

QUESTIONNAIRE NCQ003

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DIET ANALYSIS

Fresh Taste and Pure Organic

- **What Percentage (%) of your meals (each week) is home prepared and cooked?**

Lunch: _____%; Evening Meals: _____%

- **What percentage (%) of your meals (each week) is pre-packed?**

Dry packet: _____%; Can: _____%; Chilled or Freezer Cabinet Foods: _____%

- **What percentage (%) of your vegetables (each day) is raw or uncooked? _____%**

- **What is the total percentage (%) of organic food eaten (each day)?**

Vegetables: _____%; Fruit: _____%; Dry Foods: _____%

- **What percentage (%) of food eaten (each day) came from:**

Scotland: _____%; UK (excluding Scotland): _____%; Outside UK: _____%

- **Do you add salt to your food when cooking (yes/no) or at the table (yes/no)?**

- **How many glasses of water do you drink a day? _____**

- **Do you drink filtered water? (yes/no)**

- **Do you regularly drink bottled water? (yes/no)**

Sugar Balance

- **Do you add sugar, honey or sweetener to drinks? (yes/no)**

- **How many times a week do you eat: chocolate: _____ cakes: _____ biscuits: _____?**

- **How many cups a day do you drink of: tea: _____ coffee: _____ ?**

- **Do you drink decaffeinated tea (yes/no) and/or decaffeinated coffee (yes/no)?**

- **How many units of alcohol do you drink in 1 Week? _____ units; type _____**

- **Do you eat white or brown bread? (white/brown) — Rice? (yes/no) — Pasta? (yes/no).**

- **How many slices of bread do you eat a week? _____**

If you require clarification concerning the information outlined above please contact your nearest qualified nutritional therapist for an appointment or contact: Ursula Fearn, MSc. Dip. ION BANT — Telephone: (01620) 826810, (07810) 673565 or (0131) 225 8092 or email: ursula@nutri-ception.co.uk (website: www.nutri-ception.co.uk).

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5 A DAY

• How many portions of vegetables (excluding rice, potatoes + beans) do you eat a day? _____

• List vegetables commonly eaten:

• Portions of fruit a day? _____

• List fruit commonly eaten:

FATS

• What fat and/or oil do you bake with (brand + type)? _____

• What fat and/or oil do you fry with (brand + type)? _____

• What fat and/or oil do you spread on bread or biscuits (brand + type)? _____

• How often do you eat oily fish a week e.g. salmon, mackerel? _____ is it smoked? (yes/no)

• How often do you eat crisps or similar savoury snacks a week? _____ name: _____

• How often do you eat cheese other than cottage cheese or quark a week? _____

PROTEIN

• How often do you eat red meat a week? _____ type? _____

• How often do you eat chicken a week? _____ is it organic? (yes/no)

• How often do you eat eggs a week? _____ in what form? _____

• How often do you eat fish a week? _____

• Do you eat under stressful circumstances at work or home? (yes/no)

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DAY FOOD DIARY

CATEGORY	DAY1	DAY 2	DAY 3 (if 1 +2 are not typical)
BREAKFAST			
LUNCH			
DINNER			
SNACKS + DRINKS			

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