PROJECT ID - (001) EFSA RS

Subject ID	FQ-ENS2089
Subject name	
Interview date	
Date of birth	
Gender	G2x - F
e-mail	

PRESCREENING QUESTIONS

POPULATION GROUP	☐ Adolescents ☐ Adults ☑ Elderly ☐ Pregnant ☐ Vegetarians ☐ Toddlers ☐ Children ☐ --- ☐ other
AGE GROUP	☐ 01-03 ☐ 04-09 ☐ 10-14 ☐ 15-17 ☐ 18-24 ☐ 25-44 ☐ 45-64 ☑ 67-74 ☐ 15-30 ☐ 31-49 ☐ 18-64
AGE IN YEARS	
HEALTH CONDITIONS	☐ normal condition ☐ lactating (only for women) ☐ pregnant (only for women) ☐ chronic/long-term disease ☐ unclassified ☐ Other
SPECIAL DIETARY PATTERN	☐ normal diet ☐ vegetarian diet ☐ slimming diet ☐ diet related to health conditions ☐ unclassified ☐ other
DO YOU HAVE ANY CHRONIC ILLNESS	☐ Yes ☐ No
ARE YOU CURRENTLY FOLLOW A SPECIAL DIET	☐ normal diet ☐ vegetarian diet ☐ slimming diet ☐ Diet related to health condition (unspecified) ☐ Diet related to health condition (celiac) ☐ Diet related to health conditions (diabetes) ☐ Diet related to health conditions (allergy) ☐ Unclassified
ARE YOU TAKING ANY MEDIACTIONS REGULARLY	☐ Yes ☐ No
Do you suffer from some chronic illness?	☐ Yes ☐ No
Neoplasms ?	☐ Yes ☐ No

Diseases of the blood and blood-forming organs and disorders involving the immune mechanism ?	☐ Yes ☐ No
Endocrine, nutritional and metabolic diseases ?	☐ Yes ☐ No
Mental and behavioural disorders ?	☐ Yes ☐ No
Diseases of the nervous system ?	☐ Yes ☐ No
Diseases of the circulatory system ?	☐ Yes ☐ No
Diseases of the respiratory system ?	☐ Yes ☐ No
Diseases of the digestive system ?	☐ Yes ☐ No
Diseases of the skin and subcutaneous tissue ?	☐ Yes ☐ No
Diseases of the musculoskeletal system and connective tissue ?	☐ Yes ☐ No
Diseases of the genitourinary system ?	☐ Yes ☐ No
Other ?	☐ Yes ☐ No
SMOKING STATUS	☐ Never smoker ☐ Former smoker ☐ Current smoker ☐ other
HOW MANY CIGARETTES PER DAY	☐ less than 10 ☐ 11-20 ☐ more than 20

IPAQ

1. During the last 7 days, on how many days did you do vigorous physical activities	☐ No vigorous physical activities -> Skip to question 3 ☐ 1 day per week ☐ 2 days per week ☐ 3 days per week ☐ 4 days per week ☐ 5 days per week ☐ 6 days per week ☐ 7 days per week
2a. How much time did you spend doing vigorous phys. activity (hours per day)	
2a. How much time did you spend doing vigorous phys. activity (minutes per day)	
2c. How much time did you spend doing vigorous phys. activity (not sure)	
3. During the last 7 days, on how many days did you do moderrate physical activities	☐ No vigorous physical activities -> Skip to question 5 ☐ 1 day per week ☐ 2 days per week ☐ 3 days per week ☐ 4 days per week ☐ 5 days per week ☐ 6 days per week ☐ 7 days per week
4a. How much time did you spend doing moderate phys. activity (hours per day)	
4b. How much time did you spend doing moderate phys. activity (minutes per day)	
4c. How much time did you spend doing moderate phys. activity (not sure)	
5. During the last 7 days, how many day you walk for at least 10 minutes ?	☐ No walking -> Skip to question 7 ☐ 1 day per week ☐ 2 days per week ☐ 3 days per week ☐ 4 days per week ☐ 5 days per week

	☐ 6 days per week ☐ 7 days per week
6a. How much time did you spend walking (hours per day)	
6b. How much time did you spend walking (minutes per day)	
6c. How much time did you spend walking (not sure)	
7a. During the last 7 days how much time did you spend sitting on a week day (hours per day)	
7b. During the last 7 days how much time did you spend sitting on a week day (minutes per day)	
7c. During the last 7 days how much time did you spend sitting on a week day (not sure)	
Self-estimated physical activity	☐ low ☐ medium ☐ high

DEMOGRAPHICS QUESTIONS

PERSON WHO PROVIDED THE ANSWER	☐ Subject himself/herself ☐ Father ☐ Mother ☐ Other
PLACE OF RESIDENCE	
SETTLEMENT TYPE	☐ Rural ☐ Urban
REGION	☑ Belgrade region ☐ South-Eastern region of Serbia ☐ Vojvodina region ☐ Region of Šumadija and West Serbia
RELIGION	☐ Ortodoxy ☐ Catholicism ☐ Islam ☐ Other
ETNICITY	☐ Serbian ☐ Other
LABOUR	☐ Not applicable ☐ Working for pay or profit ☐ Unemployed ☐ Pupil, student, further training, unpaid work experience ☐ In retirement or early retirement or has given up business ☐ Permanently disabled ☐ In compulsory military or community service ☐ Fulfilling domestic tasks ☐ Currently not at work due to maternity, parental, sick leave or holidays ☐ Other
OCCUPATION	☐ Manager ☐ Professional ☐ Technician and associate professional ☐ Clerical support worker ☐ Service and sales worker ☐ Skilled agricultural, forestry and fishery worker ☐ Craft and related trades worker ☐ Plant and machine operators, and assembler ☐ Elementary occupation ☐ Armed forces occupation ☐ Other
EDUCATION	☐ Illiterate ☐ No formal education or below ISCED ☐ Primary education (ISCED 1) ☐ Lower secondary education (ISCED 2) ☐ Upper secondary education (ISCED 3) ☐ Post-secondary but non-tertiary education (ISCED 4) ☐ First stage of tertiary education (ISCED 5) ☐ Second stage of tertiary education (ISCED 6)

MARITAL STATUS	☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed ☐ Single parent ☐ other
HOUSEHOLD PERSONS NO	
NO OF ADULTS 18 YEARS AND OLDER	
NO OF ADOLESCENTS 10 - 18 YEARS	
NO OF CHILDREN UP TO 10 YEARS	

ANTROPOMETRY

HEIGHT (cm)	
METHOD USED TO MEASURE BODY HEIGHT	☐ Measured ☐ Self reported ☐ Unclassified
WEIGHT (kg)	
METHOD USED TO MEASURE BODY WEIGHT	☐ Measured ☐ Self reported ☐ Unclassified
WAIST (cm)	
METHOD USED TO MEASURE WAIST	☐ Measured ☐ Self reported ☐ Unclassified
HIP (cm)	
METHOD USED TO MEASURE HIP	☐ Measured ☐ Self reported ☐ Unclassified
SYSTOLIC BLOOD PRESSURE hgmm	
DIATOLIC BLOOD PRESSURE hgmm	

FOOD ALERGY

Are you allergic to one or more foods?	☐ Yes ☐ No
Cereals containing gluten	☐ Yes ☐ No
Crustaceans and products thereof	☐ Yes ☐ No
Eggs and products thereof	☐ Yes ☐ No
Fish and products thereof	☐ Yes ☐ No
Peanuts and products thereof	☐ Yes ☐ No
Soybeans and products thereof	☐ Yes ☐ No
Milk and products thereof	☐ Yes ☐ No
Nuts (almonds, hazelnuts, walnuts,...)	☐ Yes ☐ No
Celery and products thereof	☐ Yes ☐ No
Mustard and products thereof	☐ Yes ☐ No
Sesame seed and products thereof	☐ Yes ☐ No
Molluscs seed and products thereof	☐ Yes ☐ No

Has your food allergy been diagnosed by a physician?	☐ Yes ☐ No
Do you systematically avoid all foods to which you are allergic to ?	☐ Yes ☐ No

FOOD CONSUMPTION

Diary no		1		Date of 24h recall	/ /		
Season	☐ Spring ☐ Summer ☐ Fall ☑ Winter ☐ Undefined	Week day	☐ select the day ☐ Monday ☐ Tuesday ☐ Wednesday ☑ Thursday ☐ Friday ☐ Saturday ☐ Sunday ☐ Unspecified	Is not typical day	☐ No ☐ Yes, unspecified ☐ Yes, consumed more than normal ☐ Yes, consumed less than normal ☐ Unclassified	Meal types	☐ - ☐ Before breakfast ☐ Breakfast ☐ Snack btw breakfast and lunch ☐ Lunch ☐ Snack btw lunch and dinner ☐ Dinner ☐ Snack after dinner ☐ Unspecified

FOOD CONSUMPTION											
TIME (hh:mm)	MEAL TYPE (Before breakfast, Breakfast, Snack 1, Lunch, Snack 2, Dinner, Snack 3, Other	PLACE At home, Out of home, Unspecified	FOOD NAME	RECIPE (Y/N)	AMOUNT (g/ml)	BRAND	PACKAGING	PREPARATION	QUALITATIVE	FORTIFIED	SWEETENING

FOOD CONSUMPTION

FOOD CONSUMPTION											
TIME (hh:mm)	MEAL TYPE (Before breakfast, Breakfast, Snack 1, Lunch, Snack 2, Dinner, Snack 3, Other	PLACE At home, Out of home, Unspecified	FOOD NAME	RECIPE (Y/N)	AMOUNT (g/ml)	BRAND	PACKAGING	PREPARATION	QUALITATIVE	FORTIFIED	SWEETENING

FOOD CONSUMPTION											
TIME (hh:mm)	MEAL TYPE (Before breakfast, Breakfast, Snack 1, Lunch, Snack 2, Dinner, Snack 3, Other	PLACE At home, Out of home, Unspecified	FOOD NAME	RECIPE (Y/N)	AMOUNT (g/ml)	BRAND	PACKAGING	PREPARATION	QUALITATIVE	FORTIFIED	SWEETENING

FOOD CONSUMPTION											
TIME (hh:mm)	MEAL TYPE (Before breakfast, Breakfast, Snack 1, Lunch, Snack 2, Dinner, Snack 3, Other	PLACE At home, Out of home, Unspecified	FOOD NAME	RECIPE (Y/N)	AMOUNT (g/ml)	BRAND	PACKAGING	PREPARATION	QUALITATIVE	FORTIFIED	SWEETENING

RECIPES								
RECIPE NAME	INGREDIENTS	AMOUNT (g/ml)	BRAND	PACKAGING	PREPARATION	QUALITATIVE	FORTIFIED	SWEETENING

RECIPES								
RECIPE NAME	INGREDIENTS	AMOUNT (g/ml)	BRAND	PACKAGING	PREPARATION	QUALITATIVE	FORTIFIED	SWEETENING

SUPPLEMENTS				
SUPPLEMENT NAME	BRAND	PACKAGING	DOSE (ml/g)	SUPPLEMENT CONTENT PER DOSE

ADDITIONAL QUESTIONS		Amount(g/ml)	Describe / specify
Did you forget to report any consumed food or dish	☐No ☐Yes		
Please, verify once again that the complete amount of consumed water was recorded	☐No ☐Yes		
Did you add salt (after cooking and serving) and if yes, how much	☐No ☐Yes		
Was there any food left on plate, and if yes, how much	☐No ☐Yes		
Have you refilled your plate	☐No ☐Yes		
Have you used any additional flavouring: pepper, herbs, spice mix, sugar	☐No ☐Yes		
Did you add sugar/other sweeteners to coffee or tea...?	☐No ☐Yes		
Were you engaged in any parallel activity during meals (watching TV, work on computer ...)	☐No ☐Yes		
Did you have company during meals	☐No ☐Yes		
Did you have any chewing gums	☐No ☐Yes		