

Your confidential dietary questionnaire

Name of Health Assessment Centre

1 Date of visit to Health Assessment Centre

2 Surname

3 Forenames

4 Date of birth

5 Age Years 6 Sex Male Female

7/8 BUPA index number -

Your eating habits

Eating and drinking are essential activities in your daily life. Most experts now agree that it is important for you to have a balanced diet, that is one which includes all the important nutrients in the correct quantities and proportions. However, it is difficult for you to assess whether the food that you eat provides you with all the nutrients necessary for optimum health, or, indeed, if your existing diet is potentially harmful to you. For example, poor dietary habits have been linked to the increased prevalence of many of the so-called 'western killer diseases'.

Dietary analysis service

The aim of the service is to provide you with an opportunity to evaluate the nutritional balance of your own food intake. All the information that you provide undergoes sophisticated computer analysis. In return you receive a report together with clear recommendations on how to bring your diet into line with the healthy ideal. In order to perform the analysis, we need information on your existing eating habits. To provide this you will need to fill in both sides of this form. Before commencing, it is essential that you read the instructions below carefully.

Instructions

1. It is vital that you fill in both sides of this form. First of all complete the twenty-six questions starting on the front cover and continuing in the section marked questionnaire. Then in the section marked personal food and drink record enter *everything* that you eat and drink over the next seven days. Continue with your normal eating and drinking habits so that we can make an accurate assessment of your usual diet.
2. Each day in the boxes marked breakfast, lunch, and dinner, enter all foods eaten during those meal times. If you do not know the exact weight of the foods you have eaten, then describe the amounts in portion sizes i.e. small, medium or large (S, M, L). (See example.)
3. In the boxes marked snacks, enter any foods eaten outside main meals.
4. In the boxes marked drinks, enter all beverages including alcoholic drinks. It is important to specify as accurately as possible the type of drink and the actual quantity consumed.
5. Return the completed dietary questionnaire in the pre-paid envelope provided.

Please remember

We can only provide an evaluation as accurate as the information you supply to us. If we feel that your food and drink record is insufficiently complete we will return the questionnaire and ask you to re-submit it.

If you have any queries concerning the completion of this questionnaire please refer back to the BUPA Health Assessment Centre who will be happy to advise you.

Personal food and drink record	
Meals	Monday
Breakfast	3 slices toast (wholemeal bread), lightly buttered, marmalade, thinly spread
Lunch	Chicken leg (L) Chips (L) Frozen peas (M) Apple Crumble (M) with custard
Dinner	Vegetable soup Beans on toast (wholemeal bread)
Snacks	2 chocolate digestive biscuits 1 choc ice
Drinks	2 mugs of tea 3 cups of coffee 1 glass of apple juice 1/2 bottle wine, white

Questionnaire

9 Height

11 Over the last three months would you say your weight has?

- a Remained about the same
- b Been going up
- c Been going down

12 Are you currently dieting to reduce your weight?

- a Yes
- b No

13 How often do you take part in vigorous exercise (sufficient to make you slightly breathless and your heart beat faster) which lasts for 20 minutes or more?

- a Occasionally or never
- b Once or twice a week
- c Three times a week or more

14 When you have omelettes or scrambled eggs how many eggs do you use?

- a 1 egg
- b 2 eggs
- c More than 2
- d Do not eat omelettes or scrambled eggs

15 What type of cheese do you eat most often?

- a Full fat (stilton, gorgonzola, etc.)
- b Cheddar type (cheddar, cheshire etc)
- c Low fat (cottage cheese, edam, brie, etc)
- d Soft, cream or processed cheese
- e Half fat cheeses
- f Do not eat cheese

10 Weight

16 What kind of milk do you usually use, for example, in tea, coffee, on cereals etc?

- a Cow's full cream
- b Cow's semi-skimmed
- c Cow's skimmed
- d Soya or non dairy type
- e Do not use milk
- f Other type _____

17 What type of spread do you normally use, for example, on bread, toast, sandwiches etc?

- a Butter
- b Margarine
- c Olive oil based spread
- d Low Fat Spread
- e Very low or 'lite'
- f Cholesterol lowering spread e.g. Benecol
- g Do not use spread
- h Other type _____

18 Which of the following is your food normally cooked in?

- a Lard/dripping
- b Butter
- c Margarine
- d Vegetable oils e.g. corn oil, sunflower oil
- e Olive Oil
- f No fat used

19 Is the bread you normally eat

- a White
- b Brown
- c Wholemeal/granary
- d Other type _____

20 What type of salad dressing do you usually use?

- a Oil & vinegar/vinaigrette
- b Mayonnaise
- c Salad Cream
- d Low calorie dressing
- e Do not use salad dressing

21 Do you usually drink

- | | |
|--|--|
| <input type="radio"/> White coffee | <input type="radio"/> White tea |
| <input type="radio"/> Black coffee | <input type="radio"/> Black tea |
| <input type="radio"/> No. of spoons of sugar per cup | <input type="radio"/> No. of spoons of sugar per cup |
| <input type="radio"/> Chocolate | <input type="radio"/> Malted drinks |
| <input type="radio"/> No. of spoons of sugar per cup | <input type="radio"/> No. of spoons of sugar per cup |

Other type _____

22 Which of the following do you usually drink?

- a Fruit squashes
- b Sugar free/low sugar squashes
- c Fruit juice
- d Carbonated drinks (e.g. colas, lemonade, etc.)
- e Low calorie carbonated drinks (e.g. diet colas, etc)
- f Other type _____

23 Do you usually add salt to your food?

- a In cooking
- b At the table
- c Do not add salt
- d Use salt substitute

24 Do you regularly take any dietary supplements?

- a Combined multi-vitamins & mineral supplement
- b Individual vitamin supplement(s) e.g. vitamin C, vitamin E
- c Individual mineral supplement(s) e.g. iron, calcium
- d Fish oils e.g. cod liver oil
- e Garlic
- f Do not take supplements

25 Do you suffer from any illness/condition for which you are currently receiving treatment?

Please specify _____

26 Are you currently taking any medicines or tablets?

Please specify _____

Personal food and drink record

Meals	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast							
Lunch							
Dinner							
Snacks							
Drinks							

Please begin completing both sides of this questionnaire as soon as possible