

Nutrition Questionnaire

What Have You Been Eating Lately?

During the past 4 weeks, how often did you eat a serving of each of the foods listed here?

Mark only one X for each food

Example:

Number of times	last 4 weeks		each week			each day			
	0	1-3	1	2-4	5-6	1	2-3	4-5	6+
Milk				X					
Hot chocolate	X								

Name: _____

ID: _____

Date ____/____/____

DOB: ____/____/____

Check one:

- Pregnant
Due Date _____
- Breastfeeding
1st 6 months
- Breastfeeding
2nd 6 months
- Not Breastfeeding

Number of times	last 4 weeks		each week			each day			
	0	1-3	1	2-4	5-6	1	2-3	4-5	6+
Milk									
Hot chocolate									
Cheese, plain or in sandwiches									
Yogurt									
Ice cream (cones, sandwiches, sundaes)									
Pudding									

0 1 2 3 4 5 6 7 8

What kind of milk do you usually drink? (Check one)

- 3 whole 5 1% 7 chocolate milk
4 2% 6 skim 8 other _____

Number of times	last 4 weeks		each week			each day			
	0	1-3	1	2-4	5-6	1	2-3	4-5	6+
Orange juice or grapefruit juice									
Other juice									
Fruit drinks (Hi-C, Kool-aid, lemonade, sportsdrink)									
Banana									
Peaches									
Fruit cocktail, mixed fruit									
Orange or grapefruit									
Apple or pear									
Applesauce									
Grapes									
Strawberries									
Melon									
Pineapple									
Raisins or prunes									

0 1 2 3 4 5 6 7 8

Mark only one **X** for each food.
 How often did you eat a serving of these foods during the past 4 weeks?

Number of times	last 4 weeks		each week			each day			
	0	1-3	1	2-4	5-6	1	2-3	4-5	6+
Corn									
Peas									
Tomatoes, tomato sauce, salsa									
Peppers (green, red or hot)									
Carrots									
Broccoli									
Green beans									
Spinach									
Greens (mustard, turnip, kale)									
Mixed vegetables									
Squash, orange or winter									
Zucchini, yellow squash									
French fries, fried potatoes, tater tots									
Potatoes (baked, boiled, or mashed)									
Sweet potatoes or yams									
Cabbage, coleslaw or cauliflower									
Lettuce salad									
Salad dressing									
Mayonnaise									

0 1 2 3 4 5 6 7 8

Number of times	last 4 weeks		each week			each day			
	0	1-3	1	2-4	5-6	1	2-3	4-5	6+
Chips (potato, corn or others)									
Popcorn or pretzels									
Crackers									
Nuts									
Cookies or brownies									
Cake or cupcake									
Pie									
Jello									
Chocolate or candy bar									
Other candy (not chocolate)									
Coffee or tea									
Soda, soft drink, pop (not sugar free)									
Soda, soft drink, pop (sugar free)									
Beer, wine, wine cooler, mixed drink or liquor									

0 1 2 3 4 5 6 7 8

Number of times	last 4 weeks		each week			each day			
	0	1-3	1	2-4	5-6	1	2-3	4-5	6+
Beans (baked, chili, or other)									
Rice									
Spaghetti or other pasta									
Pizza									
Tacos, burritos									
Macaroni and cheese									
Hot dogs									
Sausage									
Hamburger (prepared any way)									
Canned tuna									
Fried fish, fish sticks									
Other fish									
Cold cuts (baloney, ham, salami)									
Fried chicken, chicken nuggets									
Other chicken or turkey									
Pork or ham									
Roast beef or steak									
Liver, organ meats									
Peanut butter									
Bread (slice) toast, roll, or pita									
Butter (not margarine)									
Margarine									
	0	1	2	3	4	5	6	7	8

Number of times	last 4 weeks		each week			each day			
	0	1-3	1	2-4	5-6	1	2-3	4-5	6+
Vegetable soup									
Other soup									
Cornbread or tortilla									
Eggs									
Bacon									
Hot cereal, grits									
Cold cereal									
Donut									
Sweet roll or muffin									
Pancake, waffle, or french toast									
English muffin or bagel									
Biscuit									
	0	1	2	3	4	5	6	7	8

1. What type of bread do you usually eat:
 ₁ white bread ₂ whole wheat or dark bread ₃ about half and half ₄ DON'T EAT BREAD
2. What type of margarine do you usually use:
 ₁ stick ₂ tub ₃ squeeze ₄ DON'T USE MARGARINE
 Is this margarine:
 ₁ corn oil ₂ nonfat ₃ other
3. If you eat cold breakfast cereal, what type:
 ₁ high fiber (eg. All Bran) ₂ other (eg. Corn Flakes)
4. Do you take a multi-vitamin pill (Centrum, One-A-Day):
 ₀ no ₁ yes
 If yes, how often:
 ₁ Every day ₂ 4–6 times a week ₃ 1–3 times a week ₄ Less than one time a week
5. Do you take a separate iron pill (not in the multi-vitamin pill above):
 ₀ no ₁ yes
6. Do you take a separate vitamin A supplement (not in the multi-vitamin pill above):
 ₀ no ₁ yes
7. Do you take a separate calcium supplement (not in the multi-vitamin pill above):
 ₀ no ₁ yes
8. Do you eat fried food at home:
 ₀ no ₁ yes
 If yes, how often:
 ₁ Every day ₂ 4–6 times a week ₃ 1–3 times a week ₄ Less than one time a week
 If yes, what type of fat do you use to fry at home:
 ₁ butter ₂ margarine ₃ crisco ₄ corn oil ₅ canola oil ₆ olive oil ₇ other vegetable oil
9. Do you bake cookies, cake or pies at home:
 ₀ no ₁ yes
 If yes, how often do you eat home-baked cookies, cake, or pies:
 ₁ Every day ₂ 4–6 times a week ₃ 1–3 times a week ₄ Less than one time a week
 If yes, what type of fat do you use to bake at home:
 ₁ butter ₂ margarine ₃ crisco ₄ corn oil ₅ canola oil ₆ olive oil ₇ other vegetable oil