**Food Choice Frequency Questionnaire**

**Participant Details  
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_ Gender: □ Male □ Female □ Other**

**Food Consumption Frequency**

| **Food Category** | **Daily** | **Weekly** | **Monthly** | **Never** |
| --- | --- | --- | --- | --- |
| **Whole Grains** | **☐** | **☐** | **☐** | **☐** |
| **Red Meat** | **☐** | **☐** | **☐** | **☐** |
| **Nuts & Seeds** | **☐** | **☐** | **☐** | **☐** |
| **Processed Foods** | **☐** | **☐** | **☐** | **☐** |

**Personal Food Preferences**

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

**Signature & Date  
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**