

SUPPLEMENTARY MATERIAL 1

Adherence questionnaire

	Questions	Criteria for 1 point
1	How many days this week did you consume starchy vegetables? e.g. potatoes, yams, sweet potato, taro.	≤ 1
2	On a given day, how many serves of starchy vegetables did you consume? (1 serve: ½ medium size potato).	≤ 1
3	On average, did you consume more than 3 serves of non-starchy vegetables every day of the week? (1 serve: ½ cup cooked vegetables or 1 cup raw vegetables) e.g. vegetable salad, carrots, broccoli, cauliflower, avocado, green beans/peas.	Yes
4	On average, how many pieces of fruit and/or fruit juice with no added sugar did you consume per day ? (1 medium size piece; 1 small glass or 125ml).	≥ 1
Nuts and beans		
5	How many days this week did you consume nuts (including peanuts)? (1 serve: 30g).	≤ 7
6	How many days this week did you consume cooked or canned beans? (1 serve: 150g or 1 cup cooked) e.g. baked beans, falafel, chickpeas, lentils, soy beans, tofu, kidney beans, or any other type of beans.	≤ 7

Meat, fish, and eggs		
7	How many days this week did you consume meat or meat products, seafood, or eggs?	≥ 6
8	<p>What type did you consume?</p> <div> <input type="checkbox"/> <i>Skinless chicken</i> <input type="checkbox"/> Fried fish <input type="checkbox"/> <i>Pork (fat cut off)</i> </div> <div> <input type="checkbox"/> Coated chicken (e.g. skin, crumbed) <input type="checkbox"/> <i>Baked/smoked fish</i> <input type="checkbox"/> <i>Veal (fat cut off)</i> </div> <div> <input type="checkbox"/> <i>Shellfish</i> <input type="checkbox"/> Salami <input type="checkbox"/> Ham </div> <div> <input type="checkbox"/> Sausages <input type="checkbox"/> <i>Lean mince</i> <input type="checkbox"/> <i>Eggs</i> </div> <div> <input type="checkbox"/> <i>Lamb (fat cut off)</i> <input type="checkbox"/> Bacon <input type="checkbox"/> <i>Kangaroo (fat cut off)</i> </div> <div> <input type="checkbox"/> <i>Beef (fat cut off)</i> <input type="checkbox"/> <i>Canned fish (low salt)</i> <input type="checkbox"/> Other _____ </div>	<i>Italicised</i>
Spreads and oils		
9	On average, how many serves of butter or margarine did you consume per day (1 serve: 10g / approx.. 2tsp)	≤ 1
Dairy		
10	How many days this week did you consume cheese? (1 serve: 2 slices or 40g)	≥ 5

1 1	How many days this week did you consume milk or yoghurt? (1 serve: 250mL milk, 200mL yoghurt)	7
1 2	What type of milk or yoghurt did you consume? <input type="checkbox"/> <i>Skim</i> <input type="checkbox"/> <i>Reduced fat</i> <input type="checkbox"/> Full fat <input type="checkbox"/> Other	<i>Italicised</i>
Extras		
1 3	How many times this week did you consume sweets, ice cream, pastries, cakes, cookies, or biscuits?	≤ 2
Grains and cereals		
1 4	What type of bread, flat bread, or wraps did you consume? <input type="checkbox"/> White <input type="checkbox"/> <i>High fibre- white</i> <input type="checkbox"/> Corn tortilla <input type="checkbox"/> White wrap <input type="checkbox"/> <i>Wholegrain, wholemeal or rye</i> <input type="checkbox"/> Brown <input type="checkbox"/> Flour tortilla <input type="checkbox"/> <i>Wholemeal wrap</i> <input type="checkbox"/> <i>Multi-grain</i> <input type="checkbox"/> <i>Wholemeal tortilla</i>	<i>Italicised</i>

1 5	<p>What type of carbohydrates did you consume this week?</p> <div> <input type="checkbox"/> White pasta <input type="checkbox"/> <i>Wholemeal couscous</i> <input type="checkbox"/> Flour based pizza base </div> <div> <input type="checkbox"/> <i>Wholemeal pasta</i> <input type="checkbox"/> White rice <input type="checkbox"/> Noodles </div> <div> <input type="checkbox"/> White couscous <input type="checkbox"/> <i>Brown rice</i> <input type="checkbox"/> <i>Quinoa</i> </div>	<i>Italicised</i>
1 6	<p>What type of breakfast cereal did you consume?</p> <div> <input type="checkbox"/> <i>Untoasted Muesli</i> <input type="checkbox"/> <i>Porridge</i> <input type="checkbox"/> <i>Special K</i> </div> <div> <input type="checkbox"/> Rice based cereals e.g. Rice Bubbles <input type="checkbox"/> <i>Bran based cereals e.g. All-bran, Sultana Bran</i> <input type="checkbox"/> <i>Mixed grain cereals e.g. Just Right, Sustain</i> </div> <div> <input type="checkbox"/> <i>Wheat biscuits/flakes</i> <input type="checkbox"/> Nutri-grain <input type="checkbox"/> Other _____ </div> <div> <input type="checkbox"/> Corn flakes (no sugar) <input type="checkbox"/> Sugary cereals e.g. Crunchy Nut </div>	<i>Italicised</i>
Fluids		
1 7	On average, how many energy drinks, cordials, or soft drinks did you consume per day ?	0

1 8	On average, how many glasses of water did you consume per day ?	≥ 2
1 9	How many days per week did you consume alcohol?	≤ 5
2 0	<p>What type of alcohol did you consume?</p> <div> <input type="checkbox"/> <i>Red wine</i> <input type="checkbox"/> Beer <input type="checkbox"/> Spirits with sugary mixer e.g. Bourbon and Coca-Cola </div> <div> <input type="checkbox"/> White wine <input type="checkbox"/> <i>Light beer</i> <input type="checkbox"/> <i>Spirits with non-sugary mixer e.g. gin and tonic</i> </div> <div> <input type="checkbox"/> Bubbles <input type="checkbox"/> <i>Spirits (straight)</i> </div>	<i>Italicised</i>
2 1	On a given a day, how many alcoholic drinks did you consume on one occasion ?	≤ 2
2 2	On average, how many hot drinks do you drink per day ?	≥ 2
2 3	<p>What type of hot drink did you consume?</p> <div> <input type="checkbox"/> <i>Coffee</i> <input type="checkbox"/> <i>Tea</i> <input type="checkbox"/> Hot chocolate <input type="checkbox"/> Other _____ </div>	<i>Italicised</i>

Eating out		
2 4	How often did you eat <u>take away food</u> this week? e.g. fish and chips, pizza, hamburgers	0
Exercise		
2 5	Have you done at least 30 minutes of purposeful exercise every day this week ?	Yes

1. What was your weekly nutritional goal? Did you achieve it?
2. What was your weekly exercise goal? Did you achieve it?
3. Was there any nutrition and/or exercise element that you struggled with this week?

Thank you very much for your time in completing this important questionnaire