

FOOD FREQUENCY

Research patient ID

XXX

Date ___ - ___ -20 ___		
<input type="radio"/> 1 st Trimester <input type="radio"/> 2 nd Trimester <input type="radio"/> 3 rd Trimester <input type="radio"/> Delivery		
How frequently do you DRINK the following?		Frequency and Quantity per day
Milk products: <ul style="list-style-type: none"> • Full fat cow milk • low fat cow milk • skimmed cow milk • Soya milk • Sweetened milk/condensed milk 	<input type="radio"/> No <input type="radio"/> No <input type="radio"/> No <input type="radio"/> No <input type="radio"/> No	Yes, how many Cups/day _____ Yes, how many Cups/day _____ Yes, how many Cups/day _____ Yes, how many Cups/day _____ Yes, how many Cups/day _____
Water	<input type="radio"/> No	Yes, how many glasses/day _____
Tea/coffee	<input type="radio"/> No	Yes, how many Cups/day _____
Soft drinks (coca, sprite, fanta)	<input type="radio"/> No	Yes, how many Cups/day _____
Freshly pressed fruit/vegetable juice	<input type="radio"/> No	Yes, how many Cups/day _____
Alcohol	<input type="radio"/> No	Yes, how many glasses/day _____
How frequently do you EAT the following?		Frequency and Quantity per day Tablespoon (TBS), Teaspoon (TSP)
Bread	<input type="radio"/> No	<input type="radio"/> slice <input type="radio"/> whole bread, how many/day _____
Cereals	<input type="radio"/> No	<input type="radio"/> Cup <input type="radio"/> TBS <input type="radio"/> TSP, how many/day _____
Rice	<input type="radio"/> No	<input type="radio"/> Cup <input type="radio"/> TBS <input type="radio"/> TSP, how many/day _____
Biscuit, pancake, rusks slice	<input type="radio"/> No	<input type="radio"/> how many/day _____
Legumes, beans	<input type="radio"/> No	<input type="radio"/> Cup <input type="radio"/> TBS <input type="radio"/> TSP, how many/day _____
Fresh vegetables	<input type="radio"/> No	<input type="radio"/> Cup <input type="radio"/> TBS <input type="radio"/> TSP, how many/day _____
Cooked vegetables	<input type="radio"/> No	<input type="radio"/> Cup <input type="radio"/> TBS <input type="radio"/> TSP, how many/day _____
Fruits	<input type="radio"/> No	<input type="radio"/> Cup <input type="radio"/> TBS <input type="radio"/> TSP, how many/day _____
Nuts	<input type="radio"/> No	<input type="radio"/> Cup <input type="radio"/> TBS <input type="radio"/> TSP, how many/day _____
Tubers, potatoes, sweet potatoes	<input type="radio"/> No	<input type="radio"/> Cup <input type="radio"/> TBS <input type="radio"/> TSP, how many/day _____
Noodles, Pasta	<input type="radio"/> No	<input type="radio"/> Cup <input type="radio"/> TBS <input type="radio"/> TSP, how many/day _____
Red meat	<input type="radio"/> No	<input type="radio"/> Cup <input type="radio"/> TBS <input type="radio"/> TSP, how many/day _____

Poultry	<input type="radio"/> No	<input type="radio"/> Cup <input type="radio"/> TBS <input type="radio"/> TSP, how many/day_____
Fish, seafood	<input type="radio"/> No	<input type="radio"/> Cup <input type="radio"/> TBS <input type="radio"/> TSP, how many/day_____
Processed food (roast chicken, turkey, beef sausage)	<input type="radio"/> No	<input type="radio"/> slice, how many/day _____
Dairy products (cheese, yogurt, leban, labnaa)	<input type="radio"/> No	<input type="radio"/> Cup <input type="radio"/> TBS <input type="radio"/> TSP, how many/day_____
Eggs	<input type="radio"/> No	<input type="radio"/> how many/day_____
Pizza	<input type="radio"/> No	<input type="radio"/> whole <input type="radio"/> slice, how many/day_____
Do you use oil? Which one? <ul style="list-style-type: none"> • olive oil • corn oil • sunflower oil • other oil 	<input type="radio"/> No	<input type="radio"/> Cup <input type="radio"/> TBS <input type="radio"/> TSP, how many/day_____ <input type="radio"/> Cup <input type="radio"/> TBS <input type="radio"/> TSP, how many/day_____ <input type="radio"/> Cup <input type="radio"/> TBS <input type="radio"/> TSP, how many/day_____ <input type="radio"/> Cup <input type="radio"/> TBS <input type="radio"/> TSP, how many/day_____
Do you use fats? Which one? <ul style="list-style-type: none"> • butter • ghee • lard 	<input type="radio"/> No	<input type="radio"/> Cup <input type="radio"/> TBS <input type="radio"/> TSP, how many/day_____ <input type="radio"/> Cup <input type="radio"/> TBS <input type="radio"/> TSP, how many/day_____ <input type="radio"/> Cup <input type="radio"/> TBS <input type="radio"/> TSP, how many/day_____
Do you use salt?	<input type="radio"/> No	<input type="radio"/> Cup <input type="radio"/> TBS <input type="radio"/> TSP, how many/day_____
Do you use sugar?	<input type="radio"/> No	<input type="radio"/> Cup <input type="radio"/> TBS <input type="radio"/> TSP, how many/day_____
How frequently do you have the following habit ?		Frequency per week
Do you eat fast food?	<input type="radio"/> No	Yes, how many times/week _____
Do you eat fried potatoes (French fries and chips)	<input type="radio"/> No	Yes, how many times/week _____
Do you eat chocolate, cookies, cake and donuts	<input type="radio"/> No	Yes, how many times/week _____