

Please complete this questionnaire to enhance your visit.

University of Florida College of Medicine-Jacksonville

ENDOCRINOLOGY, DIABETES AND METABOLISM CLINIC

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DIET HEALTH QUESTIONNAIRE

Appointment Date:	
Name:	Date of birth:

Food Frequency Form

How often do you eat the following foods? (Put an "X" on the line.)

	More than once/day	Once/day	2-3 times/week	Seldom	Never
Milk					
Cheese, yogurt					
Ice cream					
Meat, fish, poultry					
Eggs					
Peanut butter, nuts					
Dry beans, peas, tofu, soy					
Citrus fruits, juice (i.e., orange, grapefruit, tomato)					
Dark green leafy or deep orange vegetables (i.e., collards, broccoli, carrots, squash, sweet potatoes)					
Other fruits, vegetables, potatoes					
Bread, cereals, rice, pasta					
Sweets (cakes, donuts, pies, cookies, candy)					
Salty snacks: potato chips, corn chips, tortilla chips, pretzels, etc.					
Soda pop, Kool-Aid					
Alcohol (beer, wine, etc.)					
Coffee, tea					
Vitamins, herbs, other supplements					
Fast foods					