



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

CONFIDENTIAL



This study is designed to find out about your general eating habits and how these relate to your body weight and shape. Please answer every question, even if it might not seem relevant to you. If you are uncertain how to answer a question then do the best you can, but please do not leave a question blank. The questionnaire is simple and should take 30-40 minutes to complete.

Please complete this questionnaire and return it in the FREEPOST envelope provided (no stamp required). Your answers will be treated in the **strictest confidence** and will only be used for medical research.

Before you begin, please check the name and address label on this questionnaire and correct the details as necessary.

Please write any changes to the details on the label in the spaces below

First name _____

Surname _____

Address _____

Postcode _____

Telephone number _____

This study is looking at the long term relationship between diet and health. In the future, we would like to be able to write to you again about the progress of our research and to look at changes in your diet and lifestyle. In case you change your address and we lose contact with you, could you give us the name of someone who would know your new address? Please inform them that you have done this. Thank you.

First name _____

Surname _____

Address _____

Postcode _____

Telephone number _____

WHAT YOU EAT

1. Would you describe yourself as a vegetarian?

Yes ¹ No ² Used to be ³

2. If yes, or used to be, how long in total have you been vegetarian?
(If never, please write 0)

years

3. Would you describe yourself as a vegan?

Yes ¹ No ² Used to be ³

4. If yes, or used to be, how long in total have you been vegan?
(If never, please write 0)

years

5. What proportion of your food is organically produced?
(All foods including fruit & vegetables, meat, bread, cereals etc.)

None/rarely	¼ (some/little)	½ (half)	¾ (most)	All
1	2	3	4	5

6. What proportion of your food is home grown?
(All foods including fruit & vegetables, meat, bread, cereals etc.)

None/rarely	¼ (some/little)	½ (half)	¾ (most)	All
1	2	3	4	5

7. How many servings of vegetables or dishes containing vegetables
(**excluding potatoes**) do you usually eat in an average week?

8. How many servings of fruit or dishes containing fruit do you usually eat in an average week?

9. How many servings of red meat or dishes containing red meat do you usually eat in an average week e.g. beef, lamb, pork? (If never please write 0)

10. How many servings of white meat or dishes containing white meat do you usually eat in an average week e.g. chicken, turkey, and other poultry?
(If never please write 0)

11. How many servings of fish or dishes containing fish do you usually eat each week? (If never please write 0)

12. How many servings of nuts or dishes containing nuts do you usually eat each week?
(If never please write 0)

13. How many servings of beans or pulses or dishes containing beans or pulses do you usually eat each week? (If never please write 0)

14. Have you taken any of the following vitamins, minerals, fish oils or other food supplements at all in the last year?

Vitamin C¹
 Vitamin B complex²
 Vitamin B₁₂³
 Folic acid⁴
 Antioxidants⁵
 Multivitamins without minerals⁷
 Other single vitamins⁸

Multivitamins with minerals⁶
 Iron⁹
 Calcium¹⁰
 Selenium¹¹
 Zinc¹²
 Other Minerals¹³

Fish Oils (Cod / halibut liver oils)¹⁴
 Evening Primrose/Starflower Oils¹⁵
 Garlic supplements¹⁶
 Other supplements¹⁷

Yes ¹ No ²

15. Do you presently use any of the above mentioned dietary supplements?

Yes ¹ No ²

16. If yes, please write down which dietary supplements you use and how often you use them.

Type of dietary supplement	Intake frequency e.g. more than once a day/daily/weekly/monthly or less than once a month

SMOKING

17. Have you ever smoked as much as one cigarette a day for as long as a year?

Yes ¹ No ²

If No, please go to question 24.

18. Did you smoke cigarettes a year ago? Yes ¹ No ²

19. If yes, how many cigarettes did you smoke each day? cigarettes

20. If you have stopped smoking, how old were you when you last smoked? years old

21. Could you please estimate the total number of years and months you have smoked for?
 (Please exclude periods when you gave up smoking) years months

22. Do you currently smoke cigarettes? Yes ¹ No ²
23. If yes, how many cigarettes do you smoke each day? cigarettes

YOUR WEIGHT AND HEIGHT

24. Approximately how much do you weigh at present?
 stones pounds OR
 kilogrammes (to nearest kg) Don't Know
25. What was your weight 5 years ago?
 stones pounds OR
 kilogrammes (to nearest kg) Don't Know
26. During the last year, have you *lost* more than ½ stone (7lb) in weight?
 Yes ¹ No ² Don't Know ³
27. If yes, was this intentional?
 Yes ¹ No ²
28. During the last year, have you *gained* more than ½ stone (7lb) in weight?
 Yes ¹ No ² Don't Know ³
29. If yes, was this intentional?
 Yes ¹ No ²
30. If yes to question 28, what reason do you attribute to this weight gain? (tick all that apply)
 Less exercise or general activity ¹ More snacks ² Medication or illness ³
 Larger meals ⁴ Getting older ⁵ Eating out/socialising ⁶
 Any other⁷, please be specific:
-
31. Are you a frequent 'dieter' whose weight fluctuates regularly? Yes ¹ No ²
32. What is your present height? ft.inches OR cm Don't Know

ILLNESSES

33. Has a doctor ever told you that you have, or have had, any of the following conditions?
(Please exclude conditions relating to pregnancy only)

Condition	Yes	Year of diagnosis	No
Heart attack, coronary thrombosis, myocardial infarction			
Angina			
Stroke			
Diabetes			
Polyps in the large intestine			
Cancer (please specify type)			
High cholesterol or hypercholesterolaemia			
Stomach disorders (e.g. ulcer or gastritis)			
Irritable bowel syndrome			
Diverticular disease			
Ulcerative colitis			
Arthritis			
Osteoporosis			
High blood pressure or hypertension			

ACTIVITY

34. On an average **weekday** how is your day spent? (total should add up to 24 hours)

	Number of hours & / or minutes in a 24 hour day spent doing the following activities?	
	Hours	Minutes
Sleeping		
Sitting		
Light activities (e.g. washing, dressing, eating)		
Standing		
Household chores (e.g. vacuuming, ironing)		
Lifting heavy objects, such as when shopping or gardening		
Light exercise (e.g. walking, yoga, easy gardening)		
Moderate exercise (e.g. fast walking, easy swimming, hill walking, easy cycling)		
Strenuous exercise (e.g. running, vigorous swimming, high impact aerobics)		

35. On an average **weekend** day how is your day spent? (total should add up to 24 hours)

	Number of hours and / or minutes in a 24 hour day spent doing the following activities?	
	Hours	Minutes
Sleeping		
Sitting		
Light activities (washing, dressing, eating)		
Standing		
Household chores (vacuuming, ironing)		
Lifting heavy objects, such as when shopping or gardening		
Light exercise (walking, yoga, easy gardening)		
Moderate exercise (fast walking, easy swimming, hill walking, easy cycling)		
Strenuous exercise (running, vigorous swimming, high impact aerobics)		

36. Which of the following four activity statements best describes your present weekly activity?

No weekly physical activity 1

Only light/moderate physical activity in most weeks 2

Vigorous activity for at least 20 minutes once or twice a week.
(*vigorous activity causes shortness of breath, rapid heart rate and sweating*) 3

Vigorous physical activity at least 20 minutes three or more times per week 4

37. Compared with yourself 5 years ago, how would you describe your activity levels?

More active 1 About the same 2

Less active 3 Don't know 4

38. On a scale from 1-10 please indicate how much of your time you spend fidgeting. 1 would represent "no fidgeting at all" and 10 would represent "constant fidgeting"

Time spent fidgeting 1-10

PREGNANCY, CONTRACEPTION AND MENSTRUAL CYCLE

39. Are you pregnant at the moment? Yes ¹ No ²
40. Are you currently using the pill? Yes ¹ No ²
41. If no, how old were you when you last used it? years old
42. Are you currently using hormone replacement therapy (HRT)? Yes ¹ No ²
43. If no, how old were you when you last used HRT? years old
44. How many “natural” menstrual periods have you had in the last 12 months?
Do not count bleeding while using the pill or HRT (Hormone Replacement Therapy)
- None ¹ 1 to 3 ² 4 to 5 ³ 6 to 9 ⁴ 10 or more ⁵
- Not applicable (using the Pill or HRT, had hysterectomy, or currently pregnant) ⁶
45. If none, how old were you when you had your last “natural” menstrual period? years old
Do not count bleeding while using the pill or HRT (Hormone Replacement Therapy)
46. How many children do you have?
- Sons Daughters None

WAIST AND HIP MEASUREMENTS

We would like you to measure your waist and hip using a household tape measure. Please refer to pictures 1, 2 and 3 in order to be sure of the correct positioning of the tape for waist and hip measurements.

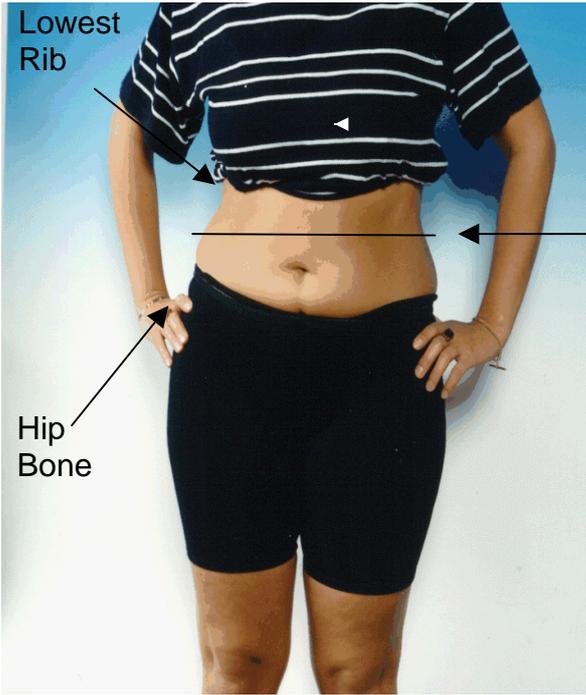
You may find it easier to measure your waist and hip if you stand in front of a mirror. It is important that you are not wearing heavy or thick clothing, ideally you should measure your waist and hip directly against your skin. Stand relaxed and try not hold your breath when taking the measurements.

If you find these measurements tricky in any way, then perhaps you could ask a relative or friend to assist you, or please call or e-mail us for advice (see enclosed letter for contact details).

Step 1. Waist

Feel for your natural waist line, it is between your lowest ribs and your hip bones. Take the tape measure and place around your natural waist line as shown on **picture 1**. Try not to pull the tape measure too tight, stand relaxed and breath out gently. Measure your waist to the nearest millimetre.

Picture 1



47. Waist Measurement

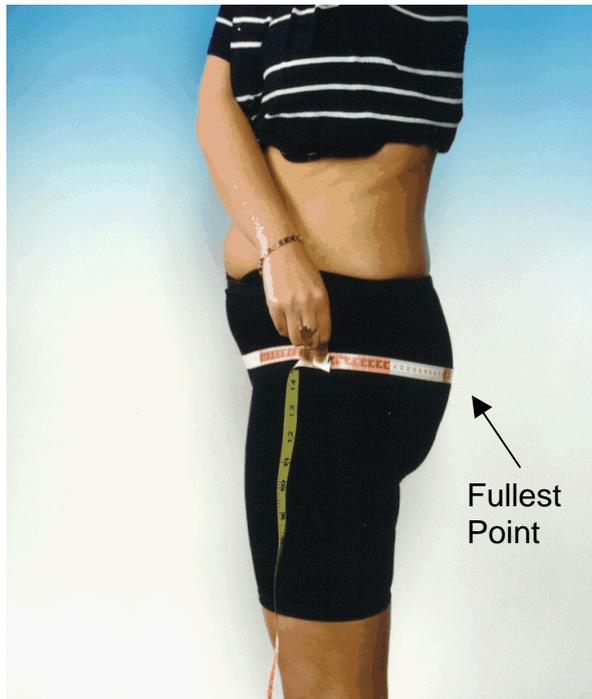
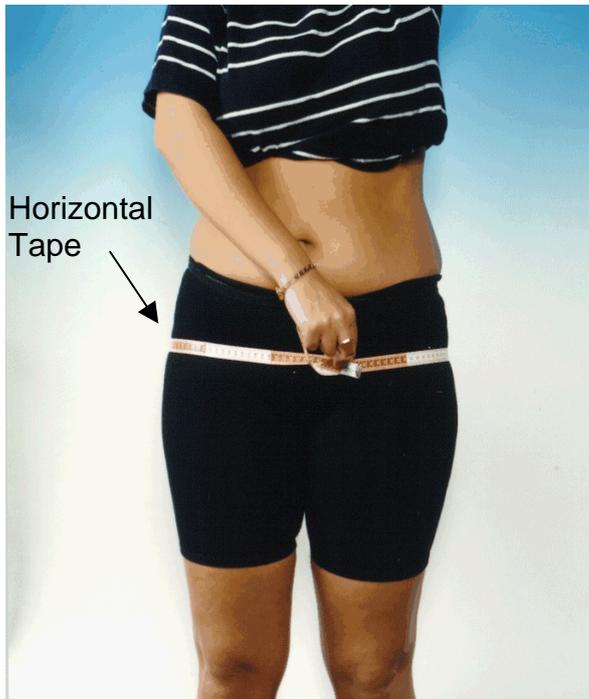
cm. mm OR . inches

Waist Line

Step 2. Hip

Please refer to **pictures 2 & 3**

You will find it easier to measure your hip if you are standing next to a long mirror to help you make the measurement. Stand relaxed and with feet shoulder width apart. Find the fullest point around your buttocks, keep the tape measure horizontal, and try not to pull too tight. Measure your hip again to the nearest millimetre.



Pictures 2 & 3

48. Hip measurement cm. mm OR . inches

It is not easy to obtain accurate measurements of the waist and hip. Therefore, could you please repeat the measurements following the instructions exactly as before.

49. Repeated waist measurement cm.mm OR . inches

50. Repeated hip measurement cm.mm OR . inches

EATING HABITS

We would like to learn more about your general eating habits. Please answer the following questions for us as best you can.

51. What time of day are you *most* likely to snack? Please choose just one response.

Mid-morning ¹ Early afternoon ² Late afternoon ³ Evening ⁴

Don't snack ⁵

52. How many snacks do you eat on an average day? snacks

53. How many meals do you eat on an average day? meals

54. How many glasses of **water** do you drink daily? glasses

55. Generally, how many **other drinks** (excluding alcoholic) do you have daily? drinks

56. In an average week how many days do you skip breakfast? days

57. In an average week how many days do you skip lunch? days

58. In an average week how many days do you skip evening meal? days

59. When you are cooking or preparing food, how often do you nibble?

Never ¹ Sometimes ² Often ³ Always ⁴

60. Thinking back to *5 years ago*, how many snacks did you eat daily? snacks

61. Thinking back to *5 years ago*, how many meals did you eat daily? meals

62. Thinking back to *5 years ago*, how many glasses of **water** did you drink daily? glasses

63. Thinking back to *5 years ago*, how many **other drinks** (excluding alcoholic) did you have daily?

drinks

EATING BEHAVIOURS

In the following section we are interested in finding out about your eating behaviours.

For the following set of questions read the statement and then place a tick in the box according to whether you feel the statement is true or false. Some of the questions may seem repetitive but this is intentional so please do not leave a question blank.

64. When I smell something delicious, I find it very difficult to keep from eating, even if I have just finished a meal.
True ¹ False ²
65. I usually eat too much at social occasions, like parties and picnics.
True ¹ False ²
66. I am usually so hungry that I eat more than three times a day.
True ¹ False ²
67. When I have eaten my quota of calories, I am usually good about not eating any more.
True ¹ False ²
68. Dieting is so hard for me because I just get too hungry.
True ¹ False ²
69. I deliberately take small helpings as a means of controlling my weight.
True ¹ False ²
70. Sometimes things taste so good that I keep on eating even when I am no longer hungry.
True ¹ False ²
71. Since I am often hungry, I sometimes wish that while I am eating, an expert would tell me that I have had enough or that I can have something more to eat.
True ¹ False ²
72. When I feel anxious, I find myself eating.
True ¹ False ²
73. Life is too short to worry about dieting.
True ¹ False ²
74. Since my weight goes up and down, I have gone on reducing diets more than once.

True ¹ False ²

75. I often feel so hungry that I just have to eat something.

True ¹ False ²

76. When I am with someone who is overeating, I usually overeat too.

True ¹ False ²

77. I have a pretty good idea of the number of calories in common food.

True ¹ False ²

78. Sometimes when I start eating, I just can't seem to stop.

True ¹ False ²

79. It is not difficult for me to leave something on my plate.

True ¹ False ²

80. At certain times of the day, I get hungry because I have become used to eating then.

True ¹ False ²

81. While on a diet, if I eat food that is not allowed, I consciously eat less for a period of time to make up for it.

True ¹ False ²

82. Being with someone who is eating often makes me hungry enough to eat also.

True ¹ False ²

83. When I feel fed up, I often overeat.

True ¹ False ²

84. I enjoy eating too much to spoil it by counting calories or watching my weight.

True ¹ False ²

85. When I see a real delicacy, I often get so hungry that I have to eat right away.

True ¹ False ²

86. I often stop eating when I am not really full as a conscious means of limiting the amount that I eat.

True ¹ False ²

87. I get so hungry that my stomach often seems like a bottomless pit.

True ¹ False ²

88. My weight has hardly changed at all in the last ten years.

True ¹ False ²

89. I am always hungry so it is hard for me to stop eating before I finish the food on my plate.

True ¹ False ²

90. When I feel lonely, I console myself by eating.

True ¹ False ²

91. I consciously hold back at meals in order not to gain weight.

True ¹ False ²

92. I sometimes get very hungry late in the evening or at night.

True ¹ False ²

93. I eat anything I want, any time I want.

True ¹ False ²

94. Without even thinking about it, I take a long time to eat.

True ¹ False ²

95. I count calories as a conscious means of controlling my weight.

True ¹ False ²

96. I do not eat some foods because they make me fat.

True ¹ False ²

97. I am always hungry enough to eat at any time.

True ¹ False ²

98. I pay a great deal of attention to changes in my figure.

True ¹ False ²

99. While on a diet, if I eat a food that is not allowed, I often then splurge and eat other high calorie foods.

True ¹ False ²

100. How often are you dieting in a conscious effort to control your weight?

¹ ² ³ ⁴
Rarely Sometimes Usually Always

101. Would a weight fluctuation of 5 lbs affect the way you live your life?

¹ ² ³ ⁴
Not at all Slightly Moderately Very much

102. How often do you feel hungry?

¹ ² ³ ⁴
Only at mealtimes Sometimes between meals Often between meals Almost always

103. Do your feelings of guilt about overeating help you to control your food intake?

¹ ² ³ ⁴
Never Rarely Often Always

104. How difficult would it be for you to stop eating halfway through dinner and not eat for the next four hours?

¹ ² ³ ⁴
Easy Slightly difficult Moderately difficult Very difficult

105. How conscious are you of what you are eating?

¹ ² ³ ⁴
Not at all Slightly Moderately Extremely

106. How frequently do you avoid "stocking up" on tempting foods?

¹ ² ³ ⁴
Almost never Seldom Usually Almost always

107. How likely are you to shop for low calorie foods?

¹ ² ³ ⁴
Unlikely Slightly unlikely Moderately likely Very likely

108. Do you eat sensibly in front of others and splurge alone?

¹

Never

²

Rarely

³

Often

⁴

Always

109. How likely are you to consciously eat slowly in order to cut down on how much you eat?

¹

Unlikely

²

Slightly unlikely

³

Moderately likely

⁴

Very likely

110. How frequently do you skip dessert because you are no longer hungry?

¹

Almost never

²

Seldom

³

At least once a week

⁴

Almost every day

111. How likely are you to consciously eat less than you want?

¹

Unlikely

²

Slightly unlikely

³

Moderately likely

⁴

Very likely

112. Do you go on eating binges though you are not hungry?

¹

Never

²

Rarely

³

Sometimes

⁴

At least once a week

113. On a scale of 0 to 5, where 0 means no restraint in eating (eating whatever you want, whenever you want it) and 5 means total restraint (constantly limiting food intake and never “giving in”), what number would you give yourself?

0 - Eat whatever you want, whenever you want it.

1 – Usually eat whatever you want, whenever you want it.

2 – Often eat whatever you want, whenever you want it.

3 – Often limit food intake, but often “give in”.

4 – Usually limit food intake, rarely “give in”.

5 – Constantly limiting food intake, never “giving in”.

114. To what extent does this statement describe your eating behaviour?

“I start dieting in the morning, but because of any number of things that happen during the day, by evening I have given up and eat what I want, promising myself to start dieting again tomorrow.”

¹

Not like me

²

Little like me

³

Pretty good description of me

⁴

Describes me perfectly

**Thank you for your help filling out this questionnaire and helping us
with our research.**

Please send your completed questionnaire in the FREEPOST envelope enclosed to:
(please note you do not need to use a postage stamp)

**Victoria Burley
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Centre for Epidemiology and Biostatistics
30/32 Hyde Terrace
The University of Leeds
Leeds LS2 9LN**

Please telephone one of the study team on 0113 343 7452 or email
cohorteam@leeds.ac.uk if you have any queries about this questionnaire.

