

- Use a black or blue ball-point pen.
- If you want to change your answer, fill in the wrong box completely and mark the correct box.

Personal number

						-					
--	--	--	--	--	--	---	--	--	--	--	--

PHYSICAL ACTIVITY AND EXERCISE

1. Your level of physical activity during **the past year**:

Walking/cycling

- | | |
|---|--|
| <input type="checkbox"/> Hardly ever | <input type="checkbox"/> 40-60 min/day |
| <input type="checkbox"/> Less than 20 min/day | <input type="checkbox"/> 1-1,5 hours/day |
| <input type="checkbox"/> 20-40 min/day | <input type="checkbox"/> More than 1-1,5 hours/day |

Daily occupation/work

- | | |
|---|--|
| <input type="checkbox"/> Mostly sitting down | <input type="checkbox"/> Mostly walking, min. lifting/carrying |
| <input type="checkbox"/> Sitting down half the time | <input type="checkbox"/> Mostly walking, sig. lifting/carrying |
| <input type="checkbox"/> Mostly standing up | <input type="checkbox"/> Heavy manual labour |

Home/household work

- | | |
|---|--|
| <input type="checkbox"/> Less than 1 hour/day | <input type="checkbox"/> 5-6 hours/day |
| <input type="checkbox"/> 1-2 hours/day | <input type="checkbox"/> 7-8 hours/day |
| <input type="checkbox"/> 3-4 hours/day | <input type="checkbox"/> More than 8 hours/day |

Watching TV/reading

- | | |
|---|--|
| <input type="checkbox"/> Less than 1 hour/day | <input type="checkbox"/> 5-6 hours/day |
| <input type="checkbox"/> 1-2 hours/day | <input type="checkbox"/> 7-8 hours/day |
| <input type="checkbox"/> 3-4 hours/day | <input type="checkbox"/> More than 6 hours/day |

Exercise (examples: gym and calisthenics)

- | | |
|--|---|
| <input type="checkbox"/> Almost never | <input type="checkbox"/> 2-3 hours/week |
| <input type="checkbox"/> Less than 1 hour/week | <input type="checkbox"/> 4-5 hours/week |
| <input type="checkbox"/> 1 hour/week | <input type="checkbox"/> More than 5 hours/week |

2. How far can you walk outdoors?

- | | |
|---|--|
| <input type="checkbox"/> Cannot walk outdoors | <input type="checkbox"/> Almost as far as I want |
| <input type="checkbox"/> Only short distances | <input type="checkbox"/> Unlimited distances |

3. Do you usually perform any physical activity (that makes you short of breath) for more than two hours per week? *E.g.: gardening, brisk walks or similar*

- ☐ Yes ☐ No

SUN HABITS

4. Do you travel to sunny resorts during winter time?

- ☐ No ☐ Yes, sometimes ☐ Yes, every year

5. How does your skin react when you are in the sun?

- | | |
|--|--|
| <input type="checkbox"/> Always red/never tanned | <input type="checkbox"/> Sometimes red/always tanned |
| <input type="checkbox"/> Always red/sometimes tanned | <input type="checkbox"/> Never red/always tanned |

6. When it is sunny, you prefer:

- ☐ The sun at all the time
☐ Both the sun and the shade
☐ Seeking shade at all the time

7. Do you use sunblock?

- ☐ Yes, always ☐ Most of the time ☐ Sometimes ☐ Never

EATING HABITS

8. Which meals do you usually eat?

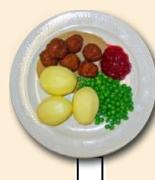
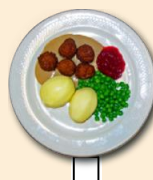
- | | | |
|--|--|--|
| <input type="checkbox"/> Breakfast | <input type="checkbox"/> Lunch | <input type="checkbox"/> Dinner |
| <input type="checkbox"/> Mid-morning snack | <input type="checkbox"/> Afternoon snack | <input type="checkbox"/> Evening snack |

9. On average, how often do you eat the following?

	Times per month			Per week			Per day		
	0	1-3		1-2	3-4	5-6	1	2	3+
Cooked meal	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meals outside home	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frozen meals	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canned food	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ready-made food (retirement home, home help, relative)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fish	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. How big are your portion sizes?

Mark the image that best describes your portion size (**volume**).



11. What is your main type of diet?

- ☐ Mixed ☐ Vegetarian ☐ Vegan

12. Do you exclude/avoid anything in your diet?

- ☐ Gluten ☐ Lactose ☐ Milk protein ☐ Nuts
☐ Other: _____ ☐ Nothing

13. During childhood, did you eat more sweets (such as cakes, cookies, sweets, puddings, fruit fool or soup) compared to your peers? ☐ Yes, much more ☐ Yes, some more ☐ No, same ☐ No, some less ☐ No, ate none at all

14. How often did you eat these sweets? _____ times/week or _____ times/month ☐ Do not know

DIETARY HABITS IN THE LAST YEAR

15. How much did you usually drink/eat of the following?
If you do not eat/drink the specific food item, mark "0".
1 glass, 1 cup= 2 dl (**enter only whole numbers**).

	Per day	<u>or</u>	Per week
Milk, skimmed (<0,5% fat)	<input type="text"/>	glass/d	<input type="text"/> glass/w
Milk, semi-skimmed (1,5% fat)	<input type="text"/>	glass/d	<input type="text"/> glass/w
Milk, whole (3% fat)	<input type="text"/>	glass/d	<input type="text"/> glass/w
Fruit yoghurt/sour milk	<input type="text"/>	glass/d	<input type="text"/> glass/w
Yoghurt/sour milk, low-fat (<0,5% fat)	<input type="text"/>	glass/d	<input type="text"/> glass/w
Sour milk, reduced fat (1,5% fat)	<input type="text"/>	glass/d	<input type="text"/> glass/w
Sour milk/yoghurt (3% fat)	<input type="text"/>	glass/d	<input type="text"/> glass/w
Water (including mineral)	<input type="text"/>	glass/d	<input type="text"/> glass/w
Coca Cola/Pepsi, <i>light</i>	<input type="text"/>	glass/d	<input type="text"/> glass/w
Coca Cola/Pepsi	<input type="text"/>	glass/d	<input type="text"/> glass/w
Other soft drinks/soda, <i>light</i>	<input type="text"/>	glass/d	<input type="text"/> glass/w
Other soft drinks/soda	<input type="text"/>	glass/d	<input type="text"/> glass/w
Green tea	<input type="text"/>	cup/d	<input type="text"/> cups/w
Herbal tea/ red tea	<input type="text"/>	cup/d	<input type="text"/> cups/w
Tea (black)	<input type="text"/>	cup/d	<input type="text"/> cups/w
Coffee (filtered)	<input type="text"/>	cup/d	<input type="text"/> cups/w
Coffee (unfiltered)	<input type="text"/>	cup/d	<input type="text"/> cups/w
Sugar	<input type="text"/>	Tsp/d	<input type="text"/> Tsp/d
Honey	<input type="text"/>	Tbsp/d	<input type="text"/> Tbsp/w
Cottage cheese/quark	<input type="text"/>	Tbsp/d	<input type="text"/> Tbsp/w
Cream cheese (low-fat)	<input type="text"/>	Tbsp/d	<input type="text"/> Tbsp/w
Cream cheese	<input type="text"/>	Tbsp/d	<input type="text"/> Tbsp/w
Hard cheese (low-fat)	<input type="text"/>	Slices/d	<input type="text"/> Slices/w
Hard cheese	<input type="text"/>	Slices/d	<input type="text"/> Slices/w
Dessert cheese	<input type="text"/>	Tbsp/d	<input type="text"/> Tbsp/w
Liver paté (low-fat)	<input type="text"/>	Tbsp/d	<input type="text"/> Tbsp/w
Liver paté	<input type="text"/>	Tbsp/d	<input type="text"/> Tbsp/w
Crispbread	<input type="text"/>	Slices/d	<input type="text"/> Slices/w
White bread/loaf	<input type="text"/>	Slices/d	<input type="text"/> Slices/w
Fibre enriched bread	<input type="text"/>	Slices/d	<input type="text"/> Slices/w
Granary/wholemeal bread	<input type="text"/>	Slices/d	<input type="text"/> Slices/w

16. Do you usually have milk in your coffee or tea?
☐ Yes, in coffee ☐ Yes, in tea ☐ No

17. On average, how often you eat each of the following. Mark only **one** mark on each row
If you seldom or never eat that specific item, mark "0".

[illegible][illegible][illegible]

POTATOES ETC	Times per month		per week			per day		
	0	1-3	1-2	3-4	5-6	1	2	3+
Boiled potatoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fried potatoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baked/mashed potatoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French fries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carrots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beetroots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VEGETABLES/BEANS	Times per month		per week			per day		
	0	1-3	1-2	3-4	5-6	1	2	3+
Lettuce/iceberg lettuce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cabbage (white, red, Chinese)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cauliflower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broccoli/brussels sprouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tomato/tomato juice	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peppers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spinach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Green peas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Onion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garlic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leek	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixed frozen vegetables	<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 vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pea soup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beans/lentils/chick peas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avocado	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Olives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sweetcorn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FRUIT/BERRIES	Times per month		per week			per day		
	0	1-3	1-2	3-4	5-6	1	2	3+
Orange/citrus fruits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orange/grapefruit juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apple/Pears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Banana	<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 fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Berries (fresh or frozen)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lingonberry jam	<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 jam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruit fool/soups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prunes (incl. juice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raisins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apricots/other dried fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CAKES/SWEETS ETC	Times per month		per week			per day		
	0	1-3	1-2	3-4	5-6	1	2	3+
Buns, cakes	<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/rusks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gateau/confections	<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"/>
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"/>

	Times per month		per week			per day		
OTHER FOODS	0	1-3	1-2	3-4	5-6	1	2	3+
Salad dressing (reduced fat/fat free)	<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 (reduced fat/fat free)	<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 fraîche (reduced fat/fat free)	<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 fraîche	<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"/>
Yoghurt for cooking (8-10% fat)	<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"/>
Fresh herbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dried herbs	<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"/>
Table salt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Mark the type of fats you normally use

...in cooking

- | | |
|--|---|
| <input type="checkbox"/> Butter | <input type="checkbox"/> Bregott (butter/margarine) |
| <input type="checkbox"/> Household margarine | <input type="checkbox"/> Liquid butter |
| <input type="checkbox"/> Liquid margarine | <input type="checkbox"/> Olive oil |
| <input type="checkbox"/> Rapeseed/canola oil | <input type="checkbox"/> Corn or sunflower oil |
| <input type="checkbox"/> Other | <input type="checkbox"/> None |

...in homemade dressing

- | | |
|--|--|
| <input type="checkbox"/> Olive oil | <input type="checkbox"/> Rapeseed/canola oil |
| <input type="checkbox"/> Corn or sunflower oil | <input type="checkbox"/> Other oil |
| | <input type="checkbox"/> None |

...bread spreads

- | | |
|--|---|
| <input type="checkbox"/> Butter (80% fat) | <input type="checkbox"/> Bregott (butter/margarine) |
| <input type="checkbox"/> Margarine (80% fat) | <input type="checkbox"/> Margarine (40% fat) |
| <input type="checkbox"/> Becel (margarine) | <input type="checkbox"/> Oil |
| | <input type="checkbox"/> Other |

19. How many slices of bread with butter/margarine do you usually eat per day or per week?

Slices/day Slices/week

☐ I do not use any butter/margarine on bread

20. How much butter/margarine do you usually spread on your bread?

☐ Fairly thick ☐ Thinly ☐ Very thin

21. How often do you usually eat these fried foods?

	Times/Month	Never/Seldom
Sausage/steak/pork chop (fried in a pan)	<input type="text"/>	<input type="checkbox"/>
Fish fried in a pan	<input type="text"/>	<input type="checkbox"/>
Chicken/fillets/casserole (fried in a pan)	<input type="text"/>	<input type="checkbox"/>
Grilled/oven-baked chicken	<input type="text"/>	<input type="checkbox"/>
Gravy	<input type="text"/>	<input type="checkbox"/>

22. To what degree of browning do you usually fry these courses?

- | | |
|--|---|
| <input type="checkbox"/> Lightly fried (light brown) | <input type="checkbox"/> Heavily fried (dark brown) |
| <input type="checkbox"/> Moderately fried (brown) | <input type="checkbox"/> Very heavily fried (charred) |
| | <input type="checkbox"/> I don't eat fried foods |

DIETARY SUPPLEMENTS AND MEDICINE

23. Do you eat vitamins, minerals or any other supplements?

☐ Never ☐ Yes, sometimes ☐ Yes, regularly

Never = None or very few

Sometimes = 1-2 tablets/week or less than 100 tablets/year

Regularly = 3-7 tablets/week

Mark:	How often?			For how many years?					
	Never	Sometimes	Regularly	Less than 1	1-4	5-9	10-19	20 or more	
DIETARY SUPPLEMENTS									
Multivitamins with minerals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Multivitamins without minerals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vitamin B complex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vitamin B12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vitamin B6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Folic acid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vitamin C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vitamin E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Beta-carotene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Magnesium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Calcium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vitamin D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Iron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Zinc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Selenium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fish oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Linseed oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Live bacterial culture: Verum, Actimel, ProViva, Cultura	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MEDICINES									
Cortisone in tablet form or inhalation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alvedon, Panodil, Reliv, Citodon, Panocod	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	
Magnecyl, Bambyl, Treo, Aspirin, Albyl, Trombyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sleeping medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

24. Mark if you have taken any of the following.

- | | | |
|--|---|-----------------------------------|
| <input type="checkbox"/> Ginseng/Gerimax | <input type="checkbox"/> Yeast preparation | <input type="checkbox"/> Q10 |
| <input type="checkbox"/> St. John's wort | <input type="checkbox"/> Arctic root | <input type="checkbox"/> Chromium |
| <input type="checkbox"/> Curbisin/Sabamin | <input type="checkbox"/> Ginkgo Biloba | <input type="checkbox"/> Tone |
| <input type="checkbox"/> Intestinal regulators | <input type="checkbox"/> Fiber supplement | <input type="checkbox"/> Cernitol |
| <input type="checkbox"/> Valerina Night/Forte | <input type="checkbox"/> Remifemin | <input type="checkbox"/> Litozin |
| <input type="checkbox"/> Garlic tablets | <input type="checkbox"/> Echinacea/ Kan Jang/ Esberitox | |

ALCOHOL

25. Mark how often you usually drink alcohol.

☐ I have never had alcohol

☐ I stopped drinking alcohol when I was years old.

I usually drink	Times per month			per week			
	Never	0-1	2-3	1-2	3-4	5-6	7
Beer, 2.25% alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beer, up to 3.5% alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beer, over 3.5% alcohol	<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 wines	<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"/>

26. On each occasion, how much do you usually drink of the following?

Beer cl Wine cl Liqueur cl

Spirit cl

1 can beer = 33/50 cl, bottle wine/spirit = 75 cl, 1 dl = 10 cl

TOBACCO

27. Mark if you used to smoke cigarettes regularly.

Regularly = more than 5 cigarettes/week

☐ No, I have never smoked cigarettes regularly

☐ Yes, I smoke

☐ Yes, but I stopped smoking years ago

Number of cigarettes smoked per day at different ages:

51-60 yr	61-70 yr	71-80 yr	81- now	This year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

28. Mark if you have used snuff regularly

Regularly = more than 5 servings snuff/week

☐ No, I have never used snuff regularly

☐ Yes, I use snuff

☐ Yes, but I quit using snuff years ago

Servings of snuff per day at different ages.

51-60 yr	61-70 yr	71-80 yr	81 +	This year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

OUTDOOR ACTIVITIES

29. How often are you outdoors...

(e.g., in nature, in the garden, in the park, on the balcony/patio, walks)

...spring and summer hours/week ☐ Very seldom

...autumn and winter hours/week ☐ Very seldom

I have read the attached information letter and would like to continue taking part in the study.

.....
Your signature

Please check that the questions are fully answered. Return the questionnaire in the enclosed freepost reply envelope.

THANK YOU FOR YOUR PARTICIPATION