

Place participant barcode here	FOOD - DAY 1		DRINK – DAY 1	
Contents of meal	Was food packaged in plastic known or suspected to contain BPA?	Was food cooked in plastic known or suspected to contain BPA?	Type of Drink	Packaging (please describe) e.g. canned, plastic (Δ number), tetrapak
Breakfast:				
1.				
2.				
3.				
4.				
5.				
Lunch:				
1.				
2.				
3.				
4.				
5.				
Dinner:				
1.				
2.				
3.				
4.				
5.				
Snacks:				
1.				
2.				
3.				
4.				

Place participant barcode here	FOOD - DAY 2		DRINK – DAY 2	
Contents of meal	Was food packaged in plastic known or suspected to contain BPA?	Was food cooked in plastic known or suspected to contain BPA?	Type of Drink	Packaging (please describe) e.g. canned, plastic (Δ number), tetrapak
Breakfast:				
1.				
2.				
3.				
4.				
5.				
Lunch:				
1.				
2.				
3.				
4.				
5.				
Dinner:				
1.				
2.				
3.				
4.				
5.				
Snacks:				
1.				
2.				
3.				
4.				

Place participant barcode here	FOOD - DAY 3		DRINK – DAY 3	
Contents of meal	Was food packaged in plastic known or suspected to contain BPA?	Was food cooked in plastic known or suspected to contain BPA?	Type of Drink	Packaging (please describe) e.g. canned, plastic (Δ number), tetrapak
Breakfast:				
1.				
2.				
3.				
4.				
5.				
Lunch:				
1.				
2.				
3.				
4.				
5.				
Dinner:				
1.				
2.				
3.				
4.				
5.				
Snacks:				
1.				
2.				
3.				
4.				

Place participant barcode here	FOOD - DAY 4		DRINK – DAY 4	
Contents of meal	Was food packaged in plastic known or suspected to contain BPA?	Was food cooked in plastic known or suspected to contain BPA?	Type of Drink	Packaging (please describe) e.g. canned, plastic (Δ number), tetrapak
Breakfast:				
1.				
2.				
3.				
4.				
5.				
Lunch:				
1.				
2.				
3.				
4.				
5.				
Dinner:				
1.				
2.				
3.				
4.				
5.				
Snacks:				
1.				
2.				
3.				
4.				

Place participant barcode here	FOOD - DAY 5		DRINK – DAY 5	
Contents of meal	Was food packaged in plastic known or suspected to contain BPA?	Was food cooked in plastic known or suspected to contain BPA?	Type of Drink	Packaging (please describe) e.g. canned, plastic (Δ number), tetrapak
Breakfast:				
1.				
2.				
3.				
4.				
5.				
Lunch:				
1.				
2.				
3.				
4.				
5.				
Dinner:				
1.				
2.				
3.				
4.				
5.				
Snacks:				
1.				
2.				
3.				
4.				

Place participant barcode here	FOOD - DAY 6		DRINK – DAY 6	
Contents of meal	Was food packaged in plastic known or suspected to contain BPA?	Was food cooked in plastic known or suspected to contain BPA?	Type of Drink	Packaging (please describe) e.g. canned, plastic (Δ number), tetrapak
Breakfast:				
1.				
2.				
3.				
4.				
5.				
Lunch:				
1.				
2.				
3.				
4.				
5.				
Dinner:				
1.				
2.				
3.				
4.				
5.				
Snacks:				
1.				
2.				
3.				
4.				

Place participant barcode here	FOOD - DAY 7		DRINK – DAY 7	
Contents of meal	Was food packaged in plastic known or suspected to contain BPA?	Was food cooked in plastic known or suspected to contain BPA?	Type of Drink	Packaging (please describe) e.g. canned, plastic (Δ number), tetrapak
Breakfast:				
1.				
2.				
3.				
4.				
5.				
Lunch:				
1.				
2.				
3.				
4.				
5.				
Dinner:				
1.				
2.				
3.				
4.				
5.				
Snacks:				
1.				
2.				
3.				
4.				

Participant barcode

Additional study information.

Please do not feel obliged to answer these questions if you are uncomfortable doing so.

Gender

- Female
- Male
- Prefer not to say

Tobacco Usage – Have you used tobacco over the past week

- Yes
- If so, what type and how much? _____
- No
 - Prefer not to say

Alcohol Usage – Have you used alcohol over the past week

- Yes
- If so, what type and how much? _____
- No
 - Prefer not to say

Medication- Have you taken any medication over the last week?

- Yes
- No
- Prefer not to say

If so, Please name the medication _____ Prefer not to say

Vegetarian/vegan diet - Have you eaten or drank any soya products over the past week?

- Yes
- No
- Prefer not to say

Your measurements - leave blank if you prefer not to say

Your height _____

Your weight _____