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: _____