
Food Frequency Form

Name: _____ Date: _____

Please indicate the most accurate response.

Food	Less than once a week	Not daily but at least once a week	Daily	Never/Rarely
Milk, yogurt				
Cheese				
Red meat				
Poultry				
Fish				
Eggs				
Mixed dishes				
Dried beans, legumes				
Peanut butter				
Nuts				
Breads, cereal				
Potatoes, pasta, rice				
Fruits, juices				
Vegetables				
Margarine, butter				
Cooking oil				
Sour cream, salad dressing				

Food	Less than once a week	Not daily but at least once a week	Daily	Never/Rarely
Ice cream				
Cookies, cake, pie				
Candy				
Soft drinks				
Sport drinks				
Energy bars				
Energy gels				
Soy-based foods (tofu, soy burgers, etc)				
Coffee				
Tea, iced tea				
Alcohol				

Source: Data are from *Medical Nutrition Therapy Across the Continuum of Care*. Chicago, Ill: American Dietetic Association; 1996.