

INSTRUCTIONS:

This questionnaire is about your **usual** eating habits **two years ago**. Where possible give only **one answer per question** for the type of food you eat **most often**. (If you can't decide which type you have most often, answer for the types you usually eat.)

- Use a soft pencil only, preferably 2B.
- Do not use **any** biro or felt tip pen.
- Erase mistakes fully.
- Make no stray marks.

Please MARK LIKE THIS:



NOT LIKE THIS:



0	0	FEB	1997
1	1	MAR	1998
2	2	APR	1999
3	3	MAY	2000
4	4	JUN	2001
5	5	JUL	2002
6	6	AUG	2003
7	7	SEP	2004
8	8	OCT	2005
9	9	NOV	2006
		DEC	2007

1. How many pieces of fresh fruit do you usually eat per day? (Count 1/2 cup of diced fruit, berries or grapes as one piece.)

- I don't eat fruit
- less than 1 piece of fruit per day
- 1 piece of fruit per day
- 2 pieces of fruit per day
- 3 pieces of fruit per day
- 4 or more pieces of fruit per day

2. How many different vegetables do you usually eat per day? (Count all types, fresh, frozen or tinned.)

- less than 1 vegetable per day
- 1 vegetable per day
- 2 vegetables per day
- 3 vegetables per day
- 4 vegetables per day
- 5 vegetables per day
- 6 or more vegetables per day

3. What type of milk do you usually use?

- none
- full cream milk
- reduced fat milk
- skim milk
- soya milk

4. How much milk do you usually use per day? (Include flavoured milk and milk added to tea, coffee, cereal etc.)

- none
- less than 250 ml (1 large cup or mug)
- between 250 and 500 ml (1-2 cups)
- between 500 and 750 ml (2-3 cups)
- 750 ml (3 cups) or more

5. What type of bread do you usually eat?

- I don't eat bread
- high fibre white bread
- white bread
- wholemeal bread
- rye bread
- multi-grain bread

6. How many slices of bread do you usually eat per day? (Include all types, fresh or toasted and count one bread roll as 2 slices.)

- less than 1 slice per day
- 1 slice per day
- 2 slices per day
- 3 slices per day
- 4 slices per day
- 5-7 slices per day
- 8 or more slices per day

7. Which spread do you usually put on bread?

- I don't usually use any fat spread
- margarine of any kind
- polyunsaturated margarine
- monounsaturated margarine
- butter and margarine blends
- butter

8. On average, how many teaspoons of sugar do you usually use per day? (Include sugar taken with tea and coffee and on breakfast cereal etc.)

- none
- 1 to 4 teaspoons per day
- 5 to 8 teaspoons per day
- 9 to 12 teaspoons per day
- more than 12 teaspoons per day

9. On average, how many eggs do you usually eat per week?

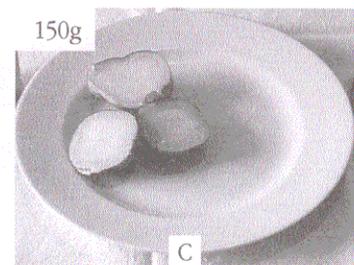
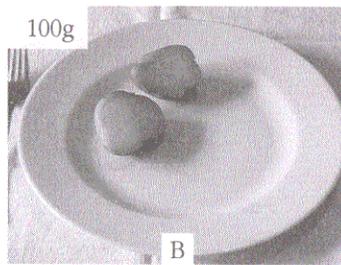
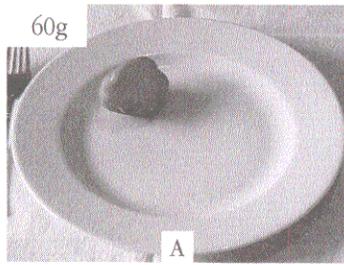
- I don't eat eggs
- less than 1 egg per week
- 1 to 2 eggs per week
- 3 to 5 eggs per week
- 6 or more eggs per week

10. What types of cheese do you usually eat?

- I don't eat cheese
- hard cheeses, e.g. parmesan, romano
- firm cheeses, e.g. cheddar, edam
- soft cheeses, e.g. camembert, brie
- ricotta or cottage cheese
- cream cheese
- low fat cheese

11. When you ate potato, did you usually eat:

I never ate potato



Less than A

A

Between A & B

B

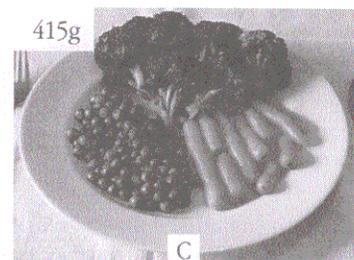
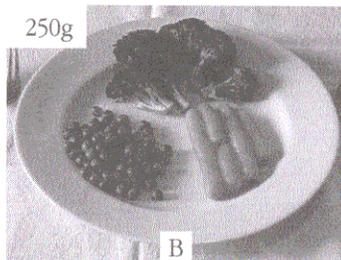
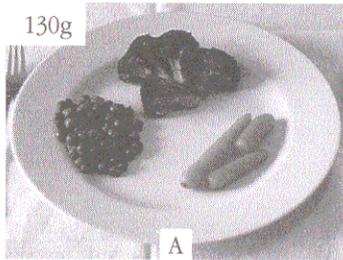
Between B & C

C

More than C

12. When you ate vegetables, did you usually eat:

I never ate vegetables



Less than A

A

Between A & B

B

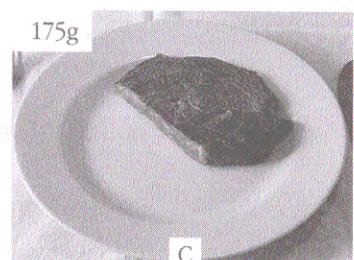
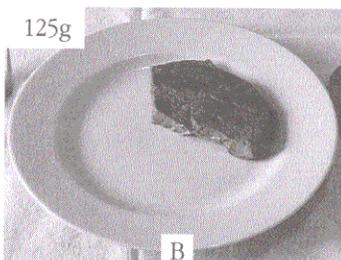
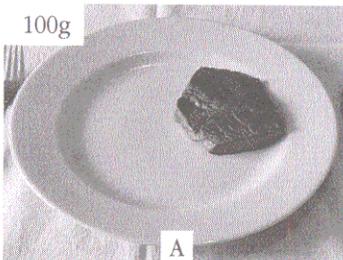
Between B & C

C

More than C

13. When you ate steak, did you usually eat:

I never ate steak



Less than A

A

Between A & B

B

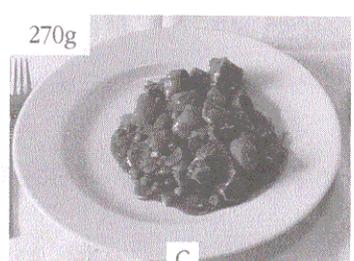
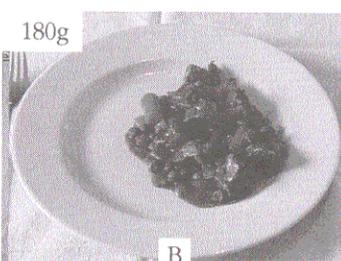
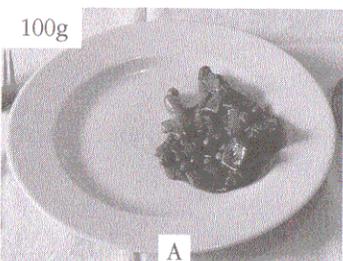
Between B & C

C

More than C

14. When you ate meat or vegetable casserole, did you usually eat:

I never ate casserole



Less than A

A

Between A & B

B

Between B & C

C

More than C

CEREAL FOODS, SWEETS & SNACKS

All Bran™	<input type="checkbox"/>										
Sultana Bran™, FibrePlus™, Branflakes™	<input type="checkbox"/>										
Weet Bix™, Vita Brits™, Weeties™	<input type="checkbox"/>										
Cornflakes, Nutrigrain™, Special K™	<input type="checkbox"/>										
Porridge	<input type="checkbox"/>										
Muesli	<input type="checkbox"/>										
Rice	<input type="checkbox"/>										
Pasta or noodles (include lasagne)	<input type="checkbox"/>										
Crackers, crispbreads, dry biscuits	<input type="checkbox"/>										
Sweet biscuits	<input type="checkbox"/>										
Cakes, sweet pies, tarts and other sweet pastries	<input type="checkbox"/>										
Meat pies, pasties, quiche and other savoury pastries	<input type="checkbox"/>										
Pizza	<input type="checkbox"/>										
Hamburger with a bun	<input type="checkbox"/>										
Chocolate	<input type="checkbox"/>										
Flavoured milk drink (cocoa, Milo™ etc.)	<input type="checkbox"/>										
Nuts	<input type="checkbox"/>										
Peanut butter or peanut paste	<input type="checkbox"/>										
Corn chips, potato crisps, Twisties™ etc.	<input type="checkbox"/>										
Jam, marmalade, honey or syrups	<input type="checkbox"/>										
Vegetemite™, Marmite™ or Promite™	<input type="checkbox"/>										

DAIRY PRODUCTS, MEAT & FISH

Cheese	<input type="checkbox"/>										
Ice-cream	<input type="checkbox"/>										
Yoghurt	<input type="checkbox"/>										
Beef	<input type="checkbox"/>										
Veal	<input type="checkbox"/>										
Chicken	<input type="checkbox"/>										
Lamb	<input type="checkbox"/>										
Pork	<input type="checkbox"/>										
Bacon	<input type="checkbox"/>										
Ham	<input type="checkbox"/>										
Corned beef, luncheon meats or salami	<input type="checkbox"/>										
Sausages or frankfurters	<input type="checkbox"/>										
Fish, steamed, grilled or baked	<input type="checkbox"/>										
Fish, fried (include take-away)	<input type="checkbox"/>										
Fish, tinned (salmon, tuna, sardines etc.)	<input type="checkbox"/>										

FRUIT

Tinned or frozen fruit (any kind)	<input type="checkbox"/>										
Fruit juice	<input type="checkbox"/>										
Oranges or other citrus fruit	<input type="checkbox"/>										
Apples	<input type="checkbox"/>										
Pears	<input type="checkbox"/>										
Bananas	<input type="checkbox"/>										
Watermelon, rockmelon (cantaloupe), honeydew etc.	<input type="checkbox"/>										
Pineapple	<input type="checkbox"/>										
Strawberries	<input type="checkbox"/>										
Apricots	<input type="checkbox"/>										
Peaches or nectarines	<input type="checkbox"/>										
Mango or paw paw	<input type="checkbox"/>										
Avocado	<input type="checkbox"/>										

Potatoes roasted or fried (include hot chips)	<input type="checkbox"/>										
Potatoes cooked without fat	<input type="checkbox"/>										
Tomato sauce, tomato paste or dried tomatoes	<input type="checkbox"/>										
Fresh or tinned tomatoes	<input type="checkbox"/>										
Peppers (capsicum)	<input type="checkbox"/>										
Lettuce, endive, or other salad greens	<input type="checkbox"/>										
Cucumber	<input type="checkbox"/>										
Celery	<input type="checkbox"/>										
Beetroot	<input type="checkbox"/>										
Carrots	<input type="checkbox"/>										
Cabbage or Brussels sprouts	<input type="checkbox"/>										
Cauliflower	<input type="checkbox"/>										
Broccoli	<input type="checkbox"/>										
Silverbeet or spinach	<input type="checkbox"/>										
Peas	<input type="checkbox"/>										
Green beans	<input type="checkbox"/>										
Bean sprouts or alfalfa sprouts	<input type="checkbox"/>										
Baked beans	<input type="checkbox"/>										
Soy beans, soy bean curd or tofu	<input type="checkbox"/>										
Other beans (include chick peas, lentils etc.)	<input type="checkbox"/>										
Pumpkin	<input type="checkbox"/>										
Onion or leeks	<input type="checkbox"/>										
Garlic (not garlic tablets)	<input type="checkbox"/>										
Mushrooms	<input type="checkbox"/>										
Zucchini	<input type="checkbox"/>										

16. Two years ago, how often did you drink beer, wine and/or spirits?

<i>Times That You Drank</i>	N E V E R	less than once a month	1-3 days per month	1 day per week	2 days per week	3 days per week	4 days per week	5 days per week	6 days per week	every day
Beer (low alcohol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beer (full strength)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White wine (include sparkling wines)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fortified wines, port, sherry, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spirits, liqueurs, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When answering the next two questions, please convert the amounts you drink into glasses using the examples given below.

For spirits, liqueurs, and mixed drinks containing spirits, please count each nip (30 ml) as one glass.

1 can or stubby of beer = 2 glasses

1 bottle wine (750 ml) = 6 glasses

1 large bottle beer (750 ml) = 4 glasses

1 bottle of port or sherry (750 ml) = 12 glasses

17. Two years ago, on days when you were drinking, how many glasses of beer, wine and/or spirits altogether did you usually drink?

TOTAL NUMBER OF GLASSES PER DAY	1	2	3	4	5	6	7	8	9	10 or more
	<input type="checkbox"/>									

18. Two years ago, what was the maximum number of glasses of beer, wine and/or spirits that you drank in 24 hours?

MAXIMUM NUMBER OF GLASSES PER 24 HOURS	1-2	3-4	5-6	7-8	9-10	11-12	13-14	15-16	17-18	19 or more
	<input type="checkbox"/>									