

DNBC Adolescent Food Frequency Questionnaire

This is a translation of the Danish FFQ used among the 14-year old participants in the DNBC during the years 2013-2017.



Introduction

Hi <name>

Thank you for participating!

When you have finished the questionnaire, you are automatically included in a competition with many gifts. It takes about 25 minutes to complete the questionnaire.

Important!

In this questionnaire, we will ask you to recall the last 12 months and answer the following questions:

- What did you eat and drink?
- How were your food habits?
- How physically active were you?

It can be difficult to remember, but follow your intuition and give us your best answers.

Your participation is very important for us – so thank you again and enjoy! ☺



Data about you

Please write the e-mail address you most often use

Please write a phone number where we can reach you

We usually do not call our participants but in some cases it can be necessary

How tall are you?

Enter your height in centimeters (whole numbers)

_____ m

What is your weight?

Enter your weight in kilograms (whole numbers)

_____ kg



Beverages

Recall the last 12 months – include all meals and snacks of the day on both weekdays and weekends.

What type of milk do you most often drink?

- Whole fat milk (3.5%)
- Semi skimmed milk (1.5%)
- Semi skimmed milk (0.5%)
- Skimmed milk (0.1%)
- Soymilk
- I don't know
- I don't drink milk

How often did you drink <type of milk> during the last 12 months?

Less than once per month	1-3 times per month	1 time per week	2-4 times per week	5-6 times per week	1 time per day	2-3 times per day	4 times or more per day

How often did you drink the beverages below?

	Did not drink the last year	Less than 1 per month	1-3 glasses per month	1 glass per week	2-4 glasses per week	5-6 glasses per week	1 glass per day	2-3 glasses per day	4 glasses or more per day
Lemonade, with sugar									
Lemonade, no sugar									
Orange juice									
Apple juice									
Cacao milk									
Tap water, bottle water or sprinkling water									
Smoothie									



How often did you drink the beverages below?

	Did not drink the last month	Less than 1 per month	1-3 bottles per month	1 bottle per week	2-4 bottles per week	5-6 bottles per week	1 bottle per day	2-3 bottles per day	4 bottles or more per day
Soft drink and coke, with sugar									
Soft drink and coke, no sugar									
Protein drink (e.g. Powerade)									
Energy drink (e.g. Red Bull, Pure Rush, Cult, Burn)									
Beer									
Alco-pops (e.g. Somersby, Tempt)									
Alcohol (e.g. Bacardi breezer)									

How often did you drink the beverages below?

	Did not drink the last month	Less than 1 per month	1-3 cups per month	1 cup per week	2-4 cups per week	5-6 cups per week	1 cup per day	2-3 cups per day	4 cups or more per day
Coffee									
Coffee with milk (e.g. Café Latte, Cappuccino)									
Tea									



Dairy products

Recall the last 12 months – include all meals and snacks of the day on both weekdays and weekends.

What type of dairy product did you most often consume?

- Low fat dairy products (e.g. skimmed milk or semi-skimmed milk, cheese or yoghurt)
- Whole fat dairy products (e.g. whole fat milk, cheese or yoghurt)
- I consume both low and high fat dairy products
- I do not know
- I do not eat dairy products

How often did you eat or use the following dairy products?

Recall the last 12 months - all meals and snacks on both weekdays and weekends.

	Did not drink the last month	Less than once per month	1-3 times per month	1 time per week	2-4 times per week	5-6 times per week	1 time per day	2-3 times per day	4 times or more per day
Cheese as supplement (e.g. grated or salad cheese) (spoon)									
Cheese pieces (piece)									
Cheese, sliced or cream cheese (slice)									
Yoghurt without fruit (bowl)									
Yoghurt with fruit (bowl)									
Yoghurt ready-to-drink (e.g. Cultura, Actimel) (bottle)									



Cold buttermilk soup (bowl)									
Cream (e.g. with ice cream, hot chocolate, cake)(spoon)									

If there is a discrepancy between type of dairy product and frequency for cheese or yoghurt:

Your answers do not comply. You have answered that you consume dairy products, however you did not select cheese, yoghurt, yoghurt ready-to-drink, cold buttermilk soup or cream within the last year. Please correct one of your answers. You have ticked off a type of dairy product and that you did not eat cheese or yoghurt the last month. Is this correct? Yes No



Bread and cereals

Recall the last 12 months – include all meals and snacks of the day on both weekdays and weekends.

How often did you eat the following cereals?

	Did not eat the last month	Less than once per month	1-3 times per month	1 time per week	2-4 times per week	5-6 times per week	1 time per day	2 times or more per day
Cornflakes, Special-K or similar (bowl)								
Choco pops, Frosties or similar (bowl)								
Oatmeal (bowl)								
Muesli (bowl)								
Porridge (e.g. oatmeal, rice pudding) (bowl)								

If no breakfast cereals were selected:

Is it correct that you did not consume any kind of breakfast cereals during the previous year? Think of breakfast, lunch, dinner, and snacking. If you have had any kind of breakfast cereals please select above.

If porridge was selected:

How often did you add butter to your porridge?

- Always
- Sometimes
- Never



How often did you eat the following types of bread?

	Did not drink the last month	Less than once per month	1-3 times per month	1 time per week	2-4 times per week	5-6 times per week	1 time per day	2-3 times per day	4 times or more per day
White bread									
Bun, flute									
Dark bread									
Rye bread									
Crips bread									
Rice crips									

When you ate <type bread> how many slices did you normally consume for one meal?

	1-2 half slices	3-4 half slices	5-6 half slices	1-2 half slices/buns	3-4 half slices/buns	5-6 half slices/buns	7 half or more slices/buns	1-2 pieces	3-4 pieces	5 pieces of more
White bread										
Bun, flute										
Dark bread/buns										
Rye bread										
Crips bread										
Rice crips										

How often did you add grease/butter to your bread? (e.g. butter, Kaergården, Lätta)

- Always
- Sometimes
- Never

What type of grease did you most often use on bread the last month?

- Butter or Kaergården
- Margarine/minarine (e.g. Becel or Lätta)



Spread on bread

Recall the last 12 months – include all meals and snacks of the day on both weekdays and weekends.

How often did you eat the following types of spread?

	Did not eat the last month	Less than once per month	1-3 times per month	1 time per week	2-4 times per week	5-6 times per week	1 time per day	2 times or more per day
Thin slices of chocolate or Nutella								
Marmalade, jam or honey								
Ham								
Roasted pork								
Roast beef								
Liver pate, other pate								
Pepperoni and other sausages								
Cold cuts of chicken or turkey								
Salad with ham or chicken								
Salad with mackerel or tuna								
Herring (e.g. marinated in curry or dill)								
Canned fish (e.g. tuna or mackerel)								
Shrimps								
Fruit cold cuts								



Cold and hot dishes

Recall the last 12 months – include all meals and snacks of the day on both weekdays and weekends.

How often did you eat the following dishes?

	Did not eat the last month	Less than once per month	1-3 times per month	1 time per week	2-4 times per week	5-6 times per week	1 time per day	2 times or more per day
Beef and calf (e.g. beef steak, cutlet)								
Hamburger patty								
Pork (e.g. ham, fillet, schnitzel)								
Meat balls								
Chicken or turkey								
Lamb								
Casseroles (e.g. meat sauce, wok)								
Pasta with meat (e.g. lasagna)								
Hashed brown potatoes with meat and fried egg								
Pie with vegetables or meat								
Dished with legumes (e.g. falafel, hummus)								
Pork sausage and Frankfurter								
Hotdog or similar								
Pizza								
Burger								



Toast with e.g. cheese and ham								
Sandwich incl. shawarma								
Pita with filling								
Egg (e.g. boiled, fried, or omelet)								
Sushi								
Fish (e.g. salmon, cod or trout)								
Fish products (e.g. fish cakes, fish sticks)								
Soup (e.g. potato soup, tomato soup)								

Please mark the type of soup you had most frequently

- Soup with meat (e.g. with chicken or meatballs)
- Soup without meat (e.g. potato-soup)
- Soup with noodles/pasta
- I do not know

When you ate meat how much of the fat did you eat? (e.g. on roast pork, cutlet)

- Eat all
- Eat some
- Eat none

When you ate chicken or turkey, did you eat the skin?

- Yes
- No
- Sometimes



Side dishes and condiments

Recall the last 12 months – include all meals and snacks of the day on both weekdays and weekends.

How often did you eat the following side dishes and condiments?

	Did not eat the last month	Less than once per month	1-3 times per month	1 time per week	2-4 times per week	5-6 times per week	1 time per day	2-3 times per day	4 times or more per day
Potatoes: boiled, roasted, mashed									
French fries									
Fried potatoes									
Potato salad									
Rice (e.g. for casseroles/wok)									
Noodles/pasta (e.g. for casseroles/wok)									
Legumes/chickpeas									
Mixed salad without meat									
Mixed salad with meat									
Mixed warm vegetables									
Sauce									
Sauce (low fat)									
Cold dressing with creme fraiche									
Dressing (e.g. oil/vinegar)									
Mayonnaise/remoulade									
Ketchup/mustard									



How often did you add salt to your food when sitting at the table? E.g. on eggs, French fries, or meat.

	Did not add salt the last year	Less than once per month	1-3 times per month	1 time per week	2-4 times per week	5-6 times per week	1 time per day	2-3 times per day	4 times or more per day
Number of times									

How often did you add sugar to your drinks or food (1 teaspoon/1cube)? E.g. in coffee, tea, on porridge or other breakfast cereals.

	Did not add sugar the last month	Less than once per month	1-3 times per month	1 time per week	2-4 times per week	5-6 times per week	1 time per day	2-3 times per day	4 times or more per day
Number of times									



Fruit and vegetables

Recall the last 12 months – include all meals and snacks of the day on both weekdays and weekends.

How often did you eat the following fruits?

	Did not eat the last year	Less than once per month	1-3 times per month	1 time per week	2-4 times per week	5-6 times per week	1 time per day	2-3 times per day	4 times or more per day
Apple (1 pc.)									
Pear (1 pc.)									
Banana (1 pc.)									
Orange or grape (1-½ pc.)									
Nectarine, peach, apricot or plum (1 pc.)									
Melon (1 slice)									
Kiwi (1 pc.)									
Pineapple (1 slice)									
Berries, fresh or frozen (1 handful)									
Grapes (1 handful)									
Raisins (1 handful)									



How often did you eat the following vegetables?

	Did not eat the last year	Less than once per month	1-3 times per month	1 time per week	2-4 times per week	5-6 times per week	1 time per day	2-3 times per day	4 times or more per day
Cucumber (1 pc. 4-5 cm)									
Tomato (1 pc.)									
Green beans									
Broccoli									
White cabbage or cauliflower									
Onion or leek									
Avocado (½ pc.)									
Corn									
Mushrooms									

How often did you eat the following vegetables?

	Did not eat the last year	Less than once per month	1-3 times per month	1 time per week	2-4 times per week	5-6 times per week	1 time per day	2-3 times per day	4 times or more per day
Peas									
Salad, green leaves									
Spinach									
Peppers, red, green, yellow									
Carrot (1 pc.)									
Beetroot									
Celeriac root									
Parsnip, parsley root or similar roots									
Courgette or aubergine									



Snacks and desserts

Recall the last 12 months – include all meals and snacks of the day on both weekdays and weekends.

How often did you eat the following desserts and snacks?

	Did not eat the last year	Less than once per month	1-3 times per month	1 time per week	2-4 times per week	5-6 times per week	1 time per day	2 times or more per day
Cake (1 pc.)								
Mixed candy (e.g. wine gums, drops, licorice, toffees)								
Chocolate								
Chocolate bar (e.g. Snickers, Mars)								
Potato chips								
Corn chips (e.g. Tortilla)								
Popcorn								
Peanuts								
Other nuts than peanuts								
Salty sticks								
Danish pastries								
Fruit pie								
Pancakes or dumpling								
Cookies								
Crackers								
Crème puffs								
Energy bar								
Muesli bar								
Fruit bar								
Sorbet or Ice lolly								
Ice cream								

Well done! You are almost finished with the questionnaire.



Meal habits

These questions refer to your meal habits during the last 12 months.

How many times a week do you eat breakfast? *Weekdays and weekends*

	I never eat breakfast	1-3 times last month	1-2 times per week	3-4 times per week	5-6 times per week	Every day
Number of times						

How often did you eat lunch or dinner with your family on weekdays?

	I never do	1-3 times last month	1 time per week	2-4 times per week	5-6 times per week	Every day
Lunch						
Dinner						

How often did you eat lunch or dinner with your family on weekends?

	Did not the last month	1-3 times last month	1 time per week	2 times per week
Lunch				
Dinner				

Where did you usually get your lunch on school days?

- Lunch box from home
- Bought at school
- Bought outside school
- Did not eat lunch

How often did you eat at a fast food restaurant or take away restaurant? e.g. McDonalds, Burger King, Pizza Hot or similar.

Did not the last year	Less than once per month	1-3 times per month	1 time per week	2-4 times per week	5-6 times per week	1 time per day	2-3 times per day



Which of the following vitamins did you consume during the last 12 months?

- Multivitamins (vitamins with many different vitamins and minerals)
- Calcium
- Fish oil
- Iron
- Zink
- C-vitamin
- D-vitamin
- A-vitamin
- E-vitamin
- None
- Other kind _____



How often did you take <type of vitamin>? Tick you answer for each season.

	Less than once per month	1-3 times per month	1 time per week	2-4 times per week	5-6 times per week	7 times a week (once per day)	More than one per day
Fall							
Winter							
Spring							
Summer							

Are there kinds of food, which you cannot eat? (due to food allergy)

- Yes
- No

Please, select the foods are you allergic to

- Milk
- Egg
- Shellfish
- Soy
- Gluten
- Peanuts
- Other nuts than peanuts
- Other

If other, please specify *E.g. I 'm allergic to pineapple.* _____

Are there any kinds of foods that you avoid eating? *For other reasons than food allergy*

- Yes
- No

What do you avoid to eat and why? _____



Physical activity

These questions refer to your physical activity the last 12 months.

Choose the answer that fits you the best in relation to how active you were the previous year.

Recall both weekdays and weekends.

Did you have physical education in school?

- Yes
- No

How many hours per week?

- 1 hour per week
- 2 hours per week
- 3 hours per week
- 4 hours per week
- 5 hours per week
- More than 5 hours per week

How did you use your body during recess in school?

- I was very active. I was running around or playing football most of the time.
- I was active. I was often running around or playing ball.
- I walked around during most of the recess.
- I was sitting still, talking, reading, and listening to music or playing games or computer during most of the recess.

How did you use your body in your leisure time?

- I was very active. I did sports most of the time.
- I was active. I went to sport or other active leisure time activities most of the time.
- I was not very active. I visited friends or walked around most of the time.
- I was sitting still, talking, watching TV, reading, playing games or computer most the time.

Did you do sports in your leisure time?

- Yes
- No



Yes, I did.....

- Football
- Handball
- Basketball
- Volleyball
- Badminton
- Tennis
- Gymnastics
- Dancing
- Swimming
- Martial Arts
- Horseback riding
- Fitness
- Running
- Other

The 'other sport' was _____.



How many hours per week did you do <type of sport>. Please answer per season.

	None	Less than ½ hour per week	1½-3½ hour per week	4-6½ hour per week	7-9½ hour per week	More than 10 hour per week
Fall						
Winter						
Spring						
Summer						

Do you bike to/from school or leisure time activities?

- Yes
- No

How many hours of biking per week in total?

- ½ hour per week
- 1 hour per week
- 2 hours per week
- 3 hours per week
- 4 hours per week
- More than 4 hours per week

What time do you get up and go to bed on weekdays?

I usually get up at _____ (choose hour and quarter of an hour)

I usually go to bed at _____ (choose hour and quarter of an hour)

What time do you get up and go to bed in weekends?

I usually get up at _____ (choose hour and quarter of an hour)

I usually go to bed at _____ (choose hour and quarter of an hour)



How many hours in one week do you spend on watching TV in your leisure time? (Including video, DVD, PlayStation, Xbox, cinema etc.)

Please note for all 5 weekdays in total and for the weekend.

None-½ hour per week	1-5½ hour per week	6-10½ hour per week	11-15½ hour per week	16-20½ hour per week	21-30½ hour per week	More than 31 hours per week

How many hours in one week do you spend on the computer in your leisure time? (Including chatting, surfing the internet, games, e-mail, games on the mobile phone, iPad, homework etc.)

Please note for all 5 weekdays in total and for the weekend.

None-½ hour per week	1-5½ hour per week	6-10½ hour per week	11-15½ hour per week	16-20½ hour per week	21-30½ hour per week	More than 31 hours per week

Did you receive help when filling in the questionnaire?

- Yes, I got very little help from an adult
- Yes, I got some help from an adult
- Yes, I got help from an adult throughout the whole questionnaire
- No, I completed the questionnaire by my self

Well done! You completed the questionnaire. Remember to press 'send'

If you have comments on the questionnaire please note them here: _____

Thank you very much for your response.