

Client Interview/Food Questionnaire

Your opportunity to let me know details about you and food, including your kitchen and how much you like/dislike spending any time on food preparation.

Full Name

Do you enjoy _____ as a main entree?

Soups: Yes No

Salads: Yes No

Pasta: Yes No

Casseroles: Yes No

Meat Preferences

Beef: Yes No

Pork: Yes No

Lamb: Yes No

Veal: Yes No

Poultry Preferences

Chicken: Yes No

Turkey: Yes No

Game Hen: Yes No

Seafood: Yes No

Cuisines Preferences

Mexican: Yes No

Italian: Yes No

Creole: Yes No

Cajun: Yes No

Do you have any food specific health concerns? Yes No

If so, please list below:

Diabetes Yes No

Heart Condition Yes No

High Blood Pressure Yes No

Other food Sensitivities Yes No

If so, please list below:

Do you have any health conditions that food choice/preparation can affect? Yes No

If so, please list below:

Are you concerned about?

Trying to Lose Weight Yes No

Trying to Gain Weight Yes No

Portion Control Yes No

Particular Diet Yes No

If you answered yes, please clarify below:

What is your preference?

Okay to use alcohol in cooking (wine) Yes No

Spiciness Bland Mild Medium Hot

Bread with my meal Yes No

Salads Love a salad with every meal Occasionally like a salad

Favorite Recipes Yes No

Please list below:

How would you like your meals packaged? Individually For two Family Style

Containers Semi-disposable (\$12 charge per visit) Reusable (pyrex or corningware) \$45 deposit required)

Tell me about your kitchen:

Stove Gas Electric All burners are functioning

Oven Gas Electric

Microwave Works

Refrigerator Space One Shelf available for fresh-served items Yes No

Freezer Space One-two shelves available for frozen items Yes No

What is your preference for reheating meals? Stovetop Oven Microwave Grill Slow Cooker

Anything else I should know?
