

Supplemental file 1 – Facsimile of the food frequency questionnaire form used in our research.

FOOD FREQUENCY QUESTIONNAIRE

Name _____ **Surname** _____

Sex Male Female

Address _____

Telephone Number _____

Place of Birth _____ **Date of Birth** _____

Age _____ **Weight** _____ **Height** _____

Date of filling _____ **ID** _____

[illegible]

[illegible][illegible]

[illegible][illegible]

[illegible][illegible]

[illegible]

[illegible][illegible]

[illegible]

[illegible]

[illegible][illegible]

ALCOHOLIC DRINKS												
	PORTION			FREQUENCY (every...)			NUMBER OF TIMES					
	A	B	C	day	week	month	1	2	3	4	5	6
Wine												
Beer												
Spirits bitters grappa (Italian brandy) cognac liqueur whisky												
Coffee laced with spirits												

When do you usually have alcoholic drinks?
On meals
Out of meals
Both

In what days do you usually take alcoholic drinks?
In work days
In weekends
Both