



Weekly Food Intake

Name: _____ Date of Birth: _____ Date: _____

Please indicate how often during the week you eat the following items.

Food	Daily	4-6 times per week	3 times or less per week	Never/Rarely
Vegetables				
Fruits				
Fruit Juice (100%)				
Smoothie				
Breads (Whole Grain or White)				
Cereals (Whole Grain or White)				
Pasta				
Rice (Brown or White)				
Potatoes and/or Corn				
Other Whole Grains (Quinoa, etc.)				
Poultry (Chicken, Turkey, Duck)				
Fish				
Shellfish (Shrimp, Lobster, Mollusks)				
Red Meat (Beef, Lamb, Veal)				
Deli Meat				
Meat Sauces, Casseroles or Stews				
Hamburgers				
Hot Dogs				
Beans, Legumes and/or Hummus				
Soy Foods (Tofu, Edamame, Tempeh)				
Veggie Burgers				
Plant-Based Meat Substitutes				
Nuts/Seeds				
Peanut Butter and other Nut Butters				
Milk (Dairy or Nondairy)				
Cream (Dairy or Nondairy)				
Cheese (Dairy: Full Fat or Low Fat)				
Cheese (Vegan)				
Yogurt (Dairy or Nondairy)				
Eggs				
Oils (Indicate type)				
Butter				



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Food	Daily	4-6 times per week	3 times or less per week	Never/Rarely
Margarine				
Chocolate				
Energy Bars				
Snack Foods (Potato/Corn Chips)				
Popcorn				
Sorbet and Ices				
Ice Cream and/or Frozen Yogurt				
Candy				
Canned Soup				
Frozen Meals				
International/Ethnic Foods				
Fast Food				
Pizza				
Take-Out Meals				
Soda Regular				
Soda Diet				
Water				
Seltzer or Club Soda				
Energy/Sports Drinks				
Alcoholic Beverages				