

Study ID: __-_-_ Date: __/__/___

Date of birth: ___/__/___

Interviewer Name: _

(Interviewer Code: ______-__)

FOOD QUESTIONNAIRE

Questionnaire refers to what you ate over the last seven days

This Food Questionnaire asks you about the type and frequency (how often) your child ate the foods listed below **during the last 7 days**. Since we recognize it may be hard to remember every detail of your child's diet, please do the best you can. We truly appreciate your effort. This information will be helpful in understanding the role of diet in your child's health.

This Food Questionnaire takes about 15 minutes.

Please follow the instructions:

- For each food item, mark **ONLY ONE** response.
- Serving sizes: **M** (medium) = 1 portion size

S (small) = $\frac{1}{2}$ medium portion size

L (large) = $1 \frac{1}{2}$ medium portion size

- Mark your response as accurate as you can.
- Estimate if you are not sure.
- Use a NO. 2 PENCIL only.
- Do not use ink or ballpoint pen.
- Darken in circle completely:

 \Rightarrow CORRECT MARK

 \Rightarrow INCORRECT MARK

G Ð

- Erase cleanly any marks you wish to change.
- Do not make any stray marks on this form.

THANK YOU FOR COMPLETING THIS FOOD QUESTIONNAIRE!

Thinking about the last 7 days, how often did your child eat the foods listed below?

No.	Type of Food	Never in the last week	1-2 per week	3-4 per week	5-6 per week	1-2 per day	3+ per day	Medium Portion Size (M)	s	м	L
Fruit	s and Fruit Juices										
1	Apple: raw, applesauce, juice, dried	О	О	0	ο	0	ο	1cup of fruit, applesauce or juice ½ cup dried	0	0	0
2	Apricot / Nectar: raw, canned, juice, dried	о	ο	0	ο	0	ο	1 cup of fruit or juice ½ cup dried	0	0	0
3	Avocado / Guacamole	0	0	0	0	0	0	1 cup	0	0	0
4	Banana: raw, cooked, dehydrated slices	0	ο	0	о	0	О	1 cup of fruit ½ cup dehydrated	0	0	0
5	Blackberries: raw, frozen, canned, cooked, frozen	0	0	0	0	0	0	1 cup	0	0	0
6	Blueberries: raw, frozen, canned, cooked, frozen	0	0	0	0	0	0	1 cup	0	0	0
7	Grapefruit: raw, canned, juice	0	0	0	0	0	0	1 cup of fruit or juice	0	0	0
8	Grapes: raw, juice, raisins	О	ο	0	о	0	0	1 cup of fruit or juice ½ cup raisins	0	0	0
9	Melon (all varieties)	0	0	0	0	0	0	1 cup	0	0	0
10	Olives	0	0	0	0	0	0	1 cup	0	0	0
11	Orange / Tangerine: raw, canned, juice	0	0	0	0	0	0	1 cup of fruit or juice	0	0	0
12	Peach / Nectarine: raw, canned, juice, dried	О	ο	0	0	0	Ο	1 cup of fruit or juice ½ cup dried	0	0	0
13	Pear: raw, canned, juice, dried	О	0	0	0	0	0	1 cup of fruit or juice ½ cup dried	0	0	0
14	Pineapple: raw, canned, juice, dried	0	0	0	0	0	0	1 cup of fruit or juice ½ cup dried	0	0	0
15	Plum / Prune: raw, canned, juice	Ο	0	0	0	0	0	1 cup of fruit or juice ½ cup prunes	0	0	0
16	Raspberries: raw, frozen, canned	0	0	0	0	0	0	1 cup	0	0	0
17	Strawberries: raw, frozen, canned	0	0	0	0	0	0	1 cup	0	0	0
18	Watermelon	0	0	0	0	0	0	1 cup	0	0	0
19	Other:	Ο	0	0	0	0	0		0	0	0

No.	Type of Food	Never in the last week	1-2 per week	3-4 per week	5-6 per week	1-2 per day	3+ per day	Medium Portion Size (M)	S	м	L
Vege	etables										
20	Asparagus: raw, cooked, canned	0	0	0	0	0	0	1 cup	0	0	0
21	Broccoli: raw, cooked	0	0	0	0	0	0	1 cup raw ½ cup cooked	0	0	0
22	Brussels Sprouts	0	0	0	0	0	0	1 cup	0	0	0
23	Butternut Squash	0	0	0	0	0	0	1 cup	0	0	0
24	Cabbage (all varieties): raw, cooked	0	0	0	0	0	0	1 cup	0	0	0
25	Carrots: raw, cooked	0	0	0	0	0	0	1 cup raw ¾ cup cooked	0	0	0
26	Cauliflower: raw, cooked	0	0	0	0	0	0	1 cup raw ½ cup cooked	0	0	0
27	Celery	0	0	0	0	0	0	1 cup	0	0	0
28	Collards: raw, cooked	0	0	Ο	ο	0	0	1 cup raw ½ cup cooked	0	0	0
29	Corn: cream style, cooked, canned, on cob	0	0	0	0	0	0	1 cup 1 medium corn on cob	0	0	0
30	Cucumber: raw, pickled	0	0	0	0	0	0	1 cup	0	0	0
31	Dandelion Greens: raw, cooked	0	0	0	0	0	0	1 cup raw ½ cup cooked	0	0	0
32	Eggplant	0	0	0	0	0	0	1 cup	0	0	0
33	Green, String, Snap, Wax Beans or Snow Peas	0	0	0	0	0	0	1 cup	0	0	0
34	Green Zucchini	0	0	0	0	0	0	½ cup	0	0	0
35	Lettuce (all varieties)	0	0	0	0	0	0	1 cup	0	0	0
36	Mustard / Turnip Greens: raw, cooked	0	0	0	0	0	0	1 cup raw ½ cup cooked	0	0	0
37	Mushroom (all varieties): raw, cooked, canned, pickled	0	о	о	о	0	0	1 cup raw ½ cup cooked or dehydrated	0	0	0
38	Okra: raw, cooked	0	0	0	0	0	0	1 cup	0	0	0
39	Onion / Green Onions: raw, cooked, dehydrates	0	0	0	0	0	0	1 cup raw ½ cup cooked or dehydrated	0	0	0
40	Peas: raw, cooked, canned	0	0	0	0	0	0	1 cup	0	0	0
41	Pepper (all varieties except red / orange / yellow bell pepper): raw, cooked, pickled	0	0	0	0	0	0	1 cup raw ½ cup cooked	0	0	0
42	Potato (all varieties): cooked, mashed, French fries	0	0	0	0	0	0	1 medium 1 cup	0	0	0
43	Red / Orange / Yellow Bell Pepper: raw, cooked, pickled	0	0	0	0	0	0	1 cup raw ½ cup cooked	0	0	0

No.	Type of Food	Never in the last week	1-2 per week	3-4 per week	5-6 per week	1-2 per day	3+ per day	Medium Portion Size (M)	s	М	L
Vege	etables										
44	Radish	0	0	0	0	0	0	1 cup	0	0	0
45	Spinach: raw, cooked, canned	О	0	0	Ο	0	0	1 cup raw ½ cup cooked	0	0	0
46	Sweet Potato/Yam	0	0	0	0	0	0	1 large ¾ cup	0	0	0
47	Tomato (all varieties): raw, canned, cooked, salsa, sauce, soup, juice	0	0	0	0	0	0	1 cup	0	0	0
48	Turnip greens	0	0	0	0	0	0	1 cup	0	0	0
49	Winter Squash / Pumpkin (all varieties except butternut squash): cooked, canned	О	0	0	ο	0	0	1 cup	0	0	0
50	Yellow Zucchini: raw, cooked	0	0	0	0	0	0	1 cup	0	0	0
51	Other:	0	0	0	0	0	0		0	0	0
Brea	d, Cereal, Rice, and Pasta										
52	Bread	0	0	0	0	0	0	1 slice	0	0	0
53	Bagel, Pita Bread, English Muffin, Hotdog or Hamburger Bun	0	о	0	ο	0	0	1⁄2 medium piece (1 ounce)	0	0	0
54	Bulgur	0	0	0	0	0	0	½ cup	0	0	0
55	Barley, dry	0	0	0	0	0	0	½ cup	0	0	0
56	Cake / Cookies / Cupcake	0	0	0	0	0	0	½ cup	0	0	0
57	Cereal or Granola Bar	0	0	0	0	0	0	1 bar	0	0	0
58	Cooked cereal: brand name	ο	0	0	0	0	0	½ cup	0	0	0
59	Ready-to-eat cereal: brand name	Ο	0	0	0	0	0	1 cup	0	0	0
60	Pretzel / Chex Mix / Corn or Bagel Chips	0	0	0	0	0	0	1 cup	0	0	0
61	Crackers	0	0	0	0	0	0	6 crackers	0	0	0
62	Doughnut / Danish/Pastry / Pop tart	0	0	0	0	0	0	½ medium piece	0	0	0
63	Muffin / Biscuit	0	0	0	0	0	0	1 small	0	0	0
64	Pancake / Waffles / French Toast	0	0	0	0	0	0	1 medium 1 slice	0	0	0
65	Pasta: noodles, spaghetti, macaroni	0	0	0	0	0	0	½ cup	0	0	0

No.	Type of Food	Never in the last week	1-2 per week	3-4 per week	5-6 per week	1-2 per day	3+ per day	Medium Portion Size (M)	s	м	L
Brea	d, Cereal, Rice, and Pasta										
66	Oat bran, raw	0	0	0	0	0	0	½ cup	0	0	0
67	Pie crust	0	0	0	0	0	0	1/8 slice of a 8-inch pie	0	0	0
68	Pizza crust	0	0	0	0	0	0	1 slice of a 12" pizza	0	0	0
69	Rice, white or brown	0	0	0	0	0	0	½ cup	0	0	0
70	Tortilla / Taco shell	0	0	0	0	0	0	1 small	0	0	0
71	Other:	0	0	0	0	0	ο		0	0	0
Meat	, Poultry, Fish, Dry Beans, Eggs, an	d Nuts									
72	Bacon regular	0	0	0	0	0	0	3 slice	0	0	0
73	Beans / Lentil / Chickpeas (all variety): cooked, canned	0	0	0	0	0	0	¼ cup	0	0	0
74	Beef including ground	0	0	0	0	0	0	1 ounce ¼ cup	0	0	0
75	Chicken including ground	0	0	0	0	0	0	1 ounce ¼ cup	0	0	0
76	Deer including ground	0	0	0	0	0	0	1 ounce ¼ cup	0	0	0
77	Duck / Goose	0	0	0	0	0	0	1 ounce ¼ cup	0	0	0
78	Egg	0	0	0	0	0	0	1 egg 2 egg white	0	0	0
79	Fish / Tuna fish: all varieties, fresh, frozen or canned	0	0	0	0	0	0	1 ounce ¼ cup	0	0	0
80	Hot dog / Sausage	О	ο	ο	0	0	ο	1 medium 1 ounce ¼ cup	0	0	0
81	Lamb including ground	0	0	0	0	0	0	1 ounce ¼ cup	0	0	0
82	Liver, heart, kidney, tongue, brain	0	0	0	0	0	0	1 ounce ¼ cup	0	0	0
83	Lunch meats such as salami, bologna, chicken, turkey or ham	0	0	0	0	0	0	1 ounce ¼ cup 1slice	ο	0	0
84	Nuts / Seeds / Peanuts (in tablespoons, Tbls)	0	0	0	0	0	0	2 Tbls (½ ounce)	0	0	0
85	Peanut Butter	0	0	0	0	0	0	1 tablespoon	0	0	0
86	Pork / Ham including ground	0	0	0	0	0	0	1 ounce ¼ cup	0	0	0
87	Rabbit / Hare / Squirrels	Ο	0	0	0	0	0	1 ounce ¼ cup	0	0	0

No.	Type of Food	Never in the last week	1-2 per week	3-4 per week	5-6 per week	1-2 per day	3+ per day	Medium Portion Size (M)	s	м	L
Meat	, Poultry, Fish, Dry Beans, Eggs, an	d Nuts									
88	Shellfish / Clam / Shrimp	0	0	Ο	Ο	0	Ο	1 ounce ¼ cup	0	0	0
89	Soybean Products / Meatless Foods: tofu, chili, hamburger, nuggets, meatballs, sausages	о	0	0	0	0	0	1 ounce ¼ cup	0	0	0
90	Turkey including ground or turkey bacon	0	0	0	0	0	0	1 ounce ¼ cup	0	0	0
91	Veal including ground	0	0	0	0	0	0	1 ounce ¼ cup	0	0	0
92	Other:	0	0	0	0	0	0		0	0	0
Milk,	Yogurt, and Cheese										
93	Buttermilk	0	0	0	0	0	0	1 cup	0	0	0
94	Cheese: American, Cheddar or other firm cheese	о	0	ο	ο	0	ο	2 slices 1.5 ounces	0	0	0
95	Cottage cheese	0	0	0	0	0	0	1 cup	0	0	0
96	Cream Cheese	0	0	0	0	0	0	1 cup	0	0	0
97	Custard / Pudding	0	0	0	0	0	0	1 cup	0	0	0
98	Evaporated or Condensed Milk	0	0	0	0	0	0	1 cup	0	0	0
99	Flavored Milk: chocolate, vanilla, strawberry or other flavor	0	0	0	0	0	0	1 cup	0	0	0
100	Frozen Yogurt / Sherbet / Iced Milk	о	0	0	0	0	0	1 cup 2 scoop	0	0	0
101	Goat Milk or Cheese	0	0	0	0	0	0	1 cup	0	0	0
102	Ice Cream	0	0	0	0	0	0	1 cup 2 scoop	0	0	0
103	Milk	0	0	0	0	0	0	1 cup	0	0	0
104	Milk Shake	0	0	0	0	0	0	1 cup	0	0	0
105	Sour Cream	0	0	0	0	0	0	1 cup	0	0	0
106	Soy Milk / Veggie Slices	0	0	0	0	0	0	1 cup 2 slices	0	0	0
107	Whipping / Whipped Cream	0	0	0	0	0	0	1 cup	0	0	0
108	Yogurt	0	0	0	0	0	0	1 cup	0	0	0

No.	Type of Food	Never in the last week	1-2 per week	3-4 per week	5-6 per week	1-2 per day	3+ per day	Medium Portion Size (M)	s	м	L
Misc	ellaneous Foods		_		_						
109	Butter, Margarine, Oil	0	ο	0	ο	0	0	2 pats 2 teaspoons	0	0	0
110	Mayonnaise / Salad Dressing	0	0	0	0	0	0	1 tablespoon	0	0	0
111	Potato Chips / Cheese Puffs	0	0	0	0	0	0	1 cup	0	0	0
112	Gravy, Sauces (all varieties except tomato sauce)	0	0	0	0	0	0	¼ cup	0	0	0
113	Milk Chocolate, Candy Bar	0	0	0	0	0	0	3 small pieces 1 small bar	0	0	0
114	Sugar, Jam, Jelly, Honey, Syrup	0	0	0	0	0	0	2 teaspoons	0	0	0
115	Sport, Fruit Flavored, or Soft Drink	0	0	0	0	0	0	1 cup	0	0	0
116	Semisweet / dark chocolate	0	0	0	0	0	0	3 small pieces	0	0	0
117	Tea, instant sweetened with sugar	0	0	0	0	0	0	1 cup	0	0	0
118	Popcorn	0	0	0	0	0	0	3 cups	0	0	0
119	Trail Mix	0	0	0	0	0	0	½ cup	0	0	0
120	Other:	Ο	0	0	0	0	0		0	0	0

Medium Portion Sizes (M) based on definition from U.S. Department of Agriculture, Center for Nutrition Policy and Promotion: MyPyramid.gov (USDA, 2005).

Overall Diet Questionnaire

1.	During the last 7 days, h	now many times did yo	ur child eat foods that	contain whole-grains?
	0 – 1 time	□ 2 – 3 times	☐ 4 – 5 times	\bigcirc 6 – 7 times
2.	During the last 7 days, h	now many times did yo	ur child eat fried foods	?
	0 – 1 time	□ 2 – 3 times	☐ 4 – 5 times	\bigcirc 6 – 7 times
3.	During the last 7 days, h	now many times did yo	ur child eat in a fast foo	od restaurant?
	0 – 1 time	□ 2 – 3 times	☐ 4 – 5 times	□ 6 – 7 times
4.	During the last 7 days, h	now many times did yo	ur child eat lean cuts o	f meat?
	0 – 1 time	□ 2 – 3 times	☐ 4 – 5 times	□ 6 – 7 times
5.	During the last 7 days, h	now many times did yo	ur child eat or drink lov	v-fat dairy products?
	0 – 1 time	□ 2 – 3 times	☐ 4 – 5 times	\Box 6 – 7 times
6.	During the last 7 days, h	now many cups of fruit	juices did your child dr	ink a day?
	□ 0 – 1 cup	2 – 3 cups	4 or mor	e cups
7.	During the last 7 days, h	now many fruits did you	ur child eat?	
	□ 0 – 1 cup	2 – 3 cups	4 or mor	e cups
8.	During the last 7 days, h	now many cups of vege	etables did your child e	at per day?
	□ 0 – 1 cup	2 – 3 cups	4 or mor	e cups
9.	During the last 7 days, v	were the fruits and veg	etables your child ate g	grown locally?
	• <u>Fruits</u>	Yes I	No 🗌 Don't kno	w
	<u>Vegetables</u>	Yes I	No 🗌 Don't kno	w

Overall Diet Questionnaire (continue)

10. During the last 7 days, did your child take any multivitamins/vitamins/minerals /supplements?

□ No □ Yes

<u>If yes</u>, complete table. Provide product name and how many tablets/capsules/chewable (see example above). **How much was given to your child each day?** (Specify # of tables, gummies, or amount of liquid).

Product Name (Please Specify)	How much was given to your child each day? (specify # of tablets, gummies, or mL of liquid)							
	Tablets	Gummies	Jellies	Liquid	Other			
<u>Multivitamins (e.g.):</u> <u>Flintstones Complete with Omega-3</u>		<u>2</u>						
Multivitamins:								
Vitamins:								
Minerals:								
Supplements:								

During the last 7 days, how many times did your child take the multivitamins/vitamins/minerals /supplements?

Multivitamins	□ 0 – 1 time	□ 2 – 3 times	☐ 4 – 5 times	□ 6 – 7 times
<u>Vitamins</u>	0 – 1 time	2 – 3 times	\Box 4 – 5 times	□ 6 – 7 times
Minerals	0 – 1 time	2 – 3 times	☐ 4 – 5 times	\Box 6 – 7 times
Supplements	0 – 1 time	2 – 3 times	☐ 4 – 5 times	□ 6 – 7 times
11. During the last 7	7 days, how often did	your child engage in p	hysical activity?	
Less than 3	30 minutes a day	30 to 60 minute	s a day 🗌 More	than 60 minutes a day
Frida Zipkin / 2008		Page 9 DO NOT DUPLICA	TE	Last revised: 01/23/13