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# Dietary Questionnaire

**closer:sourceFileName**

hcs\_2\_clinic\_1

## Instrument Locations

- [https://discovery.closer.ac.uk/files/instruments/hcs\\_2\\_clinic\\_1-d209aed2642cd03fa0e37af49375b889.pdf](https://discovery.closer.ac.uk/files/instruments/hcs_2_clinic_1-d209aed2642cd03fa0e37af49375b889.pdf)

### hcs\_2\_clinic\_1

Label hcs_2_clinic_1	Location Sequence
Type Sequence	Order InOrderOfAppearance

### s\_intro\_i

Name s_intro_i	Location Sequence › hcs_2_clinic_1
Type Statement	

#### Statement Text

HERTFORDSHIRE DIETARY QUESTIONNAIRE

### qi\_i - i

Name qi_i	Label i	Location Sequence › hcs_2_clinic_1
Type Text	Minimum Length	Maximum Length 255

#### Question

Name:

### qi\_ii - ii

Name qi_ii	Label ii	Location Sequence › hcs_2_clinic_1
Type Text	Minimum Length	Maximum Length

#### Question

Address:

 qi\_iii - iii

Name	Label	Location
qi_iii	iii	Sequence › hcs_2_clinic_1
Type	Minimum Length	Maximum Length
Text		255

**Question**

Telephone:

 qi\_iv - iv

Name	Label	Location
qi_iv	iv	Sequence › hcs_2_clinic_1
Type	Minimum Length	Maximum Length
Text		255

**Question**

Transport:

 qi\_v - v

Name	Label	Location
qi_v	v	Sequence › hcs_2_clinic_1
Type	Minimum Length	Maximum Length
Text		255

**Question**

Clinic Appointment:

 qi\_vi - vi

Name	Label	Location
qi_vi	vi	Sequence › hcs_2_clinic_1
Type	Minimum Length	Maximum Length
Text		255

**Question**

Interviewer

 qi\_vii - vii

Name	Label	Location
qi_vii	vii	Sequence › hcs_2_clinic_1
Type		
Date		

**Question**

Date of Interview:

qg_viii - viii		
Name qg_viii	Label viii	Location Sequence > hcs_2_clinic_1
Type Question Grid		

**Question**

Now I am going to ask you about the foods you have eaten over the past 3 months. The list may include foods you never ate or you may find that foods which you ate a lot are missing. These can be added on at the end (define the 3-month period).

**Rows**

1	Beef: eg. roast, steak, mince or casserole
2	Beefburgers
3	Pork: eg. roast, chops or stew
4	Lamb: eg. roast, chops or stew
5	Chicken and Turkey
6	Bacon and Gammon
7	Ham
8	Corned beef, Spam and luncheon meat
9	Sausages
10	Meat pies, eg. pork pie, pasties, steak and kidney pie or sausage rolls
11	Liver
12	Liver paté and liver sausage
13	White fish in batter or crumbs
14	Fish fingers and fish cakes
15	Other white fish, eg. cod, haddock, plaice, sole, halibut
16	Smoked white fish, eg. cod, haddock,
17	Oily fish, eg. mackerel, tuna or salmon
18	Smoked oily fish, eg. kippers .
19	Shellfish, eg. scampi or prawns
20	Fish roe and taramasalata

**Columns**

	Code
--	------

? qg_ix - ix		
Name	Label	Location
qg_ix	ix	Sequence > hcs_2_clinic_1
Type		
Question Grid		

**Question**

Now I am going to ask you about the foods you have eaten over the past 3 months. The list may include foods you never ate or you may find that foods which you ate a lot are missing. These can be added on at the end (define the 3-month period).

**Rows**

21	White bread (one slice)
22	Brown and wholemeal bread (one slice)
23	Crackers and cheese biscuits (one cracker)
24	Crispbread, eg. Ryvita (one crispbread)

**Columns**

	Code
--	------

? qg_x - x		
Name	Label	Location
qg_x	x	Sequence > hcs_2_clinic_1
Type		
Question Grid		

**Question**

Now I am going to ask you about the foods you have eaten over the past 3 months. The list may include foods you never ate or you may find that foods which you ate a lot are missing. These can be added on at the end (define the 3-month period).

**Rows**

25	Porridge, (one bowl)
26	Breakfast cereals (one bowl)

**Columns**

	Code
--	------

? qg_xi - xi		
Name	Label	Location
qg_xi	xi	Sequence > hcs_2_clinic_1

Type		
Question Grid		

**Question**

Now I am going to ask you about the foods you have eaten over the past 3 months. The list may include foods you never ate or you may find that foods which you ate a lot are missing. These can be added on at the end (define the 3-month period).

**Rows**

27	Boiled, mashed and jacket potatoes (one egg size potato)
28	Chips
29	Roast potatoes (one egg size potato)
30	Potato salad
31	White rice
32	Brown rice
33	White or green pasta, eg. spaghetti, macaroni, noodles
34	Wholemeal pasta
35	Pizza

**Columns**

	Code
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 qg\_xii - xii

Name	Label	Location
qg_xii	xii	Sequence > hcs_2_clinic_1
Type		
Question Grid		

**Question**

Now I am going to ask you about the foods you have eaten over the past 3 months. The list may include foods you never ate or you may find that foods which you ate a lot are missing. These can be added on at the end (define the 3-month period).

**Rows**

36	Single cream (tablespoon)
37	Double cream (tablespoon)
38	Low fat yoghurt and fromage frais (125g pot)
39	Full fat or Greek yoghurt (125g pot)
40	Other ready made desserts (125g pot)
41	Cheese, eg. Cheddar, Brie, Edam (medium serving)

42	Cottage cheese, (medium serving)
43	Eggs as boiled, fried, scrambled etc. (one egg)
44	Quiche and cheese flans (medium serving)
45	Low calorie salad cream and mayonnaise (tablespoon)
46	Salad cream and mayonnaise (tablespoon)
47	French dressing (tablespoon)

**Columns**

	Code
--	------

? qg_xiii - xiii		
Name qg_xiii	Label xiii	Location Sequence > hcs_2_clinic_1
Type Question Grid		

**Question**

Which spreading fats have you used for example on bread or vegetables?

**Columns**

	Code
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? qg_xiv - xiv		
Name qg_xiv	Label xiv	Location Sequence > hcs_2_clinic_1
Type Question Grid		

**Question**

Now I am going to ask you about the foods you have eaten over the past 3 months. The list may include foods you never ate or you may find that foods which you ate a lot are missing. These can be added on at the end (define the 3-month period).

**Rows**

52	Chocolate biscuits-wrapped, eg. penguin (one)
53	Other biscuits, eg. sandwich, digestive (one)
54	Sponge cakes and gateaux
55	Fruit cakes
56	Buns
57	Pastries



58	Fruit puddings eg pies, tarts, crumbles
59	Milk based puddings eg rice pudding
60	Other puddings
61	Sweet white sauce eg custard
62	Ice cream
63	Chocolate eg. Mars, Crunchie (one standard bar)
64	Other sweets
65	Cereal and chewy bars (one bar)
66	Crisps and savoury snacks (one bag)
67	Nuts eg peanuts

**Columns**

	Code
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qg_xv - xv		
Name	Label	Location
qg_xv	xv	Sequence › hcs_2_clinic_1
Type		
Question Grid		

**Question**

Now I am going to ask you about the foods you have eaten over the past 3 months. The list may include foods you never ate or you may find that foods which you ate a lot are missing. These can be added on at the end (define the 3-month period).

**Rows**

68	Soups tinned and packet (one bowl)
69	Soups home made (one bowl)
70	Savoury white sauces, eg. parsley and cheese sauce, (tablespoon)
71	Gravy (tablespoon)
72	Tomato ketchup and brown sauce (tablespoon)
73	Pickles, chutney (tablespoon)
74	Meat and yeast extract eg Marmite, Bovril (teaspoon)
75	Jam, marmalade, honey (teaspoon)
76	Peanut butter (teaspoon)

**Columns**

	Code
--	------

? qg_xvi - xvi		
Name qg_xvi	Label xvi	Location Sequence > hcs_2_clinic_1
Type Question Grid		

**Question**

Now I am going to ask you about the foods you have eaten over the past 3 months. The list may include foods you never ate or you may find that foods which you ate a lot are missing. These can be added on at the end (define the 3-month period).

**Rows**

77	Tea (one cup)
78	Coffee (one cup)
79	Decaffeinated coffee (one cup)
80	Cocoa and hot chocolate (one cup)
81	Malted milk drinks (one cup)
82	Low calorie fizzy drinks (one glass)
83	Fizzy drinks, eg. coca cola, lemonade (one glass)
84	Pure fruit juices eg. orange, apple juice (one glass)
85	Low calorie or diet fruit squash or cordial (one glass)
86	Fruit squash or cordial (one glass)

**Columns**

	Code
--	------

? qg_xvii - xvii		
Name qg_xvii	Label xvii	Location Sequence > hcs_2_clinic_1
Type Question Grid		

**Question**

Now I am going to ask you about the foods you have eaten over the past 3 months. The list may include foods you never ate or you may find that foods which you ate a lot are missing. These can be added on at the end (define the 3-month period).

**Rows**

87	Apples (one fruit)
----	--------------------

88	Pears (one fruit)
89	Oranges, (one fruit)
90	Grapefruit (one half)
91	Bananas (one fruit)
92	Grapes (medium serving)
93	Melon, pineapple, kiwi and other tropical fruits (medium serving)
94	Peaches, plums, cherries and apricots (medium serving)
95	Strawberries and raspberries (medium serving)

**Columns**

	Code
--	------

qg_xviii - xviii		
Name	Label	Location
qg_xviii	xviii	Sequence > hcs_2_clinic_1
Type		
Question Grid		

**Question**

Now I am going to ask you about the foods you have eaten over the past 3 months. The list may include foods you never ate or you may find that foods which you ate a lot are missing. These can be added on at the end (define the 3-month period).

**Rows**

96	Tinned fruit (medium serving)
97	Cooked fruit (medium serving)
98	Dried fruit, eg. raisins, prunes (medium serving)

**Columns**

	Code
--	------

qg_xix - xix		
Name	Label	Location
qg_xix	xix	Sequence > hcs_2_clinic_1
Type		
Question Grid		

**Question**

Now I am going to ask you about the foods you have eaten over the past 3 months. The list may include foods

you never ate or you may find that foods which you ate a lot are missing. These can be added on at the end (define the 3-month period).

**Rows**

99	Tinned vegetables eg peas, carrots, mixed veg. (medium serving)
----	---

**Columns**

	Code
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qg_xx - xx		
Name	Label	Location
qg_xx	xx	Sequence > hcs_2_clinic_1
Type		
Question Grid		

**Question**

Now I am going to ask you about the foods you have eaten over the past 3 months. The list may include foods you never ate or you may find that foods which you ate a lot are missing. These can be added on at the end (define the 3-month period).

**Rows**

100	Carrots
101	Spinach
102	Broccoli, spring greens and kale
103	Brussels sprouts
104	Cabbage
105	Peas
106	Green beans, broad beans, runner beans
107	Marrow and courgettes
108	Cauliflower
109	Parsnips, swede and turnips,
110	Leeks
111	Onions
112	Garlic
113	Mushrooms
114	Peppers
115	Beansprouts
116	Green salad eg lettuce, cucumber, celery

117	Watercress
118	Tomatoes
119	Sweetcorn
120	Beetroot
121	Coleslaw
122	Avocados
123	Baked beans and other tinned beans
124	Dried beans and pulses eg lentils, red kidney beans
125	Vegetarian foods
126	Other vegetable dishes

**Columns**

	Code
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**ADDITIONAL DIETARY QUESTIONS**

Label ADDITIONAL DIETARY QUESTIONS	Location Sequence › hcs_2_clinic_1
Type Sequence	Order InOrderOfAppearance

**s\_additional**

Name s_additional	Location Sequence › hcs_2_clinic_1 › ADDITIONAL DIETARY QUESTIONS
Type Statement	

**Statement Text**

Now I would like to ask in detail about some other foods

**qi\_1\_1\_a - 1 1(a)**

Name qi_1_1_a	Label 1 1(a)	Location Sequence › hcs_2_clinic_1 › ADDITIONAL DIETARY QUESTIONS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Which types of milk have you used regularly in drinks and added to breakfast cereals over the past three months? Milk A Other (specify)

#### Choices

1	Whole pasteurised
2	Semi-skimmed pasteurised
3	Skimmed pasteurised
4	Whole UHT
5	Semi-skimmed UHT
6	Skimmed UHT
7	Other
9	None

 qi\_1\_1\_b - 1 1(b)

Name qi_1_1_b	Label 1 1(b)	Location Sequence › hcs_2_clinic_1 › ADDITIONAL DIETARY QUESTIONS
Type Multiple Choice	Selection Type SelectOne	Display Style

#### Question

Which types of milk have you used regularly in drinks and added to breakfast cereals over the past three months? Milk B Other (specify)

#### Choices

1	Whole pasteurised
2	Semi-skimmed pasteurised
3	Skimmed pasteurised
4	Whole UHT
5	Semi-skimmed UHT
6	Skimmed UHT
7	Other
9	None

 qi\_1\_1\_c - 1 1(c)

Name qi_1_1_c	Label 1 1(c)	Location Sequence › hcs_2_clinic_1 › ADDITIONAL DIETARY QUESTIONS
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Type Multiple Choice	Selection Type SelectOne	Display Style
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**Question**

Which types of milk have you used regularly in drinks and added to breakfast cereals over the past three months? Milk C Other (specify)

**Choices**

1	Whole pasteurised
2	Semi-skimmed pasteurised
3	Skimmed pasteurised
4	Whole UHT
5	Semi-skimmed UHT
6	Skimmed UHT
7	Other
9	None

 qg_1_2 - 1 2		
Name qg_1_2	Label 1 2	Location Sequence › hcs_2_clinic_1 › ADDITIONAL DIETARY QUESTIONS
Type Question Grid		
Condition		

**Question**

On average over the past 3 months how much of each milk have you consumed per day?

**Rows**

1	Milk A
2	Milk B
3	Milk C

**Columns**

pints	Numeric
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 qi_2_1 - 2 1		
Name qi_2_1	Label 2 1	Location Sequence › hcs_2_clinic_1 › ADDITIONAL DIETARY QUESTIONS

Type Multiple Choice	Selection Type SelectOne	Display Style
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**Question**

Were there any OTHER foods or drinks which you ate or drank once a week or more over the past 3 months?

**Choices**

0	No
1	Yes

? qg_2_2 - 2 2		
Name qg_2_2	Label 2 2	Location Sequence › hcs_2_clinic_1 › ADDITIONAL DIETARY QUESTIONS
Type Question Grid		
Condition		

**Question**

Please describe these

**Columns**

	Code
--	------

? qi_3_1 - 3 1		
Name qi_3_1	Label 3 1	Location Sequence › hcs_2_clinic_1 › ADDITIONAL DIETARY QUESTIONS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Did you eat breakfast cereal in the past 3 months?

**Choices**

0	No
1	Yes

l_q3_1		
Name l_q3_1	Member Label	Location Sequence › hcs_2_clinic_1 › ADDITIONAL DIETARY QUESTIONS



Type Roster	Iteration Source (max )	Display Style
Condition		

? qi_3_1_a - 3 1(a)		
Name qi_3_1_a	Label 3 1(a)	Location Sequence › hcs_2_clinic_1 › ADDITIONAL DIETARY QUESTIONS › I_q3_1
Type Text	Minimum Length	Maximum Length 255
Condition		

**Question**

BRAND eg. Kellogg's

? qi_3_1_b - 3 1(b)		
Name qi_3_1_b	Label 3 1(b)	Location Sequence › hcs_2_clinic_1 › ADDITIONAL DIETARY QUESTIONS › I_q3_1
Type Text	Minimum Length	Maximum Length 255
Condition		

**Question**

TYPE eg. Frosties

? qi_4_1 - 4 1		
Name qi_4_1	Label 4 1	Location Sequence › hcs_2_clinic_1 › ADDITIONAL DIETARY QUESTIONS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Have you added sugar to tea and coffee or breakfast cereals in the past 3 months?

**Choices**

0	No
1	Yes

qi\_4\_2 - 4 2

Name qi_4_2	Label 4 2	Location Sequence › hcs_2_clinic_1 › ADDITIONAL DIETARY QUESTIONS
Type Integer	Low 0	High
Condition		

**Question**

Approximately how many teaspoons of sugar have you added each day?

qg\_5 - 5

Name qg_5	Label 5	Location Sequence › hcs_2_clinic_1 › ADDITIONAL DIETARY QUESTIONS
Type Question Grid		

**Question**

In the past 3 months what kind of fat or oil did you most often use for frying or roasting?

**Columns**

	Code
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qi\_6 - 6

Name qi_6	Label 6	Location Sequence › hcs_2_clinic_1 › ADDITIONAL DIETARY QUESTIONS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

What did you do with the visible fat on your meat including chicken skin?

**Choices**

1	Ate most of the fat
2	Ate some of the fat
3	Ate as little as possible
4	Did not eat meat

qi\_7\_1 - 7 1

Name qi_7_1	Label 7 1	Location Sequence › hcs_2_clinic_1 › ADDITIONAL DIETARY QUESTIONS
Type Multiple Choice	Selection Type SelectOne	Display Style

### Question

How often was salt or a salt substitute added to your food during cooking?

### Choices

1	Always
2	Usually
3	Sometimes
4	Rarely
5	Never

qi\_7\_2 - 7 2

Name qi_7_2	Label 7 2	Location Sequence › hcs_2_clinic_1 › ADDITIONAL DIETARY QUESTIONS
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

### Question

Was this salt or a salt substitute?

### Choices

1	Salt
2	Lo Salt
3	Sainsbury's salt substitute
4	Other

qi\_7\_3 - 7 3

Name qi_7_3	Label 7 3	Location Sequence › hcs_2_clinic_1 › ADDITIONAL DIETARY QUESTIONS
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Type Multiple Choice	Selection Type SelectOne	Display Style
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**Question**

How often did you add salt or a salt substitute to your food at the table?

**Choices**

1	Always
2	Usually
3	Sometimes
4	Rarely
5	Never

 qi_7_4 - 7 4		
Name qi_7_4	Label 7 4	Location Sequence › hcs_2_clinic_1 › ADDITIONAL DIETARY QUESTIONS
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

Was this salt or a salt substitute?

**Choices**

1	Salt
2	Lo Salt
3	Sainsbury's salt substitute
4	Other

 qg_8 - 8		
Name qg_8	Label 8	Location Sequence › hcs_2_clinic_1 › ADDITIONAL DIETARY QUESTIONS
Type Question Grid		

**Question**

During the past 3 months, on average, how many times a week did you eat the following foods?

**Rows**

1	Vegetables (not including potatoes) Portion size: Medium serving
2	Fruit and fruit products (not including fruit juice) Portion size: Medium serving or 1 fruit
3	Fish and fish products Portion size: Medium serving
4	Meat, meat products and meat dishes (including bacon, ham and chicken) Portion size: Medium serving

**Columns**

How many	Numeric
----------	---------

? qi_9 - 9		
Name qi_9	Label 9	Location Sequence › hcs_2_clinic_1 › ADDITIONAL DIETARY QUESTIONS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Are the past 3 months typical of the way you generally eat?

**Choices**

0	No
1	Yes
2	Reasonably

? qi_10 - 10		
Name qi_10	Label 10	Location Sequence › hcs_2_clinic_1 › ADDITIONAL DIETARY QUESTIONS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**


Have you taken any vitamins, minerals, fish oils, fibre or other food supplements during the past 3 months?

**Choices**

0	No
1	Yes

l\_q10

Name I_q10	Member Label	Location Sequence › hcs_2_clinic_1 › ADDITIONAL DIETARY QUESTIONS
Type Roster	Iteration Source (max )	Display Style

 qi\_10\_a - 10 a

Name qi_10_a	Label 10 a	Location Sequence › hcs_2_clinic_1 › ADDITIONAL DIETARY QUESTIONS › I_q10
Type Text	Minimum Length	Maximum Length 255

**Question**


NAME AND BRAND Please list full name, brand and strength

 qi\_10\_b - 10 b

Name qi_10_b	Label 10 b	Location Sequence › hcs_2_clinic_1 › ADDITIONAL DIETARY QUESTIONS › I_q10
Type Integer	Low 0	High

**Question**


DOSE Please state number of pills capsules or teaspoons consumed per day

 qi\_10\_c - 10 c

Name qi_10_c	Label 10 c	Location Sequence › hcs_2_clinic_1 › ADDITIONAL DIETARY QUESTIONS › I_q10
Type Integer	Low 0	High 90

**Question**

NUMBER of days in the past 90

 qi\_10\_d - 10 d

Name qi_10_d	Label 10 d	Location Sequence › hcs_2_clinic_1 › ADDITIONAL DIETARY QUESTIONS › I_q10
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Type Multiple Choice	Selection Type SelectOne	Display Style
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**Question**

Did you start taking this

**Choices**

1	less than 1 month
2	1-3 months ago,
3	More than 3 months ago?

 qi\_10\_e - 10 e


Name qi_10_e	Label 10 e	Location Sequence › hcs_2_clinic_1 › ADDITIONAL DIETARY QUESTIONS › I_q10
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Are you still taking this now?

**Choices**

0	No
1	Yes

 qi\_10\_f - 10 f

Name qi_10_f	Label 10 f	Location Sequence › hcs_2_clinic_1 › ADDITIONAL DIETARY QUESTIONS
Type Text	Minimum Length	Maximum Length 255

**Question**

Comments