

Scenic City Catering Personal Chef
Questionnaire

Clients Name _____ Date: _____

Directions; (Check box & circle those “Liked” and put a line through those “Not liked”. Put an X in Box if None Liked”)

1. What kind of meats would you like to have your meals prepared with?
 - Beef (steaks, roast, ground)
 - Chicken (white meat, dark meat)
 - Turkey (breast, smoked, ground, turkey bacon)
 - Pork (chops, roasts, loin, ribs, bacon, ham, ground, sausage)
 - White Fish (tilapia, grouper, trout, flounder)
 - Fish Steaks (tuna, salmon, mahi-mahi, halibut, swordfish)
 - Shellfish (shrimp, scallops, lobster, crabmeat) * subject to additional charge
 - Other: _____

2. Which of the following vegetables do you enjoy?
 - Green (peas, green beans, spinach, asparagus, bell peppers, turnip or Collard greens, cabbage, broccoli, artichokes, zucchini)
 - Yellow (corn, squash, bell peppers, onions)
 - Red (tomatoes, beets, red cabbage, bell peppers, pimento, radish)
 - White (cauliflower, water chestnuts, mushrooms, leeks, cucumbers)
 - Other (carrots, eggplant, black olives, green olives) _____

3. What kind of side dishes do you prefer with a meal?
 - Potatoes Sweet Potatoes Pasta (white or whole wheat) Couscous
 - Beans (black, pinto, kidney, lima, white, refried, black-eye peas, Baked beans, garbanzos, butter beans)
 - Lentils Split Peas Pasta Salads (hot or cold) Mixed Vegetables
 - Other _____

4. Do you enjoy Vegetarian Meals? If so, what kind? _____

5. Do you enjoy Meaty Soups Stews Chowders Bisques
 Chili as a main dish

6. Do you enjoy “Fresh Serve” salads as a main dish? Yes No
Or as a side dish Yes No
 Fresh Greens (iceberg, romaine, spinach, red leaf, green leaf or mixture of Greens)
 Salad Dressing

Preferences: _____

Dislikes: _____

- Fruit Salad (strawberries, blueberries, grapes, peaches, pineapple, kiwi, Mango, oranges, raspberries, black berries, cantaloupe, honey dew)
 Pasta Salad Potato Salad Cornbread Salad Cole Slaw Fresh Dips
 Salsa Spicy or Mild Guacamole Salad

7. Do you enjoy pasta style dinners, such as Stuffed Shells, Lasagna, Spaghetti And Meatballs, Chicken and Broccoli Alfredo?
Preferences? _____

8. Do you enjoy Quiches or Frittatas? _____

9. Do you enjoy casseroles? _____

10. Do you like ethnic dishes? Yes No (Italian, Mexican, Curries, Cajun, Greek, Oriental/Asian)

11. Do you like cream based sauces? Yes No

12. What are your sugar preferences? (refined sugar, Splenda, Honey, Stevia)

13. What is your oil preference? (butter, margarine, olive oil, canola oil)

14. Do you like spicy food mild medium hot

15. Do you have any seasoning or herb dislikes? _____
(cloves, cilantro, parsley, garlic, peppers, cumin, oregano, thyme etc...)

16. List any other foods you dislike and never wish to eat: _____

17. Do you have any food allergies? If so, which? _____

18. Do you have a BBQ grill and want meals marinated or prepared for cooking On it? For Example, Shish Kabobs or BBQ

19. Is it O.K. to cook with wine? Yes No

20. Do you have any health problems or medical restrictions? (diabetes, High blood pressure, celiac disease)?

21. Would you like me to follow any "Special Diet" program Yes No Describe _____

22. Do you have any favorite dishes you usually eat at or home or at a Restaurant you would like prepared?

23. Does your fridge/freezer have plenty of room for storage? Yes No

24. What are the 3 most important features of this service to you?

Additional comments or suggestions _____

Client

Signature _____ Date _____