

Food questionnaire

1. How many meals do you eat daily (including snacks)?

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2. How do you eat?

₁ Quickly

₂ Slowly

3. What best applies to the way you eat your main meal?

₁ I usually focus on what is on my plate

₂ I read

₃ I watch TV

₄ Other

Please specify: _____

4. Where do you usually have your main meal?

₁ In the dining room

₂ In the kitchen

₃ In the living room

₄ At my desk

₅ Other

Please specify: _____

5. What time do you have your main meal?

₁ 1:00 am

₉ 9:00 am

₁₇ 5:00 pm

₂ 2:00 am

₁₀ 10:00 am

₁₈ 6:00 pm

₃ 3:00 am

₁₁ 11:00 am

₁₉ 7:00 pm

₄ 4:00 am

₁₂ 12:00 am

₂₀ 8:00 pm

₅ 5:00 am

₁₃ 1:00 pm

₂₁ 9:00 pm

₆ 6:00 am

₁₄ 2:00 pm

₂₂ 10:00 pm

₇ 7:00 am

₁₅ 3:00 pm

₂₃ 11:00 pm

₈ 8:00 am

₁₆ 4:00 pm

₂₄ 12:00 pm

6. What are your favorite foods?

7. What foods do you particularly dislike?

8. How many snacks do you usually consume each day on average?

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9. If you have snacks, when do you usually consume them (check all that apply)?

- ₁ In the morning
- ₂ In the afternoon
- ₃ At night

10. Do you have hunger pains during the day?

- ₁ Yes
- ₂ No

11. What do you usually drink with your meal?

- ₁ Water
- ₂ Soda, flavored water
- ₃ Fruit juice
- ₄ Coffee or tea
- ₅ Beer or Wine
- ₆ Other

Please specify: _____

12. Please indicate how often you eat the following foods:

	2 times or more per day	Once a day	3 to 5 times per week	Once or twice per week	2 to 3 times per month	Once a month	Almost never
White bread	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Multigrain or whole bread	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Cornflakes, cereal or granola	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Potatoes, rice or pasta	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Fruits	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Vegetables or salad	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Seafood	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Bacon, sausage or coldcuts	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Steak, chicken or pork	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Eggs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Cheese or yogurt	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Milk or buttermilk	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Sour cream	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Butter or margarine	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Pastries, donuts or muffins	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Sugary snacks (such as cookies, cakes or candy bars)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Salty snacks (such as chips)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Fruit preserves or sugar	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Hamburgers or hot dogs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Frozen meals	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇