

Food Frequency Questionnaire



Name _____

Date _____

Disclosure: The following Food Frequency Questionnaire has been adapted from the National Institute of Health's Diet History Questionnaire (DHQIII). To simplify this questionnaire and help Nutrition Coaches remain within their scope of practice, vitamin and mineral supplement questions have been omitted.

This questionnaire is for informational and nutrition coaching purposes and is not intended to diagnose illness or prescribe nutritional therapy.

Instructions: Answer the following questions to the best of your ability. It is important, for the accuracy of this questionnaire, to answer each question truthfully. Questions are broken into major categories similar to the DHQIII. If a question does not apply to you or you simply do not consume the food or drink in question, leave the associated answer fields blank.

Beverages

Please check the box next to each food/beverage that you ate at least once in the past 12 months .	How often did you consume this food/beverage over the past 12 months ?			What portion size do you usually drink/eat each in one sitting?		
	Rarely	Sometimes	Consistently	Small	Medium	Large
Tomato juice or vegetable juice	<input type="checkbox"/>					
Orange juice or grapefruit juice	<input type="checkbox"/>					
Grape juice	<input type="checkbox"/>					
Other 100% fruit juices (ex. apple)	<input type="checkbox"/>					
Fruit or vegetable smoothies	<input type="checkbox"/>					
Boxed fruit drinks	<input type="checkbox"/>					
Milk as a beverage	<input type="checkbox"/>					
Milkshakes	<input type="checkbox"/>					
Meal replacement or high-protein beverages	<input type="checkbox"/>					
Soda or pop	<input type="checkbox"/>					
Sports drinks	<input type="checkbox"/>					
Energy drinks	<input type="checkbox"/>					
Water	<input type="checkbox"/>					
Vitamin enhanced water	<input type="checkbox"/>					
Beer	<input type="checkbox"/>					
Wine or wine cooler	<input type="checkbox"/>					
Liquor or mixed drinks	<input type="checkbox"/>					
Coffee (<i>NOT including espresso drinks such as latte, mocha, etc.</i>)	<input type="checkbox"/>					
Espresso drink mixtures (including latte, mocha, cappuccino, etc.)	<input type="checkbox"/>					
COLD or ICED tea (caffeinated or decaffeinated)	<input type="checkbox"/>					

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Fruits

Please check the box next to each food/beverage that you ate at least once in the past 12 months .		How often did you consume this food/beverage over the past 12 months ?			What portion size do you usually drink/eat each in one sitting?		
		Rarely	Sometimes	Consistently	Small	Medium	Large
Applesauce	<input type="checkbox"/>						
Apples	<input type="checkbox"/>						
Bananas	<input type="checkbox"/>						
Pineapple	<input type="checkbox"/>						
Pears	<input type="checkbox"/>						
Peaches	<input type="checkbox"/>						
Dried Fruit	<input type="checkbox"/>						
Grapes	<input type="checkbox"/>						
Cantaloupe	<input type="checkbox"/>						
Melons (other than cantaloupe)	<input type="checkbox"/>						
Strawberries	<input type="checkbox"/>						
Blueberries	<input type="checkbox"/>						
Oranges, tangerines, clementines	<input type="checkbox"/>						
Grapefruit	<input type="checkbox"/>						
Avocado or guacamole	<input type="checkbox"/>						
Other (not listed above)	<input type="checkbox"/>						

Vegetables

Please check the box next to each food/beverage that you ate at least once in the past 12 months .		How often did you consume this food/beverage over the past 12 months ?			What portion size do you usually drink/eat each in one sitting?		
		Rarely	Sometimes	Consistently	Small	Medium	Large
COOKED greens (such as spinach, turnip, collard, mustard, chard, or kale)	<input type="checkbox"/>						
RAW greens (such as spinach, turnip, collard, chard, kale, watercress, seaweed, mustard greens, beet greens, or dandelion greens)	<input type="checkbox"/>						
Coleslaw	<input type="checkbox"/>						

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Sauerkraut or cabbage (other than coleslaw)	<input type="checkbox"/>						
COOKED carrots	<input type="checkbox"/>						
RAW carrots	<input type="checkbox"/>						
String beans or green beans	<input type="checkbox"/>						
Peas	<input type="checkbox"/>						
Corn	<input type="checkbox"/>						
Broccoli	<input type="checkbox"/>						
Cauliflower or Brussel sprouts	<input type="checkbox"/>						
Sweet peppers	<input type="checkbox"/>						
Onions	<input type="checkbox"/>						
Garlic	<input type="checkbox"/>						
Mixed vegetables	<input type="checkbox"/>						
Lettuce salads	<input type="checkbox"/>						
Salad dressing on salads	<input type="checkbox"/>						
Mayonnaise on salads	<input type="checkbox"/>						
Salsa	<input type="checkbox"/>						
Fresh tomatoes	<input type="checkbox"/>						
Ketchup	<input type="checkbox"/>						
Sweet potatoes or yams	<input type="checkbox"/>						
French fries, home fries, hash browned potatoes, or Tater Tots	<input type="checkbox"/>						
Potato salad	<input type="checkbox"/>						
Baked, boiled, or mashed potatoes	<input type="checkbox"/>						
Cooked dried or canned beans	<input type="checkbox"/>						
Other kinds of vegetables (not listed above)	<input type="checkbox"/>						

Soups

Please check the box next to each food/beverage that you ate at least once in the past 12 months .	How often did you consume this food/beverage over the past 12 months ?			What portion size do you usually drink/eat each in one sitting?		
	Rarely	Sometimes	Consistently	Small	Medium	Large
Homemade soups	<input type="checkbox"/>					
Canned soups	<input type="checkbox"/>					
Soups (during the winter)	<input type="checkbox"/>					
Soups (during the resto of the year)	<input type="checkbox"/>					
Bean soups	<input type="checkbox"/>					
Tomato or vegetable soups	<input type="checkbox"/>					

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Broth soups with or without noodles and/or rice	<input type="checkbox"/>						
Chili	<input type="checkbox"/>						

Rice, Pasta, Pizza, Tortillas

Please check the box next to each food/beverage that you ate at least once in the past 12 months .	How often did you consume this food/beverage over the past 12 months ?			What portion size do you usually drink/eat each in one sitting?		
	Rarely	Sometimes	Consistently	Small	Medium	Large
Rice or other cooked grains	<input type="checkbox"/>					
Sushi	<input type="checkbox"/>					
Lasagna, stuffed shells, stuffed manicotti, ravioli, or tortellini	<input type="checkbox"/>					
Macaroni and cheese	<input type="checkbox"/>					
Pasta salad or macaroni salad	<input type="checkbox"/>					
Pasta, spaghetti, or other noodles	<input type="checkbox"/>					
Rice or other cooked grains	<input type="checkbox"/>					
Pizza	<input type="checkbox"/>					
Corn or wheat tortillas	<input type="checkbox"/>					
Tacos, tostados	<input type="checkbox"/>					
Burritos, chimichangas	<input type="checkbox"/>					
Enchiladas, quesadillas	<input type="checkbox"/>					

Cereal, Pancakes, Breads

Please check the box next to each food/beverage that you ate at least once in the past 12 months .	How often did you consume this food/beverage over the past 12 months ?			What portion size do you usually drink/eat each in one sitting?		
	Rarely	Sometimes	Consistently	Small	Medium	Large
Oatmeal, grits, or other cooked cereals	<input type="checkbox"/>					
Cold cereal	<input type="checkbox"/>					
Pancakes, waffles, or French toast	<input type="checkbox"/>					
Bagels or English muffin	<input type="checkbox"/>					
Breads or rolls (as part of a sandwich)	<input type="checkbox"/>					
Breads or dinner rolls (not as part of a sandwich)	<input type="checkbox"/>					

Cornbread or corn muffins	<input type="checkbox"/>						
Biscuits	<input type="checkbox"/>						
Jam, jelly, or honey (on bagels, muffins, breads, rolls, crackers, etc.)	<input type="checkbox"/>						
Peanut butter or other nut butter	<input type="checkbox"/>						
Hummus	<input type="checkbox"/>						

Processed Meats

Please check the box next to each food/beverage that you ate at least once in the past 12 months .	How often did you consume this food/beverage over the past 12 months ?			What portion size do you usually drink/eat each in one sitting?		
	Rarely	Sometimes	Consistently	Small	Medium	Large
Roast beef or steak (in sandwiches)	<input type="checkbox"/>					
Luncheon or deli-style ham	<input type="checkbox"/>					
Turkey or chicken cold cuts	<input type="checkbox"/>					
Bologna	<input type="checkbox"/>					
Other cold cuts or luncheon meats (such as salami, corned beef, pastrami)	<input type="checkbox"/>					
Hot dogs or frankfurters	<input type="checkbox"/>					

Meat, Poultry, Fish, and Meat Substitutes

Please check the box next to each food/beverage that you ate at least once in the past 12 months .	How often did you consume this food/beverage over the past 12 months ?			What portion size do you usually drink/eat each in one sitting?		
	Rarely	Sometimes	Consistently	Small	Medium	Large
Ground chicken or turkey	<input type="checkbox"/>					
Baked, broiled, roasted, stewed, grilled, pan-fried, or fried chicken (including chicken nuggets)	<input type="checkbox"/>					
Chicken in mixed dishes (such as salads, sandwiches, casseroles, stews, or other mixtures)	<input type="checkbox"/>					
Turkey in mixed dishes (such as salads, sandwiches, casseroles, stews, or other mixtures)	<input type="checkbox"/>					

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Beef hamburgers or cheeseburger (from a fast food restaurant)	<input type="checkbox"/>						
Beef hamburgers or cheeseburger (NOT from a fast food restaurant)	<input type="checkbox"/>						
Ground beef in mixtures (such as meatballs, casseroles, chili, or meatloaf)	<input type="checkbox"/>						
Beef mixtures (such as beef stew, beef pot pie, beef and noodles, or beef and vegetables)	<input type="checkbox"/>						
Roast beef or pot roast	<input type="checkbox"/>						
Beef steak	<input type="checkbox"/>						
Baked ham or ham steak	<input type="checkbox"/>						
Pork	<input type="checkbox"/>						
Gravy on meat, chicken, potatoes, rice, etc.	<input type="checkbox"/>						
Liver	<input type="checkbox"/>						
Bacon	<input type="checkbox"/>						
Sausage	<input type="checkbox"/>						
Canned tuna or tuna salad	<input type="checkbox"/>						
Fresh tuna, trout, anchovy, mackerel, herring, or sardine	<input type="checkbox"/>						
Salmon	<input type="checkbox"/>						
Fried shellfish (such as crab, lobster, shrimp, or clams)	<input type="checkbox"/>						
Shellfish (such as crab, lobster, or shrimp) that was NOT FRIED	<input type="checkbox"/>						
Fish sticks or other fried fish	<input type="checkbox"/>						
Other fish that was NOT FRIED	<input type="checkbox"/>						
Eggs, egg whites	<input type="checkbox"/>						
Tofu, soy burgers, or soy meat-substitutes	<input type="checkbox"/>						

Chips, Pretzels, Other Snacks

Please check the box next to each food/beverage that you ate at least once in the past 12 months .	How often did you consume this food/beverage over the past 12 months ?			What portion size do you usually drink/eat each in one sitting?		
	Rarely	Sometimes	Consistently	Small	Medium	Large
Crackers	<input type="checkbox"/>					
Potato chips	<input type="checkbox"/>					
Corn chips or tortilla chips	<input type="checkbox"/>					
Popcorn	<input type="checkbox"/>					
Pretzels	<input type="checkbox"/>					

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Whole nuts (including peanuts, almonds, seeds, or other nuts)	<input type="checkbox"/>						
High-protein or breakfast bars	<input type="checkbox"/>						
Protein powder	<input type="checkbox"/>						
Granola bars	<input type="checkbox"/>						

Yogurt and Cheese

Please check the box next to each food/beverage that you ate at least once in the past 12 months .		How often did you consume this food/beverage over the past 12 months ?			What portion size do you usually drink/eat each in one sitting?		
		Rarely	Sometimes	Consistently	Small	Medium	Large
Yogurt (<i>NOT including frozen yogurt</i>)	<input type="checkbox"/>						
Greek yogurt	<input type="checkbox"/>						
Cottage cheese or ricotta cheese	<input type="checkbox"/>						
Cheese (including low-fat, on cheeseburgers, or in sandwiches or subs)	<input type="checkbox"/>						
Whipped cream	<input type="checkbox"/>						
Non-dairy whipped topping	<input type="checkbox"/>						

Sweets, Baked Goods, Desserts

Please check the box next to each food/beverage that you ate at least once in the past 12 months .		How often did you consume this food/beverage over the past 12 months ?			What portion size do you usually drink/eat each in one sitting?		
		Rarely	Sometimes	Consistently	Small	Medium	Large
Frozen yogurt, sorbet, or ices	<input type="checkbox"/>						
Ice cream, ice cream bars, or sherbet (including light, low-fat, or fat-free)	<input type="checkbox"/>						
Cake	<input type="checkbox"/>						
Pie	<input type="checkbox"/>						
Cookies	<input type="checkbox"/>						
Brownies	<input type="checkbox"/>						
Doughnuts, sweet rolls, Danish	<input type="checkbox"/>						
Sweet muffins or dessert breads	<input type="checkbox"/>						
Pudding or custard	<input type="checkbox"/>						
Chocolate bar or chocolate candy	<input type="checkbox"/>						

Spreads and Dressings

Please check the box next to each food/beverage that you ate at least once in the past 12 months .		How often did you consume this food/beverage over the past 12 months ?			What portion size do you usually drink/eat each in one sitting?		
		Rarely	Sometimes	Consistently	Small	Medium	Large
Margarine	<input type="checkbox"/>						
Butter	<input type="checkbox"/>						
Mayonnaise or mayonnaise-based dressing	<input type="checkbox"/>						
Salad dressing	<input type="checkbox"/>						

Summary Question

Which of the following foods did you TOTALLY EXCLUDE from your diet? Mark all that apply.	
<input type="checkbox"/>	Meat (beef, pork, lamb, etc.)
<input type="checkbox"/>	Poultry (chicken, turkey, duck)
<input type="checkbox"/>	Fish and seafood
<input type="checkbox"/>	Eggs
<input type="checkbox"/>	Dairy products (milk, cheese, etc.)