



**\* Required Information**

**Welcome to the Functional foods & Mediterranean lifestyle Questionnaire!**

**With your invaluable contribution to this academic research  
we plan to create a nutrition, health & wellness program  
that will help people be healthy and happy!**

**Please answer the questions as accurately as possible,  
depending on your eating and living habits over the last 12 months.  
(Estimated completion time: 9 minutes)**

**\* 1. Data collected on this survey are CONFIDENTIAL and will be used ANONYMOUSLY only for statistical analysis and scientific research purposes. (Select one option)**

- ☐ I consent to the use of this survey data for anonymous statistical analysis and scientific research purposes.
- ☐ I DO NOT consent to the use of this survey data for anonymous statistical analysis and scientific research purposes.

**NOTE :**If Answered to Q1 is

I consent to the use of this survey data for anonymous statistical analysis and scientific research purposes.:Go to Page No. 3

I DO NOT consent to the use of this survey data for anonymous statistical analysis and scientific research purposes.: Stop, you have finished the survey

**2. What is your age? (Select one option)**

- ☐ Under 18
- ☐ 18-29
- ☐ 30-39
- ☐ 40-49
- ☐ 50-59
- ☐ 60+

**3. Do you use olive oil as your main culinary fat? (Select one option)**

☐ Yes ☐ No

**4. How many tablespoons of olive oil do you consume per day?  
(Including that used in frying, salads, etc.) (Select one option)**

☐ One or less ☐ Two or Three ☐ Four or more

**5. How many vegetable servings do you consume per day?  
(Including cooked and raw vegetables; potatoes and beans are not included; one serving = one large cup or half a large plate) (Select one option)**

☐ Less than one ☐ One ☐ Two ☐ Three or more

**6. How many servings of fresh fruit do you consume per day?  
(One serving = one fruit unit of medium size, one large cup of sliced fruit, or one cup of freshly squeezed juice) (Select one option)**

☐ Less than one ☐ One ☐ Two ☐ Three or more

**7. How many servings of red meat, or red meat products do you consume per week?  
(Red meat: veal/beef, pork, lamb; derived products: hamburgers, sausages, ham, etc. One serving = 100 to 150 g = a quarter to half a meal dish) (Select one option)**

☐ One or less ☐ Two to four ☐ Five to six ☐ Seven or more

**8. How many servings of butter, margarine, or cream do you consume per day?  
(One serving = 12 g = one dessert spoon of butter and margarine, 2 tablespoons for cream) (Select one option)**

☐ Less than one ☐ One ☐ More than one

**9. How many sugary/fizzy beverages/sodas do you consume per day? (Select one option)**

☐ Less than one ☐ One ☐ More than one

**10. How many glasses/cups of wine do you consume per week? (Select one option)**

☐ <1 (occasionally) ☐ 2-6 (sometimes but not daily) ☐ 7-14 (one or two glasses per day)  
☐ >14 (more than two glasses per day)

**11. How many servings of legumes do you consume per week?  
(Including beans, peas, chickpeas, lentils, etc. One serving = 150 g = 1 plate or 1 cup) (Select one option)**

☐ Less than one ☐ One ☐ Two ☐ Three or more

**12. How many servings of fish or shellfish do you consume per week?  
(One serving = 100 to 150 g = a quarter to half a meal dish) (Select one option)**

☐ Less than one ☐ One ☐ Two ☐ Three or more

**13. How many times per week do you consume not homemade desserts/sweets/pastries?  
(Including cakes, cookies, biscuits, ice-creams, custard, etc.) (Select one option)**

☐ Less than one ☐ One ☐ Two ☐ Three ☐ Four or more

**14. How many servings of nuts do you consume per week?**  
(One serving = 30 g = one handful) (Select one option)

- ☐ Less than one    ☐ One    ☐ Two    ☐ Three or more

**15. Do you preferentially consume chicken, turkey or rabbit meat, or a vegetarian protein source, instead of red meat or any meat derived products? (Select one option)**

- ☐ Yes    ☐ No

**16. How many times per week do you consume dishes cooked with tomato or tomato sauce, onion and (or) garlic, and olive oil? (Select one option)**

- ☐ Less than one    ☐ One    ☐ Two or more

**17. How often do you consume milk (of animal origin) in a typical week? (Select one option)**

- ☐ Never ☐ Rarely (up to 1 time) ☐ Sometimes (2 to 3 times) ☐ Usually (4 to 6 times)  
☐ Every day (7+ times)

**18. How often do you consume cocoa powder or dark chocolate in a typical week? (Select one option)**

- ☐ Never ☐ Rarely (up to 1 time) ☐ Sometimes (2 to 3 times) ☐ Usually (4 to 6 times)  
☐ Every day (7+ times)

**19. How often do you consume honey or royal jelly in a typical week? (Select one option)**

- ☐ Never ☐ Rarely (up to 1 time) ☐ Sometimes (2 to 3 times) ☐ Usually (4 to 6 times)  
☐ Every day (7+ times)

**20. How often do you consume fermented dairy products (eg yogurt, kefir, ariani, etc.) in a typical week? (Select one option)**

- ☐ Never ☐ Rarely (up to 1 time) ☐ Sometimes (2 to 3 times) ☐ Usually (4 to 6 times)  
☐ Every day (7+ times)

**21. How often do you eat whole grains (eg oats, barley, black rice etc.) or whole grain products (eg whole wheat bread/pasta, groats etc.) in a typical week? (Select one option)**

- ☐ Never ☐ Rarely (up to 1 time) ☐ Sometimes (2 to 3 times) ☐ Usually (4 to 6 times)  
☐ Every day (7+ times)

**22. How often do you eat raisins in a typical week? (Select one option)**

- ☐ Never ☐ Rarely (up to 1 time) ☐ Sometimes (2 to 3 times) ☐ Usually (4 to 6 times)  
☐ Every day (7+ times)

**23. How often do you consume seeds (eg sesame, flaxseed, sunflower seeds, buckwheat, chia seeds, quinoa, etc.) or seed foods (eg tahini) in a typical week? (Select one option)**

- ☐ Never ☐ Rarely (up to 1 time) ☐ Sometimes (2 to 3 times) ☐ Usually (4 to 6 times)  
☐ Every day (7+ times)

**24. How often do you eat berries (eg strawberries, blueberries, raspberries, cranberries, goji berries, etc.) in a typical week? (Select one option)**

- ☐ Never ☐ Rarely (up to 1 time) ☐ Sometimes (2 to 3 times) ☐ Usually (4 to 6 times)  
☐ Every day (7+ times)

**25. How often do you eat food seasoned with herbs and spices (eg oregano, thyme, parsley, basil, chilli, cumin, curry, etc.) in a typical week? (Select one option)**

- ☐ Never ☐ Rarely (up to 1 time) ☐ Sometimes (2 to 3 times) ☐ Usually (4 to 6 times)  
☐ Every day (7+ times)

**26. How often do you eat cruciferous vegetables (eg broccoli, cauliflower, cabbage, etc.) during the winter season, in a typical week? (Select one option)**

- ☐ Never ☐ Rarely (up to 1 time) ☐ Sometimes (2 to 3 times) ☐ Usually (4 to 6 times)  
☐ Every day (7+ times)

**27. How often do you consume edible wild greens (eg chicory, prickly golden fleece etc.) during the summer season, in a typical week? (Select one option)**

- ☐ Never ☐ Rarely (up to 1 time) ☐ Sometimes (2 to 3 times) ☐ Usually (4 to 6 times)  
☐ Every day (7+ times)

**28. How often do you consume fortified foods (foods with added nutrients like vitamins, minerals, etc.) in a typical week? (Select one option)**

- ☐ Never ☐ Rarely (up to 1 time) ☐ Sometimes (2 to 3 times) ☐ Usually (4 to 6 times)  
☐ Every day (7+ times)

**29. How often do you drink coffee in a typical week? (Select one option)**

- ☐ Never ☐ Rarely (up to 1 time) ☐ Sometimes (2 to 3 times) ☐ Usually (4 to 6 times)  
☐ Every day (7+ times)

**30. How often do you drink tea or herbal infusions in a typical week? (Select one option)**

- ☐ Never ☐ Rarely (up to 1 time) ☐ Sometimes (2 to 3 times) ☐ Usually (4 to 6 times)  
☐ Every day (7+ times)

**31. Which infusion do you prefer? (Select one option)**

- ☐ None ☐ Black tea ☐ Green tea ☐ Mountain tea ☐ Chamomile ☐ Sage ☐ St. John's wort  
☐ Lemongrass ☐ Mint ☐ Honeysuckle ☐ Marjoram ☐ Louisa ☐ CBD

**32. I am able to adapt when changes occur. (Select one option)**

- ☐ Not true at all   ☐ Rarely true   ☐ Sometimes true   ☐ Often true   ☐ True nearly all of the time

**33. I can deal with whatever comes my way. (Select one option)**

- ☐ Not true at all   ☐ Rarely true   ☐ Sometimes true   ☐ Often true   ☐ True nearly all of the time

**34. I try to see the humorous side of things when I am faced with problems. (Select one option)**

- ☐ Not true at all   ☐ Rarely true   ☐ Sometimes true   ☐ Often true   ☐ True nearly all of the time

**35. Having to cope with stress can make me stronger. (Select one option)**

- ☐ Not true at all   ☐ Rarely true   ☐ Sometimes true   ☐ Often true   ☐ True nearly all of the time

**36. I tend to bounce back after illness, injury or other hardships. (Select one option)**

- ☐ Not true at all   ☐ Rarely true   ☐ Sometimes true   ☐ Often true   ☐ True nearly all of the time

**37. I believe I can achieve my goals, even if there are obstacles. (Select one option)**

- ☐ Not true at all   ☐ Rarely true   ☐ Sometimes true   ☐ Often true   ☐ True nearly all of the time

**38. Under pressure, I stay focused and think clearly. (Select one option)**

- ☐ Not true at all   ☐ Rarely true   ☐ Sometimes true   ☐ Often true   ☐ True nearly all of the time

**39. I am not easily discouraged by failure. (Select one option)**

- ☐ Not true at all   ☐ Rarely true   ☐ Sometimes true   ☐ Often true   ☐ True nearly all of the time

**40. I think of myself as a strong person when dealing with life's challenges and difficulties. (Select one option)**

- ☐ Not true at all   ☐ Rarely true   ☐ Sometimes true   ☐ Often true   ☐ True nearly all of the time

**41. I am able to handle unpleasant or painful feelings like sadness, fear, and anger. (Select one option)**

- ☐ Not true at all   ☐ Rarely true   ☐ Sometimes true   ☐ Often true   ☐ True nearly all of the time



**42. I make good use of the leftover or spoiled food (reuse, preserve, feed pets, compost, etc.). (Select one option)**

- ☐ Not true at all   ☐ Rarely true   ☐ Sometimes true   ☐ Often true   ☐ True nearly all the time

**43. I choose seasonal fruits-vegetables and local products for my diet. (Select one option)**

- ☐ Not true at all   ☐ Rarely true   ☐ Sometimes true   ☐ Often true   ☐ True nearly all the time

**44. My main meal of the day is usually shared with my family, partner or colleagues. (Select one option)**

- ☐ Not true at all   ☐ Rarely true   ☐ Sometimes true   ☐ Often true   ☐ True nearly all the time

**45. I follow a meal routine (schedule). (Select one option)**

- ☐ Not true at all   ☐ Rarely true   ☐ Sometimes true   ☐ Often true   ☐ True nearly all the time

**46. I frequently meet with my friends. (Select one option)**

- ☐ Not true at all   ☐ Rarely true   ☐ Sometimes true   ☐ Often true   ☐ True nearly all the time

**47. I keep close ties with my family. (Select one option)**

- ☐ Not true at all   ☐ Rarely true   ☐ Sometimes true   ☐ Often true   ☐ True nearly all the time

**48. I have a high physical activity level, due to my job, lifestyle or exercise. (Select one option)**

- ☐ Not true at all   ☐ Rarely true   ☐ Sometimes true   ☐ Often true   ☐ True nearly all the time

**49. I am frequently in contact with nature (parks, mountains, sea, etc.). (Select one option)**

- ☐ Not true at all   ☐ Rarely true   ☐ Sometimes true   ☐ Often true   ☐ True nearly all the time

**50. I am a spiritual person (eg belief in something transcendent, inwardness, religious belief, etc.). (Select one option)**

- ☐ Not true at all   ☐ Rarely true   ☐ Sometimes true   ☐ Often true   ☐ True nearly all the time

**51. I am interested in politics. (Select one option)**

- ☐ Not true at all   ☐ Rarely true   ☐ Sometimes true   ☐ Often true   ☐ True nearly all the time

**52. I have a sleeping routine (schedule). (Select one option)**

- ☐ Not true at all   ☐ Rarely true   ☐ Sometimes true   ☐ Often true   ☐ True nearly all the time

**53. I usually take a nap at noon (siesta). (Select one option)**

- ☐ Not true at all   ☐ Rarely true   ☐ Sometimes true   ☐ Often true   ☐ True nearly all the time

**54. During the past 7 days, how would you rate your sleeping quality overall? (Select one option)**

0	1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Terrible					Fair					Excellent

**55. Are you on prescription medication for any chronic disease? (Select one option)**

☐ Yes ☐ No

**56. Are you taking any dietary supplements? (Select one option)**

☐ Yes ☐ No

**57. What is the main reason for taking the dietary supplement? (Select one option)**

- ☐ I do not take any dietary supplement
- ☐ Improving health
- ☐ Improve mood
- ☐ Improve sleep
- ☐ Improve athletic performance / build muscle
- ☐ Improve appearance
- ☐ Improve sex life
- ☐ Weight loss

**58. Have you ever been on a weight reducing diet? (Select one option)**

☐ Yes ☐ No

**59. What was the diet's outcome? (Select one option)**

- ☐ I never have been on a weight reducing diet
- ☐ I fulfilled my weight loss goals but went back to the same or more weight
- ☐ I fulfilled my weight loss goals and kept the results
- ☐ I could not fulfil my weight loss goal

**60. In which geographical region do you live? (Select one option)**

- ☐ I do not live in Greece or another Mediterranean country
- ☐ I live in a Mediterranean country other than Greece
- ☐ Thrace
- ☐ Northern Greece
- ☐ Thessaly
- ☐ Epirus
- ☐ Ionian islands
- ☐ Aegean islands
- ☐ Central Greece / Attica
- ☐ Peloponnesus
- ☐ Crete

**61. What is the population of the settlement (village, town, city) you live in? (Select one option)**

- ☐ 1-2000
- ☐ 2001-10000
- ☐ 10001-50000
- ☐ 50001-250000
- ☐ 250001+

**62. What is the highest degree or level of education you have completed? (Select one option)**

- ☐ Primary school
- ☐ Highschool
- ☐ Vocational training
- ☐ Bachelor's degree
- ☐ Master's degree or higher

**63. What is your employment status? (Select one option)**

- ☐ Student
- ☐ Private sector employee
- ☐ Public sector employee
- ☐ Self-Employed
- ☐ Unemployed
- ☐ Pensioner

**64. What is your marital status? (Select one option)**

- ☐ Single
- ☐ In a relationship
- ☐ Married
- ☐ Divorced/Widowed

**65. What is your gender? (Select one option)**

- ☐ Female
- ☐ Male
- ☐ Other

**\* 66. How happy have you been over the last 12 months? (Select one option)**

- |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1                     | 2                     | 3                     | 4                     | 5                     |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Unhappy               |                       | Neutral               |                       | Very Happy            |

**\* 67. How meaningful your life have been over the last 12 months? (Select one option)**

- |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1                     | 2                     | 3                     | 4                     | 5                     |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Meaningless           |                       | Neutral               |                       | Meaningful            |

**\* 68. Please enter your height in cm (e.g. 168):**  
(Enter a value between 100 and 220)

---

**\* 69. Please enter your weight in kgs:**  
(Enter a value between 20 and 200)

---