

NAME _____ DATE _____ AGE _____

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

FOOD FREQUENCY QUESTIONNAIRE (Infants and Children)

Food	Times per Day	Times per Week	Times per Month
Carbonated Beverage			
Ice Cream/Popsicles, etc.			
Candy			
Pastries/Cookies			
Honey (tblsp)			
Sugar			
Red Meat (Type, oz.)			
Pork			
Bacon/Sausage			
Fowl (Chicken/Turkey/etc.)			
Fish (List Type)			
Milk/Formula/Nursing (type)			
Butter (pat)			
Margarine (pat)			
Yogurt, Kefir, Buttermilk, etc.			
Cheese (List Goat or Cow)			
Eggs (List kind of Fowl)(1)			
Bread (name & type)			
Cold Breakfast Cereal			
Instant Breakfast Cereal			
Wheat Products			
Pasta			
Soy/Tofu			
Rice			
Potato			
Tomato			
Catsup			
Peanut Butter			
Yellow Vegetables			
Green Vegetables			
Raw Vegetables			
Salad			
Raw Fruit			
Citrus Fruits			
Fruit Juice (name & type)			
Vitamins (Name and type)			