

**Dane County Assisted Living Quality Program
FOOD PREFERENCE FORM**

Name _____

Date completed _____

Eating Lifestyle Vegetarian Vegan Kosher Diabetic

Other _____

Not applicable/no special diet

Allergies/Sensitivities

Do you have any food allergies? Yes No

If yes, please list foods and reaction _____

Do you have any food intolerances or sensitivities? Yes No

If yes, please list foods and reaction _____

Food Preferences

What are your favorite foods? _____

Please check the foods you **do not like** to eat:

Meat/Fish:

All fish Salmon Tuna Canned tuna Shrimp

Chicken Turkey Pork Beef

Eggs/Dairy:

Nuts Peanut butter Eggs Cheese

Milk Yogurt Cottage Cheese Ice Cream

Vegetables:

Carrots Spinach Broccoli Potatoes Sweet Potatoes

Lettuce Tomatoes Onion Peas Corn

Fruit:

Bananas Apples Oranges Peaches Berries

Pears Melons Raisins Dried Fruit

Bread:

White Bread Wheat bread English Muffins

Bagels Crackers Pita

Rice, pasta:

White Rice Brown Rice Couscous Pasta

Do you like cold cereal (what are your favorite kinds?) _____

Do you like hot Cereal (what are your favorite kinds?) _____

What are your favorite desserts? _____

What are your favorite snack foods? _____

Do you like spicy food? Yes No