



Acknowledgments must be given to the Nutritional Epidemiology Group, Centre for Epidemiology and Biostatistics, University of Leeds if this questionnaire is used or modified.

FOOD AND ACTIVITY DIARY

We would be grateful if you could record all your food and drink for 4 consecutive days and your physical activity on day 3. You can find full instructions in the diary.

Please complete and return this diary at your convenience, but preferably within one month. We appreciate that completing this diary will take some time and we wish to take this opportunity to thank you for your contribution to our research.

If you have any queries, please contact a member of the team on 0113 343 7452 or email cohorteam@leeds.ac.uk

Thank you very much for your help.

INSTRUCTIONS ON HOW TO COMPLETE THIS DIARY

This diary is designed for you to record everything you eat and drink for four days, plus one day for physical activity.

To give us an accurate picture, please fill out the diary in as much detail as possible. It is very important that you do not change what you eat and drink, or the physical activities that you carry out just because you are keeping a record.

FOOD DIARY

- Please date your record when you start your diary.
- Please record the time you had something to eat or drink in the left-hand column marked "**Time of food/drink**".
- In the column marked "**Description of food or drink consumed**", please give a full record of the food/drink and how it was prepared (cooking method). If possible, please record each individual food and drink item separately (**see example on page 4**).
- In the last column, please record the **amount of food or drink you consumed** by giving the weight if on the packet or carton e.g. 150g pot of yoghurt, 56g bar of milk chocolate. For other foods we would like you to weigh the foods you consume. If you do not have scales at home, or if you are eating food away from the home, then describe the food you eat using household measures e.g. tablespoons, cups, large glass etc. Please document what you ate & drank in as much detail as possible.

- To establish that your weighing scales are accurate, please weigh **at least** one of the following foods in (grams) and record your results in the boxes below :

1 raw egg (still in the shell) **g**
1 large tin of baked beans (420g) **g**
1 full bag of flour **g**

- At the end of the third page, there is space to write down all recipes and if more than one serving, how much was consumed by you. Also use this space to record details of any foods/drinks eaten away from home and to record the brand of any manufactured products.
- If you eat ready made foods that have the nutritional information on the packet, then please could you write down this information in the space provided on the fourth page. It is important to state if the information is for either per serving, or per 100 grams. If it is for a serving, then please write down the serving size that you had.
- At the end of the diary section are a few questions about your diet in general over the four days you have recorded. Please remember to complete these before returning your food diary.

PHYSICAL ACTIVITY DIARY

We would like to find about your physical activity for one full day. **Please fill in the physical activity diary on day three.**

Please refer to the specific instructions, which are situated just before the physical activity diary.

EXAMPLE DAY - UP TO LUNCH

Date: 14 October 2005		Day of the week Friday
Time of food or drink	Description of food or drink consumed (Include brand name where possible)	Amount
7.15 am	Filter Coffee	1 cup (200ml)
	semi-skimmed milk	3 tablespoons
7.30 am	Sainsbury's orange juice, un-sweetened	1 glass (150ml)
	Sainsbury's Bran flakes	40g
	semi-skimmed milk	180ml
10.30am	Plain chocolate digestives (large biscuits)	2
	Earl Grey tea (weak) no milk	1 cup
11 am	banana (medium sized)	95g
11.30 am	London herb company Lemon Zester tea	1
12.10 pm	Local bakery's wholemeal bread un-sliced loaf (cut thickly)	1 slice 47g
	Tesco sunflower margarine	thinly spread
	home made mushroom risotto (see recipe)	About $\frac{1}{3}$ of recipe
	green seedless grapes	32g
	Cox's Orange Pippin apple (medium)	82g
	Sainsbury's wholemilk fruit yogurt (150g)	1 pot
	London herb company sweet berry tea	1
2pm	Warburton's Carrot cake - with cream cheese topping (see nutritional information)	1 slice - 75g (on packet)

EXAMPLE - CONTINUED

Recipes/description of foods eaten away from home/ any other comments

Home made mushroom risotto

2 Tablespoons of olive oil
3 oz Butter
1 Clove of garlic
1lb Button Mushrooms
10oz Rice (long grain rice)
1 large onion
1 $\frac{1}{2}$ Pints of vegetable stock
Pinch of salt & pepper
Pinch of rosemary, thyme & chilli powder.

Fry onion & garlic in butter & olive oil until soft. Add chilli & mushrooms, cook gently for approx 5 mins. Add all of the rice, then add stock ladle by ladle until completely absorbed, this should take around 20 mins.

Usually approx 3 servings from this of equal proportion

EXAMPLE - CONTINUED

Nutritional Information for Ready Made / Packaged foods
Please state, if the information is for a serving or for per 100g

Food	Serving size	per 100g	Energy kcal	Protein	Carbohydrate	Fat	Fibre
Carrot cake		✓	490	4.5	52.4	30.6	0.7

Any extras not already recorded, e.g. sweets/snacks/drinks?

2 polo mints during morning at work, & packet of Salt & Vinegar crisps (Walkers 28g) on the way home

END OF EXAMPLE

DAY ONE

(remember to record portion sizes for all foods)

Date:		
Time of food or drink	Description of food or drink consumed	Amount

DAY ONE - CONTINUED

(please record portion sizes for all foods)

Time of food or drink	Description of food or drink consumed	Amount

DAY ONE - CONTINUED

(please record portion sizes for all foods)

Time of food or drink	Description of food or drink consumed	Amount

Recipes/description of foods eaten away from home/ any other comments

Nutritional Information for Ready Made / Packaged foods
Please state, if the information is for a serving or for per 100g

Food	Serving size	per 100g	Energy kcal	Protein	Carbohydrate	Fat	Fibre

Any extras not already recorded, e.g. sweets/snacks/drinks?

END OF DAY ONE

DAY TWO

(remember to record portion sizes for all foods)

Date:		
Time of food or drink	Description of food or drink consumed	Amount

DAY TWO - CONTINUED

(please record portion sizes for all foods)

Time of food or drink	Description of food or drink consumed	Amount

Recipes/description of foods eaten away from home/ any other comments

Nutritional Information for Ready Made / Packaged foods
Please state, if the information is for a serving or for per 100g

Food	Serving size	per 100g	Energy kcal	Protein	Carbohydrate	Fat	Fibre

Any extras not already recorded, e.g. sweets/snacks/drinks?

END OF DAY TWO

DAY THREE

(remember to record portion sizes for all foods)

Date:		
Time of food or drink	Description of food or drink consumed	Amount

DAY THREE - CONTINUED

(please record portion sizes for all foods)

Time of food or drink	Description of food or drink consumed	Amount

DAY THREE - CONTINUED

(please record portion sizes for all foods)

Time of food or drink	Description of food or drink consumed	Amount

Recipes/description of foods eaten away from home/ any other comments

Nutritional Information for Ready Made / Packaged foods
Please state, if the information is for a serving or for per 100g

Food	Serving size	per 100g	Energy kcal	Protein	Carbohydrate	Fat	Fibre

Any extras not already recorded, e.g. sweets/snacks/drinks?

END OF DAY THREE

DAY 3 – Twenty Four Hour Activity Diary

We would like to find out about your physical activity for one day.

Please complete this section on day three. Please do not wait until the end of the day; fill in the diary continuously throughout the day, starting from when you get out of bed in the morning.

The diary is split into hours of the day, and then four fifteen-minute periods for that hour. In each box, write the number which corresponds to the activity which you have carried out during this fifteen minute period. Please fill in **all** the boxes, following the example diary on page 24.

Code	Activity
1	Sleeping, resting in bed, or lying down.
2	Sitting: eating, watching TV, reading, listening, writing, sewing, ironing, talking on telephone etc.
3	Light activity standing: washing, cooking, vacuuming, washing up, playing a musical instrument etc.
4	Slow walk, driving, to dress, to shower, yoga, food shopping, playing with children etc.
5	Light manual work: floor sweeping, window washing, painting, nursing chores, fast walk, mowing the lawn etc.
6	Leisure & sports in a recreational environment: golf, bowling, cycling, table tennis, gardening etc.
7	Manual work at a moderate pace: loading goods, wood cutting etc.
8	Leisure & recreational sports at a higher intensity: swimming, horse riding, tennis, badminton, circuit training, skiing etc.
9	Intense manual work, high intensity sports: jogging & running, hiking, mountain climbing etc.





DAY 3 - TWENTY FOUR HOUR ACTIVITY DIARY

Date:

Hour mins	0-  mins	16-  mins	31-4  mins	46-  mins
0 (midnight)				
1 a.m.				
2 a.m.				
3 a.m.				
4 a.m.				
5 a.m.				
6 a.m.				
7 a.m.				
8 a.m.				
9 a.m.				
10 a.m.				
11 a.m.				
12 (midday)				
1 p.m.				
2 p.m.				
3 p.m.				
4 p.m.				
5 p.m.				
6 p.m.				
7 p.m.				
8 p.m.				
9 p.m.				
10 p.m.				
11 p.m.				

An Example of 24 Hour Activity Diary

Please refer to the example form filled in below. This person read in bed until **12.45am**. Slept until **9am**. Had breakfast until **9.15am**, showered and got dressed. From **10am-12.45am** they performed various activities around the home such as mowing the lawn & washing the windows. Lunch was at **12.45pm until 1.30pm**. Followed by food shopping until **3.30p.m.**, and reading from **3.30pm until 5.30pm**. At **5.30pm** this person then cooked and ate dinner, watched TV until **7.30pm**, then washed and cleaned the kitchen this took around **three quarters of an hour**. At **8.15pm** they then drove to an aerobics class which started at **8.30pm lasted for an hour**. They then drove back home, washed and then went to bed at **10.30pm**.

Hour mins	 0-15 mins	 16-30 mins	 31-45 mins	 46-60 mins
0 (midnight)	2	2	2	1
1 a.m.	1	1	1	1
2 a.m.	1	1	1	1
3 a.m.	1	1	1	1
4 a.m.	1	1	1	1
5 a.m.	1	1	1	1
6 a.m.	1	1	1	1
7 a.m.	1	1	1	1
8 a.m.	1	1	1	1
9 a.m.	3	4	3	4
10 a.m.	5	5	5	5
11 a.m.	5	5	5	5
12 (midday)	5	5	5	2
1 p.m.	2	2	4	4
2 p.m.	4	4	4	4
3 p.m.	4	4	2	2
4 p.m.	2	2	2	2
5 p.m.	2	2	3	3
6 p.m.	3	2	2	2
7 p.m.	2	2	3	3
8 p.m.	3	4	8	8
9 p.m.	8	8	4	3
10 p.m.	3	3	1	1
11 p.m.	1	1	1	1

QUESTIONS ON PHYSICAL ACTIVITY.

(please tick the appropriate box ✓)

Was the day that you filled in:

1) A typical weekend or leisure day

2) A typical week or work day

3) Much less active than usual

4) Much more active than usual

If this day was very unusual, please describe why in the space below.

For example, "usually on a Monday, I go swimming for half an hour, in addition to a fifteen minute brisk walk to pick up the children from school, but today I didn't do either of these activities."

DAY FOUR

(remember to record portion sizes for all foods)

Date:		
Time of food or drink	Description of food or drink consumed	Amount

DAY FOUR - CONTINUED

(please record portion sizes for all foods)

Time of food or drink	Description of food or drink consumed	Amount

DAY FOUR - CONTINUED

(please record portion sizes for all foods)

Time of food or drink	Description of food or drink consumed	Amount

Recipes/description of foods eaten away from home/ any other comments

Nutritional Information for Ready Made / Packaged foods
Please state, if the information is for a serving or for per 100g

Food	Serving size	per 100g	Energy kcal	Protein	Carbohydrate	Fat	Fibre

Any extras not already recorded, e.g. sweets/snacks/drinks?

END OF DAY FOUR

Some questions about your diet over the last four days

Even though you have documented your diet over the last four days in detail, we would like to confirm a few facts about your food intake.

1. Are you currently on a weight reducing diet?

Yes ¹

No ²

2. Were you ill during the period of recording your food intake?

Yes ¹

No ²

3. Did you change what you normally ate because you were recording your food intake?

Yes ¹

No ²

Don't know ³

If Yes, how did your diet change?

Ate more ¹

Ate less ²

Ate different foods ³

Please specify _____

4. Which type of milk did you use most? Select one only

Full cream, silver

Semi-skimmed, red/white

Skimmed / fat free

Channel Islands, gold

Sterilized

Dried Milk

Homogenized

Soya

State type _____

Other

State type _____

None

5. How much milk did you usually have in your tea?

- A lot Average
Hardly any None
I did not drink tea

6. How much milk did you usually have in your coffee?

- A lot Average
Hardly any None
I did not drink coffee

7. What type of coffee did you mostly drink?

- Instant Instant decaffeinated
Filtered/cafetiere Filtered/cafetiere decaffeinated
I did not drink coffee

8. Did you drink decaffeinated coffee?

- Always Sometimes Never

9. Which type of bread did you eat most often in the four days that you filled in the diary? Select one only.

- White Wholemeal Granary
Brown Softgrain e.g.(mighty-white)
Other , please specify _____

10. If you ate butter, margarine or spread. Please indicate (tick ✓) if you ate it on the following during the four days that you filled in your diary.

	Always	Sometimes	Never	Don't know	Didn't eat the food
Toast					
Bread					
sandwiches					

11. How thickly did you spread your butter, margarine or spread on bread, crackers etc?

Thick Medium Thin None

12. Which types of fats did you use when you filled in your food diary?

	Brand used & type used	What did you use it for?			
		Baking	Frying	Spreading	Salads
Butter					
Low fat spread					
Very low fat spread					
Polyunsaturated margarine					
Other soft margarine					
Monounsaturated spread e.g. Olivio					
Half-Fat Butter					
Hard margarine					
Vegetable oils					
White vegetable fat					
Lard					
Dripping					
Other					

13. If you ate meat, what did you do with the visible fat?

Ate all of the fat Ate most of the fat
 Ate some of the fat Ate as little as possible

14. If you ate poultry last week, did you eat the skin?

Yes No Sometimes Don't know

15. Did you add salt to your food during cooking?

Yes No Don't know

16. Did you add salt to your food at the table?

Yes No Don't know

This space has been left for you to tell us about anything else which you feel is important about your food/drink intake last week.

Thank you for filling in the food and activity diaries

It may help us if you could put your telephone number here in case we need to clarify any of your responses.

Daytime telephone number: _____

Evening telephone number: _____

Please confirm your personal details

Name _____

Date of Birth