

Other Food Preferences/Dislikes:

Taste Preferences:

Flavors/Foods Disliked? _____

Spicy Food Scale: Bland Mild Med. Hot Extra Spicy (circle)

Ethnic Cuisines Enjoyed:

1) _____ 2) _____ 3) _____

Ok to cook with wine or alcohol? _____

Your current Favorite Dishes/Recipes: _____

Therapeutic Needs: Y N Notes

Diabetic _____ _____

Hypertension _____ _____

High Cholesterol _____ _____

Cardiac _____ _____

Weight Management _____ _____

Other _____ _____

Packaging/Storage:

of Servings _____

Fresh or Frozen (circle one)

Disposable (\$5-20 each time) or Reusable packages (\$40-80 one time fee)

Cooking Space specs:

Gas or Electric Stove (circle)

Oven function _____

Freezer/Fridge Space _____

Pantry - _____

Other _____

Personal Information:

Children (Names, Ages) _____

Pets (#, Names) _____

Home security/entry information _____

Other _____