

STRICTLY CONFIDENTIAL

Serial number

Nurse number

Interview date d m y

NATIONAL SURVEY OF HEALTH AND DEVELOPMENT
(Medical Research Council)
1-19 Torrington Place, London WC1E 6BT
Telephone 0171 391 1720

DIET DIARY

1999

We would be grateful if you could keep this diary of *everything* you eat or drink over the next 6 days. This is a very useful and important part of the Survey, and will help us to understand the effects of diet on long-term health. The nurse will fill in the first day up to now with you and then leave you to complete it and the following five days on your own. Some details of how to do this are on the first few pages.

When the last day has been filled in, please complete the questions on the last page and post the booklet back to us in the envelope provided. You do not need a stamp.

Details of how to use the diary

Each day is divided into sections, from first thing in the morning to late evening. Please treat each day separately. Write in the name of all food and drink taken (including water), a description and the amount (even if just a mouthful), for each part of the day. If nothing was eaten or drunk during a part of the day, please draw a line through that section. Please record everything at the time of eating, *NOT* from memory at the end of the day.

Overleaf is a list of popular foods and drinks with descriptions so that we can tell what it is made of and how much you had. There are also some notes on recording made-up dishes and take-away foods. Please give as much detail as you can.

Where possible, please always state what sort of fat or oil was used for spreading, baking or frying.

For some foods, you may find it easier to describe how much you had by comparing it to one of the pictures. Please write the number and letter of the picture which best describes the amount you have eaten, eg. 6C.

Many packet foods have weights printed on them, so please use these and give brand names whenever possible. Stick the descriptive parts of the wrappers of ready-made packaged meals in your diary, if you can.

At the end of each day, there is a list of snacks and drinks that can easily be forgotten. *If not already mentioned in some other part of the day, please write any extra items in here.*

Please name any vitamin or other supplements if you had any, giving brand details, and enclosing label(s) if possible.

The general questions at the end of the book will help us identify the foods you usually use.

It is very important that you do not adjust what you eat and drink just because you are keeping a record. Please stick to your usual diet.

THANK YOU FOR YOUR HELP

<i>Food/Drink</i>	<i>Description & Preparation</i>	<i>Amount</i>
Bacon	lean or streaky; fried or grilled rashers	number
Baked beans	standard or reduced sugar	tablespoons, tin size, picture 12
Beefburger (hamburger)	home-made, from a packet or take-away; fried, microwaved or grilled; large or small; with or without bread roll	number
Beer	e.g. stout, bitter, lager; draught, canned, low-alcohol or home-made	number of pints or half pints
Biscuits	what sort and brand; e.g. cheese, wafer, crispbread, sweet, chocolate, shortbread, home-made	number
Bread (see also sandwiches)	wholemeal, granary, white or brown; currant, fruit, malt; large or small loaf; thick, medium or thin slices; sliced or unsliced; give brand if possible	number of slices
Bread rolls	wholemeal, white or brown; alone or with filling; crusty or soft	number of rolls
Breakfast cereal, bran, wheatgerm	what sort: cornflakes; Weetabix; muesli, etc; give brand name	tablespoons or picture 1
Bun	iced, currant or plain; large or small	number
Butter for bread	ordinary or low-fat dairy spread, give brand name if possible	thick, average, thin spread
Cake	small or piece of large; type and brand; fruit, cream, iced; type of filling	number, slices, picture 13 or 14
Cheese	name and type: e.g. cheddar, cream, cottage, soft, low fat	picture 2 or tablespoons
Chips	fresh, frozen, oven, microwave, take-away; type of fat used for cooking	picture 7
Chocolate(s)	what sort: plain, milk, white, fancy, diabetic; give brand name	number; weight of bar
Chops	what sort; lean or fatty; large or small; fried, grilled or baked	number

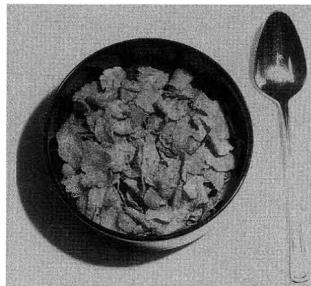
<i>Food/Drink</i>	<i>Description & Preparation</i>	<i>Amount</i>
Coffee	with milk; half milk/half water; all milk; ground, instant, decaffeinated	cups or mugs
Cooking oil	type; brand name	teaspoons
Cream	single, whipped, double or clotted, low-fat; fresh, tinned or substitute; sweetened, unsweetened or soured	tablespoons
Crisps	type, potato, corn etc; brand name; low-fat or low-salt	packet weight
Custard	pouring custard or egg custard	tablespoons
Doughnut	plain, jam, cream or iced; round or ring	number
Egg	boiled, fried, scrambled, poached, omelette, etc	number
Fish	what sort: fried, grilled, poached or steamed; with batter or breadcrumbs; canned in oil, brine or tomato sauce	amount or picture 6
Fish cakes fish fingers	what sort and size; fried or grilled or microwaved	number
Fruit - fresh	what sort; with or without skin	number
Fruit - stewed/canned	what sort; sweetened or unsweetened; in fruit juice or syrup	tablespoons
Fruit - juice	what sort; sweetened or unsweetened	glass or carton size
Gravy	thick or thin; instant or packet; made with dripping or meat juices	tablespoons
Ice cream	type, dairy or non-dairy; brand name	number or tablespoons
Jam, honey	specify if low-sugar/diabetic	teaspoons
Liver, kidney	pig, lamb, ox; fried or stewed	picture 4 or 5
Margarine	hard, soft, polyunsaturated, low-fat; give brand name	thick, average or thin spread

<i>Food/Drink</i>	<i>Description & Preparation</i>	<i>Amount</i>
Marmalade	type and brand; specify if low-sugar	teaspoons
Meats	what sort; lean or fatty; how cooked; with or without gravy	helping or picture 4 or 5
Milk - for drinking on its own or for cereals	full cream, semi-skimmed, skimmed; sterilized, UHT, flavoured, dried, soya, goats'	pints, glasses or cups
Minced beef	fatty or lean; alone or with vegetables	tablespoons or picture 5
Peanuts	dry roasted or ordinary salted	packet weight
Pie, fruit or meat	what sort; individual or helping; one pastry crust or two; type of flour	individual or slice, picture 3
Porridge	with sugar or honey; with milk or cream	bowls
Potatoes	baked, boiled, roast; mashed/creamed; fried/chips; instant; with butter	tablespoons, picture 10 or 11
Pudding	what sort: e.g. steamed sponge; with fruit; pie (what sort); mousse; instant desserts; milk puddings; give recipe	tablespoons, slices or picture 3, 13 or 15
Rice	white or brown; boiled or fried	tablespoons or picture 8
Salad	ingredients; if with dressing what sort (oil and vinegar, mayonnaise)	tablespoons
Sandwiches and rolls	wholemeal, white or brown bread; large or small loaf; thick, medium or thin slices; butter or margarine; type of filling; including mayonnaise	number of rolls or slices of bread
Sauce - hot	(for vegetables, meat or fish, puddings); what sort; savoury or sweet; thick or thin; give brand or recipe	tablespoons or picture 12
Sauce - cold	e.g. tomato ketchup, brown sauce, soy sauce, salad cream, mayonnaise	tablespoons or picture 12
Sausages	what sort: e.g. beef, pork, low-fat; large or small; fried or grilled	number

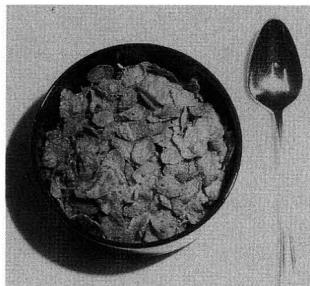
<i>Food/Drink</i>	<i>Description & Preparation</i>	<i>Amount</i>
Sausage rolls	large or small; type of pastry	number
Scone	fruit, sweet, plain, cheese; type of flour	number
Snacks - in packet	what sort: e.g. cheese straws, Twiglets, Pretzels; give brand name	packet weight
Soft drinks	squash, undiluted or diluted; fizzy drinks; low-calorie; give brand name	glasses, cans or carton size
Soup	what sort: canned, packet, instant or vending machine, home-made; brand	tablespoons, bowl or mug
Spaghetti, other pasta	type; fresh, boiled, canned in sauce, white, wholemeal	tablespoons or picture 9
Spirits	what sort: e.g. whisky, gin, vodka, rum	measures as in pub
Sugar	added to cereals, tea, coffee, fruit, etc	heaped or level teaspoons
Sweets	what sort: e.g. toffees, boiled sweets, diabetic; give brand name	number
Tea	with/ without milk; herb, decaffeinated	cups or mugs
Vegetables	what sort; with butter, other fat or sauce; how cooked, or raw	tablespoons
Wine, sherry, port	e.g. white, red; sweet, dry; low-alcohol	glasses
Yoghurt, fromage frais	what sort: e.g. with fruit, natural, plain; flavour, low-fat, creamy, Greek, soya	carton size or tablespoons
Home-made dishes	Please say what the dish is called and give recipe or ingredients if you can	tablespoons, or one of the pictures
Ready-made meals	Please give name, brand name and description, and enclose label and ingredients list if possible	one of the pictures or packet weight
Take-away food or food eaten out	Please say what the dish is called and give main ingredients if you can. Give name of a chain restaurant	tablespoons or one of the pictures

Use the pictures to help you to indicate the size of the portion you have eaten.
Write on the food record the picture number and size A, B or C nearest to your own helping.

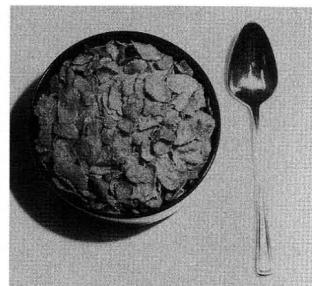
The pictures could also be used for foods not shown, e.g. fruit crumble might be similar to shepherd's pie, fruit cake similar to veal and ham pie and baked beans similar to peas.



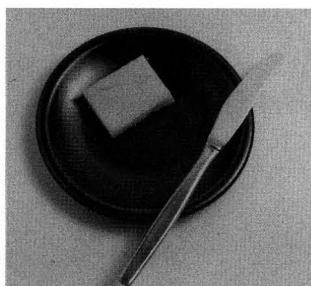
1A



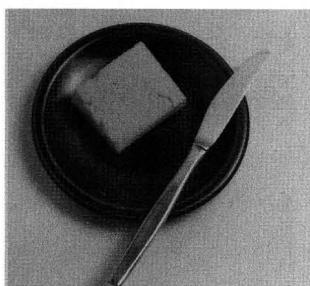
1B
Cornflakes



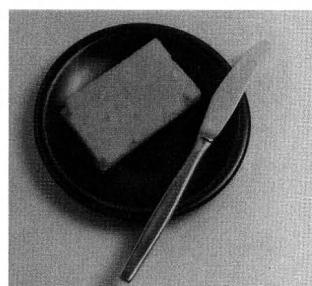
1C



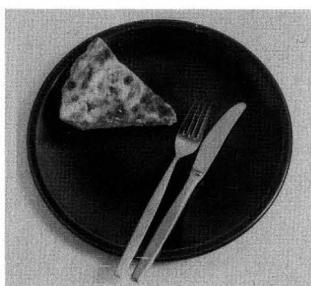
2A



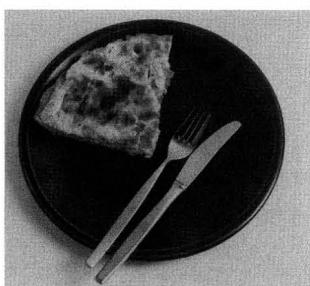
2B
Cheddar Cheese



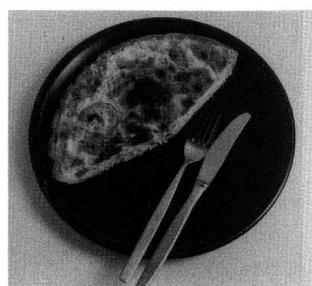
2C



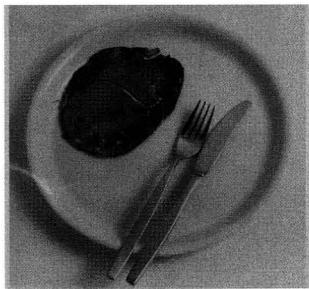
3A



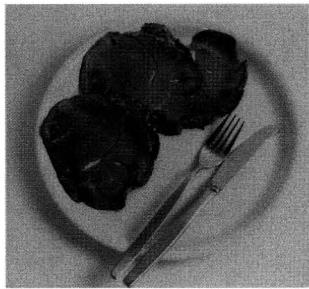
3B
Pie



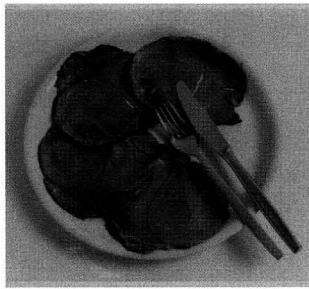
3C



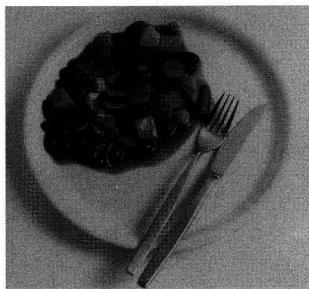
4A



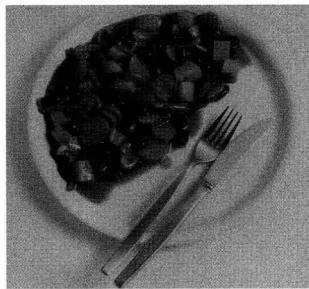
4B
Meat



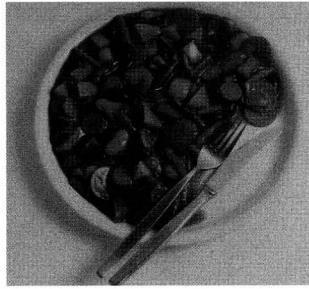
4C



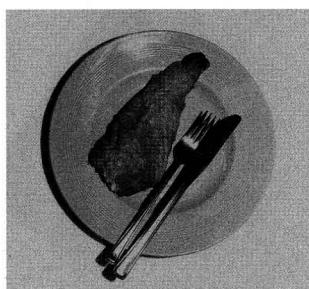
5A



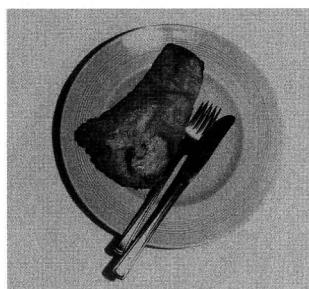
5B
Meat or Vegetable stew



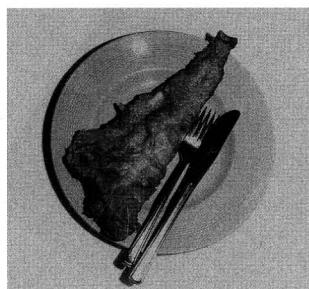
5C



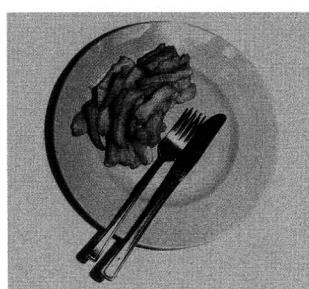
6A



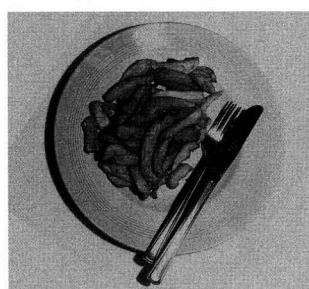
6B
Fish



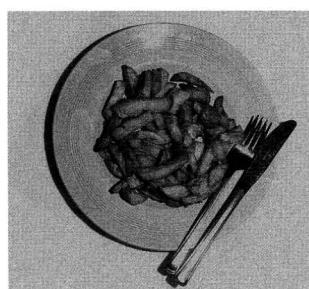
6C



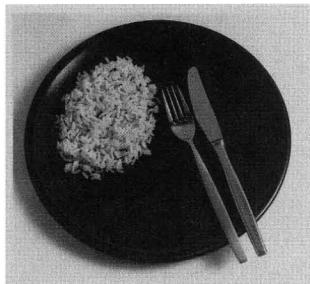
7A



7B
Chips



7C



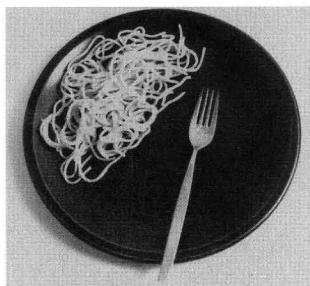
8A



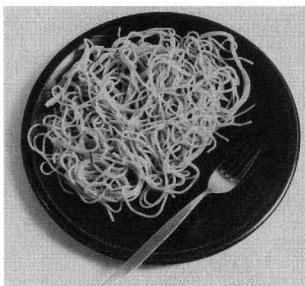
8B
Rice



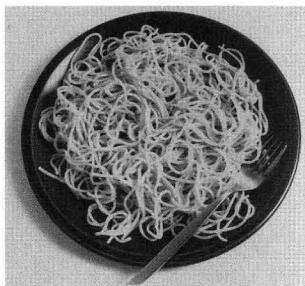
8C



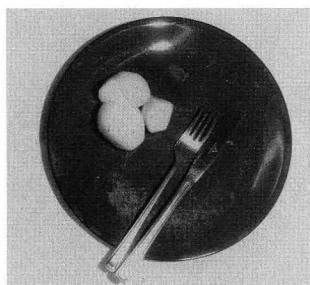
9A



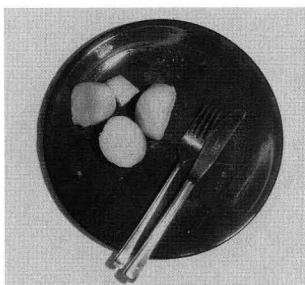
9B
Spaghetti



9C



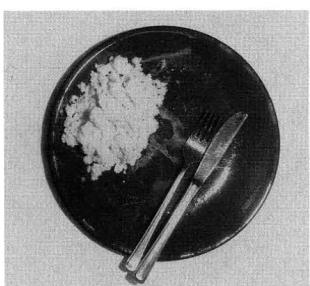
10A



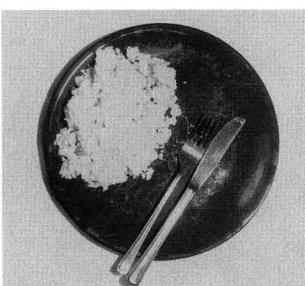
10B
Potatoes



10C



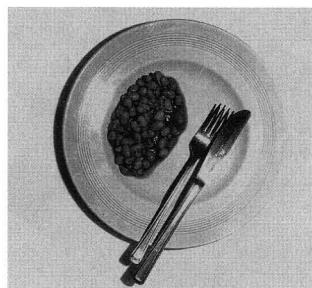
11A



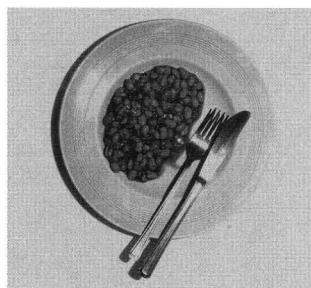
11B
Mashed Potato



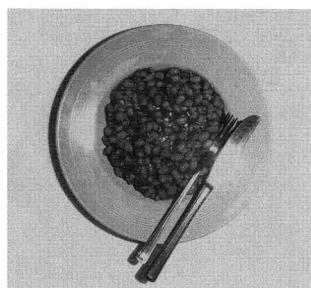
11C



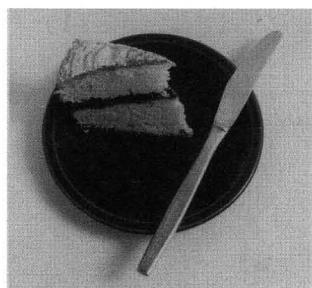
12A



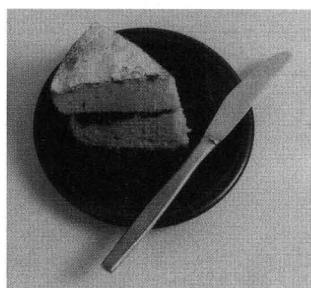
12B
Baked Beans



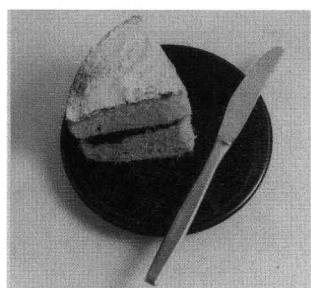
12C



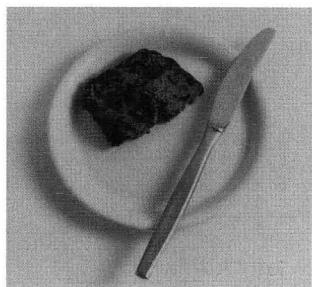
13A



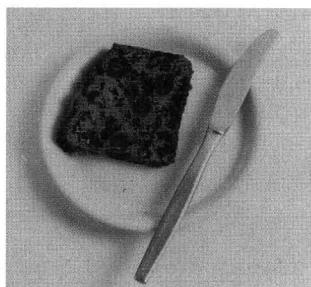
13B
Sponge Cake



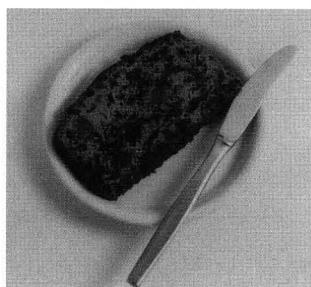
13C



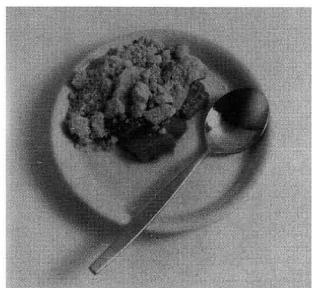
14A



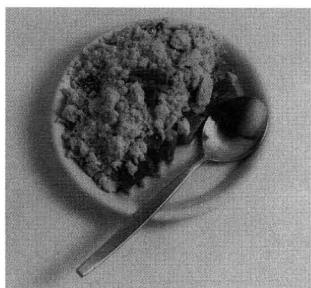
14B
Fruit Cake



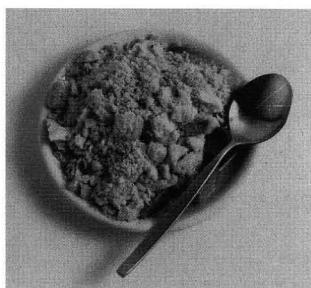
14C



15A



15B
Fruit Crumble



15C

DAY OF WEEK DATE

BEFORE BREAKFAST

<i>Food/Drink</i>	<i>Description & Preparation</i>	<i>Amount</i>

BREAKFAST

<i>Food/Drink</i>	<i>Description & Preparation</i>	<i>Amount</i>

MID-MORNING - between breakfast time and lunch time

<i>Food/Drink</i>	<i>Description & Preparation</i>	<i>Amount</i>

LUNCH

<i>Food/Drink</i>	<i>Description & Preparation</i>	<i>Amount</i>

TEA - between lunch time and the evening meal

<i>Food/Drink</i>	<i>Description & Preparation</i>	<i>Amount</i>

DAY OF WEEK.....	DATE
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EVENING MEAL

<i>Food/Drink</i>	<i>Description & Preparation</i>	<i>Amount</i>

LATER EVENING - up to last thing at night

<i>Food/Drink</i>	<i>Description & Preparation</i>	<i>Amount</i>

BETWEEN-MEALS SNACKS and DRINKS if not already written in

Food/Drink	Description & Preparation	Amount
Chocolates/ sweets
Fruit
Crisps
Peanuts
Other snacks
Beer
Wine
Sherry
Spirits
Other cold drinks
Tea
Coffee
Other hot drinks
Ice cream
Anything else?

Space to write in the Recipe or Ingredients of any made-up dishes or take-away food that you have mentioned if not already done above

*Please name any vitamins, minerals or other food supplements if you had any.
Please give all details and enclose label(s) if possible*

Brand	Name (in full)	Number:pills,capsules, teaspoons
.....
.....
.....

End of day number

DAY OF WEEK DATE

BEFORE BREAKFAST

<i>Food/Drink</i>	<i>Description & Preparation</i>	<i>Amount</i>

BREAKFAST

<i>Food/Drink</i>	<i>Description & Preparation</i>	<i>Amount</i>

MID-MORNING - between breakfast time and lunch time

<i>Food/Drink</i>	<i>Description & Preparation</i>	<i>Amount</i>

LUNCH

<i>Food/Drink</i>	<i>Description & Preparation</i>	<i>Amount</i>

TEA - between lunch time and the evening meal

<i>Food/Drink</i>	<i>Description & Preparation</i>	<i>Amount</i>

DAY OF WEEK.....	DATE
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EVENING MEAL

<i>Food/Drink</i>	<i>Description & Preparation</i>	<i>Amount</i>

LATER EVENING - up to last thing at night

<i>Food/Drink</i>	<i>Description & Preparation</i>	<i>Amount</i>

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Anything else?

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*Please name any vitamins, minerals or other food supplements if you had any.
Please give all details and enclose label(s) if possible*

Brand	Name (in full)	Number:pills,capsules, teaspoons
.....
.....
.....

End of day number

DAY OF WEEK DATE

BEFORE BREAKFAST

<i>Food/Drink</i>	<i>Description & Preparation</i>	<i>Amount</i>

BREAKFAST

<i>Food/Drink</i>	<i>Description & Preparation</i>	<i>Amount</i>

MID-MORNING - between breakfast time and lunch time

<i>Food/Drink</i>	<i>Description & Preparation</i>	<i>Amount</i>

LUNCH

<i>Food/Drink</i>	<i>Description & Preparation</i>	<i>Amount</i>

TEA - between lunch time and the evening meal

<i>Food/Drink</i>	<i>Description & Preparation</i>	<i>Amount</i>

DAY OF WEEK.....	DATE
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EVENING MEAL

<i>Food/Drink</i>	<i>Description & Preparation</i>	<i>Amount</i>

LATER EVENING - up to last thing at night

<i>Food/Drink</i>	<i>Description & Preparation</i>	<i>Amount</i>

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Other cold drinks
Tea
Coffee
Other hot drinks
Ice cream
Anything else?

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Please give all details and enclose label(s) if possible*

Brand	Name (in full)	Number:pills,capsules, teaspoons
.....
.....
.....

End of day number

DAY OF WEEK DATE

BEFORE BREAKFAST

<i>Food/Drink</i>	<i>Description & Preparation</i>	<i>Amount</i>

BREAKFAST

<i>Food/Drink</i>	<i>Description & Preparation</i>	<i>Amount</i>

MID-MORNING - between breakfast time and lunch time

<i>Food/Drink</i>	<i>Description & Preparation</i>	<i>Amount</i>

LUNCH

<i>Food/Drink</i>	<i>Description & Preparation</i>	<i>Amount</i>

TEA - between lunch time and the evening meal

<i>Food/Drink</i>	<i>Description & Preparation</i>	<i>Amount</i>

DAY OF WEEK.....	DATE
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EVENING MEAL

<i>Food/Drink</i>	<i>Description & Preparation</i>	<i>Amount</i>

LATER EVENING - up to last thing at night

<i>Food/Drink</i>	<i>Description & Preparation</i>	<i>Amount</i>

BETWEEN-MEALS SNACKS and DRINKS if not already written in

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Fruit
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Peanuts
Other snacks
Beer
Wine
Sherry
Spirits
Other cold drinks
Tea
Coffee
Other hot drinks
Ice cream
Anything else?

Space to write in the Recipe or Ingredients of any made-up dishes or take-away food that you have mentioned if not already done above

*Please name any vitamins, minerals or other food supplements if you had any.
Please give all details and enclose label(s) if possible*

Brand	Name (in full)	Number:pills,capsules, teaspoons
.....
.....
.....

End of day number

DAY OF WEEK DATE

BEFORE BREAKFAST

<i>Food/Drink</i>	<i>Description & Preparation</i>	<i>Amount</i>

BREAKFAST

<i>Food/Drink</i>	<i>Description & Preparation</i>	<i>Amount</i>

MID-MORNING - between breakfast time and lunch time

<i>Food/Drink</i>	<i>Description & Preparation</i>	<i>Amount</i>

LUNCH

<i>Food/Drink</i>	<i>Description & Preparation</i>	<i>Amount</i>

TEA - between lunch time and the evening meal

<i>Food/Drink</i>	<i>Description & Preparation</i>	<i>Amount</i>

DAY OF WEEK.....	DATE
------------------	------------

EVENING MEAL

<i>Food/Drink</i>	<i>Description & Preparation</i>	<i>Amount</i>

LATER EVENING - up to last thing at night

<i>Food/Drink</i>	<i>Description & Preparation</i>	<i>Amount</i>

BETWEEN-MEALS SNACKS and DRINKS if not already written in

Food/Drink	Description & Preparation	Amount
Chocolates/ sweets
Fruit
Crisps
Peanuts
Other snacks
Beer
Wine
Sherry
Spirits
Other cold drinks
Tea
Coffee
Other hot drinks
Ice cream
Anything else?

Space to write in the Recipe or Ingredients of any made-up dishes or take-away food that you have mentioned if not already done above

*Please name any vitamins, minerals or other food supplements if you had any.
Please give all details and enclose label(s) if possible*

Brand	Name (in full)	Number:pills,capsules, teaspoons
.....
.....
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End of day number

DAY OF WEEK DATE

BEFORE BREAKFAST

<i>Food/Drink</i>	<i>Description & Preparation</i>	<i>Amount</i>

BREAKFAST

<i>Food/Drink</i>	<i>Description & Preparation</i>	<i>Amount</i>

MID-MORNING - between breakfast time and lunch time

<i>Food/Drink</i>	<i>Description & Preparation</i>	<i>Amount</i>

LUNCH

<i>Food/Drink</i>	<i>Description & Preparation</i>	<i>Amount</i>

TEA - between lunch time and the evening meal

<i>Food/Drink</i>	<i>Description & Preparation</i>	<i>Amount</i>

DAY OF WEEK.....	DATE
------------------	------------

EVENING MEAL

<i>Food/Drink</i>	<i>Description & Preparation</i>	<i>Amount</i>

LATER EVENING - up to last thing at night

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Brand	Name (in full)	Number:pills,capsules, teaspoons
.....
.....
.....

End of day number

GENERAL QUESTIONS ON YOUR DIET LAST WEEK

1. Which types of milk did you most often use last week?

- | | | | |
|------------------|--------------------------|----------------------------|--------------------------|
| Full cream | <input type="checkbox"/> | Dried skim milk powder | <input type="checkbox"/> |
| Semi-skimmed | <input type="checkbox"/> | Dried whole or filled milk | <input type="checkbox"/> |
| Skimmed/fat-free | <input type="checkbox"/> | Soya | <input type="checkbox"/> |
| Sterilized | <input type="checkbox"/> | None | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | State type _____ | |

2. How much milk did you usually have in tea?

- | | | | | | |
|-------|--------------------------|---------------------|--------------------------|------------|--------------------------|
| A lot | <input type="checkbox"/> | Average | <input type="checkbox"/> | Hardly any | <input type="checkbox"/> |
| None | <input type="checkbox"/> | I did not drink tea | <input type="checkbox"/> | | |

3. How much milk did you usually have in coffee?

- | | | | | | |
|-------|--------------------------|------------------------|--------------------------|------------|--------------------------|
| A lot | <input type="checkbox"/> | Average | <input type="checkbox"/> | Hardly any | <input type="checkbox"/> |
| None | <input type="checkbox"/> | I did not drink coffee | <input type="checkbox"/> | | |

4. Did you drink decaffeinated coffee?

- | | | | | | |
|--------|--------------------------|-----------|--------------------------|-------|--------------------------|
| Always | <input type="checkbox"/> | Sometimes | <input type="checkbox"/> | Never | <input type="checkbox"/> |
|--------|--------------------------|-----------|--------------------------|-------|--------------------------|

5. Which types of bread did you usually eat?

- | | | | |
|-------------------------|--------------------------|-------------------|--------------------------|
| White | <input type="checkbox"/> | Granary | <input type="checkbox"/> |
| Brown, wheatgerm, Hovis | <input type="checkbox"/> | Wholemeal | <input type="checkbox"/> |
| Soft grain | <input type="checkbox"/> | Did not eat bread | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | Name: _____ | |

6. Did you eat the skin on apples or pears?

- | | | | | |
|--------|------------------------------|-----------------------------|--------------------|--------------------------|
| Apples | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Did not eat apples | <input type="checkbox"/> |
| Pears | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Did not eat pears | <input type="checkbox"/> |

7. What did you do with the visible fat on meat?

- | | | | |
|---------------------------|--------------------------|---------------------|--------------------------|
| Ate most of the fat | <input type="checkbox"/> | Ate some of the fat | <input type="checkbox"/> |
| Ate as little as possible | <input type="checkbox"/> | Did not eat meat | <input type="checkbox"/> |

8. How thickly did you spread butter, margarine etc. on bread or biscuits?

- | | | | | | | | |
|-------|--------------------------|--------|--------------------------|------|--------------------------|------|--------------------------|
| Thick | <input type="checkbox"/> | Medium | <input type="checkbox"/> | Thin | <input type="checkbox"/> | None | <input type="checkbox"/> |
|-------|--------------------------|--------|--------------------------|------|--------------------------|------|--------------------------|

9. Which types of fat did you most often use for baking, frying and spreading?

What did you use it for?

	Brand and type used	Baking	Frying	Spreading
Butter	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low fat spread	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very low fat spread	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polyunsaturated margarine	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other soft margarine	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hard margarine	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetable oils	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White vegetable fat	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lard	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dripping	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

None, I did not use any fats

10. Do you feel that this was more-or-less a typical week, as far as your eating went?

If not, how was it different?

Please return the diary in the pre-paid envelope.

Thank you very much for your cooperation in completing such a long and detailed form.