



CALL *the Caterer*
CHEF MICHAEL CALL

PERSONAL CHEF CLIENT MENU QUESTIONNAIRE

Thank you for your interest in Call the Caterer's Personal Chef Service. Please take a few minutes to fill out the following questionnaire, so that we can deliver food you will enjoy.

Client Name and Address:

Home Phone Number: _____ Cell Phone Number: _____

Email: _____ Email: _____

Any known or suspected allergies in the household: _____

Preliminary Questions

Ethnic Cuisine – What's your favorite? (Italian, Mexican, Greek, Chinese, Japanese, Indian, etc.):

Any favorite recipes you would like?

Foods/main dishes you really like:

Foods/main dishes you really dislike:

What is your preference for spicy foods?

- Bland
- Mild
- Moderate
- Spicy

How do you want your meals packaged?

- Single
- Two-person
- Family portions

Which appliance are you going to use to heat your meals?

Oven

Microwave



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Does your oven maintain an accurate temperature? Yes No

What kind of Freezer space is available to store your entrees? Attached to a Refrigerator Stand Alone

May we cook with Wine and/or Liquors? Yes No

Please indicate items you like—SALADS AND GREENS

Salads:

- Mixed greens
- Fruit salads
- Rice salads
- Pasta salads
- Salad as main entrée

Lettuce/Greens:

- Arugula
- Butter
- Endive
- Escarole
- Frisse
- Iceberg
- Leaf Lettuce
- Lollo rosso/mesclun
- Radicchio
- Romaine
- Spinach
- Watercress

Salad Dressings:

- Vinaigrette
 - Italian
 - Balsamic
 - Raspberry
 - Citrus
- Olive oil & balsamic vinegar
- Olive oil & lemon juice
- Mayonnaise based
- Ranch
- Light ranch
- French
- Honey mustard
- Blue cheese
- Thousand island
- Other _____

Do you eat salads as a main dish? Yes No

Please list any salad dressing you will not or cannot eat: _____

Please indicate items you like--SOUPS

Soups:

- Creamed (name types)
- Hot
- Cold
- Clear broths
- Other _____
- With meat/poultry
- Vegetable
- Soup as main dish

Do you eat soups as a main dish? Yes No

Please list any soup you will not or cannot eat: _____



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Please indicate items you like—MEAT AND FISH

Beef:

- Steak
- Roast
- Ground round
- Flank steak
- Short ribs

Veal:

- Stew
- Ground veal
- Scaloppini

Pork:

- Chops
- Tenderloin
- Ribs
- Bacon
- Ham
- Ground pork
- Sausage

Lamb:

- Chops
- Stew
- Ground
- Roasts

Meatloaf:

- Beef Meatloaf
- Chicken/turkey meatloaf

Casseroles:

- Beef & vegetable/pasta casseroles
- Chicken/turkey and vegetable/pasta casseroles

Chicken:

- Boneless
- Bone-in breast
- Thigh
- Ground
- Roast
- Legs
- Wings

Turkey:

- Breast
- Smoked
- Ground
- Cutlets
- Sausage

Preference:

- Dark Meat
- White Meat

Fin Fish:

- Salmon
- Tilapia
- Haddock
- Cod
- Catfish
- Bass
- Mahi Mahi
- Tuna steak

Shell Fish:

- Shrimp
- Scallops
- Lobster
- Crab, natural
- Crab imitation
- Canned tuna in oil
- Canned tuna in water

Please list any meat or fish you will not or cannot eat: _____



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Please indicate items you like--VEGETABLES

Vegetables:

- | | | |
|---|---|--|
| <input type="checkbox"/> Artichokes | <input type="checkbox"/> Cauliflower | <input type="checkbox"/> Onion |
| <input type="checkbox"/> Asparagus | <input type="checkbox"/> Celery | <input type="checkbox"/> Leeks |
| <input type="checkbox"/> Bean sprouts | <input type="checkbox"/> Corn | <input type="checkbox"/> Spinach |
| <input type="checkbox"/> Beets | <input type="checkbox"/> Cucumbers | <input type="checkbox"/> Swiss chard |
| <input type="checkbox"/> Bell peppers | <input type="checkbox"/> Daikon radish | <input type="checkbox"/> Tomatoes |
| <input type="checkbox"/> Bok Choy | <input type="checkbox"/> Eggplant Fennel | <input type="checkbox"/> Turnips |
| <input type="checkbox"/> Broccoli | <input type="checkbox"/> Green beans | <input type="checkbox"/> Winter squash |
| <input type="checkbox"/> Brussels sprouts | <input type="checkbox"/> Greens (collards Kale) | <input type="checkbox"/> Yellow squash |
| <input type="checkbox"/> Cabbage | <input type="checkbox"/> Mushrooms | <input type="checkbox"/> Zucchini |
| <input type="checkbox"/> Carrots | <input type="checkbox"/> Okra | <input type="checkbox"/> Other _____ |

Please list any vegetable you will not or cannot eat: _____

Please indicate items you like--FRUITS

Fruits:

- | | | |
|---------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Apple | <input type="checkbox"/> Grapefruit | <input type="checkbox"/> Papaya |
| <input type="checkbox"/> Apricot | <input type="checkbox"/> Grape | <input type="checkbox"/> Peach |
| <input type="checkbox"/> Avocado | <input type="checkbox"/> Guava | <input type="checkbox"/> Pear |
| <input type="checkbox"/> Banana | <input type="checkbox"/> Kiwi | <input type="checkbox"/> Persimmon |
| <input type="checkbox"/> Blackcurrant | <input type="checkbox"/> Lemon Lime | <input type="checkbox"/> Pineapple |
| <input type="checkbox"/> Blueberry | <input type="checkbox"/> Loganberry | <input type="checkbox"/> Plum |
| <input type="checkbox"/> Cherry | <input type="checkbox"/> Mango | <input type="checkbox"/> Pomegranate |
| <input type="checkbox"/> Coconut | <input type="checkbox"/> Melon | <input type="checkbox"/> Quince |
| <input type="checkbox"/> Cranberry | <input type="checkbox"/> Nectarine | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Fig | <input type="checkbox"/> Orange | |

Please list any fruit you will not or cannot eat: _____



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Please indicate items you like—GRAINS AND POTATOES

Rice:

- White rice
- Brown rice
- Wild rice
- Rice pilaf
- Risotto

Pasta:

- Regular pasta
- Whole wheat pasta
- Fresh pasta

Potatoes:

- Sweet potatoes, Yams
- Yellow potatoes
- Red potatoes
- Russet potatoes
- White potatoes
- Fingerling potatoes
- Blue potatoes

Other Grains:

- Barley
- Buckwheat
- Bulgur
- Polenta

Please list any grains or potatoes you will not or cannot eat: _____

Please indicate items you like—HERBS

Herbs:

- | | | |
|--|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Basil | <input type="checkbox"/> Lavender | <input type="checkbox"/> Sage |
| <input type="checkbox"/> Chives | <input type="checkbox"/> Marjoram | <input type="checkbox"/> Thyme |
| <input type="checkbox"/> Cilantro | <input type="checkbox"/> Mint | <input type="checkbox"/> Tarragon |
| <input type="checkbox"/> Dill garlic | <input type="checkbox"/> Oregano | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Italian parsley | <input type="checkbox"/> Rosemary | |

Please list any herbs you will not or cannot eat: _____

Please indicate items you like—BREADS

Breads:

- White
- Wheat
- Multigrain
- Rolls
- Biscuits
- Muffins
- Cornbread

- Pita
- Naan (sweet, savory)
- Paratha

Tortillas:

- Flour
- Whole wheat
- Corn

Artisanal:

- Bruschetta
- Focaccia
- Pesto Garlic
- Rosemary
- Sourdough

Please list any breads you will not or cannot eat: _____



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Please indicate items you like—SPICES

Spices:

- | | | |
|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Allspice | <input type="checkbox"/> Coriander | <input type="checkbox"/> Nutmeg |
| <input type="checkbox"/> Anise | <input type="checkbox"/> Cumin | <input type="checkbox"/> Paprika |
| <input type="checkbox"/> Bay leaf | <input type="checkbox"/> Curry powder | <input type="checkbox"/> Peppermint |
| <input type="checkbox"/> Caraway | <input type="checkbox"/> Dill seed | <input type="checkbox"/> Poppy seed |
| <input type="checkbox"/> Cardamom | <input type="checkbox"/> Fennel seed | <input type="checkbox"/> Saffron |
| <input type="checkbox"/> Celery seed | <input type="checkbox"/> Garlic powder | <input type="checkbox"/> Spearmint |
| <input type="checkbox"/> Chervil | <input type="checkbox"/> Ginger powder | <input type="checkbox"/> Turmeric |
| <input type="checkbox"/> Cinnamon | <input type="checkbox"/> Lemon grass | <input type="checkbox"/> Wasabi |
| <input type="checkbox"/> Cloves | <input type="checkbox"/> Mustard seed/powder | <input type="checkbox"/> Other _____ |

Please list any spices you will not or cannot eat: _____

Please indicate items you like—SALT AND PEPPER

Pepper:

- Black
- White Pepper
- Cayenne
- Red pepper flakes
- Cajun seasoning

Salt:

- Regular
- Kosher
- Sea salt
- Garlic salt

Other: _____

Please indicate items you like—SWEETENERS

Sweeteners:

- | | | |
|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> White sugar | <input type="checkbox"/> Honey | <input type="checkbox"/> Splenda |
| <input type="checkbox"/> Brown sugar | <input type="checkbox"/> Maple syrup | <input type="checkbox"/> Sweet & Low |
| <input type="checkbox"/> Raw sugar | <input type="checkbox"/> Fruit juices/applesauce | <input type="checkbox"/> Equal |
| | <input type="checkbox"/> Agave | Other _____ |

Please list any sweeteners you will not or cannot eat: _____



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Please indicate items you like—FATS and OILS

Olive oil:

- Extra virgin
- Light
- Regular

- Grape seed oil
- Sesame oil
- Vegetable oil
- Shortening
- Walnut oil
- Peanut oil

Butter:

- Butter
- Margarine
- Smart balance
- Other: _____

Other Oils:

- Canola oil

Please list any fats/oils you will not or cannot eat: _____

Please indicate items you like—DAIRY PRODUCTS

Milk:

- Whole
- 2%
- 1% Skim
- Cream
- Half & half
- Cottage cheese
- Cream cheese
- Sour cream
- Crème fraiche

Cheese:

- Asiago
- Brie
- Cheddar
- Colby-jack
- Feta
- Fontina
- Fresh mozzarella
- Fresh ricotta
- Goat cheese
- Gorgonzola
- Gouda
- Gruyere
- Havarti
- Humboldt fog
- Jarlsberg

- Manchego
- Mascarpone
- Monterey jack
- Mozzarella
- Muenster
- Parmigiano
- Reggiano
- Pepper jack
- Provolone
- Queso fresco
- Stilton
- Swiss

Yogurt:

- Regular
- Low fat
- Non-fat

Other: _____

Please list any dairy products or cheeses you will not or cannot eat: _____

Please indicate items you like—EGGS and SOY

Eggs:

- Whole
- Yolks only
- Whites only
- Egg substitute

Tofu:

- Firm
- Extra firm, Soft
- Silken

- Soy based products
- Gluten-free
- Other

Please list any eggs and soy you will not or cannot eat: _____



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Please indicate items you like—NUTS and SEEDS

- | | | |
|-----------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Almonds | <input type="checkbox"/> Peanut | <input type="checkbox"/> Flaxseed |
| <input type="checkbox"/> Cashew | <input type="checkbox"/> Pistachio | <input type="checkbox"/> Poppy |
| <input type="checkbox"/> Chestnut | <input type="checkbox"/> Pine nuts | <input type="checkbox"/> Pumpkin |
| <input type="checkbox"/> Hazelnut | <input type="checkbox"/> Macadamia | <input type="checkbox"/> Sesame |
| <input type="checkbox"/> Pecan | <input type="checkbox"/> Walnuts | <input type="checkbox"/> Sunflower |

Please list any nuts and seeds you will not or cannot eat: _____

Please indicate items you like—MISCELLANEOUS

Olives:

- Green
- Black
- Kalamata

Others:

- Capers
- Jalapenos
- Artichoke hearts

Other _____