

## Food Frequency Data Questionnaire

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### I. DAIRY

Do you drink milk? \_\_\_\_\_ How many times per day? \_\_\_\_\_ or week \_\_\_\_\_

What kind? \_\_\_\_\_ Whole \_\_\_\_\_ 2% \_\_\_\_\_ 1% \_\_\_\_\_ 1/2% \_\_\_\_\_ Skim \_\_\_\_\_ Soy milk

With what meals or snacks do you normally consume milk? \_\_\_\_\_

If you do not drink milk currently, would you be agreeable to try some on a daily basis? \_\_\_\_\_

If no, state reason \_\_\_\_\_

What kind of cheese do you like? \_\_\_\_\_ Regular/Low-fat/Non-fat \_\_\_\_\_

Do you eat yogurt? \_\_\_\_\_ Plain or with fruit? \_\_\_\_\_ Regular/Low-fat/Non-fat \_\_\_\_\_

Do you eat cottage cheese? \_\_\_\_\_ Regular/Low-fat/Non-fat \_\_\_\_\_

Do you eat ice cream? \_\_\_\_\_ Frozen yogurt? \_\_\_\_\_ Ice milk? \_\_\_\_\_ How frequently? \_\_\_\_\_

**II. FRUITS** (e.g., apple, avocado, banana, blueberries, cherries, coconut, cranberries, dates, grapes, grapefruit, mango, orange, papaya, peach, raspberries, strawberries, etc)

Do you drink fruit juices? \_\_\_\_\_ What kinds? \_\_\_\_\_

Do you eat fresh/frozen/or canned fruit? \_\_\_\_\_ What kinds? \_\_\_\_\_

Preferred fruits (types of fruit): \_\_\_\_\_

At what times of day do you typically eat fruit: \_\_\_\_\_

What kinds of fruits do you NOT like: \_\_\_\_\_

**III. VEGETABLES** (e.g., beets, bok choy, broccoli, Brussels sprouts, cabbage, carrots, cauliflower, celery, collard/mustard greens, corn, cucumber, eggplant, lettuce, okra, onion, parsnip, peas, peppers, potato, radish, rutabaga, spinach, squash, sweet potato, tomato, turnip, watercress, etc)

How often do you eat vegetables \_\_\_\_\_ How prepared? \_\_\_\_\_

Preferred vegetables (types): \_\_\_\_\_

At what times of day do you typically eat vegetables \_\_\_\_\_

How do you prepare your vegetables (e.g., raw, steamed, stir-fried, boiled)

What kinds of vegetables you do NOT like? \_\_\_\_\_

Do you eat soups? \_\_\_\_\_ What kinds? \_\_\_\_\_

#### IV. MEAT AND MEAT SUBSTITUTES

How often do you consume the following?

Whole "real" eggs\_\_\_\_\_ Egg whites\_\_\_\_\_ Egg substitute\_\_\_\_\_ How prepared? \_\_\_\_\_

Veal\_\_\_\_\_ How prepared? \_\_\_\_\_ Liver\_\_\_\_\_ How prepared? \_\_\_\_\_

Lamb\_\_\_\_\_ How prepared? \_\_\_\_\_

Pork products (ex. Bacon, sausage, ham)\_\_\_\_\_

How prepared? \_\_\_\_\_ Chicken/Turkey\_\_\_\_\_ How prepared? \_\_\_\_\_

Fish\_\_\_\_\_ How prepared? \_\_\_\_\_ Shrimp \_\_\_\_\_ How prepared? \_\_\_\_\_

Beef\_\_\_\_\_ How prepared? \_\_\_\_\_

Peanut Butter\_\_\_\_\_ Meat substitutes (ex. Tofu, veggie-burgers)\_\_\_\_\_

Do you like beans? \_\_\_\_\_ If yes, what kinds and how prepared \_\_\_\_\_

Do you like nuts? \_\_\_\_\_ If yes, what kinds do you like? \_\_\_\_\_

#### V. GRAINS AND STARCHES

How often do you consume the following?

White bread/rolls\_\_\_\_\_ Wheat bread/rolls\_\_\_\_\_ Tortillas\_\_\_\_\_ Biscuits\_\_\_\_\_

Bagels\_\_\_\_\_ English Muffins\_\_\_\_\_ Pancakes\_\_\_\_\_ Waffles\_\_\_\_\_ Breakfast bars\_\_\_\_\_

Egg Noodles\_\_\_\_\_ Egg-free noodles\_\_\_\_\_ White rice\_\_\_\_\_ Brown rice\_\_\_\_\_

Couscous\_\_\_\_\_ Other grains (list)\_\_\_\_\_ Cereals\_\_\_\_\_ What kinds? \_\_\_\_\_

Sweet/Baked Potatoes\_\_\_\_\_ Fried Potatoes (including chips/French fries)\_\_\_\_\_

Sports Bars\_\_\_\_\_ What kinds? \_\_\_\_\_

#### VI. FLUIDS

How frequently do you consume the following?

Coffee\_\_\_\_\_ Tea\_\_\_\_\_ Regular Sodas/Flavored water\_\_\_\_\_ Diet Sodas\_\_\_\_\_

Alcoholic Beverages\_\_\_\_\_ (how often) What kinds: \_\_\_\_\_

Punches, Lemonade, Kool-Aid\_\_\_\_\_ Regular or Sugar-free\_\_\_\_\_

How much water do you drink per day?\_\_\_\_\_

Do you drink sports drinks? \_\_\_\_\_ What kinds? \_\_\_\_\_

Do you take supplements (ex. Weight Gain Powder/MET -Rx)? \_\_\_\_\_ What kinds and

How much? \_\_\_\_\_

## VII. FATS AND SWEETS

How frequently do you consume the following?

Candy\_\_\_\_\_ Pies\_\_\_\_\_ Cakes\_\_\_\_\_ Cookies\_\_\_\_\_ Sweet rolls\_\_\_\_\_ Danishes\_\_\_\_\_  
Muffins\_\_\_ Fat-free products\_\_\_ Sugar\_\_\_ Artificial Sweeteners\_\_\_ What type? \_\_\_\_\_  
Cooking or solid oils\_\_\_\_\_ Butter\_\_\_\_\_ Margarine\_\_\_\_\_ What type? \_\_\_\_\_ Gravies\_\_\_\_\_  
Cream\_\_\_\_\_ Salad Dressing\_\_\_\_\_ Regular\_\_\_\_\_ Reduced Calorie/Fat\_\_\_\_\_ Fat-free\_\_\_\_\_  
Mayonnaise\_\_\_\_\_ Regular\_\_\_\_\_ Reduced Fat\_\_\_\_\_ Fat-free\_\_\_\_\_

## VIII. FOOD PREFERENCES

Favorite Foods (list items you eat frequently or would like to eat frequently)\_\_\_\_\_

\_\_\_\_\_

How many times do you eat per day? \_\_\_ Do you eat snacks? \_\_\_ How frequently? \_\_\_

What time of day? \_\_\_\_\_ List you snack foods? \_\_\_\_\_

**VIX. COMMENTS** (Add any other comments here)