

NAME _____ DATE _____ D.O.B. _____

FOOD FREQUENCY QUESTIONNAIRE BY GROUP

(Please indicate the number of times per day, per week, or per month that the following foods are consumed (for example x1, x2, x3. **Complete only one column per food.**)

Food	Times per day	Times per week	Times per month	Food	Times per day	Times per week	Times per month
Beverages				Grains			
Alcohol (type) _____				Bread (type) _____			
Coffee/decaf _____				Baked goods(type) _____			
Tea(regular/herbal) _____				Crackers (type) _____			
Water (type) _____				Cold Cereal(type) _____			
Sodas (type) _____				Cooked Cereal(type) _____			
Juice drinks (type) _____				Pasta/macaroni(type) _____			
Other _____				Rice/millet _____			
Desserts				Pancakes/waffles _____			
Ice Cream/Popsicle _____				Popcorn _____			
Candy _____				Other _____			
Pastries/Cookies _____				Produce			
Honey _____				Potato _____			
Sugar _____				Tomato _____			
Pudding/Jello _____				Catsup _____			
Preserves _____				Yellow Vegetables _____			
Artificial sweeteners _____				Green Vegetables _____			
Other sweeteners _____				Raw Vegetables _____			
Protein & Fat				Salad _____			
Red meat (type,oz) _____				Raw Fruit _____			
Pork/Ham _____				Citrus Fruit _____			
Bacon/Sausage _____				Fruit Juice _____			
Poultry (type) _____				Other _____			
Fish (type) _____				Miscellaneous			
Shell fish (type) _____				Condiments _____			
Luncheon meats _____				Pickles _____			
Nuts/Seeds (type) _____				Mushrooms _____			
Peanuts _____				Black Pepper _____			
Soy/Tofu _____				Vinegar _____			
Beans (type) _____				Other _____			
Milk _____				Other _____			
Cheese _____				Other _____			
Yogurt/Kefir/Buttermilk _____				Other _____			
Eggs _____				Other _____			
Butter _____				Other _____			
Margarine _____				Other _____			
Lard _____				Other _____			
Shortening _____				Other _____			
Vegetable oil (type,use) _____				Other _____			
Mayonnaise (type oil) _____				Other _____			
Salad dressing (type oil) _____				Other _____			
Chips & dips (type) _____				Other _____			
Other _____				Other _____			