

# Questionnaire

## “Food Benefits Assessment”

Eating habits are one of the many factors that can influence your health and well-being.

The aim of this questionnaire is to find out how what you eat affects your well-being, energy, sleep and digestion.

Please fill in this questionnaire on your own and preferably somewhere quiet. Take as long as you need to fill it in.

Your answers will remain strictly confidential and anonymous.

When you have filled in the questionnaire, please place it in the pre-paid envelope enclosed and post it as soon as possible.

**THANK YOU FOR YOUR PARTICIPATION**

## Questionnaire “Food Benefits Assessment”

### INSTRUCTIONS:

Please answer the following questions while thinking about what you have eaten over the **last 2 weeks**. There are no right or wrong answers; we are just interested in your opinion.

### FOR EXAMPLE:

If you have rarely watched television; in answer to the question “Over the last two weeks have you watched television?” please put a cross in the box “rarely” as below:

Always	Often	Sometimes	Rarely	Never
<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>	<input checked="" type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>

*The questionnaire starts here:*

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1. Over the last two weeks, have you wanted to snack between meals?

Always	Often	Sometimes	Rarely	Never
<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>

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2. Over the last two weeks, have you felt hungry between meals?

Always	Often	Sometimes	Rarely	Never
<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>

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3. Over the last two weeks, have you felt full of get up and go?

Always	Often	Sometimes	Rarely	Never
<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>

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Please answer the following questions while thinking about what you have eaten over the **last 2 weeks**.

4. Over the last two weeks, have you felt able to carry out your daily activities efficiently?

Always      Often      Sometimes      Rarely      Never  
5      4      3      2      1

5. Over the last two weeks, have you felt on the ball?

Always      Often      Sometimes      Rarely      Never  
5      4      3      2      1

6. Over the last two weeks, have you found it easy to concentrate?

Always      Often      Sometimes      Rarely      Never  
5      4      3      2      1

7. Over the last two weeks, have you been dynamic?

Always      Often      Sometimes      Rarely      Never  
5      4      3      2      1

8. Over the last two weeks, have you felt energetic?

Always      Often      Sometimes      Rarely      Never  
5      4      3      2      1

9. Over the last two weeks, have you felt physically tired?

Always      Often      Sometimes      Rarely      Never  
5      4      3      2      1

Please answer the following questions while thinking about what you have eaten over the last 2 weeks.

10. Over the last two weeks, have you felt mentally tired?

Always      Often      Sometimes      Rarely      Never  
5      4      3      2      1

11. Over the last two weeks, have you felt suddenly tired before meals?

Always      Often      Sometimes      Rarely      Never  
5      4      3      2      1

12. Over the last two weeks, have you felt like dozing after meals?

Always      Often      Sometimes      Rarely      Never  
5      4      3      2      1

13. Over the last two weeks, have you had moments when you felt low?

Always      Often      Sometimes      Rarely      Never  
5      4      3      2      1

14. Over the last two weeks, have you felt stressed?

Always      Often      Sometimes      Rarely      Never  
5      4      3      2      1

15. Over the last two weeks, have you felt on edge?

Always      Often      Sometimes      Rarely      Never  
5      4      3      2      1

16. Over the last two weeks, have you felt calm?

Always      Often      Sometimes      Rarely      Never  
5      4      3      2      1

Please answer the following questions while thinking about what you have eaten over the last 2 weeks.

17. Over the last two weeks, have you felt good psychologically?

Always      Often      Sometimes      Rarely      Never  
<sub>5</sub>      <sub>4</sub>      <sub>3</sub>      <sub>2</sub>      <sub>1</sub>

18. Over the last two weeks, have you felt good physically?

Always      Often      Sometimes      Rarely      Never  
<sub>5</sub>      <sub>4</sub>      <sub>3</sub>      <sub>2</sub>      <sub>1</sub>

19. Over the last two weeks, have you been happy with your weight?

Always      Often      Sometimes      Rarely      Never  
<sub>5</sub>      <sub>4</sub>      <sub>3</sub>      <sub>2</sub>      <sub>1</sub>

20. Over the last two weeks, have your clothes felt tight?

Always      Often      Sometimes      Rarely      Never  
<sub>5</sub>      <sub>4</sub>      <sub>3</sub>      <sub>2</sub>      <sub>1</sub>

21. Over the last two weeks, have you looked well?

Always      Often      Sometimes      Rarely      Never  
<sub>5</sub>      <sub>4</sub>      <sub>3</sub>      <sub>2</sub>      <sub>1</sub>

22. Over the last two weeks, has your skin looked good?

Always      Often      Sometimes      Rarely      Never  
<sub>5</sub>      <sub>4</sub>      <sub>3</sub>      <sub>2</sub>      <sub>1</sub>

23. Over the last two weeks, has your hair looked good?

Always      Often      Sometimes      Rarely      Never      I don't have  
<sub>5</sub>      <sub>4</sub>      <sub>3</sub>      <sub>2</sub>      <sub>1</sub>      any hair  
<sub>9</sub>

Please answer the following questions while thinking about what you have eaten over the **last 2 weeks**.

24. Over the last two weeks, have your nails looked good?

Always      Often      Sometimes      Rarely      Never  
5      4      3      2      1

25. Over the last two weeks, has your breath smelled okay?

Always      Often      Sometimes      Rarely      Never  
5      4      3      2      1

26. Over the last two weeks, have you had restless sleep?

Always      Often      Sometimes      Rarely      Never  
5      4      3      2      1

27. Over the last two weeks, have you had stomach ache?

Always      Often      Sometimes      Rarely      Never  
5      4      3      2      1

28. Over the last two weeks, have you had heartburn?

Always      Often      Sometimes      Rarely      Never  
5      4      3      2      1

29. Over the last two weeks, have you felt queasy?

Always      Often      Sometimes      Rarely      Never  
5      4      3      2      1

30. Over the last two weeks, have you had a rumbling stomach?

Always      Often      Sometimes      Rarely      Never  
5      4      3      2      1

Please answer the following questions while thinking about what you have eaten over the last 2 weeks.

31. Over the last two weeks, have you felt bloated?

Always      Often      Sometimes      Rarely      Never  
5      4      3      2      1

32. Over the last two weeks, have you burped?

Always      Often      Sometimes      Rarely      Never  
5      4      3      2      1

33. Over the last two weeks, have you passed wind?

Always      Often      Sometimes      Rarely      Never  
5      4      3      2      1

34. Over the last two weeks, have you had indigestion?

Always      Often      Sometimes      Rarely      Never  
5      4      3      2      1

35. Over the last two weeks, has your stomach felt heavy after eating?

Always      Often      Sometimes      Rarely      Never  
5      4      3      2      1

36. Do you think that your eating habits can help improve your health?

Certainly      Probably      Maybe      Probably Not      Certainly Not  
5      4      3      2      1

37. Do you think that your eating habits can help you get into better shape physically?

Certainly      Probably      Maybe      Probably Not      Certainly Not  
5      4      3      2      1

Please answer the following questions while thinking about what you have eaten over the **last 2 weeks**.

38. Do you think that your eating habits can help prevent certain diseases?

Certainly      Probably      Maybe      Probably Not      Certainly Not  
<sub>5</sub>      <sub>4</sub>      <sub>3</sub>      <sub>2</sub>      <sub>1</sub>

39. Do you think that your eating habits can help you appear younger than people your age?

Certainly      Probably      Maybe      Probably Not      Certainly Not  
<sub>5</sub>      <sub>4</sub>      <sub>3</sub>      <sub>2</sub>      <sub>1</sub>

40. Do you think that your eating habits can help you live longer?

Certainly      Probably      Maybe      Probably Not      Certainly Not  
<sub>5</sub>      <sub>4</sub>      <sub>3</sub>      <sub>2</sub>      <sub>1</sub>

41. Do you think that your eating habits can help you age more healthily?

Certainly      Probably      Maybe      Probably Not      Certainly Not  
<sub>5</sub>      <sub>4</sub>      <sub>3</sub>      <sub>2</sub>      <sub>1</sub>

**THANK YOU FOR YOUR PARTICIPATION**