

## DIETARY HABIT QUESTIONNAIRE

### Project title

Temporal variation of the Inuit gut microflora in response to seasonal dietary changes

### Researchers

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### Information on participant

Participant number:

Participant age:

### Health state

1. In the last month, have you been sick (diarrhea, vomiting)?  
Yes  No
  
2. In the last month, did you take any antibiotics?  
Yes  No
  
3. In the last month, have you been taking any prescription drugs?  
Yes  No
  
4. In the last month, did you become you pregnant?  
Yes  No
  
5. In the last month, did you travel to another community?  
Yes  No

## Monthly diet

This section concerns your food consumption in the **last month**.

1. What kinds of meat, fish or seafood did you eat **most often** during the last month? :

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## Daily diet

This section concerns your food consumption in the **last two days**.

### 1. Meat, fish, and seafood

In the last two days, did you eat **meat, fish or seafood**? Yes  No

If you answered yes, check the boxes indicating what you ate, how you ate it, and indicate how many meals:

- |   |  |                      |
|---|--|----------------------|
| <input type="checkbox"/> Chicken                                      | Cooked <input type="checkbox"/> Raw <input type="checkbox"/> | How many meals _____ |
| <input type="checkbox"/> Turkey                                       | Cooked <input type="checkbox"/> Raw <input type="checkbox"/> | How many meals _____ |
| <input type="checkbox"/> Goose or duck                                | Cooked <input type="checkbox"/> Raw <input type="checkbox"/> | How many meals _____ |
| <input type="checkbox"/> Ptarmigan                                    | Cooked <input type="checkbox"/> Raw <input type="checkbox"/> | How many meals _____ |
| <input type="checkbox"/> Eggs   | Cooked <input type="checkbox"/> Raw <input type="checkbox"/> | How many meals _____ |
| <input type="checkbox"/> Polar bear                                   | Cooked <input type="checkbox"/> Raw <input type="checkbox"/> | How many meals _____ |
| <input type="checkbox"/> Muskox                                       | Cooked <input type="checkbox"/> Raw <input type="checkbox"/> | How many meals _____ |
| <input type="checkbox"/> Caribou                                      | Cooked <input type="checkbox"/> Raw <input type="checkbox"/> | How many meals _____ |
| <input type="checkbox"/> Arctic Hare                                  | Cooked <input type="checkbox"/> Raw <input type="checkbox"/> | How many meals _____ |
| <input type="checkbox"/> Seal   | Cooked <input type="checkbox"/> Raw <input type="checkbox"/> | How many meals _____ |
| <input type="checkbox"/> Walrus                                       | Cooked <input type="checkbox"/> Raw <input type="checkbox"/> | How many meals _____ |
| <input type="checkbox"/> Whale  | Cooked <input type="checkbox"/> Raw <input type="checkbox"/> | How many meals _____ |
| <input type="checkbox"/> Cow meat (steak, hamburger, etc.)            | Cooked <input type="checkbox"/> Raw <input type="checkbox"/> | How many meals _____ |
| <input type="checkbox"/> Pork meat (bacon, ham, chops, etc.)          | Cooked <input type="checkbox"/> Raw <input type="checkbox"/> | How many meals _____ |
| <input type="checkbox"/> Other mammals: _____                         | Cooked <input type="checkbox"/> Raw <input type="checkbox"/> | How many meals _____ |
| <input type="checkbox"/> Market fish                                  | Cooked <input type="checkbox"/> Raw <input type="checkbox"/> | How many meals _____ |
| <input type="checkbox"/> Arctic char                                  | Cooked <input type="checkbox"/> Raw <input type="checkbox"/> | How many meals _____ |
| <input type="checkbox"/> Other fishes (caught in Resolute Bay): _____ | Cooked <input type="checkbox"/> Raw <input type="checkbox"/> | How many meals _____ |
| <input type="checkbox"/> Oysters, mussels, scallops                   | Cooked <input type="checkbox"/> Raw <input type="checkbox"/> | How many meals _____ |
| <input type="checkbox"/> Other seafood (shrimps, crab, etc.)          | Cooked <input type="checkbox"/> Raw <input type="checkbox"/> | How many meals _____ |
| <input type="checkbox"/> Fermented meat (walrus, caribou, etc.)       | How many meals _____   |                      |

### 3. Dairy products

In the last two days, did you eat **dairy products**?    Yes     No

If you answered yes, check the boxes indicating what you ate, and indicate approximately how many meals:

- |                          |                          |                      |
|--------------------------|--------------------------|----------------------|
| Cheese                   | <input type="checkbox"/> | How many meals _____ |
| Yogurt                   | <input type="checkbox"/> | How many meals _____ |
| Evaporated milk (canned) | <input type="checkbox"/> | How many meals _____ |
| Milk                     | <input type="checkbox"/> | How many meals _____ |
| Ice cream                | <input type="checkbox"/> | How many meals _____ |

### 4. Grains

In the last two days, did you eat **grains**?    Yes     No

If you answered yes, check the boxes indicating what you ate, and indicate approximately how many meals:

- |             |                          |                      |
|-------------|--------------------------|----------------------|
| Cereal      | <input type="checkbox"/> | How many meals _____ |
| Bannock     | <input type="checkbox"/> | How many meals _____ |
| Oatmeal     | <input type="checkbox"/> | How many meals _____ |
| Brown rice  | <input type="checkbox"/> | How many meals _____ |
| Brown bread | <input type="checkbox"/> | How many meals _____ |
| White rice  | <input type="checkbox"/> | How many meals _____ |
| White bread | <input type="checkbox"/> | How many meals _____ |
| Pasta       | <input type="checkbox"/> | How many meals _____ |

### 5. Beverages

In the last two days, what **beverages did you drink**?

Check the boxes indicating what you drank, and indicate approximately how many glasses or cups:

- |             |                          |                             |
|-------------|--------------------------|-----------------------------|
| Green tea   | <input type="checkbox"/> | How many glasses/cups _____ |
| Black tea   | <input type="checkbox"/> | How many glasses/cups _____ |
| Coffee      | <input type="checkbox"/> | How many glasses/cups _____ |
| Milk        | <input type="checkbox"/> | How many glasses/cups _____ |
| Soft drink  | <input type="checkbox"/> | How many glasses/cups _____ |
| Fruit juice | <input type="checkbox"/> | How many glasses/cups _____ |
| Alcohol     | <input type="checkbox"/> | How many glasses/cups _____ |
| Snow water  | <input type="checkbox"/> | How many glasses/cups _____ |
| Tap water   | <input type="checkbox"/> | How many glasses/cups _____ |

6. Fruits and vegetables

In the last two days, did you eat **Fruits** and **vegetables**? Yes  No

If you answered yes, indicate approximately how many meals included fruits or vegetables \_\_\_\_\_

7. Others

In the last two days, did you eat **sweets** or **salty snacks**? Yes  No

If you answered yes, check the boxes indicating what you ate:

- Candy, chocolate
- Chips, crisps, cheese puffs
- Donuts, cake, cookies
- Others: \_\_\_\_\_

**Stool consistency**

Circle the picture that looks most like your stool.

