

Food Preference Checklist

Name: _____

Date _____

1. **Meal Pattern:** Please circle which meals and snacks you generally have during the day.

Breakfast
Snack
Lunch
Snack
Dinner
Snack

2. **Food Preference Choices:** Please mark how often you eat or drink the following items.

Food Item	Enjoy: <i>eat often</i>	Like: <i>eat</i>	Tolerate: <i>eat when served</i>	Dislike: <i>never eat</i>
Oranges				
Apples				
Cantaloupe				
Berries				
Bananas				
Apple or orange juice				
Cranberry juice				
Tomato juice				
Salads (leafy, green)				
Tomatoes				
Broccoli				
Cauliflower				
Zucchini, cucumber				
Beans, green or yellow				
Green or red bell peppers				
Potatoes baked/mashed, rice				
French fries				
Bread, rolls, pita, pasta				
Meat (red)				
Poultry				
Fish				
Tofu				
Hamburger/hot dogs				
Baked beans, kidney beans				
Peanut butter				
Eggs				
Butter, margarine				
Vegetable, olive oils				
Yogurt				
Milk				
Cheese				
Water				
Coffee or tea				
Herbal teas				
Soft drinks (regular or diet)				
Gum (regular or sugar free)				
Candy, mints				
Beer, wine, liquor				
Cookies				
Desserts (cake, pastries)				
Pizza				
Take out and restaurant meals				
Chocolate				