Food Preferences Survey

Remember...

When completing, please be as specific as possible to the preferences of your child. For example, they may like pasta but only without sauce. There is space for you to do this at the bottom of each question. The more we know, the easier for us to help!

For the final question, please include any further details you think would be beneficial for us to know. This may include a dislike to particular textures, dislike foods touching on the plate or specific flavours of items.

Thank you for participating in our survey. Your information is important in helping us provide for your children and meet their needs to the best of our ability.

1. What is your name and your child's name? Please state relationship.

2. Which of these dairy products does your child eat?

- Milk
- Milkshake
- Yoghurt
- Cheese
- □ Ice cream
- Cream
- Butter
- Custard

Any further information about the preferences of the foods ticked? Type, flavours etc

- 3. Which of these meat/egg products does your child eat?
- Beef
- Chicken
- Turkey
- Fish
- Pork
- Ham
- □ Bacon
- □ Sausage
- Eggs
- Tuna

Any further information regarding the foods ticked or other meat products of preference? For example, you have selected chicken - is it chicken nuggets they like?

- 4. Which of these starch products will your child eat?
- Bagels
- Pancakes
- □ Rice
- Pasta
- Bread
- Toast
- Chips
- Pizza
- Tortilla wraps
- Cereal
- Porridge

Any other information regarding foods ticked? For example, will your child only eat white bread?

- 5. Which of these fruits does your child eat?
- Apple
- Oranges
- Banana
- □ Watermelon
- Pears
- □ Pineapple
- Grapes
- □ Strawberries
- Tomato

Any other important information regarding fruits that your child will eat? Is there any other fruits that aren't listed?

6. Which of these vegetables does your child eat?

- Carrots
- Broccoli
- Peas
- Cauliflower
- Cucumber
- Potato
- Lettuce
- Mushrooms
- Onions
- □ Sweetcorn
- Peppers
- Green beans
- Baked beans

Any other information regarding the foods ticked? For example, if selected potato, in what form do they eat potato? Mash, roasts etc

	Mayonnaise
	Mustard
	Jam
	BBQ sauce
Any	<pre>v other information regarding sauces/spreads that is important?</pre>

8. Which of these does your child drink?

Water

□ Squash

Fruit juice

Any other information regarding drinks?

9. Is there anything else you feel is important for us to know regarding your child and their food preferences in order for us to support them or provide to meet their needs?

C Yes

Ο _{No}

Please give more details if necessary