Food Survey

Indicate the frequency with which you eat the following foods by marking the appropriate box. **FREQUENT** = at least once a day, **OFTEN** = several times per week, **OCCASIONALLY** = once a week or less, **SELDOM** = once or twice a month or less, and **NEVER** = total avoidance.

|  | **Frequent** | **Often** | **Occas.** | **Seldom** | **Never** |
| --- | --- | --- | --- | --- | --- |
| Alcoholic beverages | ❍ | ❍ | ❍ | ❍ | ❍ |
| Eat out at restaurants | ❍ | ❍ | ❍ | ❍ | ❍ |
| Pastries, cookies, candy, ice cream and other sweets | ❍ | ❍ | ❍ | ❍ | ❍ |
| White flour: bread, pasta, pancakes, crackers, muffins, etc. | ❍ | ❍ | ❍ | ❍ | ❍ |
| Add sugar to coffee, tea, cereals, or other foods | ❍ | ❍ | ❍ | ❍ | ❍ |
| Sodas or soft drinks | ❍ | ❍ | ❍ | ❍ | ❍ |
| Diet soft drinks | ❍ | ❍ | ❍ | ❍ | ❍ |
| Fruit juices | ❍ | ❍ | ❍ | ❍ | ❍ |
| Artificial sweeteners (NutraSweet, saccharin, etc.) | ❍ | ❍ | ❍ | ❍ | ❍ |
| Natural sweeteners (honey, maple syrup, agave, etc.) | ❍ | ❍ | ❍ | ❍ | ❍ |
| Breakfast cereals (hot or cold) | ❍ | ❍ | ❍ | ❍ | ❍ |
| Packaged foods: chips, crackers, puffs, pretzels | ❍ | ❍ | ❍ | ❍ | ❍ |
| Vegetable oils (sunflower, safflower, canola, corn, soy) | ❍ | ❍ | ❍ | ❍ | ❍ |
| Margarine or tub vegetable oil spreads | ❍ | ❍ | ❍ | ❍ | ❍ |
| Deep-fried foods | ❍ | ❍ | ❍ | ❍ | ❍ |
| Olive oil | ❍ | ❍ | ❍ | ❍ | ❍ |
| Avocados | ❍ | ❍ | ❍ | ❍ | ❍ |
| Saturated fats (butter, ghee, lard, coconut, palm, tallow) | ❍ | ❍ | ❍ | ❍ | ❍ |
| Fatty fish (salmon, mackerel, sardines, herring) | ❍ | ❍ | ❍ | ❍ | ❍ |
| Nuts and seeds, nut/seed butters | ❍ | ❍ | ❍ | ❍ | ❍ |
| Pasteurized dairy (Check: ☐nonfat, ☐low-fat, ☐whole) | ❍ | ❍ | ❍ | ❍ | ❍ |
| Raw dairy products (Check: ☐nonfat, ☐low-fat, ☐whole) | ❍ | ❍ | ❍ | ❍ | ❍ |
| Fermented dairy products (yogurt, kefir, cheese) | ❍ | ❍ | ❍ | ❍ | ❍ |
| Eggs (Check: ☐free-range, ☐pastured, ☐organic, or ☐conventional) | ❍ | ❍ | ❍ | ❍ | ❍ |
| Poultry or fowl (chicken, turkey, duck, etc.) | ❍ | ❍ | ❍ | ❍ | ❍ |
| Pork | ❍ | ❍ | ❍ | ❍ | ❍ |
| Red meat (beef, lamb) | ❍ | ❍ | ❍ | ❍ | ❍ |
| Processed meats (bacon, sausage, salami, ham, etc.) | ❍ | ❍ | ❍ | ❍ | ❍ |
| Organ meats (liver, kidney, sweetbreads, etc.) | ❍ | ❍ | ❍ | ❍ | ❍ |
| Soy products (tofu, tempeh, soy milk, edamame) | ❍ | ❍ | ❍ | ❍ | ❍ |
| Salads, uncooked vegetables | ❍ | ❍ | ❍ | ❍ | ❍ |
| Fermented vegetables (sauerkraut, kimchi, etc.) | ❍ | ❍ | ❍ | ❍ | ❍ |
| Non-starchy vegetables (greens, squash, carrots) | ❍ | ❍ | ❍ | ❍ | ❍ |
| Starchy vegetables (potatoes, yams, sweet potatoes) | ❍ | ❍ | ❍ | ❍ | ❍ |
| Fresh fruits | ❍ | ❍ | ❍ | ❍ | ❍ |
| Beans and legumes | ❍ | ❍ | ❍ | ❍ | ❍ |
| Whole grains and whole-grain breads (wheat, gluten) | ❍ | ❍ | ❍ | ❍ | ❍ |
| Alternative grains (quinoa, buckwheat, teff, etc.) | ❍ | ❍ | ❍ | ❍ | ❍ |
| Herbs and spices (fresh or dried) | ❍ | ❍ | ❍ | ❍ | ❍ |
| Chocolate (Check: ☐milk or ☐dark) | ❍ | ❍ | ❍ | ❍ | ❍ |
| Herbal teas | ❍ | ❍ | ❍ | ❍ | ❍ |
| Coffee (Check: ☐regular or ☐decaffeinated) | ❍ | ❍ | ❍ | ❍ | ❍ |
| Caffeinated teas (Check: ☐black or ☐green) | ❍ | ❍ | ❍ | ❍ | ❍ |
| Salt (Check: ☐iodized or ☐sea salt) | ❍ | ❍ | ❍ | ❍ | ❍ |

**Please indicate if you are on any special diet:**

|  |  |  |
| --- | --- | --- |
| ☐ Dairy-free | ☐ Ovo-lacto-vegetarian | ☐ Gluten-free |
| ☐ Diabetic ADA | ☐ Paleo | ☐ Vegetarian |
| ☐ GAPS | ☐ Vegan | ☐ Other |

**If you checked any, how long have you been on this diet?**

**If you checked any, how strictly are you on it? For example: 80/20, all the time,**
**except certain holidays**

**Please check any and all boxes below that describe your current eating styles:**

|  |  |
| --- | --- |
| ☐ Eat while driving, in front of a TV or computer, or multi-tasking | ☐ Don’t really enjoy meals; eat mostly for fuel or calories |
| ☐ Fast eater | ☐ Eat lots of pre-made or pre-packaged foods and snacks  |
| ☐ Irregular eating habits (eating times, portion sizes, etc.)  | ☐ Lack of choice of healthy foods in neighborhood |
| ☐ Eat too much | ☐ Don’t eat breakfast or dinner together as a family unit  |
| ☐ Eat late at night  | ☐ Don’t share same meals, even if seated together at table (special dietary needs and/or food preferences) |
| ☐ Eat in the middle of the night | ☐ Emotional eater (when sad, bored)  |
| ☐ Time constraints  | ☐ Have a negative relationship to food |
| ☐ Travel frequently | ☐ Diet often for weight control  |
| ☐ Eat more than 50 percent of meals away from home  | ☐ Struggle with eating issues or history of eating disorders |
| ☐ Don’t care to cook or never learned | ☐ Eat too much or too little under stress |
| ☐ Confused about nutritional advice  |  |

**Additional Comments**