



2014

C-PAN

Centre for Physical Activity and Nutrition Research

FOOD PURCHASING STUDY



CRICOS Provider Code: 00113B



Please Read

This booklet contains a number of important sections:

- **Food Purchasing Diary instruction manual** – This contains detailed instructions on how to fill in the food purchasing diary.
- **Food Purchasing Diary** – This is what you will fill in each day for the duration of the study (14 consecutive days).
- **Individual Questionnaire** – Please answer these questions about yourself and your household in the space provided.

Once you have completed the food purchasing diary and the questionnaire please send them back to us in the reply-paid envelope (provided). Please note that you **DO NOT** need a stamp for this.

If you have agreed to also be involved in the GPS component of the study please wait for the device to be delivered prior to beginning the food purchasing diary. The diary and the device can be returned together.

For any questions or concerns regarding the study please do not hesitate to contact us at:

Dr Lukar Thornton
School of Exercise and Nutrition Sciences
Deakin University
221 Burwood Highway, Burwood VIC 3125
Phone: 03 9244 5029
Email: food_purchasing@deakin.edu.au

Food purchasing diary: Instruction manual

Dear participant,

Thank you for agreeing to be involved in this important study. Below are the instructions on filling in the food purchasing diary.

If you have any questions please email: food_purchasing@deakin.edu.au

How to fill in the food purchasing diary:

A separate sheet is included for each day with four rows available to record four separate food purchases for each day. If you make more than four purchases on any day, please record the additional purchases on the additional purchases sheet provided after Day 14. You can start the diary on any day of the week and please remember to fill it in for 14 consecutive days.

On each day please record food purchases made at different stores as a separate food purchase (e.g. if on one trip you visited the supermarket and the bakery, record these as two separate food purchases).

Two separate visits to the same store on the same day (e.g. a café in the morning for breakfast and again for a meal in the evening) are also considered separate food purchases.

If no food purchases are made on a particular day, please tick the box at the top of that day indicating this.

Receipt

To begin with, please indicate whether you obtained a receipt for the food purchase. If you are attaching the food purchase receipt, please note on the receipt the date and food purchase number it relates to (see below).



What was the name of the store where the food was purchased and the address (store name, street number, street name or location, and suburb):

In this section please enter as much information about the location where you purchased food as you can. The minimum information of store name, street and suburb are required.

Where were you prior to making this food purchase?

In this section please tell us where you were before you travelled to make this food purchase. That is, were you at home, at work, or were you at some other location?

Primary mode of travel from the prior location to the food store:

When you left the prior location you recorded to visit the food store, did you primarily travel by car, public transport, walk or cycle, other means such as a taxi, or was the food home delivered? If groceries items are purchased but to be home delivered at a later date, please still record the items on the day of purchase.

What food was purchased?:

Ten categories of food items are provided for you to select from. Examples of foods that fall within each category are as follows:

<i>Food category</i>	<i>Examples of food items</i>
Fresh fruit	All fresh fruit items that are either as individual items (e.g. a single apple) or as bulk (e.g. 6 pack of Kiwi fruit). Do not included canned or dried fruit in this category.
Fresh vegetables	All fresh vegetable items that are either as individual items (e.g. a lettuce) or as bulk (e.g. 1kg of carrots). Do not included canned or dried vegetables in this category.
Grocery items	This includes household grocery items such as bread, milk, cheese, pasta, rice, tinned fish, butter, canned fruit, meat, breakfast cereal, yoghurt etc.
Snack food	Potato/corn chips, chocolate, confectionery, muesli bars, popcorn, pretzels, pastries (e.g. cinnamon bun), ice cream etc.
Soft drink	This includes all soft drinks (both sugar sweetened and diet varieties), sports drinks, energy drinks etc.
Bottled water	This includes all bottled natural water (still, free of flavours etc).

Hot fast food/takeaway	Examples include hot chips, pizza, meat pie, hamburger, souvlaki, fish & chips, fried/roast chicken, fried rice, curry, etc.
Cold takeaway	Examples include sandwiches, salads, sushi etc.
Meal within sit down restaurant	This includes all eat in occasions in a full-table service sit down restaurant. It does not include occasions such as eating within a McDonalds restaurant (which should be recorded under hot fast food/takeaway)
Other	Please specify any other item that is not in the listed above here. Additionally, if you are unsure how to classify an item, please list it here.

The purchase of multiple items from the same store should be recorded (e.g. Hot fast food/takeaway and soft drink).

Amount Spent:

In this section please indicate the total amount spent for each food purchase number. Where possible please only note the amount spent on food and drink items.

See the example below on how to fill out the food diary.

Day 1: 30/7/2014

No food purchase made on this day:

Food purchase (FP) number/ receipt attached <i>(report for each different store visited)</i>	Store name/address <i>(minimum information: store name, street/location, suburb)</i>	Where were you prior to making this food purchase? <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____	Primary mode of travel from the prior location to the food store. <input type="checkbox"/> Car <input type="checkbox"/> Public transport <input checked="" type="checkbox"/> Walk/cycle <input type="checkbox"/> Other <input type="checkbox"/> Home delivery	What food was purchased Please keep and return receipt and note which day and food purchase number it relates to OR Fill in checklist below	Amount spent \$
<p># 1</p> <p>Receipt attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Store name: <i>Café Ava</i></p> <p>Street number:</p> <p>Street name/location: <i>Deakin University</i></p> <p>Suburb: <i>Burwood</i></p>			<p><input type="checkbox"/> Fresh fruit</p> <p><input type="checkbox"/> Fresh vegetables</p> <p><input type="checkbox"/> Grocery items (e.g. bread, milk, pasta)</p> <p><input type="checkbox"/> Snack food (e.g. chips, chocolate)</p> <p><input type="checkbox"/> Soft drink</p> <p><input checked="" type="checkbox"/> Bottled water</p> <p><input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza)</p> <p><input checked="" type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi)</p> <p><input type="checkbox"/> Meal within sit down restaurant</p> <p><input type="checkbox"/> Other (please specify briefly) _____</p>	<p>\$11.50</p>
<p># 2</p> <p>Receipt attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Store name: <i>Coles Supermarket</i></p> <p>Street number:</p> <p>Street name/location: <i>Moonee Ponds Central Shopping Centre</i></p> <p>Suburb: <i>Moonee Ponds</i></p>	<p><input type="checkbox"/> Home <input checked="" type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____</p>	<p><input checked="" type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery</p>	<p><input checked="" type="checkbox"/> Fresh fruit</p> <p><input checked="" type="checkbox"/> Fresh vegetables</p> <p><input checked="" type="checkbox"/> Grocery items (e.g. bread, milk, pasta, meat)</p> <p><input type="checkbox"/> Snack food (e.g. chips, chocolate)</p> <p><input checked="" type="checkbox"/> Soft drink</p> <p><input type="checkbox"/> Bottled water</p> <p><input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza)</p> <p><input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi)</p> <p><input type="checkbox"/> Meal within sit down restaurant</p> <p><input type="checkbox"/> Other (please specify briefly) _____</p>	<p>\$78.65</p>

Day 1 continued

Food purchase (FP) number/ receipt attached <i>(report for each different store visited)</i>	What of the name of store where the food was purchased and address <i>(minimum information: store name, street, suburb)</i>	Where were you prior to making this food purchase?	Primary mode of travel from the prior location to the food store.	What food was purchased Please keep and return receipt and note which day and food purchase number it relates to OR Fill in checklist below	Amount spent \$
<p># 3</p> <p>Receipt attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Store name: <i>BP</i></p> <p>Street number: <i>795</i></p> <p>Street name/location: <i>Mount Alexander Rd</i></p> <p>Suburb: <i>Moonee Ponds</i></p>	<p> <input type="checkbox"/> Home <input type="checkbox"/> Work <input checked="" type="checkbox"/> Other (please specify) <u>Supermarket</u> </p>	<p> <input checked="" type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery </p>	<p> <input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta) <input checked="" type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input checked="" type="checkbox"/> Other (please specify briefly) <u>Big M</u> </p>	<p>\$6.30</p>
<p># 4</p> <p>Receipt attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Store name: <i>Mario's PIZZA</i></p> <p>Street number:</p> <p>Street name/location: <i>Keilor Rd</i></p> <p>Suburb: <i>Niddrie</i></p>	<p> <input checked="" type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____ </p>	<p> <input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input checked="" type="checkbox"/> Home delivery </p>	<p> <input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input checked="" type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input checked="" type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____ </p>	<p>\$18</p>

From the above food diary example, here are the relevant scenarios.

Food purchase 1

This food purchase occurred whilst the participant at work at Deakin University. They walked from their office to the café that was on campus to purchase a sandwich and bottle of water. They spent \$11.50 on this purchase and did not receive a receipt.

Food purchase 2

This person drove from work straight to the supermarket in their home suburb, Moonee Ponds. Here they purchased a range of grocery items including pasta, milk, minced beef, lemonade, and a range of fresh fruit and vegetables. They spent a total of \$78.65 during this purchase and keep the receipt which they marked as Day 1, FP #2. The food purchased at the supermarkets were used by the participants for lunch and dinner on Day 2 meaning no food purchases were made on Day 2.

Food purchase 3

On the way from the supermarket to home, the participant stopped at their local BP service station to put petrol in their car. Whilst inside the store they bought a chocolate bar and a Big M which cost \$6.30. A receipt was acquired and was marked Day 1, FP #3.

Food purchase 4

That evening the participant ordered a pizza for dinner for themselves and partner. The pizza was home delivered with a bottle of Pepsi Max. The order cost \$18 but no receipt was obtained.

**THE FOLLOWING PAGES CONTAIN THE FOOD PURCHASING DIARY
FOR YOU TO COMPLETE**

FOOD PURCHASING DIARY

Day 1: _____

No food purchase made on this day:

Food purchase (FP) number/ receipt attached <i>(report for each different store visited)</i>	Store name/address <i>(minimum information: store name, street/location, suburb)</i>	Where were you prior to making this food purchase?	Primary mode of travel from the prior location to the food store.	What food was purchased Please keep and return receipt and note which day and food purchase number it relates to OR Fill in checklist below	Amount spent \$
<p># 1</p> <p>Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Store name: Street number: Street name/location: Suburb:</p>	<p> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____ </p>	<p> <input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery </p>	<p> <input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____ </p>	
<p># 2</p> <p>Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Store name: Street number: Street name/location: Suburb:</p>	<p> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____ </p>	<p> <input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery </p>	<p> <input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta, meat) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____ </p>	

FOOD PURCHASING DIARY

Day 1 continued

Food purchase (FP) number/ receipt attached <i>(report for each different store visited)</i>	Store name/address <i>(minimum information: store name, street/location, suburb)</i>	Where were you prior to making this food purchase?	Primary mode of travel from the prior location to the food store.	What food was purchased Please keep and return receipt and note which day and food purchase number it relates to OR Fill in checklist below	Amount spent \$
# 3 Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Store name: Street number: Street name/location: Suburb:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____.	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____.	
# 4 Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Store name: Street number: Street name/location: Suburb:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____.	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta, meat) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____.	

FOOD PURCHASING DIARY

Day 2: _____

No food purchase made on this day:

Food purchase (FP) number/ receipt attached	Store name/address <small>(minimum information: store name, street/location, suburb)</small>	Where were you prior to making this food purchase?	Primary mode of travel from the prior location to the food store.	What food was purchased <small>Please keep and return receipt and note which day and food purchase number it relates to</small> OR <small>Fill in checklist below</small>	Amount spent \$
# 1 Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Store name: Street number: Street name/location: Suburb:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____	
# 2 Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Store name: Street number: Street name/location: Suburb:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta, meat) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____	

FOOD PURCHASING DIARY

Day 2 continued

Food purchase (FP) number/ receipt attached <i>(report for each different store visited)</i>	Store name/address <i>(minimum information: store name, street/location, suburb)</i>	Where were you prior to making this food purchase?	Primary mode of travel from the prior location to the food store.	What food was purchased Please keep and return receipt and note which day and food purchase number it relates to OR Fill in checklist below	Amount spent \$
<p># 3</p> <p>Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Store name:</p> <p>Street number:</p> <p>Street name/location:</p> <p>Suburb:</p>	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____	
<p># 4</p> <p>Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Store name:</p> <p>Street number:</p> <p>Street name/location:</p> <p>Suburb:</p>	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta, meat) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____	

FOOD PURCHASING DIARY

Day 3: _____

No food purchase made on this day:

Food purchase (FP) number/ receipt attached	Store name/address <small>(minimum information: store name, street/location, suburb)</small>	Where were you prior to making this food purchase?	Primary mode of travel from the prior location to the food store.	What food was purchased <small>Please keep and return receipt and note which day and food purchase number it relates to</small> OR <small>Fill in checklist below</small>	Amount spent \$
# 1 Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Store name: Street number: Street name/location: Suburb:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____	
# 2 Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Store name: Street number: Street name/location: Suburb:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta, meat) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____	

FOOD PURCHASING DIARY

Day 3 continued

Food purchase (FP) number/ receipt attached <i>(report for each different store visited)</i>	Store name/address <i>(minimum information: store name, street/location, suburb)</i>	Where were you prior to making this food purchase?	Primary mode of travel from the prior location to the food store.	What food was purchased Please keep and return receipt and note which day and food purchase number it relates to OR Fill in checklist below	Amount spent \$
<p># 3</p> <p>Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Store name: Street number: Street name/location: Suburb:</p>	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____	
<p># 4</p> <p>Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Store name: Street number: Street name/location: Suburb:</p>	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta, meat) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____	

FOOD PURCHASING DIARY

Day 4: _____

No food purchase made on this day:

Food purchase (FP) number/ receipt attached	Store name/address <small>(minimum information: store name, street/location, suburb)</small>	Where were you prior to making this food purchase?	Primary mode of travel from the prior location to the food store.	What food was purchased <small>Please keep and return receipt and note which day and food purchase number it relates to</small> OR <small>Fill in checklist below</small>	Amount spent \$
# 1 Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Store name: Street number: Street name/location: Suburb:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____	
# 2 Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Store name: Street number: Street name/location: Suburb:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta, meat) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____	

FOOD PURCHASING DIARY

Day 4 continued

Food purchase (FP) number/ receipt attached <i>(report for each different store visited)</i>	Store name/address <i>(minimum information: store name, street/location, suburb)</i>	Where were you prior to making this food purchase?	Primary mode of travel from the prior location to the food store.	What food was purchased Please keep and return receipt and note which day and food purchase number it relates to OR Fill in checklist below	Amount spent \$
<p># 3</p> <p>Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Store name:</p> <p>Street number:</p> <p>Street name/location:</p> <p>Suburb:</p>	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____	
<p># 4</p> <p>Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Store name:</p> <p>Street number:</p> <p>Street name/location:</p> <p>Suburb:</p>	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta, meat) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____	

FOOD PURCHASING DIARY

Day 5: _____

No food purchase made on this day:

Food purchase (FP) number/ receipt attached	Store name/address <small>(minimum information: store name, street/location, suburb)</small>	Where were you prior to making this food purchase?	Primary mode of travel from the prior location to the food store.	What food was purchased <small>Please keep and return receipt and note which day and food purchase number it relates to</small> OR <small>Fill in checklist below</small>	Amount spent \$
# 1 Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Store name: Street number: Street name/location: Suburb:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____	
# 2 Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Store name: Street number: Street name/location: Suburb:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta, meat) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____	

FOOD PURCHASING DIARY

Day 5 continued

Food purchase (FP) number/ receipt attached <i>(report for each different store visited)</i>	Store name/address <i>(minimum information: store name, street/location, suburb)</i>	Where were you prior to making this food purchase?	Primary mode of travel from the prior location to the food store.	What food was purchased Please keep and return receipt and note which day and food purchase number it relates to OR Fill in checklist below	Amount spent \$
<p># 3</p> <p>Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Store name:</p> <p>Street number:</p> <p>Street name/location:</p> <p>Suburb:</p>	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____	
<p># 4</p> <p>Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Store name:</p> <p>Street number:</p> <p>Street name/location:</p> <p>Suburb:</p>	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta, meat) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____	

FOOD PURCHASING DIARY

Day 6: _____

No food purchase made on this day:

Food purchase (FP) number/ receipt attached	Store name/address <small>(minimum information: store name, street/location, suburb)</small>	Where were you prior to making this food purchase?	Primary mode of travel from the prior location to the food store.	What food was purchased <small>Please keep and return receipt and note which day and food purchase number it relates to</small>	Amount spent \$
# 1 Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Store name: Street number: Street name/location: Suburb:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____	
# 2 Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Store name: Street number: Street name/location: Suburb:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta, meat) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____	

FOOD PURCHASING DIARY

Day 6 continued

Food purchase (FP) number/ receipt attached <i>(report for each different store visited)</i>	Store name/address <i>(minimum information: store name, street/location, suburb)</i>	Where were you prior to making this food purchase?	Primary mode of travel from the prior location to the food store.	What food was purchased Please keep and return receipt and note which day and food purchase number it relates to OR Fill in checklist below	Amount spent \$
# 3 Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Store name: Street number: Street name/location: Suburb:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____.	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____.	
# 4 Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Store name: Street number: Street name/location: Suburb:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____.	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta, meat) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____.	

FOOD PURCHASING DIARY

Day 7: _____

No food purchase made on this day:

Food purchase (FP) number/ receipt attached	Store name/address <small>(minimum information: store name, street/location, suburb)</small>	Where were you prior to making this food purchase?	Primary mode of travel from the prior location to the food store.	What food was purchased <small>Please keep and return receipt and note which day and food purchase number it relates to</small> OR <small>Fill in checklist below</small>	Amount spent \$
# 1 Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Store name: Street number: Street name/location: Suburb:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____	
# 2 Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Store name: Street number: Street name/location: Suburb:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta, meat) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____	

FOOD PURCHASING DIARY

Day 7 continued

Food purchase (FP) number/ receipt attached <i>(report for each different store visited)</i>	Store name/address <i>(minimum information: store name, street/location, suburb)</i>	Where were you prior to making this food purchase?	Primary mode of travel from the prior location to the food store.	What food was purchased Please keep and return receipt and note which day and food purchase number it relates to OR Fill in checklist below	Amount spent \$
# 3 Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Store name: Street number: Street name/location: Suburb:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____.	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____.	
# 4 Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Store name: Street number: Street name/location: Suburb:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____.	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta, meat) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____.	

FOOD PURCHASING DIARY

Day 8: _____

No food purchase made on this day:

Food purchase (FP) number/ receipt attached	Store name/address <small>(minimum information: store name, street/location, suburb)</small>	Where were you prior to making this food purchase?	Primary mode of travel from the prior location to the food store.	What food was purchased <small>Please keep and return receipt and note which day and food purchase number it relates to</small> OR <small>Fill in checklist below</small>	Amount spent \$
# 1 Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Store name: Street number: Street name/location: Suburb:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____	
# 2 Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Store name: Street number: Street name/location: Suburb:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta, meat) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____	

FOOD PURCHASING DIARY

Day 8 continued

Food purchase (FP) number/ receipt attached <i>(report for each different store visited)</i>	Store name/address <i>(minimum information: store name, street/location, suburb)</i>	Where were you prior to making this food purchase?	Primary mode of travel from the prior location to the food store.	What food was purchased Please keep and return receipt and note which day and food purchase number it relates to OR Fill in checklist below	Amount spent \$
# 3 Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Store name: Street number: Street name/location: Suburb:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____	
# 4 Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Store name: Street number: Street name/location: Suburb:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta, meat) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____	

FOOD PURCHASING DIARY

Day 9: _____

No food purchase made on this day:

Food purchase (FP) number/ receipt attached <i>(report for each different store visited)</i>	Store name/address <i>(minimum information: store name, street/location, suburb)</i>	Where were you prior to making this food purchase?	Primary mode of travel from the prior location to the food store.	What food was purchased Please keep and return receipt and note which day and food purchase number it relates to OR Fill in checklist below	Amount spent \$
<p># 1</p> <p>Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Store name: Street number: Street name/location: Suburb:</p>	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____	
<p># 2</p> <p>Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Store name: Street number: Street name/location: Suburb:</p>	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta, meat) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____	

FOOD PURCHASING DIARY

Day 9 continued

Food purchase (FP) number/ receipt attached <i>(report for each different store visited)</i>	Store name/address <i>(minimum information: store name, street/location, suburb)</i>	Where were you prior to making this food purchase?	Primary mode of travel from the prior location to the food store.	What food was purchased Please keep and return receipt and note which day and food purchase number it relates to OR Fill in checklist below	Amount spent \$
<p># 3</p> <p>Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Store name:</p> <p>Street number:</p> <p>Street name/location:</p> <p>Suburb:</p>	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____	
<p># 4</p> <p>Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Store name:</p> <p>Street number:</p> <p>Street name/location:</p> <p>Suburb:</p>	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta, meat) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____	

FOOD PURCHASING DIARY

Day 10: _____

No food purchase made on this day:

Food purchase (FP) number/ receipt attached	Store name/address <small>(minimum information: store name, street/location, suburb)</small>	Where were you prior to making this food purchase?	Primary mode of travel from the prior location to the food store.	What food was purchased <small>Please keep and return receipt and note which day and food purchase number it relates to</small> OR <small>Fill in checklist below</small>	Amount spent \$
# 1 Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Store name: Street number: Street name/location: Suburb:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____	
# 2 Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Store name: Street number: Street name/location: Suburb:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta, meat) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____	

FOOD PURCHASING DIARY

Day 10 continued

Food purchase (FP) number/ receipt attached <i>(report for each different store visited)</i>	Store name/address <i>(minimum information: store name, street/location, suburb)</i>	Where were you prior to making this food purchase?	Primary mode of travel from the prior location to the food store.	What food was purchased Please keep and return receipt and note which day and food purchase number it relates to OR Fill in checklist below	Amount spent \$
# 3 Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Store name: Street number: Street name/location: Suburb:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____	
# 4 Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Store name: Street number: Street name/location: Suburb:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta, meat) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____	

FOOD PURCHASING DIARY

Day 11: _____

No food purchase made on this day:

Food purchase (FP) number/ receipt attached	Store name/address <small>(minimum information: store name, street/location, suburb)</small>	Where were you prior to making this food purchase?	Primary mode of travel from the prior location to the food store.	What food was purchased <small>Please keep and return receipt and note which day and food purchase number it relates to</small> OR <small>Fill in checklist below</small>	Amount spent \$
# 1 Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Store name: Street number: Street name/location: Suburb:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____	
# 2 Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Store name: Street number: Street name/location: Suburb:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta, meat) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____	

FOOD PURCHASING DIARY

Day 11 continued

Food purchase (FP) number/ receipt attached <i>(report for each different store visited)</i>	Store name/address <i>(minimum information: store name, street/location, suburb)</i>	Where were you prior to making this food purchase?	Primary mode of travel from the prior location to the food store.	What food was purchased Please keep and return receipt and note which day and food purchase number it relates to OR Fill in checklist below	Amount spent \$
# 3 Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Store name: Street number: Street name/location: Suburb:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____.	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____.	
# 4 Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Store name: Street number: Street name/location: Suburb:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____.	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta, meat) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____.	

FOOD PURCHASING DIARY

Day 12: _____

No food purchase made on this day:

Food purchase (FP) number/ receipt attached	Store name/address <small>(minimum information: store name, street/location, suburb)</small>	Where were you prior to making this food purchase?	Primary mode of travel from the prior location to the food store.	What food was purchased <small>Please keep and return receipt and note which day and food purchase number it relates to</small> OR <small>Fill in checklist below</small>	Amount spent \$
# 1 Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Store name: Street number: Street name/location: Suburb:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____	
# 2 Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Store name: Street number: Street name/location: Suburb:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta, meat) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____	

FOOD PURCHASING DIARY

Day 12 continued

Food purchase (FP) number/ receipt attached <i>(report for each different store visited)</i>	Store name/address <i>(minimum information: store name, street/location, suburb)</i>	Where were you prior to making this food purchase?	Primary mode of travel from the prior location to the food store.	What food was purchased Please keep and return receipt and note which day and food purchase number it relates to OR Fill in checklist below	Amount spent \$
# 3 Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Store name: Street number: Street name/location: Suburb:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____	
# 4 Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Store name: Street number: Street name/location: Suburb:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta, meat) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____	

FOOD PURCHASING DIARY

Day 13: _____

No food purchase made on this day:

Food purchase (FP) number/ receipt attached	Store name/address <small>(minimum information: store name, street/location, suburb)</small>	Where were you prior to making this food purchase?	Primary mode of travel from the prior location to the food store.	What food was purchased <small>Please keep and return receipt and note which day and food purchase number it relates to</small> OR <small>Fill in checklist below</small>	Amount spent \$
# 1 Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Store name: Street number: Street name/location: Suburb:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____	
# 2 Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Store name: Street number: Street name/location: Suburb:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta, meat) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____	

FOOD PURCHASING DIARY

Day 13 continued

Food purchase (FP) number/ receipt attached <i>(report for each different store visited)</i>	Store name/address <i>(minimum information: store name, street/location, suburb)</i>	Where were you prior to making this food purchase?	Primary mode of travel from the prior location to the food store.	What food was purchased Please keep and return receipt and note which day and food purchase number it relates to OR Fill in checklist below	Amount spent \$
<p># 3</p> <p>Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Store name:</p> <p>Street number:</p> <p>Street name/location:</p> <p>Suburb:</p>	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____	
<p># 4</p> <p>Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Store name:</p> <p>Street number:</p> <p>Street name/location:</p> <p>Suburb:</p>	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta, meat) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____	

FOOD PURCHASING DIARY

Day 14: _____

(FINAL DAY)

No food purchase made on this day:

Food purchase (FP) number/ receipt attached	Store name/address <small>(minimum information: store name, street/location, suburb)</small>	Where were you prior to making this food purchase?	Primary mode of travel from the prior location to the food store.	What food was purchased <small>Please keep and return receipt and note which day and food purchase number it relates to</small> OR <small>Fill in checklist below</small>	Amount spent \$
<p style="text-align: center;"># 1</p> <p>Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Store name: Street number: Street name/location: Suburb:</p>	<p><input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____</p>	<p><input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery</p>	<p><input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____.</p>	
<p style="text-align: center;"># 2</p> <p>Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Store name: Street number: Street name/location: Suburb:</p>	<p><input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____</p>	<p><input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery</p>	<p><input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta, meat) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____.</p>	

FOOD PURCHASING DIARY

Day 14 continued (FINAL DAY)

Food purchase (FP) number/ receipt attached <i>(report for each different store visited)</i>	Store name/address <i>(minimum information: store name, street/location, suburb)</i>	Where were you prior to making this food purchase?	Primary mode of travel from the prior location to the food store.	What food was purchased Please keep and return receipt and note which day and food purchase number it relates to OR Fill in checklist below	Amount spent \$
<p># 3</p> <p>Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Store name:</p> <p>Street number:</p> <p>Street name/location:</p> <p>Suburb:</p>	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____	
<p># 4</p> <p>Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Store name:</p> <p>Street number:</p> <p>Street name/location:</p> <p>Suburb:</p>	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta, meat) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____	

FOOD PURCHASING DIARY

ADDITIONAL PAGES FOLLOW

- Please use the following pages to record purchases on days where you visited more than four separate stores to make food purchases.
- Indicate in the first column which day number the food purchase corresponds to.
- If you did not make more than four separate food purchases on any one day, you do not need to complete these pages. Please skip ahead to the short questionnaire on yourself.

FOOD PURCHASING DIARY

Day number of additional food purchase / receipt attached <i>(report for each different store visited)</i>	Store name/address <i>(minimum information: store name, street/location, suburb)</i>	Where were you prior to making this food purchase?	Primary mode of travel from the prior location to the food store.	What food was purchased Please keep and return receipt and note which day and food purchase number it relates to OR Fill in checklist below	Amount spent \$
Day: Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Store name: Street number: Street name/location: Suburb:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____	
Day: Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Store name: Street number: Street name/location: Suburb:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta, meat) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____	

FOOD PURCHASING DIARY

Day number of additional food purchase / receipt attached <i>(report for each different store visited)</i>	Store name/address <i>(minimum information: store name, street/location, suburb)</i>	Where were you prior to making this food purchase?	Primary mode of travel from the prior location to the food store.	What food was purchased Please keep and return receipt and note which day and food purchase number it relates to OR Fill in checklist below	Amount spent \$
Day: Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Store name: Street number: Street name/location: Suburb:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____	
Day: Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Store name: Street number: Street name/location: Suburb:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta, meat) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____	

FOOD PURCHASING DIARY

Day number of additional food purchase / receipt attached <i>(report for each different store visited)</i>	Store name/address <i>(minimum information: store name, street/location, suburb)</i>	Where were you prior to making this food purchase?	Primary mode of travel from the prior location to the food store.	What food was purchased Please keep and return receipt and note which day and food purchase number it relates to OR Fill in checklist below	Amount spent \$
Day: Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Store name: Street number: Street name/location: Suburb:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____	
Day: Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Store name: Street number: Street name/location: Suburb:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta, meat) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____	

FOOD PURCHASING DIARY

Day number of additional food purchase / receipt attached <i>(report for each different store visited)</i>	Store name/address <i>(minimum information: store name, street/location, suburb)</i>	Where were you prior to making this food purchase?	Primary mode of travel from the prior location to the food store.	What food was purchased Please keep and return receipt and note which day and food purchase number it relates to OR Fill in checklist below	Amount spent \$
Day: Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Store name: Street number: Street name/location: Suburb:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____	
Day: Receipt attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Store name: Street number: Street name/location: Suburb:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Walk/cycle <input type="checkbox"/> Other OR <input type="checkbox"/> Home delivery	<input type="checkbox"/> Fresh fruit <input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Grocery items (e.g. bread, milk, pasta, meat) <input type="checkbox"/> Snack food (e.g. chips, chocolate) <input type="checkbox"/> Soft drink <input type="checkbox"/> Bottled water <input type="checkbox"/> Hot fast food/takeaway (e.g. KFC, Chinese, pizza) <input type="checkbox"/> Cold takeaway (e.g. sandwich, salad, sushi) <input type="checkbox"/> Meal within sit down restaurant <input type="checkbox"/> Other (please specify briefly) _____	



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7. What is the HIGHEST qualification you and your partner/spouse, if applicable, have completed?

Self:

- Did not complete high school
- Year 12 or equivalent (e.g. Higher School Certificate)
- Trade/apprenticeship/certificate or diploma (e.g. hairdresser, chef)
- University or higher degree

Partner:

- Did not complete high school
- Year 12 or equivalent (e.g. Higher School Certificate)
- Trade/apprenticeship/certificate or diploma (e.g. hairdresser, chef)
- University or higher degree
- No partner/spouse

8. If you are employed, please record:

Your main occupation:

Number of hours per week you spend in paid employment:

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The post code of your current work location:

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9. What is your estimated total household income before tax? This is the combined total income of all persons living in your household.

- ≤ \$25,999 per year (≤\$500 per week)
- \$26,000 - \$38,999 per year (\$500 - \$700 per week)
- \$39,000 - \$51,999 per year (\$750 - \$1000 per week)
- \$52,000 - \$64,999 per year (\$1000-\$1250 per week)
- \$65,000 - \$77,999 per year (\$1250 - \$1500 per week)
- \$78,000 - \$90,999 per year (\$1500 - \$1750 per week)
- \$91,000 - \$103,999 per year (\$1750 - \$2000 per week)
- \$104,000 - \$116,999 per year (\$2000 - \$2250 per week)
- \$117,000 - \$129,999 per year (\$2250 - \$2500 per week)
- \$130,000 - \$142,999 per year (\$2500 - \$2750 per week)
- \$142,000 - \$155,999 per year (\$2750 - \$3000 per week)
- ≥ \$156,000 per year (>\$3000 per week)



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15. How important are the following factors in influencing where you shop for food? (Please circle)

a. Food store is easily accessible from my home:

1 2 3 4 5 6 7
Not at all Very important

b. Food store is easily accessible from my work:

1 2 3 4 5 6 7
Not at all Very important

c. Food store is close to other shops and services (e.g. post office) that I use:

1 2 3 4 5 6 7
Not at all Very important

d. Food store is close to child's school, social activities or other frequently visited locations (e.g. gym):

1 2 3 4 5 6 7
Not at all Very important

e. Product range within food store:

1 2 3 4 5 6 7
Not at all Very important

f. Parking near food store:

1 2 3 4 5 6 7
Not at all Very important

g. Good public transport to/from the food store:

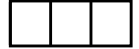
1 2 3 4 5 6 7
Not at all Very important

h. Rewards programs:

1 2 3 4 5 6 7
Not at all Very important

i. Opening hours of store:

1 2 3 4 5 6 7
Not at all Very important



18. How much do you agree or disagree with the following statements:
(Please circle)

a. Fruits are a convenient snack:

Strongly disagree 1 2 3 4 5 6 7 Strongly agree

b. Fruits and vegetables taste good:

Strongly disagree 1 2 3 4 5 6 7 Strongly agree

c. My friends like to eat a lot of fruits and vegetables:

Strongly disagree 1 2 3 4 5 6 7 Strongly agree

d. My family likes to eat a lot of fruits and vegetables:

Strongly disagree 1 2 3 4 5 6 7 Strongly agree

e. Fast food/takeaway food is a convenient snack:

Strongly disagree 1 2 3 4 5 6 7 Strongly agree

f. Fast food/takeaway food tastes good:

Strongly disagree 1 2 3 4 5 6 7 Strongly agree

g. My friends like to eat a lot of fast food/takeaway food:

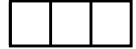
Strongly disagree 1 2 3 4 5 6 7 Strongly agree

h. My family likes to eat a lot of fast food/takeaway food:

Strongly disagree 1 2 3 4 5 6 7 Strongly agree



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19. What is the nearest large supermarket to where you live? (e.g. Coles, Woolworths, ALDI, IGA). Please provide the name of the supermarket, the street it is on and the suburb it is in.

Shop name:

Street:

Suburb:

20. Do you regularly purchase food at this supermarket?

Yes

No

21. If you answered Yes to question 20, please list three reasons why you choose to shop in your store.

If you answered No to question 20, please list three reasons why you do not shop at this store.

Thankyou again for participating in this study.

Please mail this document back in the reply paid envelope supplied.

