

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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protein (Eggs, Fish, Meat)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sugary Drinks & Snacks		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: _____