

**Office use only**

Date completed:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
day	month	year			

Name:

Date of birth:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
day	month	year			


# Food Questionnaire

Different eating patterns may affect people's health. To help us understand these eating patterns, we would like you to **think back over the past 4 weeks** and answer the following questions about the foods you usually eat.

Put a tick in the box which best tells **HOW OFTEN** you usually eat the foods.

## Example

If you eat apples on 3 or 4 days each week, put a tick in the '3-4 times a week' box.

<b>2.</b>	<b>Apples or pears</b>					
Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you never or rarely eat a food, tick in the box 'never or less than once a month' and go to the next question.

**It may be helpful to ask the person who does the cooking and shopping in your household to help you fill in the questions.**

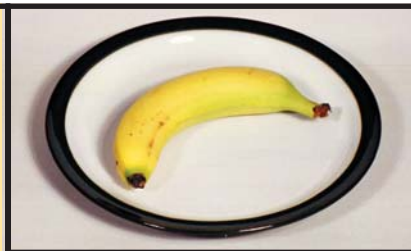
**PLEASE DO NOT SKIP ANY FOODS**

Put a tick  in the box which best tells HOW OFTEN you eat the food.

**Fruit**

**1. Banana, raw**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



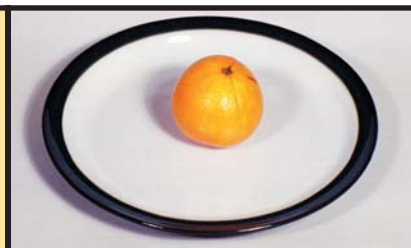
**2. Apples or pears**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



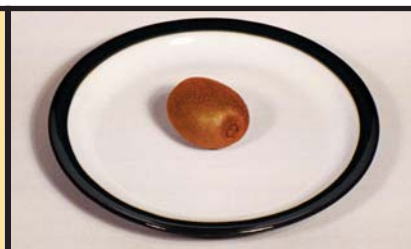
**3. Oranges or mandarins**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**4. Kiwifruit**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**5. Nectarines, peaches, plums or apricots**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Put a tick  in the box which best tells HOW OFTEN you eat the food.

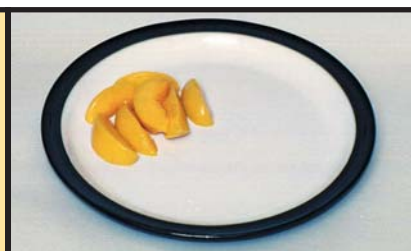
**6. Strawberries or other berries**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**7. Canned or cooked fruit, eg. canned peaches**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**8. Dried fruit, eg. raisins**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**9. Other Fruit (1)** If you often have another fruit, not listed - give the name and tick a box to show how often you eat it

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**10. Other Fruit (2)** If you often have another fruit, not listed - give the name and tick a box to show how often you eat it

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Put a tick  in the box which best tells HOW OFTEN you eat the food.

## Vegetables

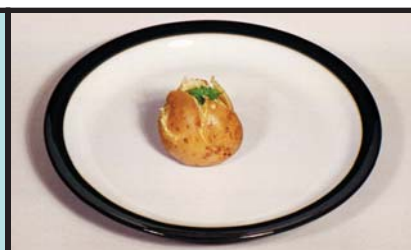
**11. Fried potatoes, eg. hot potato chips, kumara chips, french fries, wedges or hash browns**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



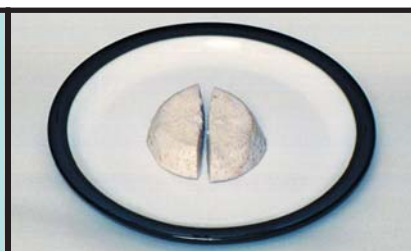
**12. Other potatoes, eg. boiled, mashed, baked or roasted**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



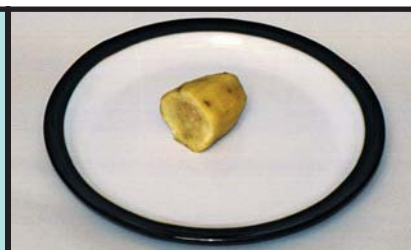
**13. Taro**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**14. Kumara**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**15. Carrots (raw or cooked)**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Put a tick  in the box which best tells HOW OFTEN you eat the food.

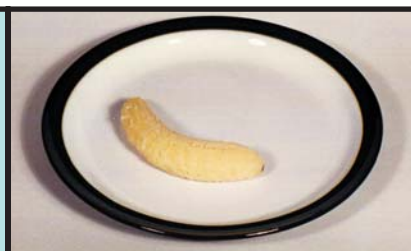
**16. Cassava**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



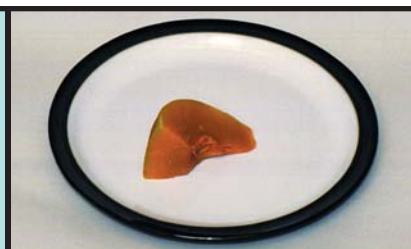
**17. Cooked green banana**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**18. Pumpkin**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**19. Mixed vegetables**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**20. Corn**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Put a tick  in the box which best tells HOW OFTEN you eat the food.

**21. Peas**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**22. Silverbeet, spinach, puha or watercress**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**23. Green beans**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



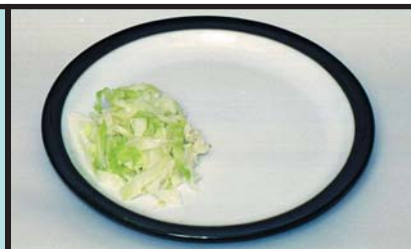
**24. Broccoli**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**25. Cauliflower or cabbage**

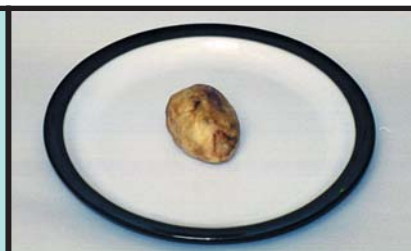
Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Put a tick  in the box which best tells HOW OFTEN you eat the food.

**26a.** Thinking about **cooked vegetables**, how often would you have **roast vegetables**?

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**26b.** Thinking about **cooked vegetables** again, how often would you have **butter or margarine** on them?

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**26c.** Which of these do you usually have on vegetables? *(tick one box)*

- butter
  blend (margarine and butter)
- low-fat spread
  Don't have either
- margarine
 Name of margarine or blend

**27.** **Lettuce or green salad**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**28.** **Tomatoes (raw or cooked)**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

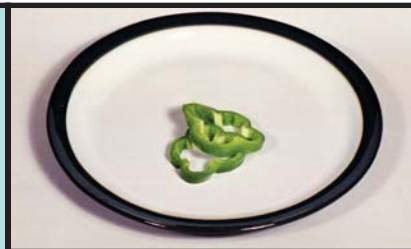




Put a tick  in the box which best tells HOW OFTEN you eat the food.

**29. Capsicum (green, red or yellow peppers)**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**30. Avocado**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**31. Other Vegetable (1)** If you often have another vegetable, not listed - give the name and tick a box to show how often you eat it

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**32. Other Vegetable (2)** If you often have another vegetable, not listed - give the name and tick a box to show how often you eat it

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Mixed dishes**

**33. Meat and vegetable 'boil-up', eg. puha, povi masima, brisket, mutton flaps, pork bones**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Put a tick  in the box which best tells HOW OFTEN you eat the food.

**34. Meat stew or casserole with vegetables**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**35. Pasta with meat and tomato sauce, eg. lasagne, spaghetti bolognese**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



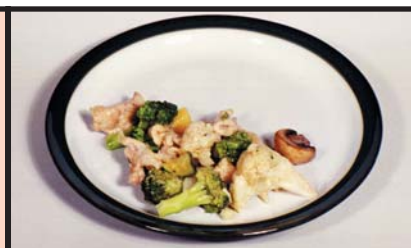
**36. Pasta with cream, white sauce or cheese sauce**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**37. Chinese type dishes, stir-fry meat or chicken and vegetables**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**38. Other Mixed Dish** If you often have another mixed dish, not listed - give the name and tick a box to show how often you eat it

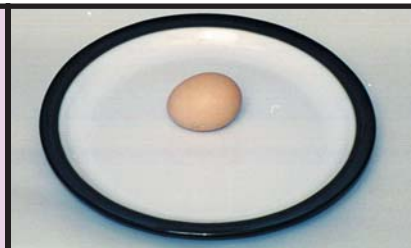
Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Put a tick  in the box which best tells HOW OFTEN you eat the food.

**Eggs, meat, poultry and fish**

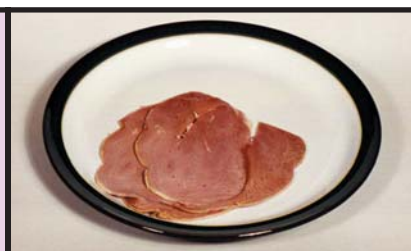
**39. Eggs, boiled, poached, fried or scrambled, etc**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**40. Roast beef, lamb or pork**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**41. Steak**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**42. Lamb or mutton chops**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**43. Pork chop (or other pork small cuts)**

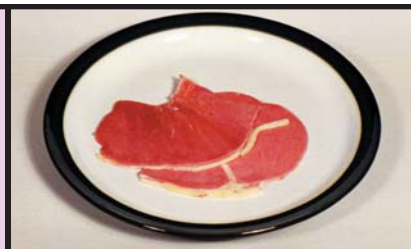
Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Put a tick  in the box which best tells HOW OFTEN you eat the food.

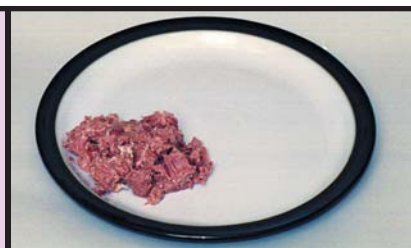
**44. Boiled corned beef/silverside**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**45. Canned corned beef**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**46. Mince, including rissoles, patties, Shepherd's Pie, etc**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



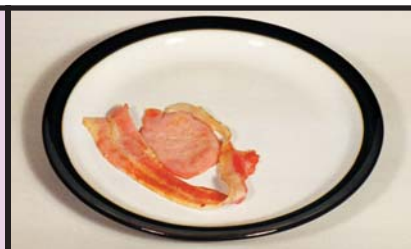
**47. Liver or liver paté**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**48. Bacon or ham**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Put a tick  in the box which best tells HOW OFTEN you eat the food.

**49. Chicken**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**49a.** How often was the chicken you ate fried chicken or chicken nuggets? (tick one box)

- |  |  |
|--|--|
| <input type="checkbox"/> almost never or never | <input type="checkbox"/> ¾ of the time           |
| <input type="checkbox"/> ¼ of the time         | <input type="checkbox"/> almost always or always |
| <input type="checkbox"/> ½ of the time         |  |

**50. Fish**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

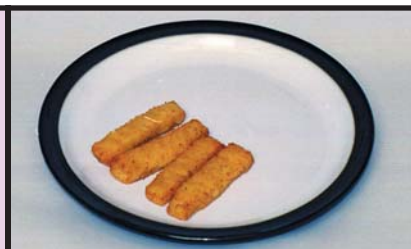


**50a.** How often was the fish you ate fried fish or takeaway fish? (tick one box)

- |  |  |
|--|--|
| <input type="checkbox"/> almost never or never | <input type="checkbox"/> ¾ of the time           |
| <input type="checkbox"/> ¼ of the time         | <input type="checkbox"/> almost always or always |
| <input type="checkbox"/> ½ of the time         |  |

**51. Fish cake, fish fingers or fish pie**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Put a tick  in the box which best tells HOW OFTEN you eat the food.

**52. Canned fish, eg. tuna or salmon**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**53. Shell fish, eg. mussel, paua or crabmeat**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**54. Other item of the 'Eggs, meat, poultry and fish' group** If you often have another item from this group, not listed - give the name and tick a box to show how often you eat it

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**55. Which of the following fats were regularly used to cook your meat, poultry or fish?** (mark all that are used)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Don't know     | <input type="checkbox"/> Kremelta type fat | <input type="checkbox"/> Safflower oil       |
| <input type="checkbox"/> Margarine      | <input type="checkbox"/> Canola oil        | <input type="checkbox"/> Sunflower oil       |
| <input type="checkbox"/> Butter         | <input type="checkbox"/> Corn oil          | <input type="checkbox"/> Other vegetable oil |
| <input type="checkbox"/> Lard, dripping | <input type="checkbox"/> Olive oil         |  |

**Pies, burgers, sausage-meats**

**56. Meat pie**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Put a tick  in the box which best tells HOW OFTEN you eat the food.

**57. Burgers**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**58. Sausages (all types)**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**59. Luncheon, ham and chicken**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**60. Sausage rolls**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**61. Other item of the 'Pies, fast foods, sausages' group** If you often have another item from this group, not listed - give the name and tick a box to show how often you eat it

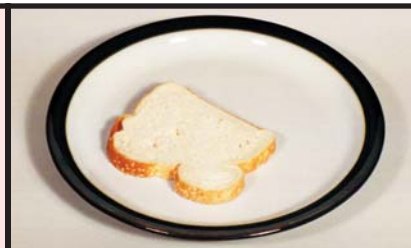
Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Put a tick  in the box which best tells HOW OFTEN you eat the food.

### Bread and Cereals

#### 62. Bread, including toast and bread rolls

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



#### 62a. What type of bread do you usually eat? (tick one box)

- white
- wholemeal
- mixed grain

#### 62b. How often do you have butter on your bread?

- rarely or never
- ¼ of the time
- ½ of the time
- most of the time



#### 62c. How often do you have margarine or margarine blend on your bread?

- rarely or never
- ¼ of the time
- ½ of the time
- most of the time



#### 62d. Which type of margarines do you usually have?

- Polyunsaturated margarine, eg. Miracle, Meadowlea, Flora, Sunrise
- Canola margarine, eg. Gold'n Canola, Vraise Canola, Canola Harvest, Country Crock
- Olive oil, margarine, eg. Olivio, Olivani, Oliveta
- Blend of butter and margarine, eg. Countrysoft, Dairysmooth
- Don't know



Put a tick  in the box which best tells HOW OFTEN you eat the food.

**62e.** Is the margarine you usually have reduced fat or lite?

- Yes  
 No  
 Don't know

**63.** Breakfast cereal

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**63a.** What type of cereal do you usually have? (tick up to 3 boxes)

- Weetbix type                       Cocopops                       Porridge  
 Cornflakes type                       Muesli                       Other (Please give name)  
 Rice bubbles                       Multi-grain type

**63b.** What kind of milk was usually added to your cereal?

- None                       Light blue                       Extra calcium  
 Standard milk/dark blue                       Trim (green)                       Soy milk  
 Other (Please give name)



**63c.** Was sugar, honey or syrup added to your cereal?

- Yes                       No



Put a tick  in the box which best tells HOW OFTEN you eat the food.

**64. Rice**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**65. Other Bread and Cereals** If you often have another item from this group, not listed - give the name and tick a box to show how often you eat it

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Spreads, sauces**

**66. Jam or honey**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**67. Nutella**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**68. Marmite or Vegemite**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Put a tick  in the box which best tells HOW OFTEN you eat the food.

**69. Peanut butter**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**70. Mayonnaise or salad dressing**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



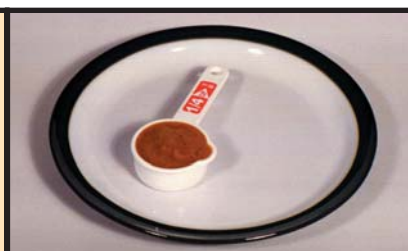
**71. Tomato sauce or ketchup**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**72. Gravy**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**73. Other item of the 'Spreads, sauces' group** If you often have another item from this group, not listed - give the name and tick a box to show how often you eat it

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Put a tick  in the box which best tells HOW OFTEN you eat the food.

**Convenience meals/snacks**

**74. Pizza**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**75. Soup**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**75a. What type of soup do you usually have? (tick one box)**

- |   |  |
|---|--|
| <input type="checkbox"/> Tomato soup    | <input type="checkbox"/> Ham and pea soup                              |
| <input type="checkbox"/> Vegetable soup | <input type="checkbox"/> Pumpkin soup                                  |
| <input type="checkbox"/> Cream soup     | <input type="checkbox"/> Other soup (please name) <input type="text"/> |

**76. Noodles**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**77. Canned spaghetti with tomato sauce**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Put a tick  in the box which best tells HOW OFTEN you eat the food.

**78. Baked beans**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**79. Other item of the 'Convenience meals/snacks' group** If you often have another item from this group, not listed - give the name and tick a box to show how often you eat it

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Dairy**

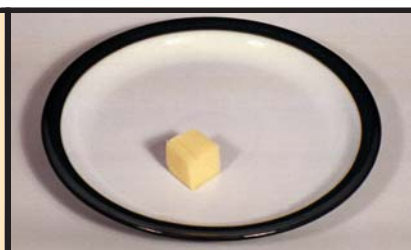
**80. Ice cream**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**81. Cheese, eg. cheddar, colby, etc.**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**82. Yoghurt or Dairy food (all types)**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Put a tick  in the box which best tells HOW OFTEN you eat the food.

**83. Cream**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**84. Other item of the 'Dairy' group (not milk drinks)** If you often have another item from this group, not listed - give the name and tick a box to show how often you eat it

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Biscuits/cakes**

**85. Chocolate coated or cream filled biscuits**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**86. Biscuits, eg. plain, chocolate chip, semi-sweet, ginger nut, shortbread**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**87. Bars, eg. muesli**

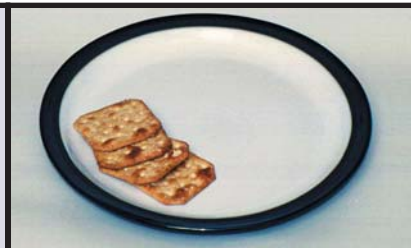
Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Put a tick  in the box which best tells HOW OFTEN you eat the food.

**88. Crackers or crispbreads**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**89. Cake or slice**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**90. Doughnuts or croissants**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**91. Scones, muffins or sweet buns**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**92. Pancake or pikelets**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Put a tick  in the box which best tells HOW OFTEN you eat the food.

**93. Fruit pie, fruit crumble or tart**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**94. Pudding, eg. sponge pudding or steamed pudding**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**95. Custard or custard puddings**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**96. Other item of the 'Biscuits/cake' group** If you often have another item from this group, not listed - give the name and tick a box to show how often you eat it

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Snacks and sweets**

**97. Potato crisps, corn snacks or chips, eg. burger rings, rashuns, etc**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





Put a tick  in the box which best tells HOW OFTEN you eat the food.

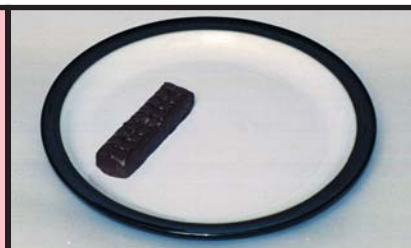
**98. Popcorn**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**99. Chocolate, eg. Moro bar**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**100. Candy coated chocolate, eg. pebbles**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**101. Other sweets**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Milks**

**102. Milk (not flavoured)**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Put a tick  in the box which best tells HOW OFTEN you eat the food.

**102a. What kind of milk do you usually drink?**

Standard milk (dark blue)

Trim (green)

Soy milk

Low fat (light blue)

Extra calcium

Other milk (please name)

**103. Flavoured milk**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**104. Milk shake**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**105. Food drink, eg. Milo powder, Nesquik**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**105a. With this drink did you use?**

All milk

1/2 milk

1/4 or less milk

Was **sugar** added?

Yes

No

Put a tick  in the box which best tells HOW OFTEN you eat the food.

**Other drinks**

**106. Juice, eg. fresh orange juice, juices such as McCoys, Robinson's, Keri**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



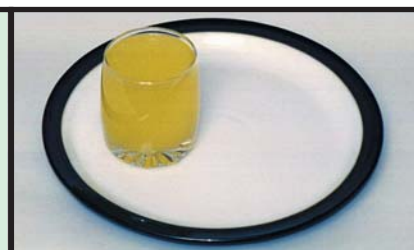
**107. Powdered fruit drink, eg. Refresh, Raro**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**108. Fruit drink from concentrate or cordial, eg. Just Juice, Ribena**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**109. Coca cola or other cola drinks**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**110. Mountain Dew**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Put a tick  in the box which best tells HOW OFTEN you eat the food.

**111. 'New Age' drinks, eg. V, E<sub>2</sub>, Red Bull**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**111a.** If you have 'New Age' drinks, which **type** do you usually have? (tick one box)

- |                               |                                   |  |
|-------------------------------|-----------------------------------|--|
| <input type="checkbox"/> V    | <input type="checkbox"/> Red Bull | <input type="checkbox"/> Bullrush            |
| <input type="checkbox"/> E2   | <input type="checkbox"/> Liquid B | <input type="checkbox"/> Other (please name) |
| <input type="checkbox"/> Lift | <input type="checkbox"/> Ikon     | <input type="text"/>                         |

**112. Soft drinks, eg. lemonade, orange**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**113. Sports drinks, eg. Gatorade, Powerade**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**114. Ice blocks**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Put a tick  in the box which best tells HOW OFTEN you eat the food.

**115. Tea**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**115a. Was milk added to your tea?**

Yes       No

**Was sugar added?**

Yes       No

**116. Coffee**

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**116a. Was milk added to your coffee?**

Yes       No

**Was sugar added?**

Yes       No

**117. Other item of the 'Other drinks' group** If you often have another item from this group, not listed - give the name and tick a box to show how often you eat it

Never or less than once a month	1-3 times a month	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 or more times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Thank you very much for filling out this questionnaire.**  
***Please take a moment to fill in any questions you have skipped.***