

PROJECT ID - (001) EFSA RS

Subject ID	FQ-ADNS0862
Subject name	
Interview date	2017-08-02
Date of birth	1997-03-20
Gender	G1 x- M
e-mail	

PRESCREENING QUESTIONS

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

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

IPAQ	
1. During the last 7 days, on how many days did you do vigorous physical activities	<input type="checkbox"/> No vigorous physical activities -> Skip to question 3 <input checked="" type="checkbox"/> 1 day per week <input type="checkbox"/> 2 days per week <input type="checkbox"/> 3 days per week <input type="checkbox"/> 4 days per week <input type="checkbox"/> 5 days per week <input type="checkbox"/> 6 days per week <input type="checkbox"/> 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 moderate physical activities	<input type="checkbox"/> No vigorous physical activities -> Skip to question 5 <input type="checkbox"/> 1 day per week <input type="checkbox"/> 2 days per week <input checked="" type="checkbox"/> 3 days per week <input type="checkbox"/> 4 days per week <input type="checkbox"/> 5 days per week <input type="checkbox"/> 6 days per week <input type="checkbox"/> 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 days you walk for at least 10 minutes ?	<input type="checkbox"/> No walking -> Skip to question 7 <input type="checkbox"/> 1 day per week <input type="checkbox"/> 2 days per week <input type="checkbox"/> 3 days per week <input type="checkbox"/> 4 days per week <input type="checkbox"/> 5 days per week

	<input type="checkbox"/> 6 days per week <input checked="" type="checkbox"/> 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	<input type="checkbox"/> low <input checked="" type="checkbox"/> medium <input type="checkbox"/> high

DEMOGRAPHICS QUESTIONS

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

MARITAL STATUS	<input type="checkbox"/> Married <input checked="" type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single parent <input type="checkbox"/> 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)	1
METHOD USED TO MEASURE BODY HEIGHT	<input type="checkbox"/> Measured <input checked="" type="checkbox"/> Self reported <input type="checkbox"/> Unclassified
WEIGHT (kg)	
METHOD USED TO MEASURE BODY WEIGHT	<input type="checkbox"/> Measured <input checked="" type="checkbox"/> Self reported <input type="checkbox"/> Unclassified
WAIST (cm)	
METHOD USED TO MEASURE WAIST	<input type="checkbox"/> Measured <input type="checkbox"/> Self reported <input type="checkbox"/> Unclassified
HIP (cm)	
METHOD USED TO MEASURE HIP	<input type="checkbox"/> Measured <input type="checkbox"/> Self reported <input type="checkbox"/> Unclassified
SYSTOLIC BLOOD PRESSURE hgmm	
DIATOLIC BLOOD PRESSURE hgmm	

FOOD ALLERGY	
Are you allergic to one or more foods?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Cereals containing gluten	<input type="checkbox"/> Yes <input type="checkbox"/> No
Crustaceans and products thereof	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eggs and products thereof	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fish and products thereof	<input type="checkbox"/> Yes <input type="checkbox"/> No
Peanuts and products thereof	<input type="checkbox"/> Yes <input type="checkbox"/> No
Soybeans and products thereof	<input type="checkbox"/> Yes <input type="checkbox"/> No
Milk and products thereof	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nuts (almonds, hazelnuts, walnuts,...)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Celery and products thereof	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mustard and products thereof	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sesame seed and products thereof	<input type="checkbox"/> Yes <input type="checkbox"/> No
Molluscs seed and products thereof	<input type="checkbox"/> Yes <input type="checkbox"/> No

Has your food allergy been diagnosed by a physician?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you systematically avoid all foods to which you are allergic to ?	<input type="checkbox"/> Yes <input type="checkbox"/> No

FOOD CONSUMPTION

Diary no	1	Date of 24h recall	2017-08-02
Season	<input type="checkbox"/> Spring <input checked="" type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Undefined	Week day <input type="checkbox"/> select the day <input type="checkbox"/> Monday <input checked="" type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Unspecified	Is not typical day <input type="checkbox"/> No <input type="checkbox"/> Yes, unspecified <input type="checkbox"/> Yes, consumed more than normal <input type="checkbox"/> Yes, consumed less than normal <input type="checkbox"/> Unclassified
Meal types		<input checked="" type="checkbox"/> - <input type="checkbox"/> Before breakfast <input type="checkbox"/> Breakfast <input type="checkbox"/> Snack btw breakfast and lunch <input type="checkbox"/> Lunch <input type="checkbox"/> Snack btw lunch and dinner <input type="checkbox"/> Dinner <input type="checkbox"/> Snack after dinner <input type="checkbox"/> 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	REC IPE (Y/N)	AMOUNT (g/ml)	BRAND	PACKAGING	PREPARATION	QUALITATIVE	FORTIFIED	SWEETENING
08:00:00	Breakfast	At home	Egg, whole, boiled	X	120.00						A07GL
08:00:00	Breakfast	At home	Butter, unsalted	X	20.00	President			A0CQE	A07PM	A07MG
08:00:00	Breakfast	At home	Bread white	-	60.00	Sava				A07PL	A07GX
08:00:00	Breakfast	At home	Ham in casing	-	30.00	Neoplanta			A0B8M	A07PN	A07JK
08:00:00	Breakfast	At home	Tomato, raw	X	50.00						
08:00:00	Breakfast	At home	Turkish, old style coffee (strong)	X	200.00	Doncafe				A16RR	A07MK
08:00:00	Breakfast	At home	Sugar, white	-	5.00	Sunoko				A07PL	
07:45:00	Before breakfast	At home	Water, tap	-	250.00						
10:00:00	Snack btw breakfast and lunch	Out of home	oatmeal	X	160.00	Dobra kasa	A032T	A0EXS	A077J	A07PM	A07MS
10:00:00	Snack btw breakfast and lunch	Out of home	Tea, infiltrate, beverage	X	250.00	Fructis	A032K		A077J	A07PX	A07MK
16:00:00	Lunch	At home	Stuffed bell paprika, with oil	X	300.00						A07HF
16:00:00	Lunch	At home	Bread white	-	160.00	Sava					A07GX
16:00:00	Lunch	At home	Milk sour 2.8% mf	-	180.00	Moja Kravica				A16RP	A07JZ
16:00:00	Lunch	At home	Biscuit (cookie), chocolat	-	50.00	Domacica				A16RP	
17:00:00	Snack btw lunch and dinner	At home	Peach, raw	-	100.00				A166Y		
17:00:00	Snack btw lunch and dinner	At home	Water, tap	-	250.00						
17:30:00	Snack btw lunch and dinner	Out of home	Turkish old style coffee (weak)	X	150.00	Doncafe	A032K		A077J	A07PM	A07MK

20:00:00	Dinner	Out of home	Serbian cheese pie	X	200.00					A07GX
20:00:00	Dinner	Out of home	Yoghurt 2.8% mf	X	400.00	Moja kravica		A077B	A16RP	A07JY
22:00:00	Unspecified	At home	Water, tap	-	150.00					

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

CONSUMED FOODS

FOOD CODE	FOOD NAME	FOOD GROUP	ORIG IN	TOTAL AMOUNT (g)	AVERAGE AMOUNT (g)	ENERC (kcal)	CHO(g)	FAT(g)	PROT(g)
0002945	Tea, infiltrate, beverage	BEVERAGE_(NON-MILK)	P	250	250	0.5	0	0	0.25
0003010	Water, Knjaz Milos, carbonated	BEVERAGE_(NON-MILK)	N	18.78	18.78	0	0	0	0
0003662	Water, tap	BEVERAGE_(NON-MILK)	N	843.33	843.33	0	0	0	0
0002854	Egg, hen, whole, raw	EGG_OR_EGG PRODUCT	A	29.69	29.69	42.16	0.24	2.94	3.74
0002852	Egg, whole, boiled	EGG_OR_EGG PRODUCT	A	120	120	175.2	0.89	12.68	14.63
0002750	Oil, sunflower, refined	FAT_OR_OIL	P	23.67	23.67	209.49	0.02	23.55	0.02
0002125	Peach, raw	FRUIT_OR_FRUIT PRODUCT	P	100	100	47.3	10.9	0.1	0.7
0003835	Biscuit (cookie), chocolat	GRAIN_OR_GRAIN PRODUCT	-	50	50	250.32	32.4	11.9	3.25
0001754	Bread white	GRAIN_OR_GRAIN PRODUCT	P	220	220	578.38	111.76	1.1	14.96
0003660	Phyllo	GRAIN_OR_GRAIN PRODUCT	P	67.61	67.61	195.38	39.14	1.28	5.41
0001657	Rice, polished, raw	GRAIN_OR_GRAIN PRODUCT	-	26	26	94.79	20.54	0.31	2.18
0003030	Soybean, texture protein (soy meat), Sojavita	GRAIN_OR_GRAIN PRODUCT	P	5.2	5.2	17.94	1.9	0.08	2.44
0003805	oatmeal	GRAIN_OR_GRAIN PRODUCT	-	160	160	608	99.2	11.2	20.8
0003332	Ham in casing	MEAT_OR_MEAT PRODUCT	A	30	30	31.2	0	1.17	5.19
0002604	Pork, mince meat, raw	MEAT_OR_MEAT PRODUCT	A	83.24	83.24	224.82	1.42	16.65	12.65
0002839	Butter, unsalted	MILK_MILK_PRODUCT OR MILK SUBSTITUTE	A	20	20	146.92	0.12	16.5	0.1
0002821	Cheese, white, fresh, unripened, full milk	MILK_MILK_PRODUCT OR MILK SUBSTITUTE	A	70.42	70.42	208.46	1.48	18.66	8.66
0002844	Kajmak - ripe milk cream	MILK_MILK_PRODUCT OR MILK SUBSTITUTE	A	9.38	9.38	51.14	0	5.68	0.31
0003063	Milk sour 2.8% mf	MILK_MILK_PRODUCT OR MILK SUBSTITUTE	A	180	180	108	8.64	5.04	6.12
0002790	Sour cream, 20% milk fat	MILK_MILK_PRODUCT OR MILK SUBSTITUTE	A	9.38	9.38	19.14	0.32	1.88	0.26
0003061	Yoghurt 2.8% mf	MILK_MILK_PRODUCT OR MILK SUBSTITUTE	A	400	400	224	12.8	11.6	14.8
0003049	Corn pepper, seed, black	MISCELLANEOUS FOOD PRODUCT	P	0.03	0.03	0.09	0.01	0	0
0001070	Salt, table, iodised	MISCELLANEOUS FOOD PRODUCT	N	1.57	1.57	0	0	0	0
0003661	Spice mix dry vegetables - Vegeta	MISCELLANEOUS FOOD PRODUCT	P	1.03	1.03	2.99	0.57	0.02	0.11
0003751	Coffee bean, roasted, ground	NUT_SEED_OR_KERNEL PRODUCT	P	6.67	6.67	22.8	1.75	1.17	1.13
0003846	Turkish old style cofee (weak)	NUT_SEED_OR_KERNEL PRODUCT	P	150	150	4.31	0.45	0.15	0.15
0002858	Sugar, white	SUGAR_OR_SUGAR PRODUCT	P	5	5	20.51	4.99	0	0
0001906	Onion	VEGETABLE_OR VEGETABLE PRODUCT	P	8.32	8.32	2.33	0.83	0.02	0.1
0001930	Pepper, yellow	VEGETABLE_OR VEGETABLE PRODUCT	P	104.04	104.04	26.01	5.2	0.31	0.94
0000690	Tomato juice (conc. 28-30%)	VEGETABLE_OR VEGETABLE	P	41.63	41.63	8.74	1.67	0	0.42

		PRODUCT							
0001935	Tomato, raw	VEGETABLE_OR VEGETABLE PRODUCT	P	50	50	12.8	2.85	0.15	0.35
				3085	3085	3333.72	360.1	144.16	119.68

FOOD GROUP DISTRIBUTION

FOOD GROUP	TOTAL AMOUNT	AVERAGE AMOUNT	ENERC (kcal)	CHO(g)	FAT(g)	PROT(g)
MILK_MILK_PRODUCT OR MILK SUBSTITUTE	689.19	689.19	757.65	23.36	59.36	30.26
EGG_OR_EGG PRODUCT	149.69	149.69	217.36	1.13	15.62	18.37
MEAT_OR_MEAT PRODUCT	113.24	113.24	256.02	1.42	17.82	17.84
SEAFOOD_OR_RELATED PRODUCT						
FAT_OR_OIL	23.67	23.67	209.49	0.02	23.55	0.02
GRAIN_OR_GRAIN PRODUCT	528.81	528.81	1744.82	304.95	25.87	49.05
NUT_SEED_OR_KERNEL PRODUCT	156.67	156.67	27.11	2.2	1.32	1.28
VEGETABLE_OR_VEGETABLE PRODUCT	203.99	203.99	49.88	10.55	0.48	1.8
FRUIT_OR_FRUIT PRODUCT	100	100	47.3	10.9	0.1	0.7
SUGAR_OR_SUGAR PRODUCT	5	5	20.51	4.99		
BEVERAGE_(NON-MILK)	1112.12	1112.12	0.5			0.25
MISCELLANEOUS FOOD PRODUCT	2.63	2.63	3.08	0.58	0.03	0.12
PRODUCT_FOR SPECIAL NUTRITIONAL USE OR DIETARY SUPPLEMENT						

NUTRITIVE VALUES

COMPONENT GROUP	CODE	NUTRIENT	UNIT	Value (male female)	Value male	Value female	Recommend.(m ale female)	Recommend. male	Recommend. female
CARBOHYDRATE COMPONENTS	CHO	carbohydrate	g	360.1	360.1			130.0000; [100.0000 - 150.0000]	
LIPID COMPONENTS	FAT	fat, total	g	144.158	144.158			50.0000; [40.0000 - 60.0000]	
PROXIMATES	PROT	protein, total	g	119.685	119.685			80.0000; [70.0000 - 90.0000]	
PROXIMATES	ENERC	energy, total metabolisable	kcal	3333.724	3333.724				