## How to Use a Food Group Questionnaire

- Photocopy the form below and use the client's answers to fill it in.
- Note: Different countries may classify foods into different food groups.

What did the client eat yesterday? (Tick the appropriate cell)

| Food | Breakfast | Lunch | Dinner | Snacks |
| :---: | :---: | :---: | :---: | :---: |
| Cereals (rice, biscuits, bread), roots or tubers (potatoes, cassava) |  |  |  |  |
|  |  |  |  |  |
| Meat, fish, seafood, beans (soy, tofu), milk and milk products |  |  |  |  |
|  |  |  |  |  |
| Fruit or fruit juice |  |  |  |  |
|  |  |  |  |  |



Does your household grow any vegetables? Y/N
If yes, what kind?
Does your household raise any animals for food? Y/N
If yes, what kind?
Client eats food from at least 4 food groups a day
Client eats food from fewer than 4 food groups a day and needs counseling

Photos: Centre for Counselling, Nutrition and Health Care (COUNSENUTH) in Tanzania.

