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**Meal Recipient Questionnaire**

1. **Date it would be helpful for meals to begin:**
2. **How long would you like to receive meals?**
3. **Which days of the week would you like to receive meals?**
4. **Do you want meals each day, or every other day (keep in mind most folks are very generous so there are often leftovers)?**
5. **Time you'd prefer food to be delivered:**
6. **Contact Information:**
7. Address -- including landmarks and color/identifying features of house:
8. Home and cell phone numbers; which one is better to use?
9. Do you want the meal provider to contact you when they're on their way? Do you prefer a call or text?
10. Do you want to share an email address? If so, please list it.
11. Alternate contact in case you aren't available:
12. **How many adults and children will be eating?**
13. How old are the kids?
14. Will there be an extended family visiting during this time?
15. **Food allergies and preferences (think of everyone who will be eating when you answer the food questions, i.e. children, visitors):**
16. Food allergies (circle all that apply):  
    Wheat/Gluten, Dairy, Soy, Egg, Tree Nut, Peanut, Fish, Shellfish, Other
17. Absolute hates ('kids won't eat any green veggie but we love salad'; spicy foods; etc.)
18. Absolute loves
19. Special diet requests- Vegetarian, low fat, low salt, low carb, sugar free, no desserts desired, vegan, organic, other
20. Do you like international foods? Asian, Mexican, Mediterranean, Italian, other
21. Do you eat pork products?
22. Do you enjoy fish /seafood?
23. **Do you prefer disposable containers, or will you wash and return the containers?**
24. **Sometimes people want to provide carry out/delivery if they are too busy or are out of town:**
25. If someone was going to order directly from your meal schedule on TakeThemAMeal.com, which meals would you prefer?
26. If someone was going to order a meal from a local restaurant, which one would you prefer? Please list the name, location, and phone number, as well as some menu items your family enjoys.