

## Food Frequency Questionnaire

**Directions:** Answer questions below based on your overall intake in the past 3 months. If you eat a food daily, indicate how many times per day. If you consume the food weekly, indicate how many times weekly and if you consume a food monthly, indicate how many times per month. *For example, if you consume dairy 2 times per day, state 2 times per day. However you may only eat beef once per month therefore answer beef 1/mo.*

Name	Date
FOODS	Amount/Frequency
Dairy products (e.g., milk, yogurt, cheeses, and/or substitutes)	
Animal proteins (e.g., red meat, pork, poultry, fish, eggs)	
Soy products (e.g., tofu, tempeh, edamame)	
Vegetables (e.g., dark leafy greens, peppers, onions, broccoli, cauliflower, turnip, carrots, squash)	
Starches (rice, potatoes, pasta, cereal, corn, peas, quinoa)	
Fruit	
Fats (e.g., butter, margarine, oils, creamers, mayonnaise, avocados, salad dressings, sour cream)	
Beans/lentils	
Nuts and nut butters	
Beverages	
Snacks	
Favorite foods	
Binge foods	
Packaged foods	
Other	

1. Please provide a 3-day food record including week days and weekends. *(Days do not have to be consecutive. A separate form is provided)*
2. Do you follow a special diet or avoid specific foods or food groups?
3. Do you have food allergies or food sensitivities?
4. Are there any obstacles to eating (e.g., sore mouth, nausea, lack of energy to prepare food, back pain or other body pain, texture issues, etc.)
5. How often per week do you eat meals that are not homemade?
6. Who cooks?
7. Who shops for groceries and where?
8. How often do you have bowel movements?
9. Do you have digestive difficulties such as reflux, excessive bloating, abdominal pain? Please describe.
10. Questions or comments