**Semi Quantitative Food Frequency Questionnaire**

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

**Nutrient-Rich Food Consumption**

1. **How many servings of vegetables do you eat daily? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **How many servings of fruits do you eat daily? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Do you take dietary supplements? □ Yes □ No
If yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Frequency of Food Intake**

| **Food Type** | **Quantity Per Meal** | **Daily** | **Weekly** | **Monthly** | **Rarely** | **Never** |
| --- | --- | --- | --- | --- | --- | --- |
| **Milk & Dairy** |  | **☐** | **☐** | **☐** | **☐** | **☐** |
| **Protein (Eggs, Fish, Meat)** |  | **☐** | **☐** | **☐** | **☐** | **☐** |
| **Sugary Drinks & Snacks** |  | **☐** | **☐** | **☐** | **☐** | **☐** |

**Dietary Preferences & Lifestyle**

1. **Are you following a special diet? □ Yes □ No
If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Do you consume fast food frequently? □ Yes □ No
If yes, how often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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