

STRICTLY CONFIDENTIAL

Serial number

Nurse number

Interview date d m y

NATIONAL SURVEY OF HEALTH AND DEVELOPMENT
(Medical Research Council)
1-19 Torrington Place, London WC1E 6BT
Telephone 0171 391 1720

DIET DIARY

1999

We would be grateful if you could keep this diary of *everything* you eat or drink over the next 6 days. This is a very useful and important part of the Survey, and will help us to understand the effects of diet on long-term health. The nurse will fill in the first day up to now with you and then leave you to complete it and the following five days on your own. Some details of how to do this are on the first few pages.

When the last day has been filled in, please complete the questions on the last page and post the booklet back to us in the envelope provided. You do not need a stamp.

Details of how to use the diary

Each day is divided into sections, from first thing in the morning to late evening. Please treat each day separately. Write in the name of all food and drink taken (including water), a description and the amount (even if just a mouthful), for each part of the day. If nothing was eaten or drunk during a part of the day, please draw a line through that section. Please record everything at the time of eating, *NOT* from memory at the end of the day.

Overleaf is a list of popular foods and drinks with descriptions so that we can tell what it is made of and how much you had. There are also some notes on recording made-up dishes and take-away foods. Please give as much detail as you can.

Where possible, please always state what sort of fat or oil was used for spreading, baking or frying.

For some foods, you may find it easier to describe how much you had by comparing it to one of the pictures. Please write the number and letter of the picture which best describes the amount you have eaten, eg. 6C.

Many packet foods have weights printed on them, so please use these and give brand names whenever possible. Stick the descriptive parts of the wrappers of ready-made packaged meals in your diary, if you can.

At the end of each day, there is a list of snacks and drinks that can easily be forgotten. *If not already mentioned in some other part of the day*, please write any extra items in here.

Please name any vitamin or other supplements if you had any, giving brand details, and enclosing label(s) if possible.

The general questions at the end of the book will help us identify the foods you usually use.

It is *very important* that you do not adjust what you eat and drink just because you are keeping a record. Please stick to your usual diet.

THANK YOU FOR YOUR HELP

| <i>Food/Drink</i> | <i>Description & Preparation</i> | <i>Amount</i> |
|-----------------------------------|---|-----------------------------------|
| Bacon | lean or streaky; fried or grilled rashers | number |
| Baked beans | standard or reduced sugar | tablespoons, tin size, picture 12 |
| Beefburger (hamburger) | home-made, from a packet or take-away; fried, microwaved or grilled; large or small; with or without bread roll | number |
| Beer | e.g. stout, bitter, lager; draught, canned, low-alcohol or home-made | number of pints or half pints |
| Biscuits | what sort and brand; e.g. cheese, wafer, crispbread, sweet, chocolate, shortbread, home-made | number |
| Bread (see also sandwiches) | wholemeal, granary, white or brown; currant, fruit, malt; large or small loaf; thick, medium or thin slices; sliced or unsliced; give brand if possible | number of slices |
| Bread rolls | wholemeal, white or brown; alone or with filling; crusty or soft | number of rolls |
| Breakfast cereal, bran, wheatgerm | what sort: cornflakes; Weetabix; muesli, etc; give brand name | tablespoons or picture 1 |
| Bun | iced, currant or plain; large or small | number |
| Butter for bread | ordinary or low-fat dairy spread, give brand name if possible | thick, average, thin spread |
| Cake | small or piece of large; type and brand; fruit, cream, iced; type of filling | number, slices, picture 13 or 14 |
| Cheese | name and type: e.g. cheddar, cream, cottage, soft, low fat | picture 2 or tablespoons |
| Chips | fresh, frozen, oven, microwave, take-away; type of fat used for cooking | picture 7 |
| Chocolate(s) | what sort: plain, milk, white, fancy, diabetic; give brand name | number; weight of bar |
| Chops | what sort; lean or fatty; large or small; fried, grilled or baked | number |

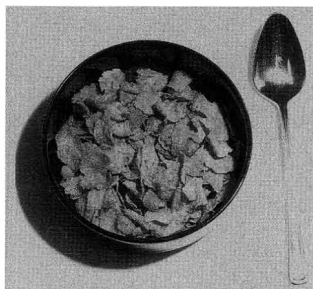
| <i>Food/Drink</i> | <i>Description & Preparation</i> | <i>Amount</i> |
|----------------------------|---|----------------------------------|
| Coffee | with milk; half milk/half water; all milk; ground, instant, decaffeinated | cups or mugs |
| Cooking oil | type; brand name | teaspoons |
| Cream | single, whipped, double or clotted, low-fat; fresh, tinned or substitute; sweetened, unsweetened or soured | tablespoons |
| Crisps | type, potato, corn etc; brand name; low-fat or low-salt | packet weight |
| Custard | pouring custard or egg custard | tablespoons |
| Doughnut | plain, jam, cream or iced; round or ring | number |
| Egg | boiled, fried, scrambled, poached, omelette, etc | number |
| Fish | what sort: fried, grilled, poached or steamed; with batter or breadcrumbs; canned in oil, brine or tomato sauce | amount or picture 6 |
| Fish cakes fish fingers | what sort and size; fried or grilled or microwaved | number |
| Fruit - fresh | what sort; with or without skin | number |
| Fruit - stewed/canned | what sort; sweetened or unsweetened; in fruit juice or syrup | tablespoons |
| Fruit - juice | what sort; sweetened or unsweetened | glass or carton size |
| Gravy | thick or thin; instant or packet; made with dripping or meat juices | tablespoons |
| Ice cream | type, dairy or non-dairy; brand name | number or tablespoons |
| Jam, honey | specify if low-sugar/diabetic | teaspoons |
| Liver, kidney | pig, lamb, ox; fried or stewed | picture 4 or 5 |
| Margarine | hard, soft, polyunsaturated, low-fat; give brand name | thick, average or thin spread |

| <i>Food/Drink</i> | <i>Description & Preparation</i> | <i>Amount</i> |
|---|--|--|
| Marmalade | type and brand; specify if low-sugar | teaspoons |
| Meats | what sort; lean or fatty; how cooked; with or without gravy | helping or picture 4 or 5 |
| Milk - for drinking on its own or for cereals | full cream, semi-skimmed, skimmed; sterilized, UHT, flavoured, dried, soya, goats' | pints, glasses or cups |
| Minced beef | fatty or lean; alone or with vegetables | tablespoons or picture 5 |
| Peanuts | dry roasted or ordinary salted | packet weight |
| Pie, fruit or meat | what sort; individual or helping; one pastry crust or two; type of flour | individual or slice, picture 3 |
| Porridge | with sugar or honey; with milk or cream | bowls |
| Potatoes | baked, boiled, roast; mashed/creamed; fried/chips; instant; with butter | tablespoons, picture 10 or 11 |
| Pudding | what sort: e.g. steamed sponge; with fruit; pie (what sort); mousse; instant desserts; milk puddings; give recipe | tablespoons, slices or picture 3, 13 or 15 |
| Rice | white or brown; boiled or fried | tablespoons or picture 8 |
| Salad | ingredients; if with dressing what sort (oil and vinegar, mayonnaise) | tablespoons |
| Sandwiches and rolls | wholemeal, white or brown bread; large or small loaf; thick, medium or thin slices; butter or margarine; type of filling; including mayonnaise | number of rolls or slices of bread |
| Sauce - hot | (for vegetables, meat or fish, puddings); what sort; savoury or sweet; thick or thin; give brand or recipe | tablespoons or picture 12 |
| Sauce - cold | e.g. tomato ketchup, brown sauce, soy sauce, salad cream, mayonnaise | tablespoons or picture 12 |
| Sausages | what sort: e.g. beef, pork, low-fat; large or small; fried or grilled | number |

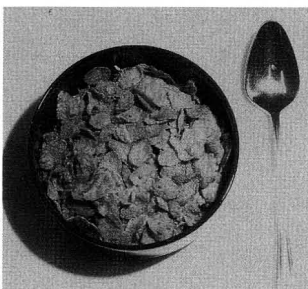
| <i>Food/Drink</i> | <i>Description & Preparation</i> | <i>Amount</i> |
|----------------------------------|--|--------------------------------------|
| Sausage rolls | large or small; type of pastry | number |
| Scone | fruit, sweet, plain, cheese; type of flour | number |
| Snacks - in packet | what sort: e.g. cheese straws, Twiglets, Pretzels; give brand name | packet weight |
| Soft drinks | squash, undiluted or diluted; fizzy drinks; low-calorie; give brand name | glasses, cans or carton size |
| Soup | what sort: canned, packet, instant or vending machine, home-made; brand | tablespoons, bowl or mug |
| Spaghetti, other pasta | type; fresh, boiled, canned in sauce, white, wholemeal | tablespoons or picture 9 |
| Spirits | what sort: e.g. whisky, gin, vodka, rum | measures as in pub |
| Sugar | added to cereals, tea, coffee, fruit, etc | heaped or level teaspoons |
| Sweets | what sort: e.g. toffees, boiled sweets, diabetic; give brand name | number |
| Tea | with/ without milk; herb, decaffeinated | cups or mugs |
| Vegetables | what sort; with butter, other fat or sauce; how cooked, or raw | tablespoons |
| Wine, sherry, port | e.g. white, red; sweet, dry; low-alcohol | glasses |
| Yoghurt, fromage frais | what sort: e.g. with fruit, natural, plain; flavour, low-fat, creamy, Greek, soya | carton size or tablespoons |
| Home-made dishes | Please say what the dish is called and give recipe or ingredients if you can | tablespoons, or one of the pictures |
| Ready-made meals | Please give name, brand name and description, and enclose label and ingredients list if possible | one of the pictures or packet weight |
| Take-away food or food eaten out | Please say what the dish is called and give main ingredients if you can. Give name of a chain restaurant | tablespoons or one of the pictures |

Use the pictures to help you to indicate the size of the portion you have eaten. Write on the food record the picture number and size A, B or C nearest to your own helping.

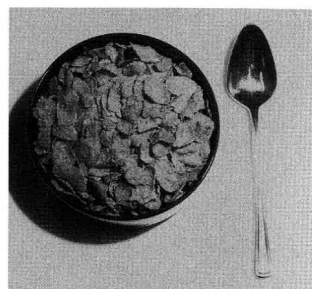
The pictures could also be used for foods not shown, e.g. fruit crumble might be similar to shepherd's pie, fruit cake similar to veal and ham pie and baked beans similar to peas.



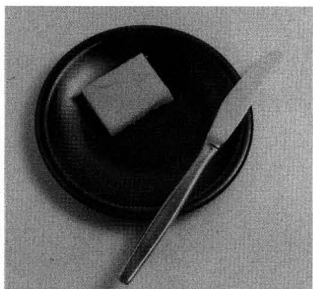
1A



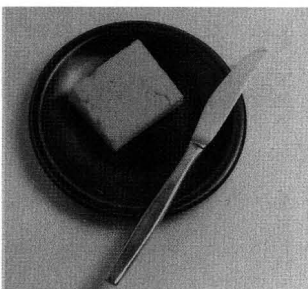
1B
Cornflakes



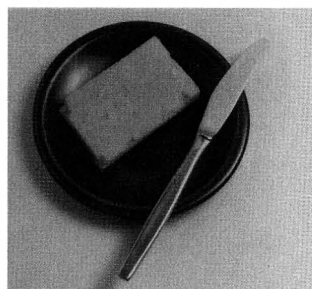
1C



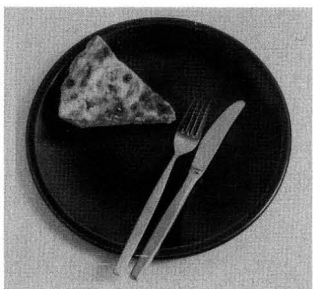
2A



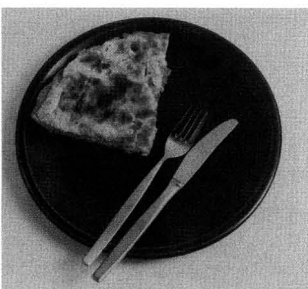
2B
Cheddar Cheese



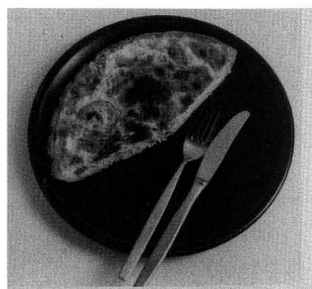
2C



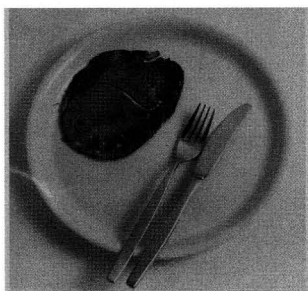
3A



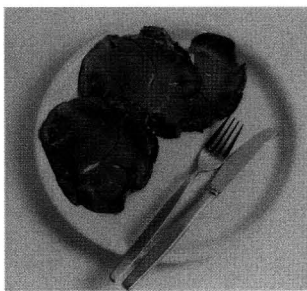
3B
Pie



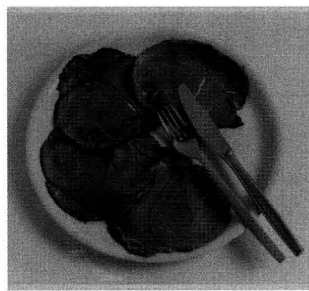
3C



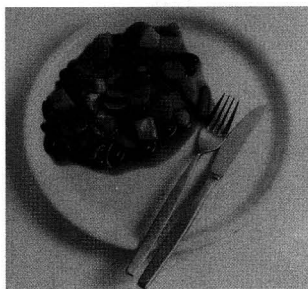
4A



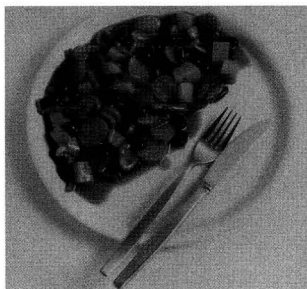
4B
Meat



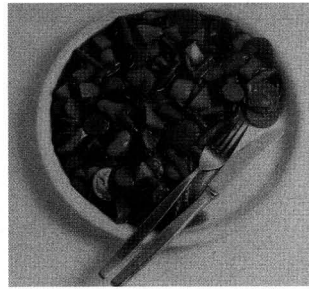
4C



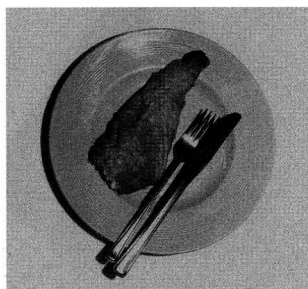
5A



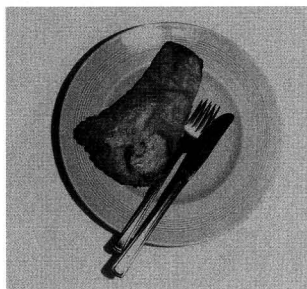
5B
Meat or Vegetable stew



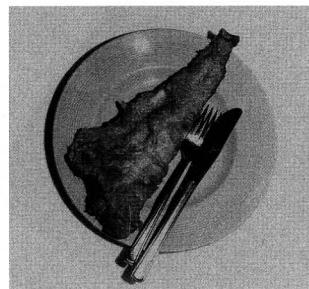
5C



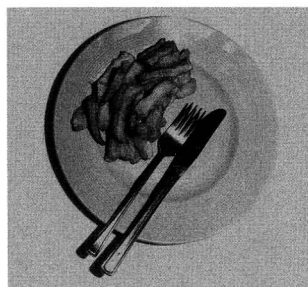
6A



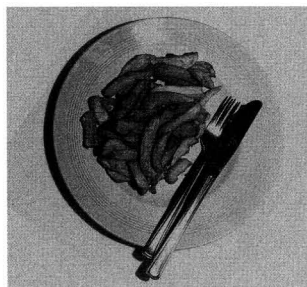
6B
Fish



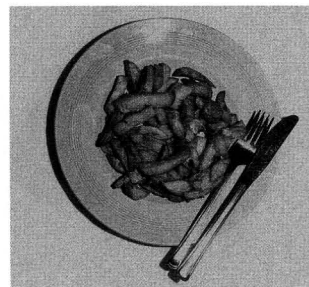
6C



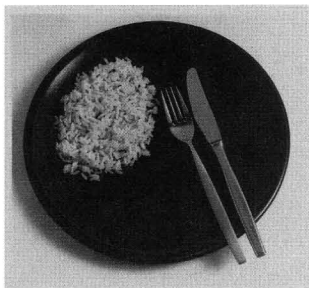
7A



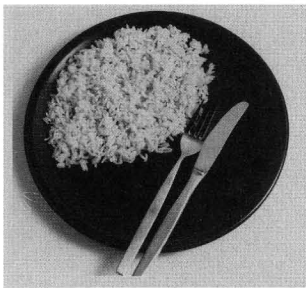
7B
Chips



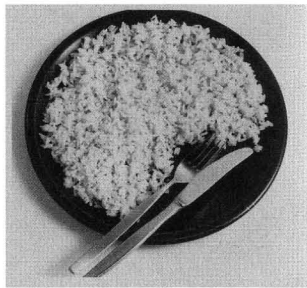
7C



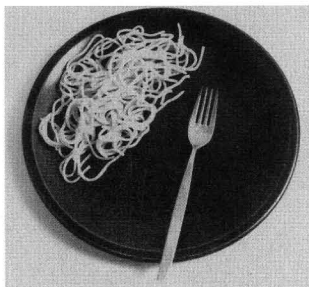
8A



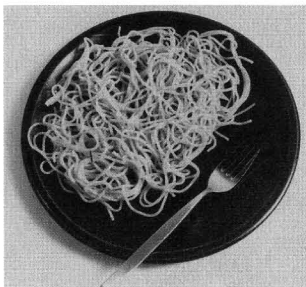
8B
Rice



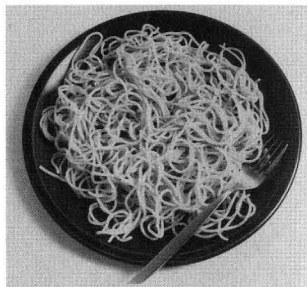
8C



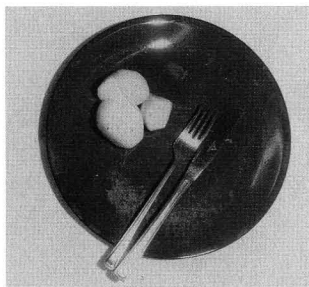
9A



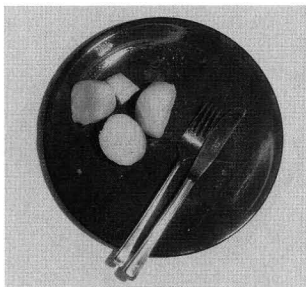
9B
Spaghetti



9C



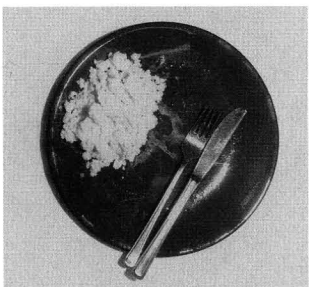
10A



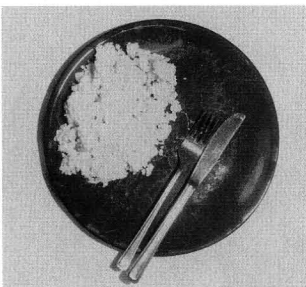
10B
Potatoes



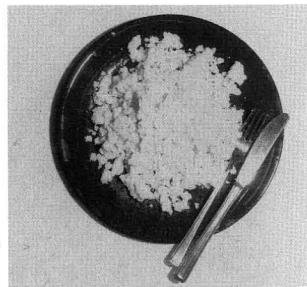
10C



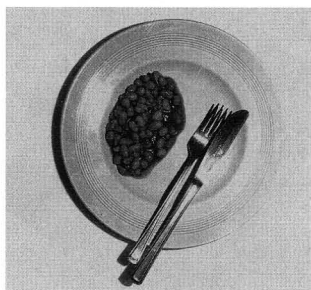
11A



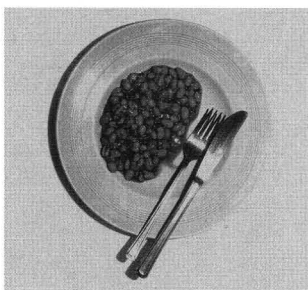
11B
Mashed Potato



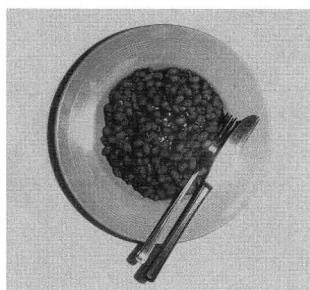
11C



12A



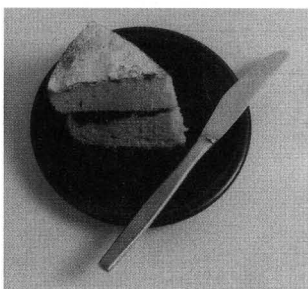
12B
Baked Beans



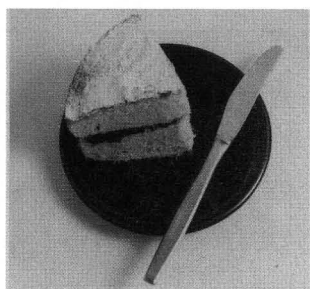
12C



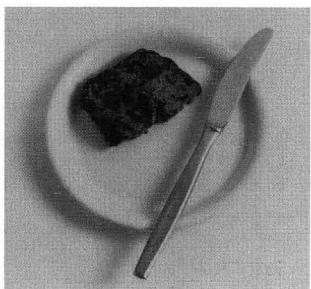
13A



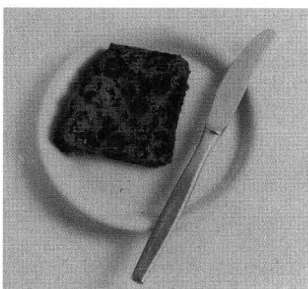
13B
Sponge Cake



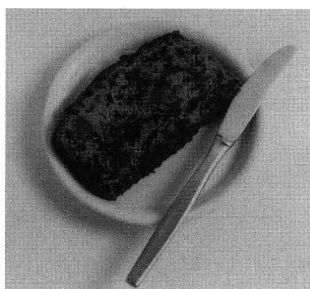
13C



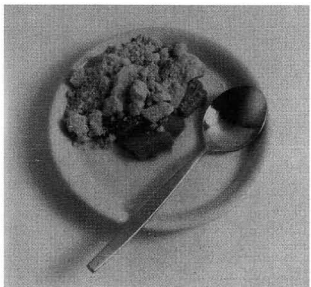
14A



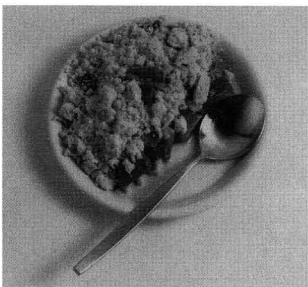
14B
Fruit Cake



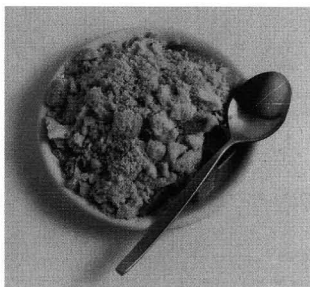
14C



15A



15B
Fruit Crumble



15C

| | | |
|--|--------------------------------------|-------------------|
| DAY OF WEEK | | DATE |
| BEFORE BREAKFAST | | |
| <i>Food/Drink</i> | <i>Description & Preparation</i> | <i>Amount</i> |
| | | |
| BREAKFAST | | |
| <i>Food/Drink</i> | <i>Description & Preparation</i> | <i>Amount</i> |
| | | |
| MID-MORNING - between breakfast time and lunch time | | |
| <i>Food/Drink</i> | <i>Description & Preparation</i> | <i>Amount</i> |
| | | |

LUNCH

| <i>Food/Drink</i> | <i>Description & Preparation</i> | <i>Amount</i> |
|-------------------|--------------------------------------|---------------|
| | | |

TEA - between lunch time and the evening meal

| <i>Food/Drink</i> | <i>Description & Preparation</i> | <i>Amount</i> |
|-------------------|--------------------------------------|---------------|
| | | |

| | | |
|--|--------------------------------------|---------------|
| DAY OF WEEK..... DATE | | |
| EVENING MEAL | | |
| <i>Food/Drink</i> | <i>Description & Preparation</i> | <i>Amount</i> |
| | | |
| LATER EVENING - up to last thing at night | | |
| <i>Food/Drink</i> | <i>Description & Preparation</i> | <i>Amount</i> |
| | | |

BETWEEN-MEALS SNACKS and DRINKS if not already written in

| <i>Food/Drink</i> | <i>Description & Preparation</i> | <i>Amount</i> |
|--------------------|--------------------------------------|---------------|
| Chocolates/ sweets | | |
| Fruit | | |
| Crisps | | |
| Peanuts | | |
| Other snacks | | |
| Beer | | |
| Wine | | |
| Sherry | | |
| Spirits | | |
| Other cold drinks | | |
| Tea | | |
| Coffee | | |
| Other hot drinks | | |
| Ice cream | | |
| Anything else? | | |
| | | |

Space to write in the Recipe or Ingredients of any made-up dishes or take-away food that you have mentioned if not already done above

*Please name any vitamins, minerals or other food supplements if you had any.
Please give all details and enclose label(s) if possible*

| <i>Brand</i> | <i>Name (in full)</i> | <i>Number: pills, capsules, teaspoons</i> |
|--------------|-----------------------|---|
| | | |
| | | |
| | | |
| | | |

End of day number

| | | |
|--|--------------------------------------|-------------------|
| DAY OF WEEK | | DATE |
| BEFORE BREAKFAST | | |
| <i>Food/Drink</i> | <i>Description & Preparation</i> | <i>Amount</i> |
| | | |
| BREAKFAST | | |
| <i>Food/Drink</i> | <i>Description & Preparation</i> | <i>Amount</i> |
| | | |
| MID-MORNING - between breakfast time and lunch time | | |
| <i>Food/Drink</i> | <i>Description & Preparation</i> | <i>Amount</i> |
| | | |

LUNCH

| <i>Food/Drink</i> | <i>Description & Preparation</i> | <i>Amount</i> |
|-------------------|--------------------------------------|---------------|
| | | |

TEA - between lunch time and the evening meal

| <i>Food/Drink</i> | <i>Description & Preparation</i> | <i>Amount</i> |
|-------------------|--------------------------------------|---------------|
| | | |

| | | |
|--|--------------------------------------|---------------|
| DAY OF WEEK..... DATE | | |
| EVENING MEAL | | |
| <i>Food/Drink</i> | <i>Description & Preparation</i> | <i>Amount</i> |
| | | |
| LATER EVENING - up to last thing at night | | |
| <i>Food/Drink</i> | <i>Description & Preparation</i> | <i>Amount</i> |
| | | |

BETWEEN-MEALS SNACKS and DRINKS if not already written in

| <i>Food/Drink</i> | <i>Description & Preparation</i> | <i>Amount</i> |
|--------------------|--------------------------------------|---------------|
| Chocolates/ sweets | | |
| Fruit | | |
| Crisps | | |
| Peanuts | | |
| Other snacks | | |
| Beer | | |
| Wine | | |
| Sherry | | |
| Spirits | | |
| Other cold drinks | | |
| Tea | | |
| Coffee | | |
| Other hot drinks | | |
| Ice cream | | |
| Anything else? | | |
| | | |

Space to write in the Recipe or Ingredients of any made-up dishes or take-away food that you have mentioned if not already done above

*Please name any vitamins, minerals or other food supplements if you had any.
Please give all details and enclose label(s) if possible*

| <i>Brand</i> | <i>Name (in full)</i> | <i>Number: pills, capsules, teaspoons</i> |
|--------------|-----------------------|---|
| | | |
| | | |
| | | |
| | | |

End of day number

| | | |
|--|--------------------------------------|-------------------|
| DAY OF WEEK | | DATE |
| BEFORE BREAKFAST | | |
| <i>Food/Drink</i> | <i>Description & Preparation</i> | <i>Amount</i> |
| | | |
| BREAKFAST | | |
| <i>Food/Drink</i> | <i>Description & Preparation</i> | <i>Amount</i> |
| | | |
| MID-MORNING - between breakfast time and lunch time | | |
| <i>Food/Drink</i> | <i>Description & Preparation</i> | <i>Amount</i> |
| | | |

LUNCH

| <i>Food/Drink</i> | <i>Description & Preparation</i> | <i>Amount</i> |
|-------------------|--------------------------------------|---------------|
| | | |

TEA - between lunch time and the evening meal

| <i>Food/Drink</i> | <i>Description & Preparation</i> | <i>Amount</i> |
|-------------------|--------------------------------------|---------------|
| | | |

| | | |
|--|--------------------------------------|---------------|
| DAY OF WEEK..... DATE | | |
| EVENING MEAL | | |
| <i>Food/Drink</i> | <i>Description & Preparation</i> | <i>Amount</i> |
| | | |
| LATER EVENING - up to last thing at night | | |
| <i>Food/Drink</i> | <i>Description & Preparation</i> | <i>Amount</i> |
| | | |

BETWEEN-MEALS SNACKS and DRINKS if not already written in

| <i>Food/Drink</i> | <i>Description & Preparation</i> | <i>Amount</i> |
|--------------------|--------------------------------------|---------------|
| Chocolates/ sweets | | |
| Fruit | | |
| Crisps | | |
| Peanuts | | |
| Other snacks | | |
| Beer | | |
| Wine | | |
| Sherry | | |
| Spirits | | |
| Other cold drinks | | |
| Tea | | |
| Coffee | | |
| Other hot drinks | | |
| Ice cream | | |
| Anything else? | | |
| | | |

Space to write in the Recipe or Ingredients of any made-up dishes or take-away food that you have mentioned if not already done above

Please name any vitamins, minerals or other food supplements if you had any. Please give all details and enclose label(s) if possible

| <i>Brand</i> | <i>Name (in full)</i> | <i>Number: pills, capsules, teaspoons</i> |
|--------------|-----------------------|---|
| | | |
| | | |
| | | |
| | | |

End of day number

| | | |
|--|--------------------------------------|-------------------|
| DAY OF WEEK | | DATE |
| BEFORE BREAKFAST | | |
| <i>Food/Drink</i> | <i>Description & Preparation</i> | <i>Amount</i> |
| | | |
| BREAKFAST | | |
| <i>Food/Drink</i> | <i>Description & Preparation</i> | <i>Amount</i> |
| | | |
| MID-MORNING - between breakfast time and lunch time | | |
| <i>Food/Drink</i> | <i>Description & Preparation</i> | <i>Amount</i> |
| | | |

LUNCH

| <i>Food/Drink</i> | <i>Description & Preparation</i> | <i>Amount</i> |
|-------------------|--------------------------------------|---------------|
| | | |

TEA - between lunch time and the evening meal

| <i>Food/Drink</i> | <i>Description & Preparation</i> | <i>Amount</i> |
|-------------------|--------------------------------------|---------------|
| | | |

| | | |
|--|--------------------------------------|---------------|
| DAY OF WEEK..... DATE | | |
| EVENING MEAL | | |
| <i>Food/Drink</i> | <i>Description & Preparation</i> | <i>Amount</i> |
| | | |
| LATER EVENING - up to last thing at night | | |
| <i>Food/Drink</i> | <i>Description & Preparation</i> | <i>Amount</i> |
| | | |

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| | | |
| | | |

End of day number

| | | |
|--|--------------------------------------|-------------------|
| DAY OF WEEK | | DATE |
| BEFORE BREAKFAST | | |
| <i>Food/Drink</i> | <i>Description & Preparation</i> | <i>Amount</i> |
| | | |
| BREAKFAST | | |
| <i>Food/Drink</i> | <i>Description & Preparation</i> | <i>Amount</i> |
| | | |
| MID-MORNING - between breakfast time and lunch time | | |
| <i>Food/Drink</i> | <i>Description & Preparation</i> | <i>Amount</i> |
| | | |

LUNCH

| <i>Food/Drink</i> | <i>Description & Preparation</i> | <i>Amount</i> |
|-------------------|--------------------------------------|---------------|
| | | |

TEA - between lunch time and the evening meal

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| | | |
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| <i>Food/Drink</i> | <i>Description & Preparation</i> | <i>Amount</i> |
| | | |
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|--------------|-----------------------|---|
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End of day number

| | | |
|--|--------------------------------------|-------------------|
| DAY OF WEEK | | DATE |
| BEFORE BREAKFAST | | |
| <i>Food/Drink</i> | <i>Description & Preparation</i> | <i>Amount</i> |
| | | |
| BREAKFAST | | |
| <i>Food/Drink</i> | <i>Description & Preparation</i> | <i>Amount</i> |
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| MID-MORNING - between breakfast time and lunch time | | |
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|--------------|-----------------------|---|
| | | |
| | | |
| | | |
| | | |

End of day number

GENERAL QUESTIONS ON YOUR DIET LAST WEEK

1. Which types of milk did you most often use last week?

- | | | | |
|------------------|--------------------------|----------------------------|--------------------------|
| Full cream | <input type="checkbox"/> | Dried skim milk powder | <input type="checkbox"/> |
| Semi-skimmed | <input type="checkbox"/> | Dried whole or filled milk | <input type="checkbox"/> |
| Skimmed/fat-free | <input type="checkbox"/> | Soya | <input type="checkbox"/> |
| Sterilized | <input type="checkbox"/> | None | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | State type _____ | |

2. How much milk did you usually have in tea?

- | | | | | | |
|-------|--------------------------|---------------------|--------------------------|------------|--------------------------|
| A lot | <input type="checkbox"/> | Average | <input type="checkbox"/> | Hardly any | <input type="checkbox"/> |
| None | <input type="checkbox"/> | I did not drink tea | <input type="checkbox"/> | | |

3. How much milk did you usually have in coffee?

- | | | | | | |
|-------|--------------------------|------------------------|--------------------------|------------|--------------------------|
| A lot | <input type="checkbox"/> | Average | <input type="checkbox"/> | Hardly any | <input type="checkbox"/> |
| None | <input type="checkbox"/> | I did not drink coffee | <input type="checkbox"/> | | |

4. Did you drink decaffeinated coffee?

- | | | | | | |
|--------|--------------------------|-----------|--------------------------|-------|--------------------------|
| Always | <input type="checkbox"/> | Sometimes | <input type="checkbox"/> | Never | <input type="checkbox"/> |
|--------|--------------------------|-----------|--------------------------|-------|--------------------------|

5. Which types of bread did you usually eat?

- | | | | |
|-------------------------|--------------------------|-------------------|--------------------------|
| White | <input type="checkbox"/> | Granary | <input type="checkbox"/> |
| Brown, wheatgerm, Hovis | <input type="checkbox"/> | Wholemeal | <input type="checkbox"/> |
| Soft grain | <input type="checkbox"/> | Did not eat bread | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | Name: _____ | |

6. Did you eat the skin on apples or pears?

- | | | | | |
|--------|------------------------------|-----------------------------|--------------------|--------------------------|
| Apples | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Did not eat apples | <input type="checkbox"/> |
| Pears | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Did not eat pears | <input type="checkbox"/> |

7. What did you do with the visible fat on meat?

- | | | | |
|---------------------------|--------------------------|---------------------|--------------------------|
| Ate most of the fat | <input type="checkbox"/> | Ate some of the fat | <input type="checkbox"/> |
| Ate as little as possible | <input type="checkbox"/> | Did not eat meat | <input type="checkbox"/> |

8. How thickly did you spread butter, margarine etc. on bread or biscuits?

- | | | | | | | | |
|-------|--------------------------|--------|--------------------------|------|--------------------------|------|--------------------------|
| Thick | <input type="checkbox"/> | Medium | <input type="checkbox"/> | Thin | <input type="checkbox"/> | None | <input type="checkbox"/> |
|-------|--------------------------|--------|--------------------------|------|--------------------------|------|--------------------------|

9. Which types of fat did you most often use for baking, frying and spreading?

What did you use it for?

| Brand and type used | | Baking | Frying | Spreading |
|---------------------------|-------|--------------------------|--------------------------|--------------------------|
| Butter | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Low fat spread | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Very low fat spread | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Polyunsaturated margarine | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other soft margarine | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hard margarine | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vegetable oils | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| White vegetable fat | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lard | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dripping | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

None, I did not use any fats ☐

10. Do you feel that this was more-or-less a typical week, as far as your eating went?

If not, how was it different?

Please return the diary in the pre-paid envelope.

Thank you very much for your cooperation in completing such a long and detailed form.