

Food Choice Frequency

Questionnaire

Participant Details

Name: _____ Age: _____ Gender: Male Female Other

Food Consumption Frequency

Food Category	Daily	Weekly	Monthly	Never
Whole Grains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Red Meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nuts & Seeds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processed Foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal Food Preferences

1. Do you prefer home-cooked meals? Yes No
2. Do you consume organic food? Yes No

Signature & Date

Signature: _____ Date: _____