



DIETARY HABITS - the past month

Date (yy.mm.dd): 20

Personal ID number:

1. How much have you eaten/drunk of the following the past month?

If you haven't consumed the product, write a "0". 1 glass, 1 cup = 2 dl (whole numbers only)

Beverages

Milk, skimmed (<0.5% fat)	<input type="text"/>	glasses/d	<input type="text"/>	glasses/w	Water (incl. mineral)	<input type="text"/>	glasses/d	<input type="text"/>	glasses/w
Milk, semi skimmed (1.5% fat)	<input type="text"/>	glasses/d	<input type="text"/>	glasses/w	Green tea	<input type="text"/>	cups/d	<input type="text"/>	cups/w
Milk, whole (3% fat)	<input type="text"/>	glasses/d	<input type="text"/>	glasses/w	Herbal/rooibos tea	<input type="text"/>	cups/d	<input type="text"/>	cups/w
Fruit yogurt/sour milk	<input type="text"/>	glasses/d	<input type="text"/>	glasses/w	Tea (black)	<input type="text"/>	cups/d	<input type="text"/>	cups/w
Sour milk/yogurt, low fat	<input type="text"/>	glasses/d	<input type="text"/>	glasses/w	Coffee (filtered/instant)	<input type="text"/>	cups/d	<input type="text"/>	cups/w
Sour milk, reduced fat	<input type="text"/>	glasses/d	<input type="text"/>	glasses/w	Coffee (unfiltered)	<input type="text"/>	cups/d	<input type="text"/>	cups/w
Sour milk	<input type="text"/>	glasses/d	<input type="text"/>	glasses/w	Sugar	<input type="text"/>	tsp/lumps/d	<input type="text"/>	tsp/lumps/w
Yogurt	<input type="text"/>	glasses/d	<input type="text"/>	glasses/w	Honey	<input type="text"/>	tbsp/d	<input type="text"/>	tbsp/w
Coca Cola/Pepsi, diet	<input type="text"/>	glasses/d	<input type="text"/>	glasses/w	Do you usually take milk in your coffee or tea? <input type="checkbox"/> Yes, in coffee <input type="checkbox"/> Yes, in tea <input type="checkbox"/> No				
Coca Cola/Pepsi	<input type="text"/>	glasses/d	<input type="text"/>	glasses/w					
Other soda/squash, diet	<input type="text"/>	glasses/d	<input type="text"/>	glasses/w					
Other soda/squash	<input type="text"/>	glasses/d	<input type="text"/>	glasses/w					

Bread and spread

Crispbread	<input type="text"/>	slices/d	<input type="text"/>	slices/w	Cheese spread, reduced fat	<input type="text"/>	tbsp/d	<input type="text"/>	tbsp/w
White bread/light rye	<input type="text"/>	slices/d	<input type="text"/>	slices/w	Cheese spread	<input type="text"/>	tbsp/d	<input type="text"/>	tbsp/w
Fiber-enriched bread	<input type="text"/>	slices/d	<input type="text"/>	slices/w	Hard cheese, reduced fat	<input type="text"/>	slices/d	<input type="text"/>	slices/w
Whole grain bread	<input type="text"/>	slices/d	<input type="text"/>	slices/w	Hard cheese	<input type="text"/>	slices/d	<input type="text"/>	slices/w
Cottage cheese/quark	<input type="text"/>	slices/d	<input type="text"/>	slices/w	Liver pâté, light	<input type="text"/>	tbsp/d	<input type="text"/>	tbsp/w
Dessert cheese	<input type="text"/>	slices/d	<input type="text"/>	slices/w	Liver pâté	<input type="text"/>	tbsp/d	<input type="text"/>	tbsp/w

2. Mark the types of fat you have used over the past month.

...for cooking

- Butter
- Olive oil
- Block margarine
- Other
- Bregott (butter+margarine)
- Rapeseed/canola oil
- Liquid margarine
- Nothing
- Liquid butter
- Corn or sunflower oil

...in home-made dressing

- Olive oil
- Other oil
- Rapeseed/canola oil
- Nothing
- Corn or sunflower oil

3. How many slices of bread with butter/margarine have you eaten per day or per week, on average?

 slices/d slices/w

4. How thick a layer of butter/margarine do you usually spread on your bread?

- Fairly thick
- Thin
- Very thin


5. What fat do you usually spread on your sandwiches?


Brand: Fat%..... I do not use any fat on my sandwiches


CAKES/SWEETS	Times per month		per week			per day		
	0	1-3	1-2	3-4	5-6	1	2	3+
Pastries/buns/cookies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biscuits/wafers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cake/gateau	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chocolate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candy/sweets (not chocolate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice-cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chips/popcorn/cheese puffs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peanuts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other nuts/almonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


MISCELLANEOUS	Times per month		per week			per day		
	0	1-3	1-2	3-4	5-6	1	2	3+
Salad dressing, <i>low fat</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salad dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mayonnaise, <i>low fat</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mayonnaise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crème fraiche, <i>low fat</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crème fraiche	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Single cream, sour cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yogurt for cooking (8-10%)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pizza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ketchup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Herbs (fresh)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Herbs (dried)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cinnamon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pepper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salt (extra at the table)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


7. How big are your portions? Mark the image that best describes your portion sizes.
















Personal ID number: -

MEDICINES

1. How often have you eaten the following medicines the past month?

	Times per month			per week			
	Never	0-1	2-3	1-2	3-4	5-6	7
Alvedon, Panodil, Reliv	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ipren, Diklofenak, Voltaren, Ibumetin, Naproxen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magnecyl, BamyI, Treo, Aspirin, Albyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ALCOHOL AND TOBACCO

2. Dricker Du alkohol?

	Times per month			per week			
	Never	0-1	2-3	1-2	3-4	5-6	7
Beer, class I (<2.25%)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beer, class II (2.25-3.5%)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beer, class III (>3.5%)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Red wine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White wine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liqueur/sherry/fortified wine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spirits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much do you usually drink of the following on each occasion?

Beer cl Wine cl Liqueur cl Spirits cl

(1 can of beer = 33/50 cl, glass of wine = 15 cl)

3. Have you smoked this past month?

No, not regularly* Yes, I have smoked cigarettes/cigarillos/cigars per day

SUN HABITS

4. How much time have you spent outdoors? (e.g. in nature, in the garden, in the park, on the balcony, on a walk)

hours/week Very seldom

PHYSICAL ACTIVITY AND EXERCISE

5. How far can you walk outdoors?

- Cannot walk outdoors Almost as far as I want
 Only short distances Unlimited distances

If the answer is unlimited distances, continue with the following questions:

Walking/cycling

- Almost never 40-60 minutes/day
 Less than 20 min/day 1-1.5 hours/day
 20-40 minutes/day Over 1.5 hours/day

Exercise (e.g. going to the gym)

- Less than 1 hour/week 4-5 hours/week
 1 hour/week More than 5 hours/week
 2-3 hours/week