the amount column and tick (✓) the 'once a day' box. Most supplements mention a strength value (in our example 500mg), please write this information in the table.

| Supplements |                         |                                                                  |                                                                    |                                 | Average frequency for the past year<br>Tick (✓) <b>ONE</b> box per line to show how often on average you took the amount consumed as mentioned in 'amount' column. |             |              |              |           |
|-------------|-------------------------|------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------|--------------|-----------|
| Brand       | Name                    | Strength (strength of the supplement for each tablet or capsule) | Amount (number of tablets, capsules or teaspoons taken in one day) | Never or less than once a month | 1-3 per month                                                                                                                                                      | Once a week | 2-4 per week | 5-6 per week | One a day |
| Boots       | High strength vitamin C | 500mg                                                            | 2 tablets                                                          |                                 |                                                                                                                                                                    |             |              |              | ✓         |
|             |                         |                                                                  |                                                                    |                                 |                                                                                                                                                                    |             |              |              |           |
|             |                         |                                                                  |                                                                    |                                 |                                                                                                                                                                    |             |              |              |           |
|             |                         |                                                                  |                                                                    |                                 |                                                                                                                                                                    |             |              |              |           |
|             |                         |                                                                  |                                                                    |                                 |                                                                                                                                                                    |             |              |              |           |
|             |                         |                                                                  |                                                                    |                                 |                                                                                                                                                                    |             |              |              |           |
|             |                         |                                                                  |                                                                    |                                 |                                                                                                                                                                    |             |              |              |           |
|             |                         |                                                                  |                                                                    |                                 |                                                                                                                                                                    |             |              |              |           |
|             |                         |                                                                  |                                                                    |                                 |                                                                                                                                                                    |             |              |              |           |
|             |                         |                                                                  |                                                                    |                                 |                                                                                                                                                                    |             |              |              |           |

**Thank you for your help**