



## FOOD FREQUENCY SURVEY

Please check the appropriate box to indicate the frequency of your eating habits.

Foods or Beverages	Never	1 time / month	1 time / week	2-3 / week	1 time / day	2-3 / daily
Cereals, brand(s): ( )						
White bread, white rice, crackers						
French Fries, potatoes						
Pastries, doughnuts, cupcakes etc.						
Corn chips, corn bread, corn tortillas						
Whole wheat/grain bread or brown rice						
Candy, type: ( )						
Ice Cream, type: ( )						
Artificial sweeteners						
Carbonated beverages (non-diet)						
Soft drinks (diet)						
Coffee (decaf)						
Juice, brand/type: ( )						
Canned fruit						
Frozen fruit						
Fresh fruit, Raw						
Fresh fruit, Cooked						
Canned vegetables						
Frozen vegetables						
Fresh vegetables, Raw						
Fresh vegetables, Cooked						
Green Leafy Vegetables						
Cheese						
Yogurt, etc., brand or type _____						
Dairy, type: ( )						
Butter						
Margarine						
Fried Foods						
Olive Oil						
Vegetables Oils (not olive)						
Lard or Tallow						
Eggs						
Fish or Seafood, type: ( )						
Hot dogs, luncheon meats etc.						
Red meat (beef, pork, lamb...)						
Chicken or turkey meat						
Nuts, type: ( )						

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