

# **QUESTIONNAIRE**

**INTERNATIONAL UNION OF NUTRITIONAL SCIENCES  
COMMITTEE ON NUTRITION AND AGEING  
FOOD HABITS AND HEALTH STATUS IN LATER LIFE -  
A CROSS CULTURAL STUDY**

**QUESTIONNAIRE**

Interviewer Administered

Co-ordinating Centre  
Department of Medicine, Monash Medical Centre, Block E, 5th Floor  
Clayton Road, Clayton, Vic 3168, Australia

Fill in the following before commencing parts 1 & 2 of the questionnaire.

**SUBJECT CODE**

[ ][ ][ ][ ]

**DATE OF INTERVIEW**

Part 1 [ ][ ] / [ ][ ] / [ ][ ]  
day month year

Part 2 [ ][ ] / [ ][ ] / [ ][ ]  
day month year

**LENGTH OF INTERVIEW**

Part 1 [ ][ ]  
Part 2 [ ][ ]  
hours

**NAME**

.....

**ADDRESS**

.....

.....

**TELEPHONE**

.....

**TYPE OF HOUSING**

1. Granny flat/house attached to family house with garden
2. House with garden
3. House without a garden
4. Unit
5. Apartment in house
6. Apartment in building
7. Boarding house
8. Institution
9. Other [ ]

**PART 1 NON-NUTRITIONAL SECTION (Health and Lifestyle)**

**DEMOGRAPHIC CHARACTERISTICS**

For the following questions enter abbreviated answer or letter in front of answer into boxes provided.

<b>DATE OF BIRTH</b>	[ ][ ] / [ ][ ] / [ ][ ] day month year	
<b>AGE</b>	[ ][ ][ ] age in years	
<b>SEX</b>	M Male F Female	[ ]
<b>MARTSTAT</b>	N Never married M Married W Widowed D Divorced/separated L Living with partner	[ ]
<b>WDS</b>	If you are widowed, divorced or separated how long ago did this occur (in years)?	[ ][ ]
<b>COUNTRY</b>	Country of birth  Specify .....	[ ]
<b>MIGRATE</b>	How many years have you been in this country?	[ ][ ]
<b>DC24A</b>	As a child did you live in: 1. Mainly urban areas 2. Mainly rural areas 3. Both rural and urban areas  Town, specify .....	[ ] [ ]
<b>DC25A</b>	As an adult did you live in: 1. Mainly urban areas 2. Mainly rural areas 3. Both urban and rural areas  Town, specify .....	[ ] [ ]
<b>DC26A</b>	How long have you lived at this house (years)?	[ ][ ]
<b>DC26B</b>	Subject lives in a: 1. Rural area	

2. Urban area [ ]

Town, specify ..... [ ]  
 or postcode/zip ..... [ ][ ][ ][ ]

**DC27A** Your father's country of birth  
 Specify ..... [ ]

**DC27B** Your mother's country of birth  
 Specify ..... [ ]

**DC28** For how many years did you have full-  
 time education (i.e school, college) [ ][ ]

**DC29** Did you undertake studies beyond  
 secondary school?  
 1. Yes  
 2. No [ ]

We are interested in knowing about the health of your family (father, mother, siblings). Use the codes to specify the health problems of family members. If there is no answer leave blank. A maximum of 2 brothers and 2 sisters can be entered - start with the eldest.

	<b>DC30F</b>	<b>DC30M</b>	<b>DC30B1</b>	<b>DC30B2</b>	<b>DC30S1</b>	<b>DC30S2</b>
	<b>Father</b>	<b>Mother</b>	<b>Brother1</b>	<b>Brother2</b>	<b>Sister1</b>	<b>Sister2</b>
<b>Alive=1</b>	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
<b>Dead=2</b>	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
<b>Age</b>	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]
<b>Heart disease=H</b>	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
<b>Stroke=S</b>	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
<b>Diabetes=D</b>	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
<b>High blood pressure = BP</b>	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]
<b>Cancer=C</b>	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
<b>Old age =OA</b>	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]
<b>OT=other specify</b>	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]

OB=obese AL=alcohol abuse SE=senile HT=healthy PA=parkinsons,FL=flu/cold, AC=accident

**DC30GM** How old was your grandmother when she died? [ ][ ][ ]

<b>DC30GF</b>	How old was your grandfather when he died?	[ ][ ][ ]
<b>DC31A</b>	Do you live alone? 1. Yes 2. No	[ ]
<b>DC31BP</b>	Does your spouse/partner live here? 1. Yes 2. No	[ ]
<b>DC31BC</b>	How many of your children live here?	[ ][ ]
<b>DC31BG</b>	How many of your grandchildren live here ?	[ ][ ]
<b>DC31BO</b>	How many other people live here? specify .....	[ ][ ]
<b>DC31BGA</b>	How old is the youngest grandchild that lives here? 1. <6 years 2. 6-12 years 3. 12-18 years 4. >18 years 5. None	[ ]
<b>DC32A</b>	What kind of work did you do most of your working life? 1. Professional, technical or related worker(architect, engineer, chemist doctor, dentist, lawyer, clergy, nurse) 2. Administrative, executive or managerial worker 3. Clerical worker (book-keeper ,cashier, typist) 4. Sales worker (insurance, real estate, auctioneer, commercial traveller, proprietor and shop assistant) 5. Farmer, fisherman ,hunter, timber getter 6. Miner, quarryman or related worker 7. Worker in transport or communication (driver of truck, delivery van, bus, taxi, railway engine,pilot,deckhand,conductor, bus inspector, telephone/telegraph operator, postman, postmaster etc.) 8. Tradesman, production-process worker or labourer (carpenter, plumber, mechanic, electrician, tailor, machinist, factory worker, foreman, builder's labourer etc.) 9. Service, sport or recreational worker (fireman, policeman, caretaker, orderly,	

- barber, sportsman, photographer, undertaker)
10. Member of armed services
11. House duties
12. Shepherd
13. Collector of retsini (pine sap for retsina)
14. Sold horses/donkeys/animals [ ]
- DC32B** Do you work now?
8. Yes
1. No [ ]
- DC32BY** If yes, specify  
(use codes DC32A) [ ]
- DC33A** What kind of work did your spouse do most of  
his/her working life? (code as for DC32A) [ ]
- DC33B** Is your spouse still working?
1. Yes
2. No [ ]
- DC33BYes** If yes, specify (use codes DC32A) [ ]

## MEMORY and COGNITIVE FUNCTION

- MA7** What year is it (now)?
1. Correct
0. Incorrect [ ]
- MA8** What month is it (now)?
1. Correct
0. Incorrect [ ]
- MA9** What day or date of the month is it (now)?
1. Correct
0. Incorrect [ ]
- MA10** What is your address?
1. Correct
0. Incorrect [ ]
- WB17** Do you forget where you left things more  
than you used to, or forget the names of  
close friends or relatives?
0. Yes
1. No [ ]

## WELL-BEING

- WB11** Do you have difficulty with sleep?

- 0. Yes
- 1. No [ ]

**WB12** Do you find you are sleeping too much?  
0. Yes  
1. No [ ]

**WB13** Do you worry more than usual about little things?  
0. Yes  
1. No [ ]

**WB14** Have you lost interest in doing things you usually cared about or enjoyed?  
0. Yes  
1. No [ ]

**WB15** Have you ever felt so sad or depressed you thought you wanted to die?  
0. Yes  
1. No [ ]

**WB16** Do you feel tired most of the time?  
0. Yes  
1. No [ ]

**WB17A** Are you happy and content with your every day life?  
0. No  
1. Yes [ ]

**WB18** Do you laugh easily?  
0. No  
1. Yes [ ]

**WB19** Do you enjoy music regularly e.g listen to the radio, sing your favourite tunes?  
0. No  
1. Yes [ ]

## **HEALTH**

**H34** How would you rate your overall health at the present time?  
1. Poor  
2. Fair  
3. Good  
4. Excellent [ ]

**H35** Is your health now better, about the same, or not as good as it was three years ago?  
1. Not as good

2. Same  
3. Better [ ]
- H36** Do your health problems stand in the way of your doing the things you want to do?  
1. A great deal  
2. A little  
3. Not at all [ ]
- H37** Would you say your health is better, about the same, or not as good as most people your age?  
1. Not as good  
2. Same  
3. Better [ ]
- H38** About how many times did you see any type of doctor during the past 12 months? Do not include doctors seen while subject was a patient in hospital.  
1. >13 times  
2. 3-12 times  
3. 0-2 times [ ]
- H39** About how many days have you spent in hospital during the past 12 months?  
1. >22 days  
2. 1-21 days  
3. 0 days [ ]
- H40** About how many days during the past 12 months have you been sick in bed all or most of the day?  
1. >14 days  
2. 1-14 days  
3. 0 days [ ]
- H41** How good is your eyesight (with glasses if used)?  
1. Blind or partially blind  
2. Good or adequate [ ]
- H42** How good is your hearing (with hearing aid if used)?  
1. Deaf or partially deaf  
2. Good or adequate [ ]
- H43** In the past year, have you (had):  
Code: 1. Yes  
2. No  
a. Diabetes [ ]



- b. High blood pressure [ ]
- c. Heart trouble [ ]
- d. Circulation problems, hardening  
of the arteries e.g cholesterol [ ]
- e. Been paralyzed in any way e.g stroke [ ]
- f. Any other effects of stroke [ ]
- g. Arthritis, rheumatism [ ]
- h. A stomach ulcer [ ]
- i. Emphysema or asthma [ ]
- j. Glaucoma [ ]
- k. Cataracts [ ]
- l. A tumor or growth, cancer [ ]
- m. Liver trouble or jaundice [ ]
- n. Gall bladder trouble [ ]
- o. Kidney trouble [ ]
- p. Bladder trouble [ ]
- q. A broken hip [ ]
- r. Other broken bones [ ]
- s. Anaemia [ ]
- t. Parkinson's disease [ ]
- u. Trouble sleeping, insomnia [ ]
- v. Nervousness, tenseness [ ]
- w1. Prostate problems [ ]
- or w2. Osteoporosis [ ]
- or w3. Urinary tract infection [ ]
- or w4. Uric acid [ ]
- or w5. Constipated [ ]
- or w6. Stomach/intestine problems [ ]
- or w7. Bronchitis [ ]
- or w8. Diarrhoea [ ]
- or w9. Other,specify ..... [ ]

**H43FALL** How many falls have you had in the past 3 years? [ ]

**ASK QUESTIONS H43X & H43Y OF THE WOMEN ONLY**

**H43X** How old were you when you had your first menstrual period? [ ][ ]

**H43Y** How old were you when your menstrual periods stopped (menopause) [ ][ ]

**H43Z** How many times have you suffered from a cold or flu in the past year? [ ]

**MEDICATION AND VITAMINS**

**H44** I have a list of common medicines that people take. Would you please tell me if you take any of the following regularly?

Code: 1. Yes  
2. No

- a. Arthritis medication [ ]
- b. Prescription pain killer [ ]
- c. Aspirin [ ]
- d. High blood pressure medicine [ ]
- e. Pills to make you lose water or salt [ ]
- f. Pills for the heart e.g digitalis [ ]
- g. Tablets for chest pain e.g nitroglycerine [ ]
- h. Blood thinner medicine (anticoagulants) [ ]
- i. Drugs to improve circulation e.g. cholesterol [ ]
- j. Insulin injections for diabetes [ ]
- k. Pills for diabetes [ ]
- l. Prescription ulcer medicine [ ]
- m. Seizure medications [ ]
- n. Thyroid pills [ ]
- o. Cortisone pills or injections [ ]
- p. Antibiotics [ ]
- q. Tranquilizers or nerve medicine [ ]
- r. Prescription sleeping pills [ ]
- s. Hormones, male or female [ ]
- t. Pills for anxiety or depression [ ]
- u. Drops/medication for glaucoma [ ]
- or v. Muscle relaxant [ ]
- or w. Allergy [ ]
- or x. Constipated [ ]
- or y. Gout [ ]
- or z. Indigestion [ ]
- or z1. Bronchitis [ ]
- or z2. Kidneys [ ]
- or z3. Other,specify ..... [ ]

Who prescribed these medications?.....

**H45**

Have you taken any herbal medicines or vitamins in the past year?

- 1. Yes
- 2. No [ ]

If yes, who prescribed it?.....

If yes, specify (use codes below for no more than 3 supplements)

- A1) Vitamin code [ ]      B1) Why [ ]      C1) When [ ]
- A2) Vitamin code [ ]      B2) Why [ ]      C2) When [ ]
- A3) Vitamin code [ ]      B3) Why [ ]      C3) When [ ]

**A. Vitamin supplement?**

- Code: 1. Multivitamins specify .....
- 2. Vitamin B12 injection

3. Vitamin C, calcium, vitamin D
4. Iron & folate
5. Phosphoric acid and pectin
6. Vitamin D
7. Multi B vitamins
8. Vitamin A and E
9. Vitamin C
10. Folate alone
11. Iron alone
12. Calcium alone
13. Pyridoxine (B6)
14. Other,specify .....

**B. Why?**

- Code:
1. Health
  2. Nerves
  3. Strength
  4. Therapy
  5. Anaemia
  6. Bones
  7. Other, specify .....

**C. When?**

- Code:
1. Daily
  2. Couple of times a week
  3. Couple of times a month
  4. Every couple of months
  5. Regularly for a couple of months of every year
  6. Daily for one month or less
  7. For a short period, once only

**HEALTH AIDS**

**H46**

Check by observation

- Code:
1. Yes
  2. No

- a. Any arms missing/handicapped [ ]  
 b. Any legs missing/handicapped [ ]

**H47**

Do you use any of the following aids:

- Code:
1. Yes
  2. No

- a. Cane [ ]  
 b. Walker [ ]  
 c. Wheelchair [ ]

- d. Leg brace [ ]
- e. Back brace [ ]
- f. Hearing aid [ ]
- g. Pacemaker [ ]
- h. Colostomy [ ]
- i. Catheter [ ]
- j. Geriatric chair [ ]
- k. Glasses [ ]
- l. Artificial limb [ ]
- m. Dialysis machine [ ]
- n. Other, specify ..... [ ]

## EXERCISE

**EX84** About how often do you go out of this house/building in good weather?  
 1. Never  
 2. Less than once a month  
 3. 2 or 3 days a month  
 4. Once a week  
 5. 2-4 days a week  
 6. 5 days a week or more [ ]

**EX85A** Do you have a vehicle to use or any other form of transport e.g car, bike, donkey etc.  
 1. Yes  
 2. No [ ]

**EX85AYes** If yes, specify ..... [ ]

**EX85B** If yes, do you usually take it where ever you go?  
 1. Yes  
 2. No [ ]

**EX86** How many minutes do you spend daily or weekly doing the following:

	DAILY (min)	WEEKLY (hours)
a. Walking	[ ][ ][ ]	[ ]
b. Light housework (wash dishes, dust	[ ][ ][ ]	[ ]
c. Heavy housework e.g mop the floor	[ ][ ][ ]	[ ]
d. Farm work e.g pick fruit, dig soil or other strenuous activity	[ ][ ][ ]	[ ]
e. Gardening	[ ][ ][ ]	[ ]
f. Pottering	[ ][ ][ ]	[ ]
ga. Tending to animals/pets	[ ][ ][ ]	[ ]
gb. Other, specify .....	[ ][ ][ ]	[ ]
gc. Other, specify .....	[ ][ ][ ]	[ ]

**EX86SC** What exercise score would you give the subject from 1 to 7 based on answer to EX86?  
**1** = Inactive, in bed or seated all day  
**2** = Inactive, seated most of the day  
**3** = Inactive, seated most of day with few hours of pottering about  
**4** = Active, walks or gardens (about 1 hour) or does a few hours of house work at least 3-4 times a week and on feet most of day  
**5** = Active, walks or gardens (about 1 hour) or few hours of housework daily and on feet most of day  
**6** = Active, heavy gardening or farming or plays an aerobic sport or few hours walking 3-4 times a week  
**7** = very active, heavy gardening or farming or plays an aerobic sport or few hours walking daily



	not get to the toilet on time to empty your bowel?)	
	1. Never	
	2. Occasionally	
	3. Frequently	[ ]
<b>ADL88Q</b>	Who is your main helper?	
	1. Spouse/partner	
	2. Your child/ren	
	3. Friend/relative	
	4. Neighbour	
	5. Paid help	[ ]
<b>SLEEP</b>		
<b>SL89A</b>	What time do you normally go to bed (round off to nearest hour e.g 11:30 will be coded as 11)?	[ ][ ]
<b>SL89B</b>	What time do you normally get up from bed?	[ ][ ]
<b>SL89C</b>	On average, how many hours sleep do you get each night?	[ ][ ]
<b>SL89D</b>	Do you have a nap during the day?	
	1. Yes	
	2. No	[ ]
<b>SL89DY</b>	If yes, for how long (hours)?	[ ][ ]
<b>SMOKING</b>		
<b>SM90A</b>	Have you ever smoked regularly,at least one cigarette/cigar/pipe a day?	
	1. Yes, I smoke regularly	
	2. I used to smoke regularly, but have now stopped	
	3. No, I have never smoked	
	4. Occasional smoker	[ ]
<b>SM90B</b>	If yes ,for how many years did or do you smoke	[ ][ ]
<b>SM90C</b>	If yes, how many cigarettes did or do you smoke a day?	[ ][ ]
<b>SM90D</b>	If you smoked regularly but have now stopped, how many years ago did you stop smoking?	[ ][ ]

## SOCIAL ACTIVITY (TIME USE)

SAR92

In the past year, how often have you:

- Code: 1. Never  
2. 3 x year or less  
3. 4-10 x year  
4. 1 x month  
5. 2-3 x month  
6. 1 x week  
7. 2-4 x week  
8. 5 x week or more

(Code according to frequency of activity in relevant season e.g if swims daily in summer only, code will still be 8).

- a. gone to a senior center or attended a senior citizen's group? [ ]
- b. attended a church or synagogue service? [ ]
- c. gone to meetings of a church group or other groups or clubs? [ ]
- d. gone to movies, theatre, concerts, or lectures? [ ]
- e. gone to a sporting event? [ ]
- f. participated in a sport like swimming fishing, hunting, bicycling, golf? [ ]
- g. played cards, bingo, pool or some other game? [ ]
- h. taken care of house plants or done outdoor gardening? [ ]
- i. worked on a hobby or handwork like sewing, knitting, or woodworking? [ ]
- j. painted pictures or played a musical instrument? [ ]
- k. eaten out at a restaurant for a special occasion with friends? [ ]
- l. baby-sat for grandchildren or other children? [ ]
- m. left home to go a short distance for overnight or longer e.g stay at a friends house, stay with your child? [ ]
- n. gone out of town (long distance) for a holiday? [ ]
- o. met up with friends at a coffee shop, "cafeneion" or pub etc. [ ]
- p. done volunteer work [ ]
- q. done farm work [ ]
- r. watched TV or listened to the radio? [ ]
- s. gone to a dance e.g Greek dance? [ ]
- t. looked after animals/pets? [ ]
- u. reading [ ]



## SOCIAL RELATIONS (NETWORKS)

- SAR93** Is there anyone in particular in whom you confide or talk to about your problems?  
1. No  
3. Yes [ ]
- SAR94** Do you have any living children?  
1. No  
3. Yes [ ]
- SAR95** Do you have any living brothers or sisters?  
1. No  
3. Yes [ ]
- SAR96** Are there any other relatives to whom you feel very close?  
1. No  
3. Yes [ ]
- SAR97A** About how often do you receive visits from close family or friends?  
1. Never  
2. Rarely  
3. Monthly  
4. Weekly  
5. Daily [ ]
- SAR97B** How often do you visit close family or friends?  
1. Never  
2. Rarely  
3. Monthly  
4. Weekly  
5. Daily [ ]
- SAR97C** How often do you speak to family or friends on the telephone?  
1. Never  
2. Rarely  
3. Monthly  
4. Weekly  
5. Daily [ ]
- SAR97D** How often do you write letters to family or friends?  
1. Never  
2. Rarely  
3. Monthly  
4. Weekly  
5. Daily [ ]
- SAR98** Would you stay with family or friends if you were sick, for a short while?  
1. No  
3. Yes [ ]

- SAR100** Do you have friends or neighbours that would help you if you were sick, for a short while?  
 1. No  
 3. Yes [ ]
- SAR101** Do you feel lonely:  
 1. Very often  
 2. Sometimes  
 3. Rarely  
 4. Never [ ]
- SAR102** Do you believe your children and grandchildren respect and acknowledge you?  
 1. Never  
 2. Sometimes  
 3. Most of the times  
 4. Always [ ]

**ECONOMIC RESOURCES**

- ECO103A** What is your main source of income?  
 1. One pension  
 2. Two pensions (i.e including spouse)  
 3. One pension and other source(s)  
 4. Two pensions and other source(s)  
 5. Pension and supplementary benefit  
 6. No pension [ ]
- Specify source(s)  
 a. .... [ ]  
 b. .... [ ]  
 c. .... [ ]
- ECO103B** What is your approximate income/year (include spouse's income) optional US\$ [ ][ ][ ][ ][ ][ ]
- ECO104** Do you receive any other forms of assistance (other than money)?  
 1. Yes  
 2. No [ ]
- ECO104Yes** If yes, what sort of support do you receive?  
 Code: 1. Yes  
 2. No
- a. Food [ ]  
 b. Clothing [ ]  
 c. Shelter [ ]  
 d. Medication [ ]  
 e. Transport [ ]

- f. Other, specify ..... [ ]
- ECO104G** From whom do you receive support?  
 1. Child  
 2. Relative\friend  
 3. Neighbour  
 4. Other, specify ..... [ ]
- ECO105** Thinking about how you live, would you say you had enough money or other help for food, housing, clothing etc.  
 1. No, I do not have enough  
 2. Yes, I have just enough  
 3. Yes, I have more than enough [ ]
- ECO105No** If no, which needs would you say were not being met (specify)?  
 ..... [ ]
- ECO106A** Do you prefer to work at present?  
 1. Yes  
 2. No [ ]
- ECO106B** If yes, why?  
 1. Need activity  
 2. Need income  
 3. Both 1&2  
 4. Other, specify ..... [ ]

**PART 2 NUTRITIONAL SECTION (Food habits, beliefs, intake)**

**APPETITE**

- APP53** Do you enjoy your food as much as you used to?  
 1. Yes  
 2. No [ ]
- APP53NO** If no, why is this?  
 Code: 1. Yes  
 2. No
- a. Food doesn't interest me [ ]  
 b. I have no company at mealtimes [ ]  
 c. I've lost interest in cooking [ ]  
 d. My appetite is smaller [ ]  
 e. Food doesn't taste as good as it used to [ ]  
 f. Food doesn't smell as good [ ]  
 g. Problems with digestion [ ]  
 h. Other, specify ..... [ ]

**APP54**

How would you describe your appetite?

- 1. Poor
- 2. Fair
- 3. Good
- 4. Very good [ ]

**APP55**

Do you have problems with any of the following?

- Code: 1. Yes  
2. No
- a. Poorly fitting dentures [ ]
  - b. Some foods are too acid [ ]
  - c. Difficulty in chewing [ ]
  - d. Difficulty in swallowing [ ]
  - e. Indigestion or heartburn [ ]
  - f. Sore mouth [ ]
  - g. Dry mouth [ ]
  - h. Other, specify ..... [ ]

**DENTITION**

**APP55TEETH**

Subject has:

- 1. False teeth
- 2. Most of his/her own teeth
- 3. Only a few remaining teeth
- 4. No teeth, chews with gums [ ]

**FOOD AVOIDANCE**

**APP56**

Are there any foods that you try to avoid or that you can't eat?

- 1. Yes
- 2. No [ ]

If any of the following foods are avoided, enter abbreviation into corresponding boxes labelled "**FOOD**", otherwise leave blank.

	<b>FOOD</b>	<b>REASON</b>
Food 1 Meat = MT	[ ][ ]	[ ][ ]
Food 2 Salty food = ST	[ ][ ]	[ ][ ]
Food 3 Fats/oils = FT	[ ][ ]	[ ][ ]
Food 4 Eggs = EG	[ ][ ]	[ ][ ]
Food 5 Seafood e.g squid=SF	[ ][ ]	[ ][ ]
Food 6 Sweets=SW	[ ][ ]	[ ][ ]
Food 7 Cheese/Milk = CS	[ ][ ]	[ ][ ]
Food 8 Onions/Garlic=OG	[ ][ ]	[ ][ ]
Food 9 Legumes=LG	[ ][ ]	[ ][ ]
Food 10 Bread=BD	[ ][ ]	[ ][ ]
Food 11 Fruit=FR	[ ][ ]	[ ][ ]
Food 12 Spinach=SP	[ ][ ]	[ ][ ]
Food 13 Wild Greens=W	[ ][ ]	[ ][ ]

Food 14 Oranges=O                    [ ][ ]            [ ][ ]  
 Food 15 Vegetables uncooked=VG    [ ][ ]            [ ][ ]

For each food avoided, enter abbreviated reason why food is avoided into boxes labelled "REASON" for each corresponding food.

**REASON**

Weight loss= WT	Arthritis=AR
Health=H	Chewing problem=TH
Diabetes=D	Dislike=DK
Blood Pressure=E	Too acid=AC
Cholesterol=CH	Heart disease=HD
Stomach problems=ST	Gall stones=GS
Intestinal problems=GI	Uric acid=UA
DR=diarrhoea	Religious=R
Kidneys=K	

**APP56Long**                    How long have you been avoiding these foods (in years)?                    [ ][ ]

**EATING ENVIRONMENT**

**DH57**                    Who usually prepares most of your meals?  
 1. Myself  
 2. Spouse  
 3. Relative\friend\neighbour  
 4. Welfare or voluntary help  
 5. Privately employed help  
 6. I receive meals on wheels  
 7. Other, specify .....                    [ ]

**DH57MOW**                    If you receive meals on meals, how many days a week do you get them?                    [ ]

**DH58**                    How often do you eat with others?  
 1. I normally eat alone  
 2. 2-3 times a week  
 3. Daily                    [ ]

**DH58alone**                    If you eat alone,how many years have you been eating alone?                    [ ][ ]

**DH59**                    When you eat with others,how many people are usually present at:

	<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>
<b>DH59CH</b> Number of children	[ ][ ]	[ ][ ]	[ ][ ]
<b>DH59M</b> Number of men	[ ][ ]	[ ][ ]	[ ][ ]
<b>DH59W</b> Number of women	[ ][ ]	[ ][ ]	[ ][ ]

**EATING OUT**

**DH60** How often do you eat away from home  
(e.g friends home, restaurant, tavern)?

1. Daily
2. 3-4 times a week
3. 1-2 times a week
4. 1-2 a month
5. Less than once a month
6. Never [ ]

**DH60Place** In what type of place do you mostly eat?

1. Tavern
2. Restaurant
3. Friend's/relative's home
4. Pub
5. Other, specify ..... [ ]

**DH60Food** When you go out, what kind of food do you usually eat?

1. Snack\small meal e.g sandwich
2. Main meal e.g meat, fish
3. Tripe (patsa).....
4. Other, specify ..... [ ]

Interviewer: Please describe the following:

a) Eating utensils used?.....  
.....

b) What are the "table" practices e.g sharing and serving of food?.....  
.....  
.....

c) What kind of cooking/serving/eating vessels are used e.g copper, clay, aluminium?  
.....  
.....

**FOOD PURCHASE**

**DH61** What proportion of the food you eat comes from:

Code: 1. All  
2. Most

- 3. Some
- 4. None

- a. Your garden or land [ ]
- b. Receiving food for a job done [ ]
- c. Exchanging food for food [ ]
- d. Shop [ ]

**DH61Shop** Are the shops where you can purchase food, within walking distance?  
 1. Yes  
 2. No  
 3. Some [ ]

**DH62** Do you do any shopping for food?  
 1. Yes  
 2. No [ ]

**DH62WHY** If no, why?  
 1. Someone else goes for me, but I can go if I had to  
 2. I am too weak to go  
 3. The shops are too far away  
 4. Other, specify ..... [ ]

**DH62WHO** If no, who goes shopping for you?  
 1. Spouse  
 2. Child  
 3. Grandchild  
 4. Friend/relative  
 5. Neighbour  
 6. Paid help  
 7. Other, specify ..... [ ]

**DH64A** Is there someone in the household watching the food they eat?  
 1. Yes  
 2. No [ ]

**DH64B** If yes, why?  
 (use "reason" codes as for APP56,p20) [ ][ ]

## STORAGE AND COOKING FACILITIES

**DH65**

Do you have any of the following:

Code: 1. Yes  
2. No

a. Stove	[ ]
b. Oven	[ ]
c. Fridge	[ ]
d. TV	[ ]
e. Radio	[ ]
f. Telephone	[ ]
g. Toilet	[ ]
h. Hot water	[ ]
i. Microwave	[ ]
j. Freezer	[ ]
k. Other, specify .....	[ ]

Interviewer: What fuels are used for cooking and is there a limited supply e.g coal, wood, gas?

.....

## FOOD AND RELIGION

**DH66**

How many days of the year do you fast for:

<b>DH66East</b>	Easter	[ ][ ]
<b>DH66Xmas</b>	Christmas	[ ][ ]
<b>DH66Mary</b>	Virgin Mary	[ ][ ]
<b>DH66When</b>	Other specify .....	[ ][ ]
<b>DH66Day</b>	For how many days?	[ ][ ]

**DH66WedFri**

Do you fast every Wednesday and/or Friday?

1. Yes  
2. No [ ]

**DH67A**

Apart from the days when you are fasting, are there days when you eat very little?

1. Yes  
2. No [ ]

**DH67B**

If yes, how many days a week? [ ]



## FAT AND SALT

**DH68** Do you eat the fat on meat?  
 1. Usually  
 2. Occasionally  
 3. Rarely  
 4. Not applicable [ ]

**DH69** Do you eat the skin on chicken?  
 1. Usually  
 2. Occasionally  
 3. Rarely  
 4. Not applicable [ ]

**DH70** Do you add salt or stock cubes to food whilst cooking?  
 1. No  
 2. Sometimes  
 3. Most of the times [ ]

**DH71** Do you add salt to your food at the table?  
 1. No  
 2. Sometimes  
 3. Most of the times [ ]

**DH72** How much oil is used **per week** per adult in this household?  
 Divide weekly household disappearance  
 of oil by number of adults in household.  
 Code in grams: 0  
 150 (<1/4 litre)  
 250 (1/4 litre)  
 500 (1/2 litre)  
 1000 (1 litre)

**DH72Olive** Olive oil [ ][ ][ ][ ]  
**DH72Sunflw** Sunflower oil [ ][ ][ ][ ]  
**DH72Corn** Corn oil [ ][ ][ ][ ]  
**DH72Veg** Vegetable oil [ ][ ][ ][ ]  
**DH72OT** Other specify ..... [ ][ ][ ][ ]

**DH72Tbs** How many tablespoons [ ][ ][ ]  
**DH27Tsp** OR teaspoons [ ][ ][ ]  
 of oil would you have daily (rough guess)?

**DH73** How much margarine/butter/lard is **used per week** in this household?  
 Divide household disappearance with number of adults in household.  
 Code in grams: 0  
 30 (1-2 Tablespoons)  
 120 (4-8 Tablespoons)  
 250 (1/2 tub)  
 500 (1 tub) [ ][ ][ ]

**DH73Butter** Butter [ ][ ][ ]

<b>DH73Tmrg</b>	Table Margarine	[ ][ ]
<b>DH73Pmrg</b>	Polyunsaturated Margarine	[ ][ ]
<b>DH73Lard</b>	Lard/dripping	[ ][ ]
<b>DH73OT</b>	Other specify .....	[ ][ ]
	How many teaspoons of	
<b>DH73Martsp</b>	Margarine	[ ][ ]
<b>DH73Buttsp</b>	Butter	[ ][ ]
	would you have daily (rough guess)?	

### COOKING METHODS

**DH74** How do you usually cook or eat your vegetables?  
Code: 1. Yes  
2. No

<b>DH74cook</b>	1. Boiled	[ ]
<b>DH74stem</b>	2. Steamed	[ ]
<b>DH74mico</b>	3. Microwaved	[ ]
<b>DH74stew</b>	4. Casseroled	[ ]
<b>DH74frid</b>	5. Fried	[ ]
<b>DH74owen</b>	6. Roasted, baked	[ ]
<b>DH74raw</b>	7. Raw, salad	[ ]

**DH75** How do you usually cook or eat meat, fish or chicken?  
Code: 1. Yes  
2. No

<b>DH74cook</b>	1. Boiled	[ ]
<b>DH74stem</b>	2. Steamed	[ ]
<b>DH74mico</b>	3. Microwaved	[ ]
<b>DH74stew</b>	4. Casseroled	[ ]
<b>DH74frid</b>	5. Fried	[ ]
<b>DH74owen</b>	6. Roasted, baked	[ ]
<b>DH74stek</b>	7. Grilled	[ ]
<b>DH74BBQ</b>	8. BBQ	[ ]

### ALCOHOL

**DH76A** Do you drink beer, wine or spirits at least monthly  
(if less than once a month answer "NO")?  
1. Yes  
2. No [ ]

**DH76A** If yes, how often do you drink:

Code: enter ml per day (divide by appropriate factor if not consumed daily)

**DH76Lobeer** Low alcohol beer 1 glass=200 ml [ ][ ][ ]

**DH76Beer** Beer or alcoholic cider 1 glass=200 ml [ ][ ][ ]

**DH76Wine** Wine or Retsina 1 glass=100 ml [ ][ ][ ]

**DH76Sherry** Port or Sherry 1 glass=60 ml [ ][ ][ ]

**DH76Spirit** Spirit or Liquer 1 glass=30 ml [ ][ ][ ]

**DH76B** How many years have you been drinking this much?

YearsA wine [ ][ ]

YearsB beer [ ][ ]

YearsC port/sherry [ ][ ]

YearsD spirit [ ][ ]

**DH76C** How much were you drinking prior to this or if you do not drink now, how much were you drinking in the past?

PriorA wine [ ][ ][ ][ ]

PriorB beer [ ][ ][ ][ ]

PriorC port/sherry [ ][ ][ ][ ]

PriorD spirit [ ][ ][ ][ ]

**DH76D** For how many years did you drink this much?

YearsA wine [ ][ ]

YearsB beer [ ][ ]

YearsC port/sherry [ ][ ]

YearsD spirit [ ][ ]

**DH76E** Do you think alcohol is good for one's health?

1. Yes

2. No [ ]

**DH76Yes** If yes, how much do you think is good? [ ][ ][ ]

**FOOD BELIEFS**

**Are there any foods you think are good for health?**

.....  
.....  
.....  
.....

**Are there any foods you think are bad for health?**

.....  
.....  
.....  
.....

**Do you know of any foods that can treat (i.e be used as medicine) any health problems?**

.....  
.....  
.....  
.....

**Why do you think you have survived to later life and others have not?**

.....  
.....  
.....  
.....

**What foods are good/bad for children?**

.....  
.....  
.....  
.....

**Were you fed these foods as a child?**

.....  
.....  
.....  
.....

**What foods are good/bad for pregnant mothers?**

.....  
.....  
.....  
.....

**Did you eat these foods when you were pregnant?**

.....  
.....  
.....  
.....

**What foods are particularly good for people your age?**

.....  
.....  
.....  
.....

**What foods are particularly bad for people your age?**

.....  
.....  
.....  
.....

**What hard times can you remember where there was a shortage of food e.g drought, famine, war, poverty?  
What foods did you eat and for how long?**

.....  
.....

.....

**CURRENT FOOD INTAKE (past year)**

**DIET HISTORY**

Describe the general types of foods/beverages usually eaten/drunk throughout the day (and how it may vary depending upon season), including the time of eating.  
No need to quantitate at this stage.

**Time of Eating**

**Foods Eaten**

.....  
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.....  
.....  
.....  
.....



Greek foods)

<sup>a</sup> = typical servings consumed by elderly Greeks in Australia

<sup>g</sup> = typical servings consumed by elderly Greeks in Greece

<b>FOOD</b>	<b>REFERENCE SERVING</b>	<b>SUBJECT SERVING</b>	<b>FREQUENCY D/W/M</b>	<b>MONTHS/ YEAR</b>
* Photo servings				
<sup>a</sup> Greek Australian serves	<b>SIZES (G)</b>	<b>SIZE (G)</b>		
<sup>g</sup> Greek serves	<b>S M L</b>			

**MEAT & MEAT PRODUCTS**

<b>CHICKEN</b>	*60	120	180	
Roast	90	180	270	.....
Boil	90	180	270	.....
Casserole	90	170	250	.....
Fried/batter	70	135	220	.....

<b>TURKEY</b>				
Roast	60	120	180	.....

<b>AVIAN</b>				
e.g quail	60	120	180	.....

<b>LAMB</b>				
Roast	* <sup>g</sup> 90	180	270	.....
	<sup>a</sup> 105	210	315	
Stew	90	170	250	.....
Chops	1 = 65g fatty			.....
(no bone)	1 = 55g lean			

<b>RABBIT</b>				
Stew 'stifado'	90	170	250	.....

<b>BEEF</b>				
Roast/boil	* <sup>g</sup> 60	120	180	.....
	<sup>a</sup> 90	180	270	
Stew	90	170	250	.....
Steak	100	150	200	.....

<b>VEAL</b>				
Roast	60	120	180	.....
Schnitzel	100	150	200	.....

<b>MINCE</b>	60	120	180	.....
'Gouvarlakia'				

<b>GOAT</b>	60	120	180	.....
-------------	----	-----	-----	-------

**PORK** 'hirino'



Roast	60 120 180	.....
Chops (no bone)	1 = 80 g	.....
<b>HAM</b>	1 slice 30 g	.....
<b>CRN BEEF</b>	1 slice 30 g	.....
<b>SALAMI</b>	45 90 135	.....
	1 slice = 10 g	.....
<b>MORTADELLA</b>	45 90 135	.....
<b>BACON</b>		
Fatty	1 slice = 20g	.....
Lean	1 slice = 15 g	.....
<b>SAUSAGES</b>	60 120 180	.....
	1 = 60g	.....
	1 slice = 30 g	.....
<b>LIVER</b>	*60 120 180	.....
<b>BRAINS</b>	60 120 180	.....
<b>TRIPE 'Patsa'</b>	125 250 375	.....
<b>FISH, SHELL FISH &amp; MOLLUSCS</b>		
<b>FISH</b>		
Fry	*75 150 225	.....
Bake/boiled	g120 240 360	.....
	a100 200 300	.....
<b>COD 'Bakaliaros'</b>	60 120 180	.....
<b>HERRING 'Renga'</b>	50 100 150	.....
<b>FRIED WHITE BAIT/</b>		
'Marida'	60 120 180	.....
<b>TINNED SALMON/</b>		
<b>TUNA</b>	*70 100 130	.....
<b>CRAB MEAT</b>	30 60 90	.....
<b>TINNED SARDINES</b>	*45 65 85	.....
<b>SCALLOPS</b>	1 = 10 g	.....
<b>OYSTERS</b>	1 = 10 g	.....
<b>PRAWNS</b>	1 = 15 g	.....
<b>SQUID 'Calamari'</b>	*60 120 180	.....
<b>OCTOPUS 'Htapodaki'</b>	30 60 90	.....
<b>CRAY FISH</b>	60 120 180	.....

## VEGETABLE/NON-MEAT DISHES

<b>SPINACH PIE</b>	*50 100 150	.....
'Spanakopita'	ag75 150 225	
<b>CHEESE PIE</b>	*50 100 150	.....
'Tiropita'	ag75 150 225	
<b>PIZZA</b>	1 piece 150	.....
<b>SPINACH &amp; RICE</b>	*g125 250 375	.....
'Spanakorizo'	a200 400 600	
<b>LEEKS &amp; RICE</b>	125 250 375	.....
'Prasorizo'		
<b>CABBAGE &amp; RICE</b>		.....
'Lahanorizo'	125 250 375	
<b>MOUSAKA</b>	*150 300 450	.....
(Egg plant and mince)		
<b>GREENBEAN Stew</b>	*125 250 375	.....
'Fasolakia ladera'	ag175 350 525	
<b>EGG PLANT Casserole</b>	125 250 375	.....
'Melitzanes laderes'		
<b>STUFFED VEGIES</b>	125 250 375	.....
'Gemista'	(1= 125g)	
<b>OKRA stew</b>		.....
'Bamies laderes'	175 350 525	
<b>ARTICHOKE stew</b>		.....
'Aginares avgolemono'	125 250 375	
<b>RATATOUILLE 'Briam'</b>	*125 250 375	.....
	ag175 350 525	
<b>CABBAGE DOLMAS</b>	1 = 150	.....
'Lahanodolmades avgolemono'		
<b>VINE DOLMAS</b>	135 270 405	.....
'Dolmadakia	1 dolma =30 g	
'Avgolemono'		

## LEGUME DISHES/SOUPS

<b>BROADBEAN</b> Salad 'Koukia or foulia'	100 200 300	.....
<b>LIMA BEAN</b> Stew 'gigandes plaki'	*100 200 300	.....
<b>HARICOT BEAN</b> Soup 'Fasolada'	g150 300 450 a180 360 540	.....
<b>LENTIL</b> Soup 'fakes'	*100 200 300 ag150 300 450	.....
<b>CHICKPEA</b> Soup 'Revithia'	150 300 450	.....
<b>BLACKEYE BEAN</b> Soup or salad	100 200 300	.....
<b>SPLIT PEA</b> Soup 'Fava'	100 200 300	.....
<b>MUNG BEAN SOUP</b>	100 200 300	.....
<b>BAKED BEANS</b>	*100 200 300	.....
<b>3 BEAN MIX</b> (Tinned)	100 200 300	.....

## SOUPS

<b>VEGETABLE</b>	100 200 300	.....
<b>FISH</b> 'Psarosoupa'	g125 250 375 a165 330 495	.....
<b>CHICKEN</b> 'Kotosoupa'	g120 250 375 a165 330 495	.....
<b>MEAT</b> 'Kreatosoupa'	120 250 375	.....
<b>PACKET</b> Soup	100 200 300	.....
<b>CREAM</b> of soup	100 200 300	.....

## VEGETABLES

<b>POTATO</b> Boiled	100 200 300	.....
Baked	*100 200 300	.....
Fried	*75 150 225	.....
Mashed	*70 105 140	.....

<b>PUMPKIN</b> -Boiled	*50 100 150	.....
<b>CARROT</b> (Raw, not include soups)	*25 50 75	.....
<b>BRUSSEL SPROUTS</b> * <sup>35</sup> (Boiled)	70 105 1 = 10 g	.....
<b>BROCOLLI</b> -Boiled	*50 100 150	.....
<b>CAULIFLOWER</b> -boiled	*50 100 150 100 200 300	.....
<b>CABBAGE</b> -Raw	*50 100 150	.....
<b>LETTUCE</b> -Raw	*25 50 100 g60 120 180 a50 100 150	.....
<b>SILVERBEET</b> -Boiled	100 200 300	.....
<b>CHICKORY/ENDIVES</b> Boiled 'Horta'	*100 200 300	.....
<b>WILDGREEN</b> -Boiled 'Horta'	*100 200 300	.....
<b>TOMATO</b> -Raw	*100 200 300	.....
<b>ONION</b> -Raw	1 = 100	.....
<b>CUCUMBER</b> -Raw	*50 100 150 5 slices = 30 g	.....
<b>PEAS</b> -Boiled	*40 80 120 1 cup = 80 g	.....
<b>CELERY</b>	15 30 45	.....
<b>GREEN BEANS</b> -Boiled	*40 60 80	.....
<b>BEETROOT</b> -Boiled	*50 100 150 2 slices=30 g	.....
<b>ZUCCHINI</b> -Boiled	*50 100 150	.....
<b>CORN</b> -Boiled	*20 40 60 1/4 cup =40 g	.....
<b>MIXED VEGETABLES</b>	1/2 cup =100 g	.....

Boiled

<b>CAPSICUM -Raw</b>	15 30 45 1 = 60g	.....
<b>MUSHROOM -Cooked</b>	*30 60 90 1 = 10 g	.....
<b>GARLIC</b>	1 clove = 2 g	.....
<b>OLIVES</b>	5 = 20g	.....
<b>*PARSLEY</b>	N=never	.....
	S=sometimes	.....
<b>*MINT</b>	O=often	.....
	VO=very often	.....
<b>*DILL</b>		.....
<b>*BASIL</b>		.....
<b>*OREGANO</b>		.....
<b>FRUIT</b>		
<b>ORANGES -Medium</b>	130	.....
<b>GRAPEFRUIT</b>	200	.....
<b>MANDARINE</b> (1 large/2 small)	100	.....
<b>*LEMON</b>		.....
<b>APPLE -Small-whole</b>	100	.....
<b>PEARS -Whole/small</b>	120	.....
<b>BANANAS -Medium</b>	100	.....
<b>BERRIES</b>	20 = 100 g 1 = 5 g	.....
<b>CHERRIES</b>	20 = 100 g 1 = 5 g	.....
<b>STRAWBERRIES</b>	12 =100 g	.....
<b>CANTELOUPE</b> (No skin)	*60 120 180	.....
<b>WATERMELON</b> (No skin)	*130 260 390	.....

<b>PEACH -Medium</b>	1= 120g	.....
<b>PLUMS</b>	3= 100 g	.....
<b>GRAPES</b>	20=100 g	.....
<b>FIGS</b>	2= 100 g	.....
<b>PINEAPPLE</b>	1 slice 80 g	.....
<b>APRICOTS</b>	3= 100 g	.....
<b>AVOCADO</b>	Half = 150 g	.....
<b>POMMEGRANITE</b>	1 tbs 15 g (Whole 60g)	.....
<b>KIWI</b>	1 = 70 g	.....
<b>MANGOES</b>	1 = 200 g	.....
<b>LOQUAT</b>	1 = 10 g	.....
<b>PASSION FRUIT</b>	1 Tbs = 20g Whole= 30 g	.....
<b>FRUIT SALAD/ CANNED FRUIT</b>	85 115 160 1/2 cup = 115g	.....
<b>DRY FIGS</b>	25 50 75 1 = 20g	.....
<b>PRUNES</b>	40 80 120 1 = 10 g	.....
<b>SULTANAS</b>	1 Tbs = 15 g Handful=50 g	.....
<b>DATES</b>	1 = 5 g	.....
<b>DRIED APRICOTS</b>	5 = 25 g	.....
<b>DRIED PAW PAW</b>	30 60 90	.....
<b>MILK &amp; MILK PRODUCTS</b>		
<b>CHEESE</b>		
<b>FETTA</b>	*25 50 75	.....

<b>RICOTTA</b>	25 50 75	.....
<b>COTTAGE</b>	*35 50 65	.....
	1 Tbs = 20g	
<b>CASSERI</b>	25 50 75	.....
<b>KEFALOTIRI</b>	25 50 75	.....
<b>HALOUMI</b>	25 50 75	.....
<b>PROCESSED</b>	*20 30 40	.....
<b>TASTY CHEESE</b>	*20 30 40	.....
<b>LOW FAT YELLOW</b>	20 30 40	.....
e.g devondale 7		
<b>SOYA CHEESE</b>	20 30 40	.....
e.g minichol		
<b>CHEESE SPREAD</b>	1 Tbs = 20g	.....
<b>MILK</b>		
Full cream	*Glass=150 g	.....
Rev/physical	*Cup = 200 g	.....
Skinny	*Mug = 225 g	.....
Buttermilk		
Soy milk		
Sheep		.....
Goat		.....
Evaporated	80 ml=200 ml milk	.....
<b>YOGHURT</b>		
<b>Full fat</b>	1/2 cup= 100 g	
Plain	1 cup = 200 g	.....
Flavoured	container=200 g	.....
<b>Low fat</b>		
Plain		.....
Flavoured		.....
<b>Sheep 'Provio giaourti'</b>		.....
<b>Goat</b>		.....
<b>PUDDING</b>		
custard/rice	1 cup = 200 g	.....
<b>ICECREAM</b>	1 scoop =30 g	.....
<b>EGG</b>	1 = 55g	.....

## CEREAL & CEREAL PRODUCTS

<b>RICE</b>	1 cup = 150 g	
White	*125 250 375	.....
Brown	125 250 375	.....
<b>PASTA</b>	1 cup = 150 g	
All types	*125 250 375	.....
<b>NOODLES</b>	75 150 325	
<b>PASTICHIO</b>	*g150 300 450	.....
(Spaghetti pie)	a180 360 540	
<b>TRAHANA Soup</b>	g125 250 375	.....
(Semolina and yoghurt)	a175 350 525	
<b>POLENTA Soup</b>	100 200 300	.....
<b>COUSCOUS</b>	100 200 300	.....
<b>CRACKED WHEAT Boil</b>	100 200 300	.....
<b>BREAD</b>		
1 slice	30	
1 roll	60	
White (french stick)	*15 30 45	.....
Wholemeal		.....
Multigrain		.....
Rye		.....
Fruit loaf		.....
Lebanese	100	.....
Crumpets	1 = 55g	.....
Muffins	1 = 70 g	.....
<b>BREAKFAST CEREAL</b>		
	1 Cup = 30 g	
Cornflakes	*20 30 40	.....
Oat flakes	20 30 40	.....
Allbran	20 30 40	.....
Justright	20 30 40	.....
Rice bubbles	*15 22 30	.....
Weetbix/vita	1 = 15 g	.....
Muesli natural	20 30 40	.....
	<b>CUP 1/3 1/2 1</b>	
Muesli toasted	*35 55 110	.....



Porridge	*75 150 230	.....
Unproc.bran	1 Tbs = 8 g	.....

**DRY BISCUITS**

e.g Sao		
Crispbread 'Paximadia'	5 8 15	.....

**SWEET BISCUITS**

Plain	8	.....
Cream filled	15	.....
'Koulouraki'	30	.....

**SHORT BREAD**

Plain	1 = 15	.....
'Kourambiedes'	1 = 50	.....

**SWEET PASTRY**

Honey & nuts 'Baklava'	*50 100 150	.....
Custard 'Galaktobureko'	75 150 300	.....
Apple pie	*80 125 170	.....
Fried pastry 'Diples'	1 = 90 g	.....

<b>PANCAKE</b>	1 = 40 g	.....
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<b>CAKE</b>	1 slice = 50	.....
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Plain	*50 75 100	.....
Rich e.g cream	65 90 120	.....

**NUTS**

Peanuts	35 55 75	.....
Walnuts	35 55 75	.....
Peanuts	*35 55 75	.....
Pistachio	35 55 75	.....
Chestnuts	4 = 20g	.....
Almonds	10 = 15 g	.....
Chickpeas	15 g	.....
Pumpkin seeds	1 Tbs = 15 g	.....
	Handful = 50 g	.....

**CONVENIENCE FOODS**

Potato chips	1 pkt = 50 g	.....
Sausage roll	120	.....
Meat pies	180	.....
Pastie	200	.....
Hamburger		.....
Hot dog	130	.....
Souvlaki		.....

Fish n chips		.....
Frozen dinners		.....
	specify	.....

**MISCELLANEOUS**

Fish roe 'taramosalata'	* 1 tbs = 20	.....
Potato dip 'scordalia'		.....
Egg plant dip 'melitzanosalata'		.....
Yoghurt dip 'tsatziki'		.....
Tahini		.....
Hoummos		.....
*Chilly		.....
*Pickle		.....
*Tomato sauce		.....
*Mustard		.....
*Mayonaise		.....
Vegete	1 tsp = 5 g	.....
Peanut butter		.....

**BEVERAGES**

**COFFEE**

Greek 'Kafes elinikos'	50 ml	.....
Instant	1 cup=200 ml	.....
Decaf		.....

**TEA**

**HERB TEA**

	1 cup=200 ml	.....
	1 cup=200 ml	.....
	1 cup=200 ml	.....

**COLD DRINKS**

	1 glass=200 ml	.....
Water		.....
Coke		.....
Lemonade etc.		.....
Low cal soft drink		.....
Cordial		.....
Flavoured mineral water		.....
Pure orange/grapefruit/		.....
Pineapple juice		.....
Blackcurrant juice		.....
Pure apple juice		.....
Fruit juice drink		.....
Other juices		.....
Cocoa drink		.....
Milo		.....

**SUGAR & SUGAR PRODUCTS**

Sugar (total/day)	1 tsp = 5	.....
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Jam	tbs = 20g	.....
Honey		.....
Grape syrup 'petimezi'		.....
Molasses		.....
Chocolate paste		.....
Fruit in syrup	10 20 30	.....
'Gliko tou koutaliou'	1 tbs = 20g	.....
Halva (tahini & honey)	40 80 120	.....
Jelly	80 100 125	.....
Chocolate pieces	*40 60 80	.....
Lollies	1 = 5 g	.....
Turkish delight	pieces 1 = 10 g	.....

## PAST FOOD INTAKE

I would now like to know how your food intake has changed over the years. Could you say you were eating more, less or the same amount of the following foods just prior to the 2nd World War:

Code: M = more  
L = less  
S = same

BEEF	[ ]
LAMB/MUTTON	[ ]
CHICKEN/TURKEY/PORK	[ ]
GAME/RABBIT/GOAT/AVIAN	[ ]
OFFAL	[ ]
FISH AND SEAFOOD	[ ]
SOUPS	[ ]
BREAKFAST CEREAL	[ ]
RICE	[ ]
PASTA	[ ]
BREAD	[ ]
OATS	[ ]
CORN	[ ]
ROOT VEGETABLES (potato, carrot)	[ ]
GREEN LEAFY VEGETABLES e.g lettuce	[ ]
MARROW LIKE VEGETABLES e.g zucchini	[ ]
FLOWER LIKE VEGETABLES e.g brocolli	[ ]
TOMATOES	[ ]
PEPPERS	[ ]
ONION	[ ]
GARLIC	[ ]
MUSHROOMS	[ ]
LEGUMES e.g lentils, broad beans	[ ]
OTHER VEGETABLES	[ ]
CITRUS FRUIT	[ ]
APPLES/PEARS	[ ]
STONE FRUIT e.g apricots	[ ]

TROPICAL FRUIT e.g kiwi, avocado	[ ]
BERRIES e.g blackberry, strawberry	[ ]
OTHER FRUITS	[ ]
NUTS AND SEEDS	[ ]
MILK	[ ]
CHEESE	[ ]
YOGHURT	[ ]
EGGS	[ ]
SWEETS/CONFECTIONERY/HONEY/CAKE	[ ]
WATER	[ ]
ALCOHOL	[ ]
TEA	[ ]
COFFEE	[ ]
OIL	[ ]
BUTTER	[ ]
MARGARINE	[ ]
LARD	[ ]

## ANTHROPOMETRIC MEASUREMENTS

### STATURE

Height cm	[ ][ ][ ]-[ ]
Weight kg	[ ][ ][ ]-[ ]
BMI	[ ][ ]-[ ]

### SKINFOLDS

Mid arm circumference cm	[ ][ ]-[ ]
Mid arm muscle area cm <sup>2</sup>	[ ][ ]-[ ]
Tricep skinfold mm	[ ][ ]-[ ]
Bicep skinfold mm	[ ][ ]-[ ]
Subscapular skinfold mm	[ ][ ]-[ ]
Suprailiac skinfold mm	[ ][ ]-[ ]
% fat mass	[ ][ ]
kg fat mass	[ ][ ]
% lean mass	[ ][ ]
kg lean mass	[ ][ ]

### WAIST HIP RATIO

Waist circumference cm (level of umbilicus)	[ ][ ][ ]
Hip circumference cm (largest diameter below umbilicus)	[ ][ ][ ]
Waist/Hip ratio	[ ]-[ ][ ]

### LOSS OF HEIGHT

Hip length cm  
 (distance between suprailiac to  
 knee joint space) [ ][ ][ ]  
 Loss of Height cm [ ][ ][ ]

**ELECTRICAL IMPEDANCE**

Resistance [ ][ ][ ]  
 Reactance [ ][ ]  
 % fat mass [ ][ ]  
 kg fat mass [ ][ ]  
 % lean mass [ ][ ]  
 kg lean mass [ ][ ]  
 % total body water [ ][ ]  
 kg total body water [ ][ ]

**BLOOD PRESSURE**

Systolic 5 minutes rest [ ][ ][ ]  
 10 minutes rest [ ][ ][ ]  
 Diastolic 5 minutes rest [ ][ ][ ]  
 10 minutes rest [ ][ ][ ]

**SKIN TEST** Grade 1-6 [ ][ ]

**INTERVIEWER ASSESSMENT**

**INTER 4** Does the subject have at least one person  
 who could take care of him/her if the need  
 arose?  
 1. Yes  
 2. No [ ]

**INTER 5** Which of the following best describes the  
 subjects social relationships:  
 1. Exetensive or adequate  
 0. Inadequate [ ]

**INTER 6** Which of the following needs are being met?  
 Code: 1. Yes  
 2. No  
 a. Food [ ]  
 b. Housing [ ]  
 c. Clothing [ ]  
 d. Medical care [ ]  
 e. Small luxuries [ ]

**INTER 7** Is it your impression that the subject shows  
 good common sense in making judgements  
 and decisions?

1. Yes  
0. No [ ]
- INTER 8** Is it your impression that the subject finds life exciting and enjoyable?  
1. Yes  
0. No [ ]
- INTER 9** How would you rate the subject's health at present time?  
1. Excellent/good  
0. Fair/poor [ ]
- INTER 10** How would you rate the subject's diet at present time?  
1. Excellent/good  
0. Fair/poor [ ]
- INTER 11** How would you rate the subjects level of activity?  
1. Active - very active (86exsc 4-7)  
0. Inactive - active (86exsc 1-3) [ ]
- INTER 12** Subject accompanied by friend/relative/spouse that answered most questions?  
1. Yes  
2. No [ ]
- INTER 13** Is subject capable of answering all questions?  
1. Yes  
0. No [ ]

