



**2. Have you taken any supplements such as vitamins, protein supplement etc.?**

No   
 Yes

If yes; what and how often?

**3. How often do you usually eat the following meals per week? (Enter once per row)**

	Times per week							Rarely/ never
	7	6	5	4	3	2	1	
Breakfast								
Lunch								
Dinner								
Supper								
Snack (in-between-meals)	Times per day				Times per week			Rarely/ never
	6+	4-5	2-3	1	5-6	2-4	1	

**4. I avoid consuming certain foods and beverages because of ...: (Enter once per row)**

	No, never	Sometimes	Yes, always
<i>... allergies or intolerance(s)</i>			
<i>... my health</i>			
<i>... my religion</i>			
<i>... my weight</i>			
<i>... climate considerations</i>			
<i>... animal welfare</i>			
<i>... veganism</i>			
<i>... other reasons than those above (describe below)</i>			

Describe the foods and beverages you avoid (if applicable):

Other reasons why you avoid consuming certain foods and beverages (if applicable):

Comments related to my diet (if applicable):