

BPA: Myth and Reality diet questionnaire

1. Were there any times during the week that you knowingly/unknowingly did not stick to the diet? Please tick any that apply and give indication of frequency.

- School meals ____times
- Restaurants/cafés ____times
- Friends' houses ____times
- Takeaway ____times
- Other _____ ____times

2. If you heated your food in a microwave, what was the food in? Tick any which apply and give indication of frequency.

- A food storage container or bowl known or suspected to contain BPA ____times

3. When you or your family drank water, where did your water come from? Tick any which apply and give indication of frequency.

- Plastic filter jug known or suspected to contain BPA ____times
- Individual water bottle known or suspected to contain BPA ____times
- Larger water container known or suspected to contain BPA ____times

4. How many times during the week did you eat food that had been stored or transported in plastic containers known or suspected to contain BPA?

5. How many times during the week did you eat tinned food or drink from cans?

6. Did the BPA reduced diet affect How much you spent on shopping?

- Spent more
- Spent less
- No difference

7. Did it take longer to source your food than usual?

Yes No

If so, why? _____

8. Did it take longer to prepare food than usual?

Yes No

If so, why? _____

9. How restricted did you feel by your food choice?

Very Slightly No difference

If you felt you were restricted by the diet, why was this? _____

10. Did the diet affect your calorific intake?

Yes No

If so, why? _____

Participant Barcode

11. How easy would you find it to sustain this diet over a longer period of time?

Very easy

Easy

Hard

Very hard

Not sure

12. Is there anything else about following the diet that you would like to add?