Name_____ Surname_____ Date_____

1. *How do you define your diet?*
□ omnivorous or varied □ vegetarian □ vegan

2. *How many <u>times a week</u> do you eat:*
milk _____
dairy products _____
alcohol _____
spirits _____
white meat _____
red meat _____
eggs _____
fruits _____; average number of portions per day _____
vegetables _____; average number of portions per day _____
fish _____
legumes _____
cereals (e.g., pasta, rice, bread) _____
gluten: yes / no
integral: yes / no
cured meat _____
salty snacks _____
sweet snacks and sweet drinks _____
dried fruit _____

3. *Did you choose this kind of diet following counselling by:*
□ nutritionist
□ oncologist
□ breast oncologist
□ other specialist
□ family doctor
□ other professional figure
□ other figure

4. *Did you take antibiotics during the last month?* □ yes □ no
If yes, which one and how long? _____

5. *Did you travel abroad during the last 3 months?* □ yes □ no
If yes, where?
_____

6. *Did you ever suffer of parasitosis?* □ yes □ no
If yes, which kind?
_____

7. *How do you define your faeces?* □ liquid □ soft □ hard

8. *Check the picture that most frequently reflects your daily stool:*



□

□

□

□

□

□

□

9. *How many weekly bowel movements do you have?*
_____

10. *Do you suffer from intestinal disorders?* □ yes □ no
If yes, which ones and how often? _____

11. *How many times a week do you exercise?* _____; *what kind of physical activity do you do?*
_____