## How to Use a Food Frequency Questionnaire

Photocopy the form below and use the client's answers to fill it in.

| Food frequency questionnaire form |  |  |  |
| :--- | :--- | :--- | :--- |
| Food item | Average number of servings <br> Per day | Perving size <br> (large, medium, small) |  |
| Meat or chicken |  |  |  |
| Fish or seafood |  |  |  |
| Eggs |  |  |  |
| Milk or milk products |  |  |  |
| Fruit or fruit juice |  |  |  |
| Green, leafy vegetables |  |  |  |
| Yellow or orange vegetables or <br> fruits (sweet potatoes, mangos, <br> pawpaw, pumpkin, carrots, yams) |  |  |  |
| Other vegetables |  |  |  |
| Roots or tubers (potatoes, |  |  |  |
| cassava) |  |  |  |
| Cereals (ugali, bread, rice, biscuits) |  |  |  |
| Beans or nuts |  |  |  |
| Sugar or honey |  |  |  |
| Sweetened beverages |  |  |  |
| Coffee or tea fats |  |  |  |

- List everything the client reports eating or drinking, including snacks, beverages, condiments, and all foods eaten at home or away from home during the past 24 hours.
- Explain to the client the purpose of the food frequency questionnaire. Stress that you will use the information to evaluate the client's diet and then counsel on how to improve it, if necessary.
- When assessing a child, ask the client to try to remember what the child ate or drank during the past day and the past week, including snacks, meals, beverages, and any foods eaten outside the home.

