



**WEST OF SCOTLAND
TWENTY-07 STUDY
HEALTH IN THE COMMUNITY**

Diet Questionnaire

2007 visit

This booklet contains some sets of questions about diet and eating habits. It will help us greatly if you will **fill in** the questions in this booklet and keep it until our Nurse interviewer calls. It will take no more than 10 minutes to complete.

Please fill in your sex, date of birth and postcode before starting to fill in the booklet

Sex (please circle one) SSEX_E

Male.....1

Female.....2

Date of Birth Day **SDOBDY_E** Month **SDOBMT_E** **SDOBYR_E**
1 9

Post code **DTPCD1_E** **DTPCD2_E** **DTPCD3_E** **DTPCD4_E**

SCHTID_E

SIDNO_E

Office Use Only

Respondent Serial Number Cohort(1, 3 or 5)

ID

Interviewer Number

SIVNO_E

Post code **SPCD1_E** **SPCD2_E**

SPCD3_E **SPCD4_E**

Date of Interview Day **SIVDY_E** Month **SIVMT_E**

Year **SIVYR_E**
2 0

Respondent Serial Number correct? (tick box) **DTSNC_E**

Post Code correct? (tick box) **DTPCC_E**

Eating Habits

These questions are about the foods you **USUALLY** eat. We know that what people eat varies from time to time, but try to think about the things you usually ate over the last 12 months. You should answer the questions by ticking the box which applies, or writing an amount in the box provided. Each question will make it clear which of these is required.

The most common sort of question asks you how often you eat a particular sort of food. **Here are some examples to show you how to fill in the answers.** Question 1b to 1e for example asks (if you eat bread) what type of bread, how much and how often you usually eat it. If you usually eat 2 white rolls every day then you would fill in the answers like this...

		How many slices/rolls or pieces do you eat <u>per day</u> ? (write in box)	How many <u>days per week</u> do you eat this bread? (write in box)
1b)	White or white high fibre bread (e.g. Mighty White), or white rolls/wraps/pita bread	<input type="text" value="0"/> <input type="text" value="2"/> slices/rolls	<input type="text" value="7"/> days
1c)	Brown or wheatgerm bread (including Hovis and Granary), or brown rolls/wraps/pita bread	<input type="text" value="0"/> <input type="text" value="0"/> slices/rolls	<input type="text" value="0"/> days
1d)	Wholemeal bread, High Bran or chapattis, or wholemeal rolls/wraps/pita bread	<input type="text" value="0"/> <input type="text" value="0"/> slices/rolls	<input type="text" value="0"/> days
1e)	Crispbread, ryvita or cream crackers	<input type="text" value="0"/> <input type="text" value="0"/> slices/rolls	<input type="text" value="0"/> days

In another type of question, for example in question 4b-4d, you are asked (if you eat meat) how often you usually eat red meat, meat products and poultry. If during a normal week you eat red meat once a week, meat products two times a week, and poultry five times a week, you would fill in the answers like this....

	More than once a day	Once a day	5 or 6 times a week	2 to 4 times a week	Once a week	1 to 3 times a month	Less often or never
4b) red meat (such as beef, lamb, pork (including bacon and ham))	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input checked="" type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>
4c) meat products (such as sausages, sausage rolls, meat pies, bridies, pasties, canned meat, burgers etc)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input checked="" type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>
4d) poultry (such as chicken or turkey)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input checked="" type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>

Some questions show a hand with a pointing finger (○☞) with a number beside it. Question 2a for example asks if you ever eat any breakfast cereal. If you never eat cereal then you would ring 2 and carry on to question 3a leaving questions 2b to 2h blank.

2a) Do you ever eat any breakfast cereal? (ring 1 for yes, 2 for no)


yes 1

no..... 2 ○☞ 3a

If there are questions which you find hard to answer, perhaps because you don't do the shopping, but someone else in the family would know the answer then you can ask them.

NOW PLEASE ANSWER THE QUESTIONS BELOW. DON'T LEAVE ANY QUESTION BLANK UNLESS THE INSTRUCTIONS FOR THAT QUESTION TELL YOU TO.


BREAD
DBRDEV_E
1a) Do you ever eat any type of bread? (ring 1 for yes, 2 for no)

 yes 1
 no..... 2  2a

If you eat bread what type of bread, how much and how often do you usually eat it? (if none code 0)

		How many slices/rolls or pieces do you eat <u>per day</u> ? (write in box)	How many <u>days per week</u> do you eat this bread? (write in box)
1b)	White or white high fibre bread (e.g. Mighty White), or white rolls/wraps/pita bread	<input type="text"/> <input type="text"/> DBWHIP_E slices/rolls	<input type="text"/> DBWHID_E days
1c)	Brown or wheatgerm bread (including Hovis and Granary), or brown rolls/wraps/pita bread	<input type="text"/> <input type="text"/> DBBROP_E slices/rolls	<input type="text"/> DBBROD_E days
1d)	Wholemeal bread, High Bran or chapattis, or wholemeal rolls/wraps/pita bread	<input type="text"/> <input type="text"/> DBWHOP_E slices/rolls	<input type="text"/> DBWHOD_E days
1e)	Crispbread, ryvita or cream crackers	<input type="text"/> <input type="text"/> DRYVTP_E slices/rolls	<input type="text"/> DRYVTD_E days

BREAKFAST CEREALS
DCEREV_E
2a) Do you ever eat any breakfast cereal? (ring 1 for yes, 2 for no)

 yes 1
 no..... 2  3a

If you eat cereal how often do you usually eat it?

		More than once a day	Once a day	5 or 6 times a week	2 to 4 times a week	Once a week	1 to 3 times a month	Less often or never
2b)	Cornflakes or Frosties (tick one box) DCERFB_E	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
2c)	Sugar Puffs, Special K, Ricicles or Rice Krispies (tick one box) DCERFC_E	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
2d)	Muesli or Fruit n'fibre (tick one box) DCERFD_E	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
2e)	Bran Flakes or Sultana Bran (tick one box) DCERFE_E	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
2f)	Porridge or Ready Brek (tick one box) DCERFF_E	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
2g)	All Bran (tick one box) DCERFG_E	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
2h)	Other cereal (write below) (tick one box) DCERFH_E	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

	DCERNM_E							

MILK DMILKQ_E

3a) Roughly how much milk do you drink per day? (circle one answer)
 (include milk in tea, coffee, drinks made with milk, milk taken with cereal and milk in puddings)

- None..... 1
- Half a pint or less..... 2
- Between half a pint and one pint..... 3
- One pint or more..... 4

DMILKT_E

3b) What type of milk do you normally use? (circle one answer)

- None..... 0
- Ordinary, full cream..... 1
- Semiskimmed..... 2
- Skimmed..... 3
- More than one type..... 4

MEATS

DMTEV_E

4a) Do you ever eat any kind of meat, including sausages, pies and canned meat? (include all meat even if used in mixed dishes like stews, casseroles, lasagne, curry etc)
 (ring 1 for yes, 2 for no)

- yes..... 1
- no..... 2 5a

If you do eat meat, how often do you usually have each kind? (tick one box for each kind of meat)

	More than once a day	Once a day	5 or 6 times a week	2 to 4 times a week	Once a week	1 to 3 times a month	Less often or never
4b) red meat (such as beef, lamb, pork (including bacon and ham))	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
4c) meat products (such as sausages, sausage rolls, meat pies, bridies, pasties, canned meat (e.g. corned beef) or burgers)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
4d) poultry (such as chicken or turkey)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

FISH

DFISEV

5a) Do you ever eat any kind of fish, including fish fingers and canned fish?
 (ring 1 for yes, 2 for no)

- yes..... 1
- no..... 2 6a

If you do eat fish, how often do you usually have each kind? (tick one box for each kind of fish)

	More than once a day	Once a day	5 or 6 times a week	2 to 4 times a week	Once a week	1 to 3 times a month	Less often or never
5b) How often do you eat white fish (such as cod, haddock, whiting, sole or plaice, including fresh or frozen fish)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

DWFISF_E

5c) How often do you eat other types of fish (such as herring, mackerel, tuna, salmon or kippers, including fresh, frozen or canned fish)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
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DOFISF_E

SALT

DSALTA_E

6a) Compared to other people, would you say that you like your food to be... (only ring one)

- very salty 1
 quite salty 2
 not very salty 3
 not at all salty 4

DSALTB_E

6b) At the table do you... (only ring one)

- add salt to your food without tasting it first 1
 taste the food then generally add salt 2
 taste the food, but only occasionally add salt 3
 rarely or never add salt at the table 4

CHIPS, POTATOES, PASTA AND RICE

DCRBEV_E

7a) Do you ever eat chips, potatoes, pasta or rice?

(ring 1 for yes, 2 for no)

- yes 1
 no 2 8a

If you eat chips, potatoes, pasta or rice, how often do you usually eat them?


	More than once a day	Once a day	5 or 6 times a week	2 to 4 times a week	Once a week	1 to 3 times a month	Less often or never
7b) How often do you eat chips? (tick one box)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
7c) How often do you eat potatoes? (not including chips) (tick one box)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
7d) How often do you eat pasta? (tick one box)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
7e) How often do you eat rice? (tick one box)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

VEGETABLES, SALAD, AND PULSES

DVGPEV_E

8a) Do you ever eat salad, pulses or vegetables (not including potatoes)?

(ring 1 for yes, 2 for no)

yes 1
no 2  9a

If you eat pulses, salad or vegetables, how often do you usually eat them?

More than once a day	Once a day	5 or 6 times a week	2 to 4 times a week	Once a week	1 to 3 times a month	Less often or never
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8b) How often do you eat pulses?

(such as lentils, chickpeas, kidney beans, baked beans, butter beans, and dishes made mainly from pulses, such as bean casserole, dhal, hummous etc) (tick one box)

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
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DPLSF_E

8c) How often do you eat salad or green vegetables?

(such as lettuce, cabbage, broccoli, peas, green beans etc) DON'T count potato, pasta or rice salad. (tick one box)

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
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DSGVGF_E

8d) Not including potatoes, how often do you eat other vegetables?

(such as carrots, corn, onions, parsnips, turnip, peppers etc) Include fresh, raw, tinned and frozen vegetables, and dishes made mainly from vegetables, such as vegetable lasagne or curry. (tick one box)

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
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DOVEGF_E

8e) When you eat pulses roughly how many tablespoons do you have?

(write in box) (if none code 00)

DPLSQ_E

<input type="text"/>	<input type="text"/>	tablespoons
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8f) When you eat salad roughly how many cereal bowls full do you have?

(write in box) (if none code 00)

DSLQ_E

<input type="text"/>	<input type="text"/>	cereal bowls
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8g) When you eat green vegetables roughly how many tablespoons do you have? (write in box) (if none code 00)

DGRVQ_E

<input type="text"/>	<input type="text"/>	tablespoons
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8h) When you eat other vegetables roughly how many tablespoons do you have? (write in box) (if none code 00)

DOVEGQ_E

<input type="text"/>	<input type="text"/>	tablespoons
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FRUIT

DFFREV_E

9a) Do you ever eat any kind of fresh fruit?

(ring 1 for yes, 2 for no)

yes 1
no..... 2 9e

If you do eat any fresh fruit, how many pieces do you usually have of each of the following fruits?

9b) How many pieces of large fruit such as apples, oranges, bananas, slices of melon etc, do you eat per week? (write in box) fruit
(if none code 00)

DLGFR_E

9c) How many pieces of medium-sized fruit, such as plums, apricots, kiwi fruit etc, do you eat per week? (write in box) fruit
(if none code 00)

DMEDFR_E

9d) How many HANDFULS of small fruit, such as cherries, grapes, strawberries, blueberries etc, do you eat per week? (write in box) fruit
(if none code 00)

DSMFR_E

DCFREV_E

9e) Do you ever eat any kind of dried, frozen or canned fruit? DON'T count dried fruit in cereal, cakes, etc (ring 1 for yes, 2 for no)

yes 1
no..... 2 9h

9f) How many tablespoons of dried fruit do you eat in a week? tablespoons
(if none code 0)

DDFRQ_E

9g) How many tablespoons of frozen or canned fruit do you eat in a week? tablespoons
(if none code 0)

DCFRQ_E

DFRJUF_E

More than once a day	Once a day	5 or 6 times a week	2 to 4 times a week	Once a week	1 to 3 times a month	Less often or never
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9h) Not counting any cordials, fruit-drinks and squashes how often do you have fruit juice or fruit smoothies? (only tick one box)

₁ ₂ ₃ ₄ ₅ ₆ ₇

DFRJUQ_E

9i) If you drink fruit juice or fruit smoothies every week how many glasses do you drink per week. (write in box) (if none code 0) glasses

BISCUITS, CAKES, SWEETS, SNACKS AND SUGAR

		More than once a day	Once a day	5 or 6 times a week	2 to 4 times a week	Once a week	1 to 3 times a month	Less often or never
10a)	How often do you usually eat sweet puddings? (tick one box) DSWPDF_E	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
10b)	How often do you usually eat biscuits or cakes? (tick one box) DBICAF_E	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
10c)	How often do you usually eat chocolate or sweets? (tick one box) DCHSWF_E	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
10d)	How often do you usually eat crisps? (tick one box) DCRSPF_E	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

DSUGEV_E

10e) Do you regularly (i.e. at least a few times a week) add sugar or honey to hot drinks or cereal?
(ring 1 for yes, 2 for no)

yes 1
no..... 2 11

DSUGQ_E

10f) If yes, how many teaspoons of sugar or honey do you add to hot drinks or cereal per day? (write in box) (if none code 00) teaspoons

TAKEAWAY FOOD

DTAKE_E

11) In the last 7 days how many times did your main meal of the day come from a takeaway or fast food seller of some kind?
(tick one box only)

Don't know	Every day	Six times	Five times	Four times	Three times	Twice	Once	None
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉

**Thank you for completing these questions.
Please give this booklet to the nurse when s/he visits you.**