



Please complete questionnaire as accurately as possible.

COMPLETED SURVEY REQUIRED FOR MICRONUTRIENT ASSAYS

File #:
Lab use only

Name: _____

Date: _____

Personal Dietary Assessment					
<i>Diet/Lifestyle</i>	<i>Circle appropriate answer</i>				
Dairy products (milk, cheese, butter, yogurt)	0 - 1	2 - 3	4 - 6	daily	weekly
Fruits	0 - 1	2 - 3	4 - 6	daily	weekly
Vegetables	0 - 1	2 - 3	4 - 6	daily	weekly
Meats	0 - 1	2 - 3	4 - 6	daily	weekly
Fish	0 - 1	2 - 3	4 - 6	daily	weekly
Eggs	0 - 1	2 - 3	4 - 6	daily	weekly
Legumes, nuts, seeds	0 - 1	2 - 3	4 - 6	daily	weekly
Sweets (cake, pastry, chocolate, soda...)	0 - 1	2 - 3	4 - 6	daily	weekly
Fried foods (fast food, snacks, chips...)	0 - 1	2 - 3	4 - 6	daily	weekly
Frozen/Canned foods	0 - 1	2 - 3	4 - 6	daily	weekly
Starchy foods (potato, pasta, rice, bread)	0 - 1	2 - 3	4 - 6	daily	weekly
Alcohol	0 - 1	2 - 3	4 - 6	daily	weekly
Smoking	Yes		No		
Supplements	Yes		No		
Vegan (no animal products)	Yes		No		

Your privacy will be fully protected. Your data will not be shared. Any reporting of outcomes will be anonymized.