**Food Frequency Questionnaire for Children**

### **Child’s Information**

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Gender: ☐ Male ☐ Female ☐ Other
School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Grade/Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date of Completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Food Frequency Table**

| **Food Group** | **Food Item** | **D** | **W** | **O** | **R** | **N** |
| --- | --- | --- | --- | --- | --- | --- |
| **Grains & Cereals** | **Bread (Whole Wheat, White)** | **☐** | **☐** | **☐** | **☐** | **☐** |
|  | **Rice (White, Brown)** | **☐** | **☐** | **☐** | **☐** | **☐** |
|  | **Pasta/Noodles** | **☐** | **☐** | **☐** | **☐** | **☐** |
| **Dairy & Alternatives** | **Milk (Cow, Soy, Almond)** | **☐** | **☐** | **☐** | **☐** | **☐** |
|  | **Cheese** | **☐** | **☐** | **☐** | **☐** | **☐** |
|  | **Yogurt** | **☐** | **☐** | **☐** | **☐** | **☐** |
| **Proteins (Meat, Fish, Eggs, Nuts, Beans)** | **Chicken/Turkey** | **☐** | **☐** | **☐** | **☐** | **☐** |
|  | **Fish (Salmon, Tuna, etc.)** | **☐** | **☐** | **☐** | **☐** | **☐** |
|  | **Eggs** | **☐** | **☐** | **☐** | **☐** | **☐** |
|  | **Nuts/Peanut Butter** | **☐** | **☐** | **☐** | **☐** | **☐** |
|  | **Beans/Lentils** | **☐** | **☐** | **☐** | **☐** | **☐** |
| **Fruits** | **Apples** | **☐** | **☐** | **☐** | **☐** | **☐** |
|  | **Bananas** | **☐** | **☐** | **☐** | **☐** | **☐** |
|  | **Citrus Fruits (Oranges, Grapefruit)** | **☐** | **☐** | **☐** | **☐** | **☐** |
|  | **Berries (Strawberries, Blueberries)** | **☐** | **☐** | **☐** | **☐** | **☐** |
| **Vegetables** | **Leafy Greens (Spinach, Kale)** | **☐** | **☐** | **☐** | **☐** | **☐** |
|  | **Carrots** | **☐** | **☐** | **☐** | **☐** | **☐** |
|  | **Tomatoes** | **☐** | **☐** | **☐** | **☐** | **☐** |
|  | **Broccoli/Cauliflower** | **☐** | **☐** | **☐** | **☐** | **☐** |
| **Fast Foods & Snacks** | **Chips/Fries** | **☐** | **☐** | **☐** | **☐** | **☐** |
|  | **Cookies/Biscuits** | **☐** | **☐** | **☐** | **☐** | **☐** |
|  | **Chocolate/Candy** | **☐** | **☐** | **☐** | **☐** | **☐** |
|  | **Soda/Sugary Drinks** | **☐** | **☐** | **☐** | **☐** | **☐** |

**Instructions**

**Please indicate how often your child consumes each food item. Choose the most appropriate frequency from the options below.**

**✔ Daily (D)
✔ 2-3 Times a Week (W)
✔ Once a Week (O)
✔ Rarely (R)
✔ Never (N)**

**Additional Dietary Information**

**1. How many glasses of water does your child drink per day?
☐ Less than 3 ☐ 3-5 ☐ 6-8 ☐ More than 8**

**2. Does your child have any food allergies or intolerances?
☐ Yes ☐ No (If yes, please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. Does your child take any vitamin or mineral supplements?
☐ Yes ☐ No (If yes, please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. Who primarily prepares meals at home?
☐ Parent/Guardian ☐ School ☐ Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5. Any additional comments on your child’s diet?**

### **Parent/Guardian Acknowledgment**

**☐ I confirm that the information provided is accurate to the best of my knowledge.
Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**