**Q1: Lifestyle Questionnaire**

**Please answer all of the following questions. All answers will be treated as strictly confidential.**

Please **circle** a response where appropriate.

1. What is your age? ……………………………

2. Please state your gender:

Male Female

3. Do you regularly eat breakfast in the morning?

Yes No

4. Do you regularly eat lunch?

Yes No

5. Are you vegetarian/vegan?

Yes No

**6. Do you suffer from any medical illnesses, food allergies or intolerances: e.g. diabetes, nut allergies or lactose intolerance?**

Yes No

If yes, please state …………………………………………………………………………

**7. Do you presently have, or have ever had, any psychological issues, such as depression, anxiety, or an eating disorder?**

Yes No

If yes, please state …………………………………………………………………………

**8. Do you smoke?**

Yes No

If yes, please indicate how many cigarettes you smoke per day, on average.

1-5 5-10 10-15 15-20 20-25 25+

9. Do you drink alcohol?

Yes No

If yes, please indicate how many units of alcohol you drink per week, on average.

1-5 5-10 10-15 15-20 20-25 25-30 30-35 35-40 40+

*(1 unit = ½ pint beer, lager or cider,1 small glass of wine or 1 single measure of spirits)*

10. Do you wear glasses or contact lenses?

Yes No

**Q2: Eating Questionnaire**

1. In the space below please describe everything you have eaten and drank today.

…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

2. At approximately what time did you last eat something?

…………………………………………………………………………………………………………

**Q3: VAS1**

**Please answer the following questions:**

1) Using the line below, please indicate (marking with an X) how **alert** you are right now.

***Not Alert at all*** ------------------------------------------------------------------------ ***Very Alert***

2) Using the line below, please indicate (marking with an X) how **drowsy** you are right now.

***Not Drowsy at all*** ------------------------------------------------------------------------***Very Drowsy***

3) Using the line below, please indicate (marking with an X) how **light-headed** you are right now.

***Not Light-headed at all*** ------------------------------------------------------------------------***Very Light-headed***

4) Using the line below, please indicate (marking with an X) how **anxious** you are right now.

***Not Anxious at all*** ------------------------------------------------------------------------***Very Anxious***

5) Using the line below, please indicate (marking with an X) how **happy** you are right now.

***Not Happy at all*** ------------------------------------------------------------------------***Very Happy***

6) Using the line below, please indicate (marking with an X) how **nauseous** you are right now.

***Not Nauseous at all*** ------------------------------------------------------------------------ ***Very Nauseous***

7) Using the line below, please indicate (marking with an X) how **sad** you are right now.

***Not Sad at all*** ------------------------------------------------------------------------ ***Very Sad***

8) Using the line below, please indicate (marking with an X) how **hungry** you are right now.

***Not Hungry at all*** ------------------------------------------------------------------------***Very Hungry***

9) Using the line below, please indicate (marking with an X) how **full** you are right now.

***Not Full at all*** ------------------------------------------------------------------------***Very Full***

10) Using the line below, please indicate (marking with an X) your **desire to eat** right now.

***No Desire to*** ------------------------------------------------------------------------***Very much***

***Eat at all Desire to Eat***

11) Using the line below, please indicate (marking with an X) how **thirsty** you are right now.

***Not Thirsty at all*** ------------------------------------------------------------------------***Very Thirsty***

**Q4: LISRQ**

**GRAPES**

1) Using the line below, please indicate (marking with an X) how much you like **grapes.**

***Not at all*** ------------------------------------------------------------------------ ***Very Much***

2) Using the line below, please indicate (marking with an X) how often you intend to eat **grapes each day.**

***Never*** ------------------------------------------------------------------------ ***Always***

3) Using the line below, please indicate (marking with an X) how bitter you think **grapes** are.

***Not at all*** ------------------------------------------------------------------------ ***Very Much***

4) Using the line below, please indicate (marking with an X) how sweet you think **grapes** are.

***Not at all*** ------------------------------------------------------------------------ ***Very Much***

**Q4: LISRQ** Participant:

**COOKIES**

1) Using the line below, please indicate (marking with an X) how much you like **cookies.**

***Not at all*** ------------------------------------------------------------------------ ***Very Much***

2) Using the line below, please indicate (marking with an X) how often you intend to eat **cookies each day.**

***Never*** ------------------------------------------------------------------------ ***Always***

3) Using the line below, please indicate (marking with an X) how bitter you think **cookies** are.

***Not at all*** ------------------------------------------------------------------------ ***Very Much***

4) Using the line below, please indicate (marking with an X) how sweet you think **cookies** are.

***Not at all*** ------------------------------------------------------------------------ ***Very Much***

**Q4: LISRQ**

**CRISPS**

1) Using the line below, please indicate (marking with an X) how much you like **crisps.**

***Not at all*** ------------------------------------------------------------------------ ***Very Much***

2) Using the line below, please indicate (marking with an X) how often you intend to eat **crisps each day.**

***Never*** ------------------------------------------------------------------------ ***Always***

3) Using the line below, please indicate (marking with an X) how bitter you think **crisps** are.

***Not at all*** ------------------------------------------------------------------------ ***Very Much***

4) Using the line below, please indicate (marking with an X) how sweet you think **crisps** are.

***Not at all*** ------------------------------------------------------------------------ ***Very Much***

**Q4: LISRQ** Participant:

**CUCUMBER**

1) Using the line below, please indicate (marking with an X) how much you like **cucumber**.

***Not at all*** ------------------------------------------------------------------------ ***Very Much***

2) Using the line below, please indicate (marking with an X) how often you intend to eat **cucumber each day.**

***Never*** ------------------------------------------------------------------------ ***Always***

3) Using the line below, please indicate (marking with an X) how bitter you think **cucumber** is.

***Not at all*** ------------------------------------------------------------------------ ***Very Much***

4) Using the line below, please indicate (marking with an X) how sweet you think **cucumber** is.

***Not at all*** ------------------------------------------------------------------------ ***Very Much***

**Q4: LISRQ**

**FRUIT & VEGETABLES**

1) Using the line below, please indicate (marking with an X) how much you like **fruit**.

***Not at all*** ------------------------------------------------------------------------ ***Very Much***

2) Using the line below, please indicate (marking with an X) how much you like **vegetables**.

***Not at all*** ------------------------------------------------------------------------ ***Very Much***

3) Using the line below, please indicate (marking with an X) how much you intend to eat **fruit each day**.

***Never*** ------------------------------------------------------------------------ ***Always***

4) Using the line below, please indicate (marking with an X) how much you intend to eat **vegetables** **each day**.

***Never*** ------------------------------------------------------------------------ ***Always***

**Q5: VAS2**

**Please answer the following questions:**

1) Using the line below, please indicate (marking with an X) how **alert** you are right now.

***Not Alert at all*** ------------------------------------------------------------------------ ***Very Alert***

2) Using the line below, please indicate (marking with an X) how **drowsy** you are right now.

***Not Drowsy at all*** ------------------------------------------------------------------------***Very Drowsy***

3) Using the line below, please indicate (marking with an X) how **light-headed** you are right now.

***Not Light-headed at all*** ------------------------------------------------------------------------***Very Light-headed***

4) Using the line below, please indicate (marking with an X) how **anxious** you are right now.

***Not Anxious at all*** ------------------------------------------------------------------------***Very Anxious***

5) Using the line below, please indicate (marking with an X) how **happy** you are right now.

***Not Happy at all*** ------------------------------------------------------------------------***Very Happy***

6) Using the line below, please indicate (marking with an X) how **nauseous** you are right now.

***Not Nauseous at all*** ------------------------------------------------------------------------ ***Very Nauseous***

7) Using the line below, please indicate (marking with an X) how **sad** you are right now.

***Not Sad at all*** ------------------------------------------------------------------------ ***Very Sad***

8) Using the line below, please indicate (marking with an X) how **hungry** you are right now.

***Not Hungry at all*** ------------------------------------------------------------------------***Very Hungry***

9) Using the line below, please indicate (marking with an X) how **full** you are right now.

***Not Full at all*** ------------------------------------------------------------------------***Very Full***

10) Using the line below, please indicate (marking with an X) your **desire to eat** right now.

***No Desire to*** ------------------------------------------------------------------------***Very much***

***Eat at all Desire to Eat***

11) Using the line below, please indicate (marking with an X) how **thirsty** you are right now.

***Not Thirsty at all*** ------------------------------------------------------------------------***Very Thirsty***

**Q6: TFEQ**

**Please indicate whether the following statements apply to you, by ticking either the TRUE (T) or FALSE (F) box for each**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **True** | **False** |
| **1** | When I smell a sizzling steak or see a juicy piece of meat, I find it very difficult to keep from eating, even if I have just finished a meal. |  |  |
| **2** | I usually eat too much at social occasions, like parties and picnics. |  |  |
| **3** | I am usually so hungry that I eat more than three times a day. |  |  |
| **4** | When I have eaten my quota of calories, I am usually good about not eating any more. |  |  |
| **5** | Dieting is so hard for me because I just get too hungry. |  |  |
| **6** | I deliberately take small helpings as a means of controlling my weight. |  |  |
| **7** | Sometimes things just taste so good that I keep on eating even when I am no longer hungry. |  |  |
| **8** | Since I am often hungry, I sometimes wish that while I am eating, an expert would tell me that I have had enough or that I can have something more to eat. |  |  |
| **9** | When I feel anxious, I find myself eating. |  |  |
| **10** | Life is too short to worry about dieting. |  |  |
| **11** | Since my weight goes up and down, I have gone on reducing diets more than once. |  |  |
| **12** | I often feel so hungry that I just have to eat something. |  |  |
| **13** | When I am with someone who is overeating, I usually overeat too. |  |  |
| **14** | I have a pretty good idea of the number of calories in common food. |  |  |
| **15** | Sometimes when I start eating, I just can’t seem to stop. |  |  |
| **16** | It is not difficult for me to leave something on my plate. |  |  |
| **17** | At certain times of the day, I get hungry because I have gotten used to eating then. |  |  |
| **18** | While on a diet, if I eat food that is not allowed, I consciously eat less for a period of time to make up for it. |  |  |
| **19** | Being with someone who is eating often makes me hungry enough to eat also. |  |  |
| **20** | When I feel blue, I often overeat. |  |  |
| **21** | I enjoy eating too much to spoil it by counting calories or watching my weight. |  |  |
| **22** | When I see a real delicacy, I often get so hungry that I have to eat right away. |  |  |
| **23** | I often stop eating when I am not really full as a conscious means of limiting the amount that I eat. |  |  |
| **24** | I get so hungry that my stomach often seems like a bottomless pit. |  |  |
| **25** | My weight has hardly changed at all in the last ten years. |  |  |
| **26** | I am always hungry so it is hard for me to stop eating before I finish the food on my plate. |  |  |
| **27** | When I feel lonely, I console myself by eating. |  |  |
| **Please indicate whether the following statements apply to you, by ticking either the TRUE (T) or FALSE (F) box for each** | | | |
|  |  | **True** | **False** |
| **28** | I consciously hold back at meals in order not to gain weight. |  |  |
| **29** | I sometimes get very hungry late in the evening or at night. |  |  |
| **30** | I eat anything I want, any time I want. |  |  |
| **31** | Without even thinking about it, I take a long time to eat |  |  |
| **32** | I count calories as a conscious means of controlling my weight |  |  |
| **33** | I do not eat some foods because they make me fat |  |  |
| **34** | I am always hungry enough to eat at any time. |  |  |
| **35** | I pay a great deal of attention to changes in my figure. |  |  |
| **36** | While on a diet, if I eat a food that is not allowed, I often then splurge and eat other high calorie foods. |  |  |

**Please answer the following questions by circling the number above the response that is appropriate to you.**

37. How often are you dieting in a conscious effort to control your weight?

1 2 3 4

rarely sometimes usually always

38. Would a weight fluctuation of 5 lbs affect the way you live your life?

1 2 3 4

not at all slightly moderately very much

39. How often do you feel hungry?

1 2 3 4

only at sometimes often between almost

mealtimes between meals meals always

40. Do your feelings of guilt about overeating help you to control your food intake?

1 2 3 4

never rarely often always

41. How difficult would it be for you to stop eating halfway through dinner and not eat for the next four hours?

1 2 3 4

easy slightly moderately very

difficult difficult difficult

**Please answer the following questions by circling the number above the response that is appropriate to you.**

42. How conscious are you of what you are eating?

1 2 3 4

not at all slightly moderately extremely

43. How frequently do you avoid ‘stocking up’ on tempting foods?

1 2 3 4

Almost seldom usually almost never always

44. How likely are you to shop for low calorie foods?

1 2 3 4

unlikely slightly unlikely moderately likely very likely

45. Do you eat sensibly in front of others and splurge alone?

1 2 3 4

never rarely often always

46. How likely are you to consciously eat slowly in order to cut down on how much YOU eat?

1 2 3 4

unlikely slightly likely moderately likely very likely

47. How frequently do you skip dessert because you are no longer hungry?

1 2 3 4

almost never seldom at least once almost

a week every day

48. How likely are you to consciously eat less than you want?

1 2 3 4

unlikely slightly likely moderately likely very likely

49. Do you go on eating binges though you are not hungry?

1 2 3 4

never rarely sometimes at least once a week

**Please answer the following questions by circling the number above the response that is appropriate to you.**

50. On a scale of 0 to 5, where 0 means no restraint in eating (eating whatever you want, whenever you want it) and 5 means total restraint (constantly limiting food intake and never ‘giving in’), what number would you give yourself?

0

eat whatever you want, whenever you want it

1

usually eat whatever you want, whenever you want it

2

often eat whatever you want, whenever you want it

3

often limit food intake, but often ‘give in’

4

usually limit food intake, rarely ‘give in’

5

constantly limiting food intake, never ‘giving in’

51. To what extent does this statement describe your eating behaviour? ‘I start dieting in the morning, but because of any number of things that happen during the day, by evening I have given up and eat what I want, promising myself to start dieting again tomorrow.’

1 2 3 4

not like me little like me pretty good describes me

description of me perfectly

What do you think the aims of the study were?

......................................................................................................................................

......................................................................................................................................

......................................................................................................................................

......................................................................................................................................

.....................................................................................................................................

**Q7: UFDIQ**

**Please answer the following questions:**

How many servings of vegetables do you normally eat a day?

.....................................................................................

Think back carefully - How many servings of vegetables did you eat yesterday?

.....................................................................................

How many servings of fruit do you normally eat a day?

.....................................................................................

Think back carefully - How many servings of fruit did you eat yesterday?

.....................................................................................

How many junk food snack items do you normally eat a day?

.....................................................................................

Think back carefully - How many junk food snack items did you eat yesterday?

.....................................................................................

How many sugar sweetened drinks (e.g. fruit juice, fizzy drinks, etc) do you normally drink a day?

.....................................................................................

Think back carefully - How many sugar sweetened drinks did you drink yesterday?

.....................................................................................

**Q8: SA**

**Please answer the following questions:**

I identify with students at the University of Birmingham

***Not at all*** ------------------------------------------------------------------------ ***Very Much***

I feel a strong connection to students at the University of Birmingham

***Not at all*** ------------------------------------------------------------------------ ***Very Much***

**Q9: SFAF**

1a) How many servings of **vegetables** do you think a typical student *eats* a day?

....................................................................................

1b) How many servings of **vegetables** do you think a typical Student *should eat* a day?

.....................................................................................

1c) How much do you think a typical Student *enjoys* eating **vegetables**?

***Not at all*** ------------------------------------------------------------------------ ***Very Much***

2a) How many items of **fruit** do you think a typical Student *eats* a day?

.....................................................................................

2b) How many items of **fruit** do you think a typical Student *should eat* a day?

.....................................................................................

2c) How much do you think a typical Student *enjoys* eating **fruit**?

***Not at all*** ------------------------------------------------------------------------ ***Very Much***

3a) How many **junk food snack items** do you think a typical Student *eats* a day?

.....................................................................................

3b) How many **junk food snack items** do you think a typical Student *should eat* a day?

.....................................................................................

3c) How much do you think a typical Student *enjoys* eating **junk food snack items**?

***Not at all*** ------------------------------------------------------------------------ ***Very Much***

4a) How many **sugar-sweetened drinks** do you think a typical Student *eats* a day?

.....................................................................................

4b) How many **sugar-sweetened drinks** do you think a typical Student *should eat* a day?

.....................................................................................

4c) How much do you think a typical Student *enjoys* drinking **sugar-sweetened drinks**?

***Not at all*** ------------------------------------------------------------------------ ***Very Much***

**Q10: DCF**

**Please answer the following question:**

Have you completed any other psychology studies today? If so, what did they involve?

...................................................................................................................................................

...................................................................................................................................................

...................................................................................................................................................

.................................................................................................................................................

Do you think they could have affected your behaviour in this study in any way? If so, how?

...................................................................................................................................................

...................................................................................................................................................

...................................................................................................................................................

.................................................................................................................................................

**Q11: PCF**

**Please answer the following question:**

Please write down the content of the messages in the poster from the study you participated in earlier:

...................................................................................................................................................

...................................................................................................................................................

...................................................................................................................................................

..................................................................................................................................................

**Q12: Check**

Did you explicitly realise that we were trying to affect how much you ate of the foods, by using a message in the poster?

□ YES □ NO

If yes, how did you realise? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For researcher use only**

Weight (kg)...........................

Height (metres).................................

BMI ...........................

Basal Metabolic Rate ...........................

Fat %.....................................

Fat Free Mass………………

Visceral Fat Indicator...........................

Muscle Mass…………….

Fat Mass…………………………...