

THE BLUE MOUNTAINS EYE STUDY II

FOOD QUESTIONNAIRE

- C This questionnaire is for all the people who took part in the Blue Mountains Eye Study during the first phase in 1992- 1994.
- C We're now into Stage 2 of the Study and it is important for us to collect some information from you again about your eating habits.
- C This questionnaire will take you about an hour to fill in, but it is very important that you try to answer all questions as accurately as you can.
- C The results of your food questionnaire, are entirely confidential, that is:
- only the 3 researchers listed below will see your answers
 - your results will be combined with others to summarise the overall picture of food habits
 - no individuals can be identified in the analysis or in the reports.

If you have any queries, please telephone

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**WE THANK YOU FOR YOUR COOPERATION IN
COMPLETING THIS IMPORTANT QUESTIONNAIRE**

Name: _____

ID. _ _ _ _ _

Date completed: _____

This study is being carried out by the Departments of Ophthalmology, Public Health and Community Medicine, Westmead Hospital, and the National Centre for Epidemiology and Population Health, the Australian National University. It is funded by the National Health and Medical Research Council.

EXAMPLE 2: How often do you eat 1/2 cup of green beans?

If you eat 1/2 cup of green beans every 2 weeks, on average, you would place a tick in the **1-3 per month** column, like this:

		Number of times used this amount over last 12 months								
		Never	Less than 1 per month	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4+ per day
Green Beans	1/2 cup			T						

If you eat 1 cup of green beans a **week**, on average, this is the same as eating 1/2 cup of green beans 2 times a week, so you would place a tick in the **2-4 per week** column, like this:

Green Beans	1/2 cup					T				
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If there are any foods that you never eat, please place a tick in the **NEVER** column. Do not leave it blank.

Q 2 What form of margarine do you use most often for spreading on bread, adding to vegetables etc? (Exclude use in cooking) (Circle one)

- | | | |
|------------------------------|--------------------------------|------|
| 1. Cooking margarine | 4. Low fat margarine | |
| 2. Table margarine | 5. Do not use margarine | |
| 3. Polyunsaturated margarine | 6. Other, please specify _____ | 17 _ |

What brand do you use most often? _____ 18 _ _

Q 3 What form of butter do you use most often for spreading on bread, adding to vegetables etc? (Exclude use in cooking) (Circle one)

- | | | |
|-------------------------|-----------------------------|------|
| 1. Ordinary butter | 4. Dairy blend, reduced fat | |
| 2. Reduced fat butter | 5. Do not use butter | |
| 3. Dairy blend, regular | | 20 _ |

Q 4a. Do you usually add butter or margarine to your cooked vegetables before you eat them? (Circle one)

- | | | |
|--------|-------|------|
| 1. Yes | 2. No | 21 _ |
|--------|-------|------|

Q. 4b. What type of ice cream and other ice confection do you usually use? (Circle one)

- | | |
|---------------------------|---------------------------------------|
| 1. Regular ice cream | 4. Reduced fat frozen yoghurt |
| 2. Reduced fat ice cream | 5. Vitari, sorbet or other fruit ices |
| 3. Regular frozen yoghurt | 6. Other, please specify _____ |

Q. 4 c. What type of cheese do you usually have?

1. Cottage / ricotta
2. Traditional types (cheddar, tasty, processed, Camembert, etc.)
3. Fat modified/ reduced fat types
4. Don't know/ can't say

Q 6	Number of times used this amount over last 12 months								
OTHER VEGETABLES (fresh, frozen or canned) Continued	Never	Less than 1 per month	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4+ per day
Foods	Amount								
Sweet corn	1 cob or 1/2 cup frozen or canned								
Eggplant, zucchini or squash	1/2 cup								
Mushrooms	6-7 small								
Tomatoes	1								
Lettuce	2 medium leaves								
Coleslaw	1/2 cup								
Celery	10cm (4 inch) stick								
Bean sprouts	1/2 cup								
Baked beans	1/2 cup								
Soybeans	1/2 cup								
Other beans or lentils	1/2 cup								

60

65

Q 7		Number of times used this amount over last 12 months								
MEATS, FISH & EGGS (continued)		Never	Less than 1 per month	1-3 per month	1 per week	2-3 per week	5-6 per week	1 per day	2-3 per day	4+ per day
Foods	Amount									
Liver	100 g (4 oz.)									
Meat pie	1									
Sausage roll	1									
Processed meats e.g. Devon, Chicken roll	1 piece or slice									
Frankfurt, saveloy	1 large or 3 small									
Boiled or poached egg	1									
Fried egg	1									
Scrambled egg or omelette	1									
Tuna canned in oil	1/2 cup									
Tuna, salmon canned in water	1/2 cup									
Sardines	1/2 cup									
Other fish (e.g. fried, baked)	1 small fillet									
Other seafood e.g. prawns, crabs scallops as a main dish	1/2 cup									

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85 —

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90 —

Q 8 BREAD, CEREALS, STARCHES		Number of times used this amount over last 12 months								
		Never	Less than 1 per month	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4+ per day
Foods	Amount									
Cold breakfast cereal	1 cup									91 _
Cooked oatmeal	1 cup									_
White bread or toast	1 slice									_
Wholemeal/mixed grain bread or toast	1 slice									_
Scone, pikelet	1 scone, 3 pikelets									95 _
Brown rice	1 cup (cooked)									_
White rice	1 cup (cooked)									_
Pasta e.g. spaghetti, noodles, etc.	1 cup									_
Crispbread, cracker, etc.	1									_

Q9 What kind of breakfast cereal do you use most often (e.g. Uncle Toby's Toasted Muesli, Kellogg's Corn Flakes)
Please specify type(s) and brand(s):

1. _____

100 __

2. _____

102 __

Q 10a		Number of times used this amount over last 12 months								
BEVERAGES WITH ALCOHOL		Never	Less than 1 per month	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4+ per day
Amount										
Beer (ordinary or heavy)	1 stubbie, can									
Beer (low alcohol)	1 stubbie, can									
Red Wine	1 wine glass									
White Wine or Champagne	1 wine glass									
Sherry or Port	1/2 wine glass									
Spirits (e.g. whiskey, gin)	1 drink or nip									

119 _
_

Q.10 b. What type(s) and brand(s) of fruit juice do you use?

1. _____
2. _____
3. _____

Q 11		Number of times used this amount over last 12 months							
		Never	Less than 1 per month	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day
OTHER FOODS	Amount								
Foods									
Pizza	2 slices								
Olives/gherkins/pickled vegs	1/3 cup								
Cream soup	1 cup								
Oil and vinegar dressing, e.g. French	1 tblsp.								
Mayonnaise or other creamy salad dressing	1 tblsp.								

139 _

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Q 12 Are there any other foods not listed above that you usually eat at least once per week?

Other foods that you usually use at least once per week	Usual serving size	Average use per week	144 _ _ _ _
(a)			148 _ _ _ _
(b)			152 _ _ _ _

Q 13 How many teaspoons of sugar altogether do you add to your food and drink each day? (Include sugar added to your tea, coffee, cereal, fruit etc.)

Total _____ teasp 156 _ _

Q 14 What do you do with the visible fat on your meat? (Circle one)

- | | |
|-------------------|------------------------------|
| 1. Eat most of it | 3. Eat as little as possible |
| 2. Eat some of it | 4. Don't eat meat |

158 _

Q 15 What type of cooking oil is used most often in your home? (e.g. Bertolli olive oil, Meadow Lea sunflower oil)

Please specify type and brand _____

159 _

Q 16 What kind of fat is used most often in your home for frying or roasting meat or vegetables?

- | | |
|------------------------------|--------------------------|
| 1. Butter | 5. Table margarine |
| 2. Lard | 6. Vegetable oil |
| 3. Cooking margarine | 7. Other, please specify |
| 4. Polyunsaturated margarine | _____ |
| /polyunsat. table margarine | 8. None |

160 _

Q 17 How often do you eat food that is fried at home? (Include any foods cooked in a pan or on a hot plate e.g. pan frying or dry frying) (Circle one)

- | | |
|----------------------------|----------------------------|
| 1. Less than once per week | 4. Daily |
| 2. 1 - 3 times per week | 5. 2 or more times per day |
| 3. 4 - 6 times per week | |

161 _

Q 18 How often do you eat take-away that is fried food e.g. Chips, battered foods, chicken fried fish? (Circle one)

- | | |
|--------------------------|-------------------------|
| 1. Less than once a week | 3. 4 - 6 times per week |
| 2. 1 - 3 times per week | 4. Daily |

162 _

Q 19 Do you take vitamin pills (or liquid)? (Circle One)

1. Yes 2. No

157 _

If YES, do you regularly (in most weeks) take any of the vitamins listed below?

1. Yes 2. No

158 _

If YES, please look at the bottle to help answer the following:

Name of Vitamin	Brand Name	Used for how many years	No. of pills, capsules or teaspoons per day	Strength in mg or other units - see bottles
Multi-vitamin				
Vitamin A retinol				
Beta - carotene				
Vitamin C				
Vitamin E				

159 _ _ _ _

165 _ _ _ _

175 _ _ _ _

185 _ _ _ _

195 _ _ _ _

Q 20 Do you take other dietary supplements or minerals? (Circle one)

1. Yes 2. No

205 _

If YES, please specify for each supplement, the type, number or amount taken and how often taken.

Name of Supplement or Mineral	Brand Name	Used for how many years	Amount taken per day	If applicable - strength in mg or other units
(a)				
(b)				
(c)				
(d)				
(e)				

206 _ _ _ _

216 _ _ _ _

226 _ _ _ _

236 _ _ _ _

246 _ _ _ _

Q.22 For each of the following types of food I would like you to tell me about how often you usually eat the food at this time of year. For example, over the last 3 months have you eaten a particular food, once a day, twice a week, three times a month - whatever is easier. Think about all the food you eat - both at home and away from home.

A. How often do you eat fried food with a batter or breadcrumb coating?

- | | |
|--------------------|---------------------------------|
| 1. _____ per day | 4. _____ rarely or never |
| 2. _____ per week | 5. _____ don't know / can't say |
| 3. _____ per month | |

B. How often do you eat meat products such as sausages, frankfurters, belgium, devon, salami, meat pies, bacon or ham?

- | | |
|--------------------|---------------------------------|
| 1. _____ per day | 4. _____ rarely or never |
| 2. _____ per week | 5. _____ don't know / can't say |
| 3. _____ per month | |

C. How often do you eat chips, french fries, wedges, fried potatoes or crisps?

- | | |
|--------------------|---------------------------------|
| 1. _____ per day | 4. _____ rarely or never |
| 2. _____ per week | 5. _____ don't know / can't say |
| 3. _____ per month | |

D. How is your meat usually cooked?

- | | |
|--|--------------------------------------|
| 1. fried | 4. grilled/roasted without added fat |
| 2. stewed/casserole | 5. Rarely or never eat meat |
| 3. grilled/roasted with added fat or oil | 6. Don't know/can't say |

E. What type of milk do you usually have?

- | | |
|--|--------------------------------|
| 1. regular milk (whole or full cream milk) | 6. Shape |
| 2. Life full cream | 7. Skim milk |
| 3. Lite white | 8. Other, please specify _____ |
| 4. Farmer's best | 9. Don't have milk |
| 5. Life reduced fat | 10. Don't know/can't say |

F. Which one of the following best describes your usual way of eating?

- | | |
|-----------------------------|---|
| 1. no special way of eating | 4. diabetic diet |
| 2. vegetarian | 5. fat modified diet to lower blood fat (cholesterol) |
| 3. weight reduction diet | 6. Other, please specify _____ |

Q. 23. How many serves of vegetables do you usually eat each day?

(a 'serve' = ½ cup of cooked vegetables or 1 cup of salad vegetables)

1. _____ serves per day (0,1,2,3, etc)
2. don't eat vegetables

Q.24 How many serves of fruit do you usually eat each day?
(a 'serve' = 1 medium piece or 2 small pieces of fruit or 1 cup of diced pieces)

1. _____ serves per day (0,1,2,3, etc)
2. don't eat fruit

Q.25 How many slices of bread do you usually eat each day?
(A slice of bread is equal to 1 small bread roll or 1 bagel or ½ a large bread roll or ½ bread muffin or 1 scone or ½ a pita bread)

1. _____ slices per day (0,1,2,3, etc)
2. don't eat bread
3. don't know

Q.26 How many cups of cooked pasta, rice, noodles, or other cooked cereals do you usually eat each week? (Not including cooked breakfast cereals). I am asking you about per week here!

1. _____ cups per day (0,½, 1,1½,2,2½,3, etc)
2. don't eat these foods
3. don't know

Q.27 How many cups of breakfast cereal do you usually eat each day?
(One cup is equal to 2 weetbix or ½ cup of cooked porridge or ⅓ of a cup of muesli or ½ cup of allbran)

1. _____ cups per day (0,½, 1,1½,2,2½,3, etc)
2. don't eat breakfast cereals
3. don't know

Q. 28 a. In the last 5 years, have you changed your eating habits in any way?

1. Yes
2. No

If YES, how? _____

Q.28 b. Over the past 5 years, would you say you have increased, decreased, or not changed the amount you eat of the following foods and nutrients. (Please tick)

Food	Increased	Decreased	Not Changed	Don't Eat
Salt				
Starches (eg, cereals, pasta, rice, bread, grains)				
Fibre				
Fruit				
Vegetables				
Total fat				
Saturated fats (eg fat in meat, milk, cheese, butter)				
Polyunsaturated fats (eg vegetable oils, polyunsaturated margarine)				
Monounsaturated fats (eg olive oil, canola oil or canola margarine)				
Cholesterol				
Alcohol				
Energy (kilojoules or calories)				

Q. 28c. Do you think you will make any changes to your eating habits during the next five years?

1. Yes 2. No

If YES, what changes? _____

Q.29 How would you rate the amount you eat of each of these foods and nutrients? (Please tick)

Food	Too much	About right	Too little	Don't Eat
Salt				
Starches (eg, cereals, pasta, rice, bread, grains)				
Fibre				
Fruit				
Vegetables				
Total fat				
Saturated fats (eg fat in meat, milk, cheese, butter)				
Polyunsaturated fats (eg vegetable oils, polyunsaturated margarine)				
Monounsaturated fats (eg olive oil, canola oil or canola margarine)				
Cholesterol				
Alcohol				
Energy (kilojoules or calories)				

The next nine questions are about your body weight.

30. Do you consider yourself to be

1. Acceptable weight
2. Underweight
3. Overweight

31. How tall are you without shoes?

_____centimetres

OR

_____ feet _____ inches

32. How much do you weigh without clothes or shoes?

_____kilograms

OR

_____stones _____pounds

33. Compared to the same time last year, has your weight:

1. Increased
2. Decreased
3. Stayed the same
4. Don't know

34. If your weight has changed, what do you think were the reasons for this weight change?

35. **Have you tried to lose weight in the past 12 months?**

1. Yes
2. No
3. Not sure

36. **If you have tried to lose weight in the past 12 months, which weight loss methods have you used?
(You can mark more than one response)**

- | | |
|------------------------------|---|
| 1. I dieted | 5. I used meal replacements |
| 2. I exercised | 6. I used diet supplements |
| 3. I used organised programs | 7. I used over-the-counter pharmaceutical products
Eg. Diet pills or appetite suppressants |
| 4. I used vitamins | 8. I had surgery, eg. Liposuction |

If you circled 3, please specify program type

If you circled 4, 5, 6 or 7, please specify type and brand:

37. **Which one of the following statements best describes you at the moment?**

1. I am actively doing things to try to **gain** weight at the moment
2. I am actively doing things to **avoid gaining** weight at the moment
3. I am actively doing things to try to **lose** weight at the moment
4. I am **not doing anything** in particular for my weight at the moment

Q. 38 Here are a series of statements that people have made about their food situation. Please circle one response to each question, indicating whether the statement is often true, sometimes true or never true for your household or the individuals in your household.

A. I worry whether my food will run out before I get money to buy more.

1. often true 2. sometimes true 3. never true

B. I worry about whether the food that I can afford to buy for my household will be enough.

1. often true 2. sometimes true 3. never true

C. The food that I bought just didn't last, and I didn't have money to get more.

1. often true 2. sometimes true 3. never true

D. I ran out of the foods that I needed to put together a meal and I didn't have money to get more food.

1. often true 2. sometimes true 3. never true

E. We eat the same thing for several days in a row because we only have a few different kinds of food on hand and don't have money to buy more.

1. often true 2. sometimes true 3. never true

F. I am often hungry, but I don't eat because I can't afford enough food.

1. often true 2. sometimes true 3. never true

G. I eat less than I think I should because I don't have enough money for food.

1. often true 2. sometimes true 3. never true

H. I can't afford to eat properly.

1. often true 2. sometimes true 3. never true

I. Sometimes people lose weight because they don't have enough to eat. In the past year, did you lose weight because there wasn't enough food?

1. often true 2. sometimes true 3. never true

J. In the past year, have you had hunger pangs but couldn't eat because you couldn't afford food?

1. often true 2. sometimes true 3. never true

K. In the last 12 months, were there times that your household ran out of food and there wasn't money to buy any more food?

1. often true 2. sometimes true 3. never true

L. In the last 12 months, has anyone in your household eaten less than they should because you couldn't afford enough food?

1. often true 2. sometimes true 3. never true

Thank you for your co-operation

We really appreciate the time and effort you have put into completing this questionnaire