## NutriAdmin

## Food Preferences: Likes and Dislikes

Please complete the questionnaire below. Your honest responses will help your practitioner understand your food likes and dislikes better and assist them in creating personalized recommendations.

Do you have any dietary restrictions or food allergies that should be considered?No

If yes, please specify.
$\square$

Do you follow a specific diet that excludes specific food items/groups?


No

If yes, please specify.

Are there any specific dietary preferences or restrictions based on your religion or cultural background?

If yes, please specify the restrictions and preferences.
$\square$

## Food Dislikes

Go through each section and select the food items you DO NOT want to have in your meal plan.

## Protein Sources

Chicken breastChicken thighsChicken - groundTurkey breastTurkey - groundPork chops/loinPork - ham/baconBeef steak
$\square$ Beef-groundVealLamb
$\square$ Salmon
$\square$ CodTunaTilapiaScallops
$\square$ Shrimp

TofuTempeh


EggsProtein powderVegan Protein AlternativesSeitanSmoked SalmonEgg WhitesI like all of these

Please indicate if there is anything that you don't like that is not on the list.

## Green Vegetables

Mixed greensLettuceSpinach/KaleBroccoliGreen beansGreen peasAsparagusBrussels SproutsCabbageZucchiniCeleryCucumberI like all of these

Other VegetablesTomatoesBell PeppersMushroomsCarrotsCauliflowerEggplantPumpkinButternut SquashBeetsRadishI like all of these

Please indicate if there is anything that you don't like that is not on the list.
$\square$

Dairy
$\square$ MilkButter
$\square$ YogurtSour cream
$\square$ Cheese: cottage
$\square$ Cheese: feta
$\square$ Cheese: provoloneCheese: mozzarellaCheese: parmesanCheese: goatRicotta cheeseI am dairy-freeI like all of these

Please indicate if there is anything that you don't like that is not on the list.

## Non-Dairy

Almond MilkOat MilkAlmond YogurtNon-Dairy Cheese AlternativesI like all of thesePlease indicate if there is anything that you don't like that is not on the list.

Fermented / Pickled FoodsPicklesSauerkrautKimchiKefirKombuchaMiso
$\square$ I like all of these

Please indicate if there is anything that you don't like that is not on the list.

## Starchy Carbohydrates

PotatoSweet potatoPlaintainWhite riceBrown riceQuinoa

Beans


Chickpeas


LentilsSourdough breadEzekiel bread

Oats / OatmealRice CakesGrits / PolentaRye BreadI like all of these

Please indicate if there is anything that you don't like that is not on the list.

## Sugars, Syrups, and Sweeteners

Brown SugarWhite SugarHoneyAgaveSteviaMonk fruit SweetenerOther Artificial SweetenersI like all of thesePlease indicate if there is anything that you don't like that is not on the list.Chickpea PastaQuinoa Pasta

Black Bean SpaghettiWhole Wheat Pasta

Miracle Noodles
Rice Noodles

I like all of these

Please indicate if there is anything that you don't like that is not on the list.
$\square$

Nuts \& SeedsWalnutsAlmondsPeanutsPistachioMacadamia nutsChia seeds


Hemp seedsFlax seedsPumpkin seedsPeanutsPistachio
$\square$ I like all of these

Please indicate if there is anything that you don't like that is not on the list.
$\square$

## Condiments \& Fat sources

$\square$ Avocado
$\square$ MayonnaiseHummus

Olive oil
$\square$ Coconut oil
$\square$ Peanut butter
$\square$ Almond butterOlivesSesame Oil

Chili OilI like all of these

## Please indicate if there is anything that you don't like that is not on the list.

## Fruits \& Berries

$\square$ Apple
$\square$ PearBanana


Grapes
$\square$ OrangeTangerineGrapefruitPomegranateKiwiStrawberriesBlueberriesRaspberriesBlackberriesWatermelonMelonPineapple
$\square$ MangoCherries


Peaches

Plums
I like all of these

Please indicate if there is anything that you don't like that is not on the list.
$\square$

Any particular ingredients that are a turn-off for you? (e.g. onions, cilantro, etc.)Yes
 No

If yes, please indicate.
$\square$

Specific textures or cooking methods you don't like for certain foods? (e.g. mushy vegetables, crispy chicken, etc.)

YesNo

If yes, please indicate.
$\square$

## Food Likes

Think about different food groups and provide examples you enjoy from each:

| Fruits |  |
| :--- | :--- |
| Vegetables |  |
|  |  |


| Grains/Starches |  |  |
| :--- | :--- | :--- |
| Proteins |  |  |
| Dairy |  |  |
|  |  |  |
| Fats/Oils |  |  |

Please list some of your favorite foods or dishes.
$\square$

Do you have a preference for any particular cuisines or cultural foods? (e.g. Italian, Mexican, Indian, etc.)

YesNo

If yes, please list.
$\square$

## Cooking Methods

Please indicate which cooking methods you prefer for the following food categories.Air fried

## Meats / Plant Based Proteins

BakedGrilledPan FriedAir friedSlow-cookedOtherFishBakedGrilledFriedAir FriedSteamed

## Food Likes and Dislikes: Meals \& Snacks

What type of breakfast do you prefer?SweetSavoryI like both

What do you usually like to eat for breakfast? (e.g., toast and egg, cereal with milk, overnight oats)

Do you typically make it at home or buy/order it?
Make it at homeOrder / Eat Out

What do you typically enjoy for lunch? (e.g., wraps, pasta, sandwiches)

What do you generally like to eat for dinner? (e.g., grilled chicken, roasted vegetables, pasta)
$\square$

Do you typically make it at home or buy/order it?
Make it at homeOrder / Eat Out

For snacks, what are your preferred options? (e.g., fruits, nuts, yogurt, granola bars)
$\square$

## Other Food Preference

Do you like spicy food?YesNo

Do you prefer hot or cold meals?hotcoldI don't mind either

Do you enjoy trying new foods, or do you prefer sticking to familiar options?
I like exploring new optionsI prefer familiar foods

Are there any specific beverages you enjoy with your meals?
YesNo

If yes, please specify.
$\square$

Do you have any specific meal timing preferences, such as eating smaller meals throughout the day or larger meals at specific times?

YesNo

Select the meal times you typically eat
$\square$ breakfastmid-morning snackslunchmid-afternoon snackdinnerlate night snackpre-workout snack
post-workout snack

