

Your completion of this comprehensive questionnaire will enable me to plan the most effective menu for you. Please provide as much information as you feel is relevant to your particular situation. When you have completed the questionnaire, you may mail it to me or fax it to me at: (614) 355-0156.

FOOD PREFERENCES

Please mark the items you would like to have included in your menu options. Bear in mind that the more items you check, the more variety you will see in your meals.

Meats:

Beef

steak roast ground/mince

Pork

chops roast ribs ham ground

Veal

scallops ground

Lamb

chops roast ground

Comments:

Poultry:

Chicken

whole ground boneless-skinless breast skin-on breast leg/thigh portion

Cornish hen

Turkey

whole ground breast smoked scalloped

Duck

whole breast leg/thigh portion

Comments:

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Seafood:

Fish – canned

 tuna salmon

Fish – prepared

 smoked salmon smoked trout herring

Fish – fresh

 tuna salmon snapper tilapia orange roughy cod

Shellfish

 shrimp scallops crab lobster muscles clams oysters

Comments:

Grains:

 white rice brown rice couscous quinoa kasha barley

Comments:

Pastas:

 semolina egg whole-wheat tri-color wheat-free/gluten free

Comments:

Dairy:

Cheeses

 Parmesan Swiss blue cheddar cream provolone goat
 mozzarella cottage ripened cheeses such as brie and camembert

Other

 milk heavy cream half and half eggs sour cream yogurt tofu

Comments:

Salad Dressings:

 mayonnaise ranch vinaigrette French thousand island

Comments:

Fats/Oils:

 butter margarine/spreads canola oil olive oil peanut oil sesame oil

Comments:

Salads:

green fruit rice pasta as a main dish

Comments:

Soups:

clear bisque creamed cold as a main dish

Comments:

Breads:

white wheat multi-grain sourdough biscuits cornbread tortillas

Comments:

Nuts:

peanuts walnuts almonds cashews pistachios pecans

Comments:

Fruit & Vegetables:

Please list the fruits and vegetables you enjoy eating. If you are agreeable to most items, don't worry about making an exhaustive list as items not listed are considered neutral and will be considered in your menu plans.

Please list the fruits and vegetables you do not like and absolutely do not want included in your meals.

Comments:

Seasonings:

Please list the spices and seasonings (fresh and dry/ground) you enjoy. As in fruits and vegetables, items not listed are considered neutral.

Please list the spices and seasonings you do not like and absolutely do not want used.

Comments:

International Cuisines:

Italian Chinese Mexican Japanese Indian

Others:

SPECIAL CONSIDERATIONS

Rate your preference for spicy foods: bland/mild/moderate/very

Do you have any known food allergies? yes/no

If yes, please explain:

Do you have any favorite recipes you would like me to prepare for you? yes/no

The pasta included in many of my pasta dishes may be cooked just before eating and is in fact at its best quality this way. Would you like to boil your own pasta, or would you like to have it pre-cooked? will boil pasta myself/would like pasta pre-cooked

Are you interested in trying new and unfamiliar foods? yes/no

If yes, please explain:

Comments:

EQUIPMENT INVENTORY

Please check the items you own and would like to have meals prepared for cooking in.

wok barbecue slow cooker

Comments: