



### Food Preference Questionnaire

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

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

Here is your opportunity to let us know your food preferences, so we can customize your menu to your exact specifications!

- 1. Do you enjoy soups as a main entrée?  No  Yes  Hot  Cold
- 2. Do you enjoy salads as a main entrée?  No  Yes  Hot  Cold
- 3. Do you enjoy pasta dishes as a main entrée?  No  Yes  Hot  Cold

4. How many times per month do you enjoy the following?

Beef \_\_\_\_\_ Pork \_\_\_\_\_ Turkey \_\_\_\_\_ Fish \_\_\_\_\_

Chicken \_\_\_\_\_  White  Dark  Bone-in  Boneless

Types of Fish \_\_\_\_\_

Types of Seafood/Shellfish \_\_\_\_\_

- 5. Do you enjoy vegetarian entrées?  No  Yes  Sometimes
- 6. Do you enjoy:  Grains  Beans  Legumes  Nuts  Cheese  Soy products
- 7. Favorite cheeses \_\_\_\_\_
- 8. Are you lactose intolerant?  No  Yes
- 9. Are allergic to any foods?  No  Yes \_\_\_\_\_
- 10. Do you have any other food sensitivities?  No  Yes \_\_\_\_\_

11. Are there any fruits or vegetables you particularly like or dislike?

Likes \_\_\_\_\_

Dislikes \_\_\_\_\_

12. Are there any other flavors you particularly dislike?  No  Yes \_\_\_\_\_
13. Is it OK for me to cook with alcohol?  No  Yes
14. Do you prefer  low salt  no salt  low fat  no fat  portion control
15. Are you on any specific diet?  No  Yes \_\_\_\_\_
16. Please check any cuisines you like:  Thai  Chinese  Japanese  French  Italian  Indian  
 Mexican/Latin  African  Other \_\_\_\_\_
17. Preferred level of heat/spiciness  none  mild  medium  hot  very hot
18. Do you enjoy salads with your meals?  No  Yes  Sometimes
19. What are your favorite salad greens? \_\_\_\_\_
20. Do you have any favorite recipes I can prepare?  No  Yes \_\_\_\_\_
21. How would you like your meals packaged?  Individually  For two  Family Style
22. What packaging would you prefer?  Disposables (Gladware)  Reusable Plastic  Glass
23. About your appliances:
1. Stove:  Gas  Electric Do all burners work?  Yes  No
  2. Oven:  Gas  Electric Functioning and accurate temperature?  Yes  No
  3. Does your microwave work?  Yes  No
  4. Does your garbage disposal work?  Yes  No
  5. Do you have an extra freezer/refrigerator?  No  Yes Location \_\_\_\_\_
23. How will you heat your entrées?  oven  microwave  both
24. Is there anything else I should know about your home or kitchen? \_\_\_\_\_
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