



Name _____
Address _____
Phone _____

FOOD QUESTIONNAIRE

Soups-main dish? Cold? Hot? _____

Salads-main dish? _____

Side Salads-grains, pasta, fruit? _____

Pasta entrees? Hot? Cold? _____

Beef-steaks/roasts/ground _____

Pork-roasts/chops/ground/ribs/ham/bacon _____

Veal-scallops, stew, ground _____

Lamb-chops/stew/ground _____

Chicken-breasts/thighs/ground _____

Turkey-breasts/smoked/scallops/ground _____

Fish (list preferences) _____

Shellfish-shrimp/crab/scallops/clams _____

Meatloaf-beef/turkey _____

Beans and Grains-quinoa/bulgur/barley/kasha/grits/couscous _____



Nuts-walnuts/cashews/almonds/pecans_____

Cheese_____

Quiche?_____

List any vegetables or fruits you don't ever want to see

List any food dislikes (texture, flavor, combinations)

List any known food allergies_____

List some of your favorite foods_____

Rate your preference for spicy foods—bland/mild/moderate/very_____

Bread preferences_____

Do you have any favorite recipes that I can prepare for you?_____

Do you have a BBQ grill and want meals prepared for cooking on it?_____

Do you enjoy international cuisine? Mexican/Curries/Italian/Chinese

Alternative Meat Products-tofu/seitan/tempeh/TVP_____



Are there any medical dietary restrictions? Heart disease/diabetes/kidney disease

Please note birthdays and anniversaries _____

Does your stovetop require use of special cleaning agents? If so, what products can be used? _____
