

CONFIDENTIAL



FOOD FREQUENCY QUESTIONNAIRE

RESVERATROL SUB-TRIAL

PARTICIPANT ID:

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INITIALS:

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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
BREAD AND SAVOURY BISCUITS (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
POTATOES, RICE, AND PASTA (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
FRUIT (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
MEAT AND FISH (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
BREAD AND SAVOURY BISCUITS (one slice or biscuit)									
White bread and rolls									
Brown bread and rolls									
Wholemeal bread and rolls									
Cream crackers, cheese biscuits									
Crispbread, e.g., Ryvita									
CEREALS (one bowl)									
Porridge, Ready Brek									
Breakfast cereal such as cornflakes, muesli, etc.									
POTATOES, RICE, AND PASTA (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)									
The following on bread or vegetables									
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
SWEETS AND SNACK (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.

FOODS AND AMOUNTS	AVERAGE USE LAST YEAR								
SWEETS AND SNACK (continued) (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
SOUPS, SAUCES, AND SPREAD									
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
DRINKS									
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
DRINKS (continued)									
FRUIT. For seasonal fruits marked *, please estimate your average use when the fruit is in season									
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
VEGETABLES Fresh, frozen, or tinned (medium serving)									
Carrots									
Spinach									
Broccoli, spring greens kale									
Brussels sprout									
Cabbage									
Peas									
Green beans, broad beans, runner beans									
Marrow, courgettes									
Cauliflower									
Parsnips, turnips, swedes									
Leeks									
Onions									
Garlic									
Mushrooms									
Sweet peppers									
Beansprouts									
Green salad, lettuce, 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
VEGETABLES (continued) Fresh, frozen, or tinned (medium serving)									
Tomatoes									
Sweetcorn									
Beetroot									
Coleslaw									
Avocado									
Baked beans									
Dried lentils, beans, peas									
Tofu, soya meat, TVP, 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

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

If YES , please list below		
Food	Usual serving size	Number of times eaten each week
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. What type of milk did you most often use? Select one only			
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)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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If YES , which brand and type of breakfast cereal, including muesli, did you usually eat? List the one or two types most often used
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Brand e.g., Kellogg's	Type e.g., cornflakes
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

6. What kind of fat did you most often use for frying, roasting, grilling etc? Select one only			
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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.

<input type="text"/>

7. What kind of fat did you most often use for baking cakes etc? Select one only			
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.

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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
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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)?	YES <input type="checkbox"/>
	NO <input type="checkbox"/>
If YES , which brand?	

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

Food type	Times/week	Portion size
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 Tick (✓) ONE 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