

Supplementary Material Table S1

Food frequency questionnaire

Name & surname: _____

ID subject: _____

Date: _____

Day of the week: _____

DAY 1

Before breakfast:

TIMES	PLACE	DESCRIPTION OF BEVERAGES / FOODS AND TYPE OF PREPARATION	QUANTITY

Breakfast:

TIMES	PLACE	DESCRIPTION OF BEVERAGES / FOODS AND TYPE OF PREPARATION	QUANTITY

Morning Snack:

TIMES	PLACE	DESCRIPTION OF BEVERAGES / FOODS AND TYPE OF PREPARATION	QUANTITY

Lunch:

TIMES	PLACE	DESCRIPTION OF BEVERAGES / FOODS AND TYPE OF PREPARATION	QUANTITY

Afternoon snack:

TIMES	PLACE	DESCRIPTION OF BEVERAGES / FOODS AND TYPE OF PREPARATION	QUANTITY

Dinner:

TIMES	PLACE	DESCRIPTION OF BEVERAGES / FOODS AND TYPE OF PREPARATION	QUANTITY

After dinner:

TIMES	PLACE	DESCRIPTION OF BEVERAGES / FOODS AND TYPE OF PREPARATION	QUANTITY

During the night:

TIMES	PLACE	DESCRIPTION OF BEVERAGES / FOODS AND TYPE OF PREPARATION	QUANTITY

Comments (e.g. recipes)

The food frequency questionnaire is repeated in the same way for all days of the week.