



HEALTH
UNIVERSITY OF UTAH

TWO-DAY FOOD PROGRAM QUESTIONNAIRE

Patient Name: _____ Date of Birth: _____

Please pick one typical weekday and one typical weekend day. Write down everything you eat and how much of each item you ate. Also record your beverages and the size of each.

A TYPICAL WEEKDAY

Food	Brand Name	Time	How much?	Cooking Method

A TYPICAL WEEKEND DAY

Food	Brand Name	Time	How much?	Cooking Method

1. What problems are you having with your diet? _____

2. Who does the following in your household? Prepares meals: _____
Plans meals: _____ Buys food: _____

3. How often do you eat meals out of the house (weekly)? _____

4. How often do you take a multivitamin? _____ What type? _____

5. Are you having trouble with any foods? _____ What are they? _____
