

Food Frequency Questionnaire

Name: _____

Nutritional Services
804.288.4084



VIRGINIA
WOMEN'S CENTER

Please check how often you eat the following foods

www.virginiawomenscenter.com

Food	2-4 times a day	Daily	2-4 times a week	Once a Week	Less than once a month	Never
Meat or meat alternative:						
Ground beef						
Steak						
Pork						
Ham						
Luncheon meats						
Hot dogs						
Bacon or Sausage						
Chicken						
Turkey						
Fish, seafood						
Eggs						
Beans/legumes/lentils (also counts as a starch)						
Peanut butter						
Nuts (includes trail mix)						
Cheese						
Soy based "meats"						
Starches:						
Dry boxed cereal						
Cooked cereal						
Bread						
Muffins						
Tortillas						
Crackers						
Rice						
Pasta noodles						
Pancakes/waffles						
Pretzels						
Fruit:						
Fresh fruit						
Canned Fruit						
Fruit Juice						
Milk:						
Milk						
Yogurt						
Starchy Vegetables:						
Potatoes						
Corn/Peas/Lima Beans, etc.						
Non-Starchy Vegetables:						
All other vegetables not listed above						
Sweets/Snacks/Sweetened Beverages:						
Chocolate/candy						
Sodas						
Fruit Flavored drinks/energy drinks						
Other sweetened drinks (tea, hot chocolate, etc)						
Alcohol						
Cakes, pastries, donuts						
Cookies						
Potato chips/tortilla chips/french fries						
Icecream or other frozen dessert						
Meal replacement bars or shakes:						
Comments:						