



MEAL PREP QUESTIONNAIRE

Name: _____ Contact Phone: _____

Email: _____ Date You'd Like To Start: _____

1. Does anyone have food allergies/sensitivities, or any health concerns/conditions that affect your diet?

2. What did you eat for dinner this past week?

3. What are your favorite foods and ingredients?

4. What foods and ingredients do you dislike?

5. Do you like to eat hearty portions or portion controlled?

6. Do you enjoy specific types of cuisine (Mexican, Italian, Asian, etc...)?



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7. Are you sensitive to spicy foods, or enjoy them?

8. Do you prefer organic ingredients, even though this tends to raise the grocery bill?

9. How do you want your meals packaged? Individually, Family style, or both?

10. How do you prefer to reheat your meals? Microwave, Oven, Grill or all?

11. What type of meal service are you interested in, and how often?

12. Which type of meals do you prefer, with the ability to mix and match? Protein/Veggie/Starch, Soup/Salad, Vegetarian?



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13. What days are best for me to prepare food in your kitchen?

14. Is it ok to send you the menu to be approved by email?

15. What do you hope to get out of having a Personal Chef Service?

Any Additional Special Requests/ Comments:

Please printout and fax in (415)648-5129 or email answers to chefk27@yahoo.com

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