Survey

1.) Do you have any food allergies? Yes/ No

If yes, what are they? _____

_____

_____

2.) List your top five favorite meals.

a. _____

b. _____

c. _____

d. _____

e. _____

3.) Are there any foods/dishes you would like to try? Yes/ No

If yes, what are they? _____

_____

_____

4.) Do you have any questions or concerns related to food and/or nutrition that you would like answered? Yes/ No

If yes, what are they? _____

_____

_____

Thank you for your participation.