Supplementary Material 1

**The first set of questions ask you about yourself and your background.**

1. What is your gender?

* Male
* Female
* Non-binary
* Prefer to self-describe (state below) \_\_\_\_\_\_\_\_\_\_\_

1. Identify your age using the categories below

* 18-24 years
* 25-34 years
* 35-44 years
* 45-54 years
* 55-64 years
* 65-74 years
* Greater than 75 years

1. What is your estimated weight (kg)? (If you prefer not to disclose, please leave blank)
2. What is your estimated height (cm)? (If you prefer not to disclose, please leave blank)
3. Country of birth \_\_\_\_\_\_\_\_\_\_
4. Mother’s country of birth \_\_\_\_\_\_\_\_\_\_\_
5. Father’s country of birth \_\_\_\_\_\_\_\_\_\_\_\_
6. Which cultural group do you identify with (*e.g. Aboriginal or Torres Strait Islander, Australian, English, Chinese etc)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Please identify your residential postcode\_\_\_\_\_\_\_\_\_\_
8. Highest degree or level of schooling completed

* No schooling completed
* Junior or Primary school
* Secondary school
* Trade/technical/vocational training
* Diploma
* Advanced Diploma or Associate Degree
* Bachelor’s degree
* Postgraduate degree or Doctorate

1. What range most closely represents your total annual household income?

* $0 - $24,999
* $25,000 - $49,999
* $50,000 - $74,999
* $75,000 - $99,000
* $100,000 - $124,999
* $125,000 - $149,000
* $150,000 - $174,000
* $175,000 – $199,000
* $200,000 or greater
* Prefer not to disclose

1. Number of persons (including you) greater than 18 years of age living in your household

* 1
* 2
* 3
* 4
* 5 or more

1. Number of persons under the age of 18 years living in your household

* 0
* 1
* 2
* 3
* 4
* 5 or more

1. Do you currently suffer from any of the following medical conditions (tick all that apply)

* Heart disease
* High cholesterol
* Type 1 diabetes
* Type 2 diabetes
* High blood pressure
* Stroke
* Cancer (excluding skin cancer)
* Liver disease
* Kidney disease
* Arthritis (*e.g. osteoarthritis or rheumatoid arthritis*)
* Osteoporosis
* Chronic obstructive pulmonary disease (COPD)
* Depression
* Anxiety
* Neurological disease (*e.g. Parkinson’s, Epilepsy*)
* I do not suffer from any medical condition and I am otherwise healthy
* Other condition not listed (state below) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The second set of questions ask you about the types of oils you use in your household.**

1. Considering each of the cooking methods listed below, please indicate from the drop box which oil you mainly use for each of these cooking methods:
2. Raw (i.e. for dressings or dipping bread into etc)
3. Boiling
4. Sautéing
5. Shallow frying
6. Deep frying
7. Stir frying
8. Air frying
9. Stewing/Simmering
10. Roasting and/or Savoury baking
11. Sweet baking
12. Preserves or Condiments
13. BBQ or Grilling
14. Slow cooking or Pressure cooking
15. Other cooking method not listed (state below) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Options:

* I don’t use oil for this cooking procedure
* I don’t use this cooking method
* Extra Virgin Olive Oil
* Olive Oil
* Light Olive Oil
* Canola Oil
* Safflower Oil
* Sunflower Oil
* Rice Bran Oil
* Vegetable Oil
* Peanut Oil
* Sesame Oil
* Macadamia Oil
* Walnut Oil
* Grape Seed Oil
* Coconut Oil
* Avocado Oil
* Butter
* Margarine (any type)
* Clarified Butter/Ghee
* Animal Fat/Lard
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Considering all of your responses from the previous question, what type of oil do you mainly use in your household (please select one only)

Options:

* Extra Virgin Olive Oil
* Olive Oil
* Light Olive Oil
* Canola Oil
* Safflower Oil
* Sunflower Oil
* Rice Bran Oil
* Vegetable Oil
* Peanut Oil
* Sesame Oil
* Macadamia Oil
* Walnut Oil
* Grape Seed Oil
* Coconut Oil
* Avocado Oil
* Butter
* Margarine (any type)
* Clarified Butter/Ghee
* Animal Fat/Lard
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* None

1. Based on your response from the previous question, how much of this oil would you normally consume on an average day? Please consider what you consume and not the whole household

* Less than 1 tablespoon
* 1-2 tablespoons
* 2-3 tablespoons
* 3-4 tablespoons
* More than 4 tablespoons

1. Why do you choose this oil in preference to others?
2. If you do not use olive oil or extra virgin olive oil as the main cooking oil in your household, could you please tell us why?