

# Activity # 3 Beverages Food Frequency Questionnaire



**Instructions:** Check or color in the circle that describes how often you drink a specific beverage.

| Drinks         | Average Intake in a Month |                           |               |                          |       |  |
|----------------|---------------------------|---------------------------|---------------|--------------------------|-------|--|
|                | Never                     | Couple times per<br>month | Once per week | Couple times per<br>week | Daily |  |
| Water          |                           |                           |               |                          |       |  |
| Flavored Water | Ŏ                         | Ŏ                         | Ŏ             | Ŏ                        | Ŏ     |  |
| Milk           |                           |                           |               |                          |       |  |
| Orange Juice   | Ŏ                         | Ŏ                         | Ŏ             | Ŏ                        | Ŏ     |  |
| Juice          |                           |                           |               |                          |       |  |
| Soda           | Ŏ                         | Ŏ                         | Ŏ             | Ŏ                        | Ŏ     |  |
| Sport Drinks   |                           |                           |               |                          |       |  |
| Tea            | Ŏ                         | Ó                         | Ó             | Ó                        | Ó     |  |
| Coffee         |                           |                           |               |                          |       |  |
| Hot Chocolate  | Ŏ                         | Ŏ                         | Ŏ             | Ŏ                        | Ŏ     |  |
| Others         |                           |                           |               |                          |       |  |











#### **Activity #3**

#### **Dairy Food Frequency Questionnaire**

**Instructions:** Check or color in the circle that describes how often you drink or eat a specific dairy product.



| Dairy         | Average Intake in a Month |                           |               |                          |          |
|---------------|---------------------------|---------------------------|---------------|--------------------------|----------|
|               | Never                     | Couple times<br>per month | Once per week | Couple times<br>per week | Daily    |
| Whole Milk    |                           |                           |               |                          |          |
| 2 % Milk      | <u> </u>                  | <u> </u>                  | 0             | 0                        | 0        |
| 1% Milk       | 0                         | 0                         |               |                          | 0        |
| Fat-Free Milk |                           | <u> </u>                  |               |                          | <u> </u> |
| Yogurt        |                           |                           |               |                          |          |
| Cheese        | 0                         | 0                         | 0             | 0                        |          |
| Frozen Yogurt |                           |                           |               |                          |          |
| Custard       | Ö                         | <u> </u>                  | Ö             | 0                        | Ö        |
| Ice Cream     |                           |                           |               |                          |          |
| Pudding       | <u> </u>                  | 0                         | 0             | 0                        | 0        |
| Others        |                           |                           |               |                          |          |







#### **Activity #3**

### **Fruits Food Frequency Questionnaire**



**Instructions:** Check or color in the circle that describes how often you eat a specific fruit.



| Fruits                         | Average Intake in a Month |                           |               |                          |       |
|--------------------------------|---------------------------|---------------------------|---------------|--------------------------|-------|
|                                | Never                     | Couple times<br>per month | Once per week | Couple times<br>per week | Daily |
| Apples                         | 0                         | 0                         | <b>Q</b>      | 0                        | 0     |
| Pears                          | 0                         | 0                         | <u> </u>      | <u> </u>                 |       |
| Oranges, Mandarins             |                           |                           |               |                          |       |
| Bananas                        | 0                         | 0                         |               | 0                        |       |
| Grapes, Cherries               |                           | 0                         |               |                          |       |
| Strawberries, Raspberries      | 0                         | 0                         |               | 0                        | 0     |
| Blueberries, Blackberries      |                           | 0                         |               |                          | 0     |
| Watermelons, Cantaloupe        |                           |                           |               |                          | 0     |
| Peaches, Plums, Apricots       |                           |                           |               |                          |       |
| Kiwi, Pineapples               | 0                         | 0                         | 0             | 0                        | 0     |
| Dried Fruits (Raisins, prunes) |                           |                           |               |                          |       |
| 100% Fruit Snacks              |                           |                           | 0             |                          |       |
| 100% Fruit Juice               |                           |                           | $\bigcirc$    |                          |       |
| Others                         |                           |                           |               |                          |       |







### Activity # 3 Vegetables Food Frequency Questionnaire

**Instructions:** Check or color in the circle that describes how often you eat or drink a specific vegetable.

Average Intake in a Month

Vegetables



| vegetables               |       |                           |               |                          |            |
|--------------------------|-------|---------------------------|---------------|--------------------------|------------|
|                          | Never | Couple times<br>per month | Once per week | Couple times<br>per week | Daily      |
| Tomatoes                 | Q     | Q                         | <b>Q</b>      | <b>Q</b>                 | Q          |
| Carrots                  |       |                           |               |                          |            |
| Lettuce, Cabbage         |       |                           |               |                          |            |
| Green Peppers            | 0     | 0                         |               | 0                        |            |
| Onions                   |       |                           |               | 0                        |            |
| Green leafy Veggies      | 0     | 0                         |               | 0                        |            |
| Garlic, Olives           | 0     | 0                         |               | 0                        |            |
| Corn                     | 0     | 0                         |               | 0                        |            |
| Cucumber, Celery         | 0     | 0                         |               | 0                        |            |
| Eggplant, Squash         | 0     | 0                         | 0             | 0                        |            |
| Broccoli, Green Beans    |       |                           |               |                          |            |
| Green peas, Green beans  | 0     | 0                         |               | 0                        |            |
| Potatoes, Sweet Potatoes |       |                           |               |                          |            |
| French Fries, Tater tots |       |                           |               |                          |            |
| 100% Veggie Juice        |       |                           | $\bigcirc$    |                          | $\bigcirc$ |
| Others                   |       |                           |               |                          |            |









# Activity # 3 Food Record-Tracking Your Diet

| Date: |
|-------|
|-------|

| Daily Food Record      |                             |                         |                           |                            |  |  |
|------------------------|-----------------------------|-------------------------|---------------------------|----------------------------|--|--|
| Grains<br>6 oz per day | Vegetables 2 ½ cups per day | Fruits 1 ½ cups per day | Milk/Dairy 3 cups per day | Meat/Beans<br>5 oz per day |  |  |
|                        |                             |                         |                           | C.C.                       |  |  |
|                        |                             |                         |                           |                            |  |  |
|                        |                             |                         |                           |                            |  |  |
|                        |                             |                         |                           |                            |  |  |
|                        |                             |                         |                           |                            |  |  |
|                        |                             |                         |                           |                            |  |  |
|                        |                             |                         |                           |                            |  |  |
|                        |                             |                         |                           |                            |  |  |

| !            | Box of Icons     | and the same of th |
|--------------|------------------|--|
| Grains Icon: | Vegetables Icon: | NA PARTIES   |
| Fruits Icon: | Milk/Dairy:      |  |
| Meat/Beans:  |                  |  |