UPITNIK/QUESTIONNAIRE

Ime/First name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prezime/Surname\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Datum rođenja/Date of birth\_\_\_\_\_\_\_\_\_\_\_

Pol/Gender\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telesna težina/Weight\_\_\_\_\_\_\_\_\_\_\_\_\_\_kg

Visina/Height\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_cm

Adresa/Street and house No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grad i poštanski broj/City/Postal code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telefon/Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail/E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Datum/Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rasa/Ethnicity:

* Bela rasa/Caucasian

1.a Da li često patite od upalnih i/ili infektivnih obolenja? Do you often suffer from inflammation and/or infections?

* Da/Yes
* Ne/No
* Ne znam/I don't know

1.b Ukoliko da, koji tip upale i gde se najčešće javlja? If yes, what type
of inflammation and where do they occur?

* Virus gripa / Flu virus
* Inflamacija kože i/ili sluzokože / Inflammation of the skin and or mucus
* Inflamatorna obolenja gastrointestinalnog trakta / Inflammatory diseases in the gastrointestinal region
* Inflamacija mišića ili zglobova / Muscle- or joint inflammation
* Cistitis (upala mokraćne bešike) / Cystitis
* Gljivične infekcije genitalne regije / Fungal infections in the genital area
* Gljivične infekcije kože ili stopala / Fungal infections of the skin or feet
* Drugo / Other

2. Koja su to obolenja zbog kojih se najčešće konsutujete sa Vašim lekarom? What are the main issues which cause you to consult a doctor or therapist?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Da li trenutno koristite neke lekove? Are you currently taking medication?

* Ne/No
* Da, koristim sledeće lekove / Yes, the following

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Da li konzumirate cigarete ili ste ih nekada konzumirali? Do you smoke or have you smoked in the past?

* Ne / No
* Konzumirala sam pre 10 godina / In the past (less than 10 years ago)
* Konzumirala sam pre više od 10 godina / In the past (more than 10 years ago)
* Konzumiram trenutno manje od jedne kutije dnevno / Currently, less than 1 pack per day
* Konzumiram trenutno više od jedne kutije dnevno / Currently, more than 1 pack per day

5. Da li ste na nekom određenom dugoročnom režimu ishrane (vegetarijanski, ishrana sa niskim sadržajem ugljenih hidrata....)? Do you adhere to a specific long-term diet?
(e.g. vegetarian, low-carb)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Koliko dana u sedmici jedete obrađenu ili gotovu hranu? How many days a week do you eat processed foods or ready made meals?

* Svaki dan / Every day
* Nekoliko puta sedmično / Several times a week
* Retko / Rarely
* Nikada / Never

7.a Koliko dana u sedmici jedete voće i /ili povrće? How many days a week do
you eat vegetable and/or fruit?

* Povremeno / Occasionally
* Svaki drugi dan / Every second day
* Svaki dan / Every day
* Nekoliko puta dnevno / Several times a day
* Pet puta dnevno / Five times a day

7.b Koje voće i povrće najčešće jedete? Which fruit and vegetable do you eat the most?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7.c U kom obliku najčešće konzumirate povrće? In what form do you mainly consume your vegetable? (Možete izabrati više odgovora / Multiple answers possible)

* Sirovo / Row
* Prženo/Pečeno / Fried
* Dinstano / Stewed
* Kuhano u vodi / Boiled in water
* Kuhano na pari / Steamed
* Prženo u dubokom ulju/Deep fried

8.a Da li ste tolerantni na mleko i mlečne proizvode? Do you tolerate milk and dairy products?

* Da / Yes
* Ne / No
* Ne znam / I don't know

8.b Ukoliko da, koliko dana u sedmici konzumirate mleko i mlečne proizvode? If yes, how many days per week do you consume milk or dairy products?

* Nikada / Never
* Povremeno, svaki drugi dan/ Occasionally, up to every other day
* Svaki dan / Every day
* Nekoliko puta dnevno / Several times per day

9. Koliko puta sedmično jedete ribu? How many times a week do you eat fish?

* Retko, skoro nikada / Rarely, almost never
* Jednom sedmično / Once per week
* 2-3 puta sedmično / 2-3 times per week
* Četiri i više puta sedmično / 4 and more times per week

10. Koliko puta sedmično jedete meso i mesne proizvode? How many times a week do you eat meat and processed meat products?

* Retko, skoro nikada / Rarely, almost never
* 1-6 puta sedmično / 1-6 times per week
* Svaki dan / Every day
* Nekoliko puta dnevno / Several times per day

11.a Da li ste tolerantni na gluten? Do you tolerate wheat and gluten?

* Da / Yes
* Ne / No
* Ne znam / I don't know

11.b Ukoliko da, koliko puta sedmično jedete proizvode od celovitog zrna? If yes, how many times a week do you eat whole grain products?

* Retko, skoro nikada / Rarely, almost never
* 1-6 puta sedmično / 1-6 times per week
* Svaki dan / Every day
* Nekoliko puta dnevno / Several times per day

12. Da li koristite dijetetske suplemente? Ukoliko da, navedite koje ste koristili u proteklih 6 meseci? Do you take dietary supplements? If yes, what kind did you take in the last six months?

* Ne / No
* Vitamin D / Vitamin D
* L-karnitin / L-Carnitin
* Suplemente na bazi belog luka / Garlic powder
* Vitamin C / Vitamin C
* Kalcijum / Calcium
* Dijetetska vlakna / Dietary fibre
* Biotin / Vitamin B7
* Folna kiselina / Folic acid
* Multivitaminski kompleks / Multi-Vitamins
* Magnezijum / Magnesium
* Kobalamin / Cobalamin
* Probiotik / Probiotic capsules
* Drugo / Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13.a Koliko ste puta sedmično fizički aktivni (šetnja, kupovina...)? How many times a week are you physically active (walks, gardening, shopping…)?

* Retko, skoro nikada / Rarely, almost never
* Jednom sedmično / Once per week
* 2-5 puta sedmično / 2-5 times per week
* 6-7 puta sedmično / 6-7 times per week

13.b Koliko puta sedmično vežbate više od 30 minuta? How many times a week do you exercise intensively for more than 30 min.?

* Retko, skoro nikada (maks. 2 puta mesečno) / Rarely, almost never ( max. twice a month)
* 1-2 puta sedmično / 1-2 times per week
* Minimalno 2 puta sedmično / Minimum twice per week

14.a Koliko tečnosti konzumirate svakodnevno? How much liquid do you drink per day?

* Manje od 1 L / Less than 1 liter
* 1-2 litra / 1-2 liters
* 2-3 litra / 2-3 liters
* Više od 3 litra/ More than 3 liters

14.b Koju količinu kafe konzumirate svakodnevno? How much coffee do you drink per day?

* Manje od 1 šoljice / Less than 1 cup
* 1-2 šoljice / 1-2 cups
* 3-5 šoljica / 3-5 cups
* Više od 5 šoljica / More than 5 cups

14.c Koliko često konzumirate alkohol? How often do you drink alcohol?

* Nikada / Never € Samo u društvu/Only socially
* 1-2 puta mjesečno/1-2 times per month € 3-5 puta mjesečno/3-5 times per month
* 1-2 sedmično / 1-2 times per week € Svaki dan/Every day
* Nekoliko puta dnevno / Several times a day

14.d Koja pića najčešće konzumirate? What kind of beverages do you mainly drink? ( Moguće više odgovora / Multiple answers possible)

€ Energetska pića/Energie drinks € Biljni čaj/Herbal tea € Kola/Coke

€ Razblaženi sokovi/Diluted juices € Čaj (crni. Zeleni...)/Tea (green, black...)

 € Biljni čaj sa šećerom/Herbal tea with sugar € Kafa sa šećerom/Coffee with sugar

* Čaj sa šećerom/Tea with sugar € Voda/Water € Prirodni sokovi/Nectar
* Limunada/Soft drinks € Kafa/Coffee € Bezalkoholna pića/Juice
* Drugo/Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15. Koliko porcija slatkiša/deserta koristite sedmično? How many servings of the sweets/desserts indicated do you consume per week?

Jedna porcija otprilike predstavlja 4 komadića čokolade, 200g pudinga, 1 keks... A serving is about 4 pieces of chocolate , 200g pudding or 1 piece of cake…

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | <1 | 1-3 | 3-5 | 5-10 | 10-15 | ˃15 |
| Čokolada/Chocolate | € | € | € | € | € | € |
| Kolač/Cakes and pastries | € | € | € | € | € | € |
| Keks/Biscuits | € | € | € | € | € | € |
| Gumene bombone/Gummi bears | € | € | € | € | € | € |
| Slatkiši/Sweets | € | € | € | € | € | € |
| Sladoled/Ice cream | € | € | € | € | € | € |
| Puding/Pudings | € | € | € | € | € | € |
| Drugo/Other |

16. Kada je Vaš glavni obrok? When is your main meal? (Možete izabrati više odgovora/Multiple answers possible)

* Doručak/Breakfast
* Ručak/Lunch
* Večera/Dinner
* Svako malo/Every so often

17.a Da li postoji jedna ili više supstanci na koju ste, u poslednjih godinu dana, imali alergijsku reakciju ili reakciju intolerancije? Were there one or more substances to which you had an allergic reaction or intolerance in the last year?

* Da/Yes € Ne/No
* Ne znam/I don't know

17.b Ukoliko da, navedite na koje supstance ste imali alergijsku reakciju. If yes, which substances are you allergic to? (Uključujući alergije koje nisu potvrđene od strane lekara/includes also substances not checked by a doctor)

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18. Da li znate vaše vrednosti holesterola u krvi? Do you know your cholesterol level?

* Ne/No
* Da, i to sledeće/Yes, the following

HDL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_mg/dL

LDL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_mg/dL

Ukupni holesterol /Total cholesterol level\_\_\_\_\_\_\_\_\_\_mg/dL

19. Da li imate neko od sledećih metaboličkih obolenja? Do you have one of the following metabolic diseases?

* Diabetes mellitus tip 1/Diabetes mellitus Type 1
* Diabetes mellitus tip 2/Diabetes mellitus Type 2
* Obolenje štitne žlezde/Thyroid dysfunction
* Obolenje pankreasa/Disease of the pancreas
* Giht / Gout
* Ne/No
* Da li imate neko drugo medicinski potvrđeno obolenje? Are there any referring medical findings?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

20. Kako biste rangirala nivo stresa kom ste izloženi? How high would you rate your current stress level?

* Nizak/Low
* Visok/High
* Promenljiv/Moderate
* Veoma visok/Very high

21. Probajte proceniti, u procentima, uzrok Vašeg stresa (npr. Posao 45%, slobodno vreme 20%, porodica 35%). Try to estimate the cause of your stress level in percent. e.g. Work 45%, leisure 20%,
family 35%.

Slobodno vreme/Leisure \_\_\_\_\_\_\_\_\_\_\_\_\_%

Porodica/Partner/Family/Partnes\_\_\_\_\_\_%

Posao/Work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%