

FOOD QUESTIONNAIRE

Locality \_\_\_\_\_

Id number

Date

					-														

NAME \_\_\_\_\_

Day of the week to which the information applies \_\_\_\_\_

FOOD QUESTIONS This form contains questions on the food items and dishes you ate yesterday. Start from what you had for breakfast. Consider each food group in turn and try to recall whether you had anything of that group for breakfast. Consider the other meals you had yesterday in the same manner and tick off the appropriate squares. Don't worry if what you had was not what you usually eat. Describe what you ate YESTERDAY.

WHAT DID YOU EAT YESTERDAY?	<u>MORNING</u> before going to work 6.00- 9.00	<u>LUNCH</u> about midday 11.00- 14.00	<u>DINNER/ EVENING SNACK</u> after work 16.00- 19.00	<u>SUPPER</u> after 19.00	<u>SNACKS</u> morning and/or afternoon
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DAIRY PRODUCTS, ETC.

a) milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) cultured milk products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) cheese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) butter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) margarine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BREAD, GRAIN PRODUCTS

a) rye, graham, leavened or crisp bread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) white bread, French bread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) buns, cakes, biscuits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) rice, macaroni	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) porridge, gruel, cereals etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAT, FISH, EGGS

a) meat, minced meat, chicken, liver, blood dishes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) sausage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) eggs (also omelette)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) other meat or fish foods, e.g. canned fish, salted herring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<u>MORNING</u> before going to work	<u>LUNCH</u> about midday	<u>DINNER/ EVENING SNACK</u> after work	<u>SUPPER</u> after	<u>SNACKS</u> morning and/or afternoon
6.00- 9.00	11.00- 14.00	16.00- 19.00	19.00	

POTATO, ROOTS

a) potato	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) carrots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) beetroot, swede, turnip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VEGETABLES

a) tomatoes, cucumber, lettuce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) cabbage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) peas, beans, other vegetables, mushrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FRUITS AND BERRIES

a) fresh or deep-frozen fruit and berries, fresh fruit juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) marmelade, jam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) stewed berry and fruit desserts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BEVERAGES, SWEETS

a) coffee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) tea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) juice, soft drinks, water, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) sweets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) beer, other alcoholic beverages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I DID NOT HAVE A MEAL DURING THIS PERIOD

How much butter  1 or margarine  2 do you usually spread on a slice of bread?

2.5 g	<input type="checkbox"/>
5	<input type="checkbox"/>
10	<input type="checkbox"/>

Yesterday I had a day off  0  
 worked in the daytime  1  
 worked at night  2