

**Appendix A: Food Frequency Questionnaire**

**Gluten and Dairy Food Frequency Questionnaire**

1. What is your full name? .....
2. Date of birth: ...../...../.....
3. Postcode: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_
4. Gender: Female Male Other
5. Do you follow a particular MS diet (e.g. OMS, Wahls, Swank)?
  - a. Yes
  - b. No
  - c. Don't know
6. If answered yes to Q5, please specify which diet and since when  
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7. Have you changed your diet significantly in the past 5 years?
  - a. Yes
  - b. No
8. If answered yes to Q7, please specify when and how it changed (please mention ALL diet changes). Do you still follow these changes? If not, when did you stop?  
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9. Have you been medically diagnosed with Coeliac Disease?
  - a. Yes
  - b. No
10. If answered yes to Q9, how was it diagnosed?  
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11. Are you lactose intolerant?
  - a. Yes
  - b. No
12. If answered yes to Q11, how were you diagnosed?
  - a. By a doctor
  - b. Self-diagnosed

13. Have you ever excluded dairy or gluten from your diet in the past 5 years?

- a. Yes, dairy
- b. Yes, gluten
- c. Yes, both
- d. No

14. Please include any relevant details about your dairy-free (DF) and/or gluten-free (GF) diet (e.g. when you started it, how long you were on it, and how closely you followed it)

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15. The sections that follow will ask you about your average intake of certain foods.

Please fill them out based on the diet you have followed for the longest period of time over the last 2 years (whether this be a specific diet (e.g. Wahls), some dietary adjustments (e.g. excluding dairy), or eating normally)

GLUTEN	Never/ rarely	1-3 times per month	1-3 times per week	4-6 times per week	Once per day	More than once per day	Please indicate how much you would eat per sitting?
<b>Breads</b> (Not including GF options)							
Sandwiches, toast, bread roll							1 slice / 2 slices / 3 slices / 4+ slices
Tortillas/wraps, pizza bases (20cm wide), naan							1 / 2 / 3+
Battered food/bread crumbs							What specifically did you have? How many?
<b>Baked goods</b> (Not including GF options)							
Savoury pastries e.g. pies, sausage rolls							What specifically did you have? How many?
Sweet pastries e.g. croissants, donuts							What specifically did you have? How many?

Cakes, muffins, brownies, etc.							What specifically did you have? How many?
Pancakes, crepes, waffles, crumpets							What specifically did you have? How many?
<b>Pastas/doughs</b> (Not including GF options)							
Pasta (incl. gnocchi)							½ cup / 1 cup / 2 cups / 3+ cups
Noodles <i>Note: not including rice noodles</i>							½ cup / 1 cup / 2 cups / 3+ cups
<b>Sauces</b> containing gluten (gravy, white sauce)							<1 tbsp / 1 tbsp / 2 tbsp / 3+ tbsp
<b>Biscuits/Crackers:</b> sweet and savoury <i>Note: not including rice crackers</i>							What specifically did you have? How many?
<b>Cereals</b> (Not including GF options)							
Breakfast cereals (e.g. Weetbix, Nutrigrain)							½ cup / 1 cup / 2 cups / 3+ cups  What specifically did you have?

**Which type of milk do you usually drink? Please choose ONE:**

SKIM / LITE / FULL CREAM / POWDERED MILK / OTHER

DAIRY	Never/ rarely	1-3 times per month	1-3 times per week	4-6 times per week	Once per day	More than once a day	Please indicate how much you would eat per sitting?
<b>Milk</b>							
Cow's milk on it's own							¼ cup / ½ cup / 1 cup / 2+ cups
Heated cow's milk (e.g. tea, coffee, hot chocolate, porridge)							1 tbsp / ¼ cup / ½ cup / 1 cup
Cows milk in milkshakes, smoothies							½ cup / 1 cup / 2+ cups
Cow's milk in cereal							¼ cup / ½ cup / 1 cup / 2+ cups

Cheese							
Hard cheese (slices, blocks, shredded)							1 slice / 2 slice / 3+ slices
Soft cheeses (e.g. camembert, brie, blue cheese)							¼ wheel / ½+ wheel
Cream cheese, cottage cheese							Thin spread (1 tsp) / medium thickness spread / thick spread (1+ tbsp)
Cheese sauce (bechamel, white sauce)							¼ cup / ½ cup / 1+ cups
<b>Yoghurt</b> (Not including DF options)							½ cup / 1 cup / 2+ cups
<b>Icecream, Custard</b> (Not including DF options)							¼ cup / ½ cup / 1 cup / 2+ cups