

Participant Screening Questionnaire

Your Study Code:

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Demographics

Your Age:

Height:

Body mass:

Sex: Male Female

Do you do shift work? Yes No sometimes

Your Health Status

Are you suffering from any of the medical conditions listed below:

depression, bipolar, schizophrenia

Do you suffer from any sleep disorders: insomnia, periodic leg movements, sleep apnoea, narcolepsy, REM sleep behaviour disorder?

Any of the following medical conditions: cardiovascular or respiratory diseases, anorexia nervosa bulimia, metabolic syndrome, diabetes

Do you have any other medical conditions that effect on your health? Yes No

If yes, please specify _____

Are you on any medication that affects sleep including herbal medicine and vitamins? Yes No

Name of the medication.....

Females: Are you pregnant or planning to become pregnant in the next eight weeks : Yes No

Healthy Eating Guide Line Findings:

Are you a vegetarian or omnivore? vegetarian omnivore

If vegetarian, which Vegetarian diet group are you in:

- No meat but Eggs and Milk: Ovo-lacto vegetarianism
- No Meat no Milk but Eggs: Ovo vegetarianism
- No Meat no Eggs but Milk: Lacto vegetarianism
- No Meat no Eggs no Milk but fish: Pesco vegetarianism
- No Meat no Egg no Fish and no Milk: Veganism

How long have you been in this diet group (vegetarian/omnivore):

- < 1 year
- > 1-5 year
- 5-10 years
- 10 years or more.

Are you a current drinker, Yes No

If yes, how many standard drinks of alcohol you take per day: 1 2 3 4 5 >5