



DIETARY QUESTIONNAIRE

Gender Male Female

Questionnaire date: [] [] 20[] []
 day month year

The purpose of this questionnaire is to obtain an accurate profile of your dietary habits. **When filling in the form, give answers that apply to the past 12-month period.** Before you begin filling in the form, read it through carefully one food group at a time.

Circle the number of the most suitable alternative or write the information required in the space given.

1. How many meals (lunch and/or dinner) do you have on an ordinary weekday? Circle the most accurate alternative (only one).

- 1 two meals a day
- 2 1–2 meals a day
- 3 one meal a day
- 4 one meal almost every day
- 5 one meal twice a week or less frequently

2. Do you have a special diet? Circle one or more alternatives.

- 1 lactose-free diet
- 2 gluten-free diet (avoiding Finnish grain)
- 3 diabetes diet
- 4 low-cholesterol diet
- 5 weight loss diet
- 6 food allergy, please specify: _____

- 7 vegetarian diet
How old were you when you last ate meat, fish or chicken?
[] [] years old
- 8 other diet _____
- 9 I have no special diet

3. How often have you eaten the following foods over the past 12 months?

The purpose of this section is to find out how often you use the following foods, which are typical components of a Finnish diet. If your diet includes frequently eating less common foods which are not mentioned on the form, please enter them on the blank lines following each food group. In this case, please give both the name of the food and the manner of its preparation as accurately as possible. Foods not pre-entered on the form may include mixed salads, vegetarian foods and home-made spreads.

For each food, indicate how many times a month, a week or a day you have eaten that food during the past 12 months. If you regularly have a portion that is smaller or larger than the average portion given here for any food, you can compensate for this by estimating your frequency of use as slightly lower or higher.

Mark the alternative that is closest to your dietary habits with an **X**, as in the following example:

Dairy products	Portion	Average use over the past 12 months									
		Never / rarely	per month 1-3 times	per week			per day				
				once	2-4 times	5-6 times	once	2-3 times	4-5 times	6+ times	
Semi-skimmed or 1% milk	glass								X		

Please start here to fill in the form

Dairy products	Portion	Average use over the past 12 months								
		Never / rarely	per month 1-3 times	per week			per day			
				once	2-4 times	5-6 times	once	2-3 times	4-5 times	6+ times
High fat milk	glass									
Low fat or 1% milk	glass									
Skimmed milk (0% fat)	glass									
Sour milk	glass									
'Viili' [sour whole milk] or yoghurt (at least 2% fat)	pot									
Low-fat 'viili' [sour whole milk] or yoghurt (less than 2% fat)	pot									
Cheese, hard and fatty (e.g. Edam, Emmental, Oltermanni)	2 slices									
Cheese, hard and low-fat (e.g. Minora, Edam 17, Polar 15 or Polar 5)	2 slices									
Processed or cream cheese	1 tbsp									
Special cheese (e.g. blue or white cheese, feta)	50 g									
Cottage cheese	1 dl									
Bread cheese ('Finnish squeaky cheese')	50 g									
Other dairy products: _____	_____									
		Never / rarely	1-3 times	once	2-4 times	5-6 times	once	2-3 times	4-5 times	6+ times
			per month	per week			per day			

Cereals	Portion	Average use over the past 12 months								
		Never / rarely	per month 1-3 times	per week			per day			
				once	2-4 times	5-6 times	once	2-3 times	4-5 times	6+ times
Rye bread	1 slice									
Multigrain bread, graham roll or toast	1 slice / 1 pc									
French bread, baguette or other white wheat bread	1 slice / 1 pc									
'Rieska' [flat unleavened bread]	1 pc									
Crispbread or crisp rye bread	1 pc									
Porridge or gruel	plateful									
Breakfast cereal or Weetabix	plateful									
Muesli	3-4 tbsp									
Bran or linseed	1 tbsp									
Karelian pasty	1 pc									
Savoury pie or pasty	1 unit									
Bun or rusk	1 pc									
Danish pastry or doughnut	1 pc									
Sweet pie	1 unit									
Cake, muffin, Swiss roll or pastry	1 unit									
Biscuits	2 pcs									
Other grain products: _____	_____									
Spreads	Portion									
Butter or Oivariini	1 tsp									
Margarine (e.g. Keiju 70, Flora 60, Becel 60 or Kultarypsi)	1 tsp									
Low-fat spread (e.g. Kevyt Levi, Kevyt Becel 35, Flora Kevyt 40)	1 tsp									
Benecol or Becel pro-activ spread	1 tsp									
Other fatty spreads: _____	_____									
		Never / rarely	1-3 times	once	2-4 times	5-6 times	once	2-3 times	4-5 times	6+ times
			per month	per week			per day			

Remember to enter an **X** on every line!

Vegetables	Portion	Average use over the past 12 months								
		Never / rarely	per month 1-3 times	per week			per day			
				once	2-4 times	5-6 times	once	2-3 times	4-5 times	6+ times
Tomato	1 pc									
Cucumber	3 cm chunk									
Sweet pepper	2 rings									
Green salad from planter salad or lettuce	1 portion									
Salad from Chinese cabbage, white cabbage or red cabbage	1 portion									
Oil-based or mayonnaise-based salad dressing	1 portion									
Sour cream based salad dressing	1 portion									
Low-fat salad dressing	1 portion									
Mayonnaise-based salad (e.g. potato salad, red beet salad or Italian salad)	1 portion									
Carrot or rutabaga (raw or cooked)	1 pc / 1 portion									
Zucchini	1 portion									
Cauliflower or broccoli	1 portion									
Mixed vegetables	1 portion									
Peas or beans	1 portion									
Soy bean or tofu product	1 portion									
Pickled vegetables	1 portion									
Cabbage foods	1 portion									
Vegetable soups	plateful									
Vegetarian patties, casseroles or pancakes	1 portion									
Mushroom foods	1 portion									
Other vegetables _____	_____									
		Never / rarely	1-3 times	once	2-4 times	5-6 times	once	2-3 times	4-5 times	6+ times
			per month	per week			per day			

Remember to enter an **X** on every line!

		Average use over the past 12 months								
Potatoes, rice and pasta	Portion	Never / rarely	per month	per week			per day			
			1-3 times	once	2-4 times	5-6 times	once	2-3 times	4-5 times	6+ times
Boiled or jacket potato	2 pcs									
Mashed potatoes or mashed potato casserole	1 portion									
Fried potatoes or French fries	1 portion									
Creamy potato casseroles	1 portion									
Boiled rice or risotto	1 portion									
Pasta, macaroni casserole or lasagne	1 portion									
Meat	Portion									
Ground meat foods	1 portion									
Meat chunks/strips in sauce	1 portion									
Beef steak or roast	1 portion									
Pork chop or cutlet	1 pc									
Bacon or pork ribs	2 slices									
Liver or blood-based foods	1 portion									
Mutton	1 portion									
Reindeer or game	1 portion									
Sausage foods	1 portion									
Pea soup	plateful									
Meat or sausage soup	plateful									
Pizza	1 portion									
Hamburger	1 pc									
Ketchup	2 tbsp									
Mustard	2 tbsp									
Processed meat cold cuts	2 slices									
Whole meat cold cuts	1 slice									
Liver sausage or paté	1 cm chunk									
Other meat-based foods: _____	_____									
		Never / rarely	1-3 times	once	2-4 times	5-6 times	once	2-3 times	4-5 times	6+ times
			per month	per week			per day			

Remember to enter an **X** on every line!

Fish	Portion	Average use over the past 12 months								
		Never / rarely	per month	per week			per day			
			1-3 times	once	2-4 times	5-6 times	once	2-3 times	4-5 times	6+ times
Fish soup	plateful									
Frozen fish or fish fingers	1 portion									
Salmon or rainbow trout	1 portion									
Baltic herring	1 portion									
Pikeperch, whitefish, perch, vendace or pike	1 portion									
Smoked fish (e.g. whitefish, salmon or rainbow trout)	1 portion									
Spiced or salted fish	1 portion									
Tuna or other canned fish	0.5 dl									
Kalakukko [rye bread fish pasty]	1 portion									
Shrimp or crayfish	1 dl									
Other fish-based foods: _____	_____									
Chicken, turkey and eggs	Portion									
Chicken or turkey	1 portion									
Boiled egg	1 pc									
Fried egg or omelette	1 portion									
		Never / rarely	1-3 times	once	2-4 times	5-6 times	once	2-3 times	4-5 times	6+ times
			per month	per week			per day			

Remember to enter an **X** on every line!

		Average use over the past 12 months								
Fruit and berries	Portion	Never / rarely	per month	per week			per day			
			1-3 times	once	2-4 times	5-6 times	once	2-3 times	4-5 times	6+ times
Orange or grapefruit juice (100%)	1 glass									
Other fruit juice (100%)	1 glass									
Citrus fruit or kiwi	1 pc									
Apple or pear	1 pc									
Banana	1 pc									
Grapes or fresh plums	1 portion									
Fresh berries, not processed (summer)	1 portion									
Frozen berries, not processed (winter)	1 portion									
Other fruit: _____	_____									
Desserts	Portion									
Berry soup	1 portion									
Berry or fruit quark	1 portion									
Milk-based fool or pudding	1 portion									
Pancakes (fried or baked)	1 portion									
Ice cream	1 portion									
Other desserts: _____	_____									
Sweets and snacks	Portion									
Chocolate	1 bar									
Licorice or salty licorice	1 dl									
Other sweets	1 dl									
Dried fruit	1 portion									
Nuts and seeds	1 portion									
Potato chips and popcorn	3 dl									
Other sweets or snacks: _____	_____									
		Never / rarely	1-3 times	once	2-4 times	5-6 times	once	2-3 times	4-5 times	6+ times
			per month	per week			per day			

Remember to enter an **X** on every line!

Beverages	Portion	Average use over the past 12 months								
		Never / rarely	per month	per week			per day			
			1-3 times	once	2-4 times	5-6 times	once	2-3 times	4-5 times	6+ times
Filter coffee	1 cup									
Ground coffee (cafetière or pot)	1 cup									
Instant coffee, espresso or cappuccino	1 cup									
Tea (black, green, etc.)	1 cup									
Herbal tea (e.g. camomile)	1 cup									
Cream in coffee or tea	1 tbsp									
Milk in coffee or tea	1 tbsp									
Sugar or honey in coffee or tea	2 lumps/1tsp									
Hot chocolate or chocolate milk	1 cup									
Berry juice drink	glass									
Soft drinks with sugar	3 dl									
Energy drinks (ED, RedBull, Battery, etc.)	bottle/can									
Soft drinks, sugar-free (light)	3 dl									
Mineral water	3 dl									
Water	glass									
Home-brewed ale or 'I beer'	glass									
Beer	bottle/can									
Cider	bottle/can									
Mixed drinks (e.g. long drink)	bottle/can									
Red wine	12 cl									
White wine	12 cl									
Fortified wine or liqueur	4 cl									
Spirits	4 cl									
Other beverages: _____	_____									
		Never / rarely	1-3 times	once	2-4 times	5-6 times	once	2-3 times	4-5 times	6+ times
			per month	per week			per day			

4. Have you used vitamin, mineral or other food supplements during the last 12 months? Enter an X for each product type.

Product type	Never used	Occasionally or intermittently	Daily or almost daily
Multivitamin and mineral supplement			
Vitamin B supplement (e.g. folate)			
Vitamin C supplement			
Vitamin D supplement			
Calcium supplement			
Magnesium supplement			
Fatty acid supplement			
Other supplement			