



## Client Questionnaire

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

1. What are some of the challenges you face to healthy eating?  
\_\_\_\_\_
2. What are the challenges you face to family dining during the week?  
\_\_\_\_\_
3. Do you or other family members have any food allergies or sensitivities that you are aware of?  
\_\_\_\_\_
4. Do you have any health concerns or conditions that affect your diet?  
\_\_\_\_\_
5. Would your meals be prepared following a specific diet? Do you have a cookbook or meal plan to share with me, or recommend one to purchase?  
\_\_\_\_\_
6. Do you like hearty portions or prefer portion control?  
\_\_\_\_\_
7. Do you like your food well seasoned or are you trying to limit salt intake?  
\_\_\_\_\_
8. Rate your preference for spicy food (mild, medium, hot, fiery).
9. Please tell me about your weekly schedule and lifestyle  
\_\_\_\_\_
10. What are some of your favorite restaurants?  
\_\_\_\_\_
11. What are some of your favorite foods or menu items?  
\_\_\_\_\_
12. What foods do you or other family members dislike?  
\_\_\_\_\_
13. Do you prefer fine dining or everyday food for your meals?  
\_\_\_\_\_

14. What is most important for you (variety, cost, gourmet, etc.)?  
\_\_\_\_\_
15. Do you enjoy a specific kind of cuisine, or a variety, including ethnic cuisines?  
\_\_\_\_\_
16. Do you prefer organic products or would like me to shop at a specific store?  
\_\_\_\_\_
17. How do you like your meats cooked (rare, med, well)?
18. Are there certain flavors or textures you don't like?  
\_\_\_\_\_
19. Would you like me to share the menus with you ahead of time or would you prefer me to select your menus based on your preferences?  
\_\_\_\_\_
20. Which service do you prefer (see Packages and Pricing)?  
\_\_\_\_\_
21. How often would you like my services (weekly, every other week, monthly)?  
\_\_\_\_\_
22. Every entrée will include a side dish. Do you prefer vegetable, salad or starch?  
\_\_\_\_\_
23. Would you like to add an appetizer, salad, soup or dessert to any entrée at an additional cost?  
\_\_\_\_\_
24. Would you like to add a dessert to any meal at an additional cost?  
\_\_\_\_\_
25. Generally I leave 2-3 meals in your refrigerator and freeze the rest with reheating instructions. Will that work for you? \_\_\_\_\_
26. How would you like your meals packaged (reusable plastic, glass, disposables, aluminum)?  
\_\_\_\_\_
27. Is there anything else you would like to tell me about yourself and food preferences?  
\_\_\_\_\_
28. What is the single most important thing you'd like to get out of my personal chef service?  
\_\_\_\_\_
29. Do you prefer I contact you by phone or email?  
\_\_\_\_\_