

Food Preferences Questionnaire

Circle the items that you like to eat. Put an X through any items that you are allergic to or have a reaction to.

Name: _____ Date: _____

Protein Sources

Eggs
 Chicken
 Turkey
 Beef
 Pork
 Beans:
 Black / Pinto
 Garbanzo / Navy
 Kidney
 Seafood:
 Salmon / Cod
 Halibut / Tuna
 Shrimp / Scallops
 Nuts:
 Almonds / Cashews
 Pecans / Walnuts
 Seeds:
 Pumpkin / Sunflower
 Quinoa
 Tempeh / Tofu
 Cheeses
 Cottage cheese
 Yogurt

Fruits

Apple
 Avocado
 Banana
 Blueberries
 Cantaloupe
 Cherries
 Grapes
 Grapefruit
 Honeydew melon
 Kiwi
 Lemon
 Lime
 Orange
 Mango
 Papaya
 Peach
 Pear
 Pineapple
 Plum
 Raspberries
 Strawberries
 Tangerine

Vegetables

Artichoke
 Asparagus
 Bell peppers
 Beets
 Bok choy
 Broccoli
 Brussel sprouts
 Carrots
 Cabbage
 Cauliflower
 Celery
 Chard
 Chili peppers
 Collard greens
 Corn
 Cucumber
 Eggplant
 Kale
 Kohlrabi
 Lettuce
 Mushrooms
 Olives

Onion
 Parsley
 Parsnip
 Peas
 Potato
 Pumpkin
 Rutabaga
 Radish
 Shallot
 Spinach
 Squashes:
 Acorn
 Delicata
 Butternut
 Spaghetti
 Sweet potato
 Tomato
 Turnip
 Yam
 Yellow squash
 Zucchini