STIR CRAZY CUISINE CLIENT INTERVIEW

Do you enjoy soups as a main entrée?	□ YES	□ NO	□ MAYBE	□ HOT	□ COLD
Do you enjoy salads as a main entrée?	□ YES	□ NO	□ MAYBE	□ НОТ	□ COLD
How many times per month do you enjoy the f	following?				
Beef : Pork: Turkey:	Fish:				
Chicken: Dark	☐ On-boi	ne 🗆 C	Off-bone		
Fish types:					
Shellfish types:					
Do you enjoy vegetarian entrees? □ YES	S □ NO	D □ S	OMETIMES		
Do you enjoy:					
□ Grains □ Beans □ Bulgur	□ Nuts	□ Chees	se □ Soy c	heese	
Favorite cheeses:					
Are you lactose intolerant? ☐ YES ☐ N	10				
Are you allergic to anything? ☐ YES ☐ N	10				
Do you have any other food sensitivities?	□ YES	□ NO			
If yes, please list:					
Are there any fruits or vegetables that you par	YES				
Likes:					
Dislikes:					
Are there other flavors that you particularly dis	slike?	∃ YES	□ NO		

If yes,	, please list:							
May I cook with alcohol? □ YES □ NO								
Do you have any of the following conditions?								
Diabetes Heart problems								
	High blood pressure requiring: ☐ Light salt ☐ No salt							
High cholesterol requiring: □ Low fat □ No fat								
Are you trying to lose weight? □ YES □ NO								
Would you like portion control? □ YES □ NO								
Are yo	Are you on a particular diet? □ YES □ NO							
If yes, which one?								
Do yo	u particularly like or d	islike the follow	ing cuisines?					
	Mexican/Latin	□L <mark>I</mark> KE	□ DISLIKE					
	Thai	□L <mark>IKE</mark>	□ DISLIKE					
	Chinese	□LIKE	□ DISLIKE					
	Japanese	□ <mark>L</mark> IKE	□ DISLIKE					
	French	□ <mark>L</mark> IKE	□ DISLIKE					
	Italian	□ <mark>LI</mark> KE	□ DISLIKE					
	Other:							
Indicate the level of spiciness you prefer:								
□ Bland □ Mild □ Medium □ Hot □Laser □ Incredibly painful								
Do you want breads, rolls or tortillas as part of your meals? ☐ YES ☐ NO								
If yes, please list your favorites: whole wheat or white or something else:								
Do you like salads with your entrées? ☐ YES ☐ NO								
Please list your favorite salad greens:								

Do you like cherry tomatoes?			□ YES	□ NO		
Do you hav	e favorite reci	pes you would like me to	o use? ☐ YES	□ NO		
If yes, pleas	se list or provi	de:				
How would	you prefer to	have your meals packag	ged?			
□ Individually □ For two □ Family style						
Would you	prefer semi-di	sposables or re-usables	?			
□Se	mi-disposable	s (Gladware) \$15 per vis	sit charge			
□Re	usable (Pyrex	or Corningware) \$100 c	deposit required			
About your	appliances:					
Stove:	□ Gas	□ Electric	Do all burners function?	□ YES	□ NO	
Oven:	□ Gas	□ Electric	Functioning and accurate?	☐ YES	□ NO	
Does your	microwave wo	rk?		□ YES	□NO	
Does your garbage disposable work? ☐ YES ☐ NO						
Do y <mark>ou</mark> hav	e an additiona	al freez <mark>er</mark> ?		□ YES	□ NO	
Location: _						
How will you most likely reheat your entrees □ Oven □ Microwave					1icrowave	
Is there any	ything else we	should be made aware	of?			

