**Short Food Frequency Questionnaire Form PDF**

**Basic Information  
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_ Gender: □ Male □ Female □ Other  
Weight: \_\_\_\_\_\_\_ kg Height: \_\_\_\_\_\_\_ cm**

**Dietary Preferences & Restrictions**

1. **Do you have any dietary restrictions? □ Yes □ No  
    If yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Do you avoid any food groups? □ Yes □ No   
   If yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **How many times do you eat in a day? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Food Consumption Pattern**

| **Food Item** | **Daily** | **Weekly** | **Occasionally** | **Never** |
| --- | --- | --- | --- | --- |
| **Green Leafy Vegetables** | **☐** | **☐** | **☐** | **☐** |
| **Fruits** | **☐** | **☐** | **☐** | **☐** |
| **Whole Grains** | **☐** | **☐** | **☐** | **☐** |
| **Dairy Products** | **☐** | **☐** | **☐** | **☐** |
| **Fast Food** | **☐** | **☐** | **☐** | **☐** |

**Other Questions**

1. **Do you consume caffeinated drinks? □ Yes □ No   
   If yes, how often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Do you drink alcohol? □ Yes □ No   
   If yes, how often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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