



## Interreg ASPIRE Evaluation

### Food Frequency Questionnaire

This is a voluntary questionnaire that asks some background information about you, especially about what you eat. Please answer each question: if you are uncertain about how to answer then do the best you can, but please do not leave a question unanswered. No names will be recorded; the survey is anonymous, and all individual responses will remain confidential. ASPIRE will only report the results of the questionnaire on a group level and the information you provide will remain anonymous and cannot be connected to you.

Thank you for your participation

1. ID number:.....

2. At which time point are you completing this questionnaire?

- ☐ At the beginning of ASPIRE
- ☐ At 12 weeks
- ☐ At 6 months
- ☐ At 9 months

### About you

3. What sex are you?

- ☐ Male ☐ Female ☐ Prefer not to say ☐ Other, please specify.....

4. What is your age? ..... years

## Instructions

Please read very carefully before filling in the questionnaire

### 1. Your diet 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**.

## Examples

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”.

Average consumption over the last 12 months									
Food and Quantities	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
<b>Bread and savoury biscuits (one slice or biscuit)</b>									
White bread and rolls								✓	

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”.

Average consumption over the last 12 months									
Food and Quantities	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
<b>Potatoes, Rice and Pasta (medium serving)</b>									
Chips				✓					

For very 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”.

Average consumption over the last 12 months									
Food and Quantities	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
<b>Fruit (1 fruit or medium serving)</b>									
Strawberries, raspberries, kiwi fruit			✓						

**Please estimate your average food use as best as you can, and please answer every question – do not leave ANY lines blank. PLEASE PUT A TICK ✓ ON EVERY LINE.**

**1. Meat, Poultry, Fish (1 medium portion or 1 slice)**



**Average consumption over the last 12 months**

Food and Quantities	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
<b>4. Potatoes, Rice and Pasta (1 medium serving)</b>									
Boiled, mashed, instant or jacket potatoes									
Potatoes sautéed in oil or butter									
Potato salad									
Chips									
White rice									
Brown rice									
White or green pasta, eg. spaghetti, macaroni, noodles									
Wholemeal pasta									
Other cereals eg. couscous, bulgur, quinoa, semolina									
Ravioli or lasagne									
Pizza									
Savoury pancake (1)									

**Average consumption over the last 12 months**

Food and Quantities	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
<b>5. Yoghurt, White Cheese, Milk, Cream</b>									
Whole milk (1 glass)									
Semi-skimmed milk (1 glass)									
Skim milk (1 glass)									
Soy milk or similar (e.g. oats, almonds, etc.) (1 glass)									
Flavoured milk (e.g. chocolate) (1 glass)									
Yoghurt containing probiotics (plain or fruit or flavoured or sweet) (1 jar)									
Whole milk yoghurt (plain or fruit or flavoured or sweet) (1 jar)									
1/2 skim milk yoghurt (plain or fruit or flavoured or sweet) (1 jar) (plain or fruit or flavoured or sweet) (1 jar)									
0% milk yoghurt (plain or fruit or flavoured or sweet) (1 jar)									
Soy yoghurt or the like (e.g. oats, almonds, etc.) (1 jar)									
Drinking yogurt (plain or flavoured) (1 small bottle)									
Cottage cheese with 40% fat (plain, fruit, flavoured, sweet) (1/2 bowl)									
Cottage cheese with 20% fat (plain, fruit, flavoured, sweet) (1/2 bowl)									
Cottage cheese 0% fat (plain, fruit, flavoured, sweet) (1/2 bowl)									
Small Swiss (natural, Small swindlers, Small muscular, etc.) (1 small pot)									
Desserts (dessert cream like Danette, Liege, mousse, etc.) (1 jar)									
Double cream (1 tablespoon)									
Single cream (1 tablespoon)									
Whipped cream (1 tablespoon)									

**Average consumption over the last 12 months**

Food and Quantities	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
<b>6. Cheese and Eggs</b>									
Cheshire, Brie, Camembert, Munster, Pont-l'Evêque, Caprice des Dieux, Blue, Roquefort, Goat, Gorgonzola, Mozzarella, Feta, Mascarpone, Port- Salut (1 medium portion)									
Cheddar, Gouda, Emmental, Gruyère, Comté, Beaufort, Parmesan, Bonbel, Babybel, Saint-Paulin, Edam, Mimolette (1 medium portion)									
Processed Cheese (Dairylea, La-vache-qui-rit, Apéricubes, etc.) (1 medium portion)									
Light cheese (1 medium portion)									
Fresh Cheese (Tartare, Kiri, Boursin, St. Môret, etc.) (1 medium portion)									
Boiled egg, hard, scrambled, fried or poached (1)									
Egg omelette (1 medium portion)									
Quiche (1 medium portion)									

[illegible]

Average consumption over the last 12 months	
Food and Quantities	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
<b>Soups, Sauces, Jam, Honey</b>	
Vegetable soup (1 bowl)	
Meat or fish soup (1 medium serving)	
Sauce (tomato, bolognese, carbonara) (1 tablespoon)	
Dressing sauce (shop or homemade) (1 tablespoon)	
Cold sauce (tartar, bearnaise) (1 tablespoon)	
Mayonnaise (shop or homemade) (1 teaspoon)	
Ketchup (1 teaspoon)	
Mustard (1 teaspoon)	
Honey, jam, marmalade (1 teaspoon)	
Chocolate nut spread(e.g. Nutella)	
Pickles, chutney	
Marmite, Bovril	
Peanut butter	



[illegible]

[illegible]

[illegible]



## Additional questions about your consumption

### 13. If foods or drinks that you usually consume (at least once a week) are not mentioned in this questionnaire, please note them below:

Write only one food or drink per line. Add a new line for additional food or drink.

Food or drink (the most detailed possible)	Unit (glass, slice, teaspoon)	Number of times per week

### 14. If you use the products below, please indicate the exact name and brand indicated on the label of the product you consume or use most frequently.

	Exact product name and brand (as detailed as possible)
Butter, margarine, oil or other type of fat on bread or vegetables	
Butter, margarine, oil or other type of fat for cooking (frying, grilling, roasting, etc.)	
Butter, margarine, oil or other type of fat in baking (cake, custard, pie, etc.)	
Breakfast cereals	

### 15. If you drink coffee, tea or herbal tea, how do you usually drink it?

		With milk	Without milk	With sugar	Without sugar	How many teaspoons of sugar?
Coffee	<input type="checkbox"/> I do not drink coffee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Tea	<input type="checkbox"/> I don't drink tea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Herbal tea	<input type="checkbox"/> I don't drink herbal tea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....

### 16. How often do you add salt to food during cooking?

- ☐ Always
 ☐ Rarely
 ☐ Habitually
 ☐ Never
 ☐ Sometimes

**17. How often do you add salt to food at the table?**

- ☐ Always ☐ Rarely  
☐ Habitually ☐ Never  
☐ Sometimes

**18. In the past 12 months, on average, how many times did you eat the following foods?**

Food (medium portion)	Number of times per week
Vegetables and salads (not including potatoes)	
Fruit and fruit products (fruit juice not included)	
Fish and fish dishes	
Meat and meat dishes	
Cheese (all types)	
Yoghurt (all types)	
Candies, cookies, cakes	
Alcoholic drink	

**19. Does your current consumption differ from that of 12 months ago?**

- ☐ Yes: Indicate the reason (for example, overweight, weight gain, diabetes etc.)

.....

- ☐ No

**20. Are you currently following a specific diet?**

- ☐ Yes, If yes, go to the next question  
☐ No, If no, go to question 23

**21. Why are you dieting?**

- ☐ To lower your cholesterol level ☐ To stay fit  
☐ To lower your blood pressure ☐ To avoid losing weight  
☐ For diabetes ☐ Other reason, please specify: .....  
☐ To lose weight

**22. Your diet is:**

- ☐ Prescribed by a doctor ☐ Defined by yourself or a loved one  
☐ Read / found / heard in a magazine, book, internet, radio or television  
☐ Other source, specify: .....

**23. During the past 12 months, have you taken any vitamins, minerals, for other food supplements at least once a month?**

- ☐ Yes, If yes, go to the next question
- ☐ No, If not, go to the end of the questionnaire

**24. Indicate the type of food supplements taken:**

Multi-combinations:

- ☐ Multi-combinations containing exclusively vitamins
- ☐ Multi-combinations containing exclusively minerals
- ☐ Multi-combinations containing vitamins and minerals

Specific combinations taken separately or combined:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Vitamin C         | <input type="checkbox"/> Vitamin A         | <input type="checkbox"/> Beta carotene, carotenoids  |
| <input type="checkbox"/> Vitamin E         | <input type="checkbox"/> Vitamin B complex | <input type="checkbox"/> Biotin  |
| <input type="checkbox"/> Vitamin B6        | <input type="checkbox"/> Vitamin D         | <input type="checkbox"/> Iron  |
| <input type="checkbox"/> Magnesium         | <input type="checkbox"/> Calcium           | <input type="checkbox"/> Zinc  |
| <input type="checkbox"/> Folate/folic acid | <input type="checkbox"/> Selenium          | <input type="checkbox"/> Omega-3 (e.g. cod liver oil, omega-3 fish flaxseed oil, evening primrose oil) |
| <input type="checkbox"/> Probiotics        |  |  |

Other combinations, please specify:

.....

# Interreg ASPIRE Evaluation



***Thank you very much for taking the time to fill out this questionnaire!***

***Please check that you have completed each question.***

***If you would like to talk to us further, or have any additional thoughts or queries, please contact your local ASPIRE partner.***