## NICOLA NUTRITION Self-Completion Questionnaire



Participant Unique Reference					
(to be completed by nurse)					

Date of completion (to be completed by nurse)



## **Food Frequency Questionnaire**

The next set of questions asks about your diet over the last year.

For each food there is an amount shown, either a "medium serving" or a common household unit such as a slice or teaspoon.

Please put a tick ✓ in the box to indicate how often, **on average**, you have eaten the specified amount of each food during the past year.

**Example:** For white bread the amount is one slice, so if you ate 4 or 5 slices a day, you should put a tick in the column headed "4-5 per day".

FOODS AND AMOUNTS			A	/ERAGE	USE LA	ST YEA	R		
BREAD AND SAVOURY BISCUITS (one slice or biscuit)	Never or less than once a month	1-3 per month	Once a week	2-4 times a week	5-6 times a week	Once a day	2-3 times per day	4-5 times per day	6+ times per day
White bread and rolls								<b>✓</b>	

**Example:** For chips, the amount is a "medium serving", so if you had a helping of chips twice a week you should put a tick in the column headed "2-4 per week".

FOODS AND AMOUNTS			A	/ERAGE	USE LA	ST YEA	R		
POTATOES, RICE AND PASTA (medium serving)	Never or less than once a month	1-3 per month	Once a week	2-4 times a week	5-6 times a week	Once a day	2-3 times per day	4-5 times per day	6+ times per day
Chips				$\checkmark$					

**Example:** For seasonal fruits such as strawberries and raspberries you should estimate your average use when the fruits are in season, so if you ate strawberries or raspberries about once a week when they were in season you should put a tick in the column headed "once a week".

FOODS AND AMOUNTS		AVERAGE USE LAST YEAR										
Fruit (1 fruit or medium serving)	Never or less than once a month	1-3 per month	Once a week	2-4 times a week	5-6 times a week	Once a day	2-3 times per day	4-5 times per day	6+ times per day			
Strawberries, raspberries, Kiwi fruit			$\checkmark$									

FOODS & AMOUNT			AV	ERAGE	USE LAS	ST YEAR	R		
MEAT & FISH (medium serving)	Never or less than once a month	1-3 per month	Once a week	2-4 per week	5-6 per week	Once a day	2-3 per day	4-5 per day	6+ per day
Beef; roast, steak, mince, stew or casserole	0	1	2	3	4	5	6	7	8
Beef burgers	0	1	2	3	4	5	6	7	8
Pork; roast, chops, stew or slices	0	1	2	3	4	5	6	7	8
Lamb; roast chops or stew	0	1	2	3	4	5	6	7	8
Chicken or other poultry e.g. turkey	0	1	2	3	4	5	6	7	8
Bacon	0	1	2	3	4	5	6	7	8
Ham	0	1	2	3	4	5	6	7	8
Corned beef, Spam, luncheon meats	0	1	2	3	4	5	6	7	8
Sausages	0	1	2	3	4	5	6	7	8
Savoury pies e.g. meat pie, pork pie, pasties, steak & kidney pie, sausage rolls	0	1	2	3	4	5	6	7	8
Liver, liver pate, liver sausage	0	1	2	3	4	5	6	7	8
Fried fish in batter (fish & chips)	0	1	2	3	4	5	6	7	8
Fish fingers, fish cakes	0	1	2	3	4	5	6	7	8

FOODS & AMOUNT			AV	ERAGE	USE LA	ST YEAR	2		
MEAT & FISH (medium serving)	Never or less than once a month	1-3 per month	Once a week	2-4 per week	5-6 per week	Once a day	2-3 per day	4-5 per day	6+ per day
Other white fish, fresh or frozen e.g. cod, haddock, plaice, sole, halibut	0	1	2	3	4	5	6	7	8
Oily fish, fresh or frozen e.g. mackerel, kippers, tuna, salmon, sardines, herring	0	1	2	3	4	5	6	7	8
Shellfish e.g. crab, prawns, mussels	0	1	2	3	4	5	6	7	8
Fish roe, taramasalata	0	1	2	3	4	5	6	7	8
BREAD & SAVOUR	RY BISC	CUITS (d	one slic	e or bis	scuit)				
White bread and rolls	0	1	2	3	4	5	6	7	8
Brown bread and rolls	0	1	2	3	4	5	6	7	8
Wholemeal bread and rolls	0	1	2	3	4	5	6	7	8
Cream crackers, cheese biscuits	0	1	2	3	4	5	6	7	8
Crispbread e.g. Ryvita	0	1	2	3	4	5	6	7	8
CEREALS (one box	wl)								
Porridge, Ready Brek	0	1	2	3	4	5	6	7	8
Breakfast cereal e.g. corn flakes muesli etc.	0	1	2	3	4	5	6	7	8

FOODS & AMOUNTS	AVERAGE USE LAST YEAR									
POTATOES, RICE AND PASTA (medium serving)	Never or less than once a month	1-3 per month	Once a week	2-4 per week	5-6 per week	Once a day	2-3 per day	4-5 per day	6+ per day	
POTATOES, RICE AN	ID PASTA	(mediu	m servin	g)						
Boiled, mashed, instant or jacket potatoes	0 1		2	3	4	5	6	7	8	
Chips	0 1		2	3	4	5	6	7	8	
Roast potatoes	0 1		2	3	4	5	6	7	8	
Potato salad	0 1		2	3	4	5	6	7	8	
White rice	0 1		2	3	4	5	6	7	8	
Brown rice	0 1		2	3	4	5	6	7	8	
White or green pasta e.g. spaghetti, macaroni, noodles	0 1		2	3	4	5	6	7	8	
Wholemeal pasta	0 1		2	3	4	5	6	7	8	
Lasagne, moussaka	0 1		2	3	4	5	6	7	8	
Pizza	0 1		2	3	4	5	6	7	8	
DAIRY PRODUCTS A	ND FATS									
Single or sour cream (tablespoon)	0	1	2	3	4	5	6	7	8	
Double or clotted cream (tablespoon)	0	1	2	3	4	5	6	7	8	
Low fat yoghurt, fromage frais (125g carton)	0	1	2	3	4	5	6	7	8	

FOODS & AMOUNTS			AVER	AGE US	E LAST	YEAR			
DAIRY PRODUCTS AND FATS	Never or less than once a month	1-3 per month	Once a week	2-4 per week	5-6 per week	Once a day	2-3 per day	4-5 per day	6+ per day
Full fat or Greek yoghurt (125g carton)	0	1	2	3	4	5	6	7	8
Dairy desserts (125g carton)	0	1	2	3	4	5	6	7	8
Cheese e.g. cheddar, brie, edam (medium serving)	0	1	2	3	4	5	6	7	8
Cottage cheese, low fat soft cheese (medium serving)	0	1	2	3	4	5	6	7	8
Eggs as boiled, fried, scrambled etc. (one)	0	1	2	3	4	5	6	7	8
Quiche (medium serving)	0	1	2	3	4	5	6	7	8
Low Calorie, low fat salad cream (tablespoon)	0	1	2	3	4	5	6	7	8
Salad cream, mayonnaise (tablespoon)	0	1	2	3	4	5	6	7	8
Other salad dressing (tablespoon)	0	1	2	3	4	5	6	7	8
French dressing (tablespoon)	0	1	2	3	4	5	6	7	8
THE FOLLOWING ON	BREAD	OR VEG	ETABLE	S					
Butter (teaspoon)	0	1	2	3	4	5	6	7	8
Block margarine e.g. Stork, Krona (teaspoon)	0	1	2	3	4	5	6	7	8
Polyunsaturated margarine (tub) e.g. Flora, sunflower (teaspoon)	0	1	2	3	4	5	6	7	8

FOODS & AMOUNT			AVER	AGE US	E LAST	YEAR			
DAIRY PRODUCTS AND FATS	Never or less than once a month	1-3 per month	Once a week	2-4 per week	5-6 per week	Once a day	2-3 per day	4-5 per day	6+ per day
Other soft margarine, dairy spreads (tub), e.g. Blue Band, Clover (teaspoon)	0	1	2	3	4	5	6	7	8
Low fat spread (tub) e.g. Outline, Gold (teaspoon)	0	1	2	3	4	5	6	7	8
Very low fat spread (tub) (teaspoon)	0	1	2	3	4	5	6	7	8
SWEETS OR SNACKS	6								
Sweet biscuits, chocolate e.g. digestive (one)	0	1	2	3	4	5	6	7	8
Sweet biscuits, plain e.g. Nice, ginger (one)	0	1	2	3	4	5	6	7	8
Cakes e.g. fruit, sponge (home baked)	0	1	2	3	4	5	6	7	8
Cakes e.g. fruit, sponge (ready- made)	0	1	2	3	4	5	6	7	8
Buns, pastries e.g. scones, flap jacks (home baked)	0	1	2	3	4	5	6	7	8
Buns, pastries e.g. croissants, doughnut (ready-made)	0	1	2	3	4	5	6	7	8
Fruit pies, tarts, crumbles (home baked)	0	1	2	3	4	5	6	7	8
Fruit pies, tarts, crumbles (ready- made)	0	1	2	3	4	5	6	7	8
Sponge puddings (home baked)	0	1	2	3	4	5	6	7	8
Sponge puddings (ready-made)	0	1	2	3	4	5	6	7	8

FOODS & AMOUNT			AV	ERAGE	USE LAS	ST YEAR	R		
DAIRY PRODUCTS AND FATS	Never or less than once a month	1-3 per month	Once a week	2-4 per week	5-6 per week	Once a day	2-3 per day	4-5 per day	6+ per day
Milk puddings, e.g. rice, custards, trifle	0	1	2	3	4	5	6	7	8
Ice cream, choc ices	0	1	2	3	4	5	6	7	8
Chocolates, single or squares	0	1	2	3	4	5	6	7	8
Chocolate snack bars e.g. Mars, Crunchie	0	1	2	3	4	5	6	7	8
Sweets, toffees, mints	0	1	2	3	4	5	6	7	8
Sugar added to tea, coffee, cereal (teaspoon)	0	1	2	3	4	5	6	7	8
Crisps or other packet snacks e.g. Wotsits	0	1	2	3	4	5	6	7	8
Peanuts or other nuts	0	1	2	3	4	5	6	7	8
SOUPS, SAUCES AN	D SPREA	DS							
Vegetable soups (bowl)	0	1	2	3	4	5	6	7	8
Meat soups (bowl)	0	1	2	3	4	5	6	7	8
Sauces e.g. white, cheese, gravy (tablespoon)	0	1	2	3	4	5	6	7	8
Tomato ketchup (tablespoon)	0	1	2	3	4	5	6	7	8
Pickles, chutney (tablespoon)	0	1	2	3	4	5	6	7	8

FOODS & AMOUNTS			AV	ERAGE	USE LA	ST YEAF	ł		
SOUPS SAUCES AND SPREADS (medium serving)	Never or less than once a month	1-3 per month	Once a week	2-4 per week	5-6 per week	Once a day	2-3 per day	4-5 per day	6+ per day
Marmite, Bovril (teaspoon)	0	1	2	3	4	5	6	7	8
Jam, marmalade, honey (teaspoon)	0	1	2	3	4	5	6	7	8
Peanut butter	0	1	2	3	4	5	6	7	8
DRINKS									
Tea (cup)	0	1	2	3	4	5	6	7	8
Coffee - instant or ground (cup)	0	1	2	3	4	5	6	7	8
Coffee - decaffeinated (cup)	0	1	2	3	4	5	6	7	8
Coffee whitener e.g. coffee-mate (teaspoon)	0	1	2	3	4	5	6	7	8
Cocoa, hot chocolate (cup)	0	1	2	3	4	5	6	7	8
Horlicks, Ovaltine (cup)	0	1	2	3	4	5	6	7	8
Wine (glass)	0	1	2	3	4	5	6	7	8
Beer, lager or cider (half pint)	0	1	2	3	4	5	6	7	8
Port, sherry, vermouth, liqueurs (glass)	0	1	2	3	4	5	6	7	8
Spirits e.g. gin, brandy, whisky, vodka (single)	0	1	2	3	4	5	6	7	8

FOODS & AMOUNTS			AVER	AGE US	SE LAST	YEAR			
DRINKS	Never or less than once a month	1-3 per month	Once a week	2-4 per week	5-6 per week	Once a day	2-3 per day	4-5 per day	6+ per day
Low calorie or diet fizzy soft drinks (glass)	0	1	2	3	4	5	6	7	8
Fizzy soft drinks e.g. Coca Cola, lemonade (glass)	0	1	2	3	4	5	6	7	8
Pure fruit juice (100%) e.g. orange, apple juice (glass)	0	1	2	3	4	5	6	7	8
Fruit squash or cordial (glass)	0	1	2	3	4	5	6	7	8
FRUIT - for seasonal f season	ruits ma	rked *, p	lease es	timate y	our aver	age use	when th	e fruit i	s in
Apples (1 fruit)	0	1	2	3	4	5	6	7	8
Pears (1 fruit)	0	1	2	3	4	5	6	7	8
Oranges, Satsuma's, mandarins (1 fruit)	0	1	2	3	4	5	6	7	8
Grapefruit (1 fruit)	0	1	2	3	4	5	6	7	8
Bananas (1 fruit)	0	1	2	3	4	5	6	7	8
Grapes (medium serving)	0	1	2	3	4	5	6	7	8
Melon (1 slice)	0	1	2	3	4	5	6	7	8
*Peaches, plums, apricots (1 fruit)	0	1	2	3	4	5	6	7	8
*Strawberries, raspberries, kiwi fruit (medium serving)	0	1	2	3	4	5	6	7	8

FOODS & AMOUNTS			AV	ERAGE	USE LA	ST YEAR	R		
FRUIT	Never or less than once a month	1-3 per month	Once a week	2-4 per week	5-6 per week	Once a day	2-3 per day	4-5 per day	6+ per day
Tinned fruit (medium serving)	0	1	2	3	4	5	6	7	8
Dried fruit e.g. raisins, prunes (medium serving)	0	1	2	3	4	5	6	7	8
VEGETABLES - Fresh	n, frozen	or tinnec	l (mediu	m servir	ng)				
Carrots	0	1	2	3	4	5	6	7	8
Spinach	0	1	2	3	4	5	6	7	8
Broccoli, spring greens, kale	0	1	2	3	4	5	6	7	8
Brussel sprouts	0	1	2	3	4	5	6	7	8
Cabbage	0	1	2	3	4	5	6	7	8
Peas	0	1	2	3	4	5	6	7	8
Green bean, broad beans, runner beans	0	1	2	3	4	5	6	7	8
Marrow, courgettes	0	1	2	3	4	5	6	7	8
Cauliflower	0	1	2	3	4	5	6	7	8
Parsnips, turnips, swedes	0	1	2	3	4	5	6	7	8
Leeks	0	1	2	3	4	5	6	7	8

FOODS & AMOUNTS			AV	ERAGE	USE LAS	ST YEAR	R		
VEGETABLES - Fresh, frozen or tinned (medium serving)	Never or less than once a month	1-3 per month	Once a week	2-4 per week	5-6 per week	Once a day	2-3 per day	4-5 per day	6+ per day
Onions	0	1	2	3	4	5	6	7	8
Garlic	0	1	2	3	4	5	6	7	8
Mushrooms	0	1	2	3	4	5	6	7	8
Sweet peppers	0	1	2	3	4	5	6	7	8
Beansprouts	0	1	2	3	4	5	6	7	8
Green salad, lettuce, cucumber, celery	0	1	2	3	4	5	6	7	8
Watercress	0	1	2	3	4	5	6	7	8
Tomatoes	0	1	2	3	4	5	6	7	8
Sweetcorn	0	1	2	3	4	5	6	7	8
Beetroot	0	1	2	3	4	5	6	7	8
Coleslaw	0	1	2	3	4	5	6	7	8
Avocado	0	1	2	3	4	5	6	7	8
Baked Beans	0	1	2	3	4	5	6	7	8
Dried lentils, beans, peas	0	1	2	3	4	5	6	7	8
Tofu, soya meat, TVP, veggieburger	0	1	2	3	4	5	6	7	8

Are there any <b>OTHER</b>	t foods which	you eat more	than once	a week?
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		]	
Yes	1	No	2

## If **YES**, please list below:

FOOD	Usual serving size e.g. small, medium, large o teaspoon	Number of time eaten each week

What type of milk do you most often use? Select ONE

None

Quarter

of a pint

2

Full cream	Skimmed	Semi- skimmed	Dried Milk	Soya	Channel Islands	None	
1	2	3	4	5	6	7	
OTHER (please specify):							
How much milk do you drink each day, including milk with tea, coffee, cereals etc.? Select <b>ONE</b>							
			Three	One	More	<del>)</del>	

Do you usually eat breakfast cereal (excluding porridge & Ready Brek)?

4

quarters

of a pint

Pint

than a

pint

Yes <sub>1</sub>	No	2

Half

a pint

3

If **YES**, which brand and type of breakfast cereal, including muesli, do you usually eat?

List the one or two types most often used

Brand e.g. Kellogg's	Type e.g. cornflakes

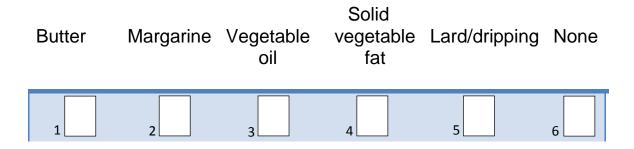
What kind of fat do you most often use for frying, roasting, grilling etc.? Select **ONE** 

Butter	Margarine	Vegetable oil	Solid vegetable fat	Lard/dripping	None	
1	2	3	4	5	6	

If you used vegetable oil, please give the name or type e.g. corn, sunflower:

Г	1

What kind of fat do you most often use for baking cakes etc.? Select **ONE** 



If you use margarine, please give the name or type e.g. Flora, Stork:



How often do you eat food that was fried at home?

Daily	1-3 times a week	4-6 times a week	Less than once a week	Never	
1	2	3	4	5	

How often do you eat fried food away from home?

Daily	1-3 times a week	4-6 times a week	Less than once a week	Never	
1	2	3	4	5	

What do you usually do with the visible fat on your meat?

Eat	Eat	Eat	Did	
most	some	as little	not eat	
of the	of the	as	meat	
fat	fat	possible		
1	2	3	4	

How often do you eat grilled or roast meat?

Times a week	

How well-cooked do you usually have grilled or roast meat?

Well done/ dark brown		Medium	Lightly cooked rare	Do not eat meat	
	1	2	3	4	

How often do you add salt to food while cooking?

Always	Usually	Sometimes	Rarely	Never	
1	2	3	4	5	

Do you regula	rly use a salt su	ubstitute?		
Yes <sub>1</sub>		No	2	
If <b>YES</b> , which	brand?			

During the course of last year, on average, how many times a week do you eat the following food?

Food Type	Times per week	Portion size
Vegetables (not including potatoes)		Medium serving
Salads		Medium serving
Fruit and fruit products (not including fruit juice)		Medium serving or one fruit
Fish and fish products		Medium serving
Meat, meat products and meat dishes (including bacon, ham and chicken)		Medium serving

Have you taken any vitamins, minerals, fish oils, fibre or other food supplements during the past year?

Yes	No	Sometimes	Don't know	
1	2	3	4	

If **YES** or **SOMETIMES**, please complete the table overleaf.

If you have taken more than 8 types of supplement please put the most frequently consumed brands first.

## Example:

Most supplements mention a DOSE/STRENGTH value (e.g. 500mg);
please write this information in the table i.e.
If you take one tablet of vitamin C two times a day, please write '2' in the
amount column and tick the 'once a day' box.

S	upplements		Tick (	<b>ONE</b> box age you ta	per line to ake the ar		ow often on nsumed as
Brand name	(what is (I) the tastrength can be cach	Amount How many ablets, apsules or easpoons o you take n one day)	Never	Less than once per month	1-3 Per week	2-4 Per week	5-6 Once Per a day week
			0	1	2	3 4	5
			0	1	2	3 4	5
			0	1	2	3 4	5
			0	1	2	3 4	5
			0	1	2	3 4	5
			0	1	2	3 4	5
			0	1	2	3 4	5
			0	1	2	3 4	5

problem	s?					
Yes	1	N	No	2		
If YES, \	which food(s	) do you a	avoid? (	PLEASE LIST	·)	
Are you	following a s	special die	et?			
Yes	1	N	No	2		
If YES:	what type of	f diet are v	ou on?	(Tick <b>any</b> tha	t apply)	
Diabetic	Weight	Weight	Low	Cholesterol	Other	Other
Diet	Reduction Diet	Gain Diet	Fat Diet	Diet	Medical Diet	Diet
					6	

Do you avoid specific foods because of allergy or other health

Was this diet recommended or prescribed to you by a doctor, nurse or dietician or other medical practitioner?
Yes 1 No 2
Do you find it difficult to follow this special diet?
Yes 1 No 2
If <b>YES</b> , can you tell us why you find it difficult?
Do you describe yourself as vegetarian or vegan?
Vegetarian <sub>1</sub> Vegan <sub>2</sub> Neither <sub>3</sub>

Who does the main food shopping in your household?
List all that apply.
Who does all the cooking in your household?
List <b>all</b> that apply.

How many meals do you usually eat each day?	
How many of these meals are hot meals?	
How many snacks do you usually eat per day?	
Date of completion DDD/MM/Y	/ Y Y Y

Thank you very much for taking the time to answer our questions