

Comprehensive Survey for Tailored Menus and Shopping Lists

These questions will provide a comprehensive understanding of your family's needs, preferences, and habits, allowing for the creation of highly tailored and effective weekly menu and shopping list.

Email *

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What is your last name? *

Skoniecki

How many people are in your household, and what are their ages? *

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Does anyone in your household have dietary restrictions or allergies (e.g., gluten-free, dairy-free, nut allergies)? *

No

Are there specific health goals for any family members (e.g., weight loss, muscle gain, heart health)? *

Health

What types of meals does your family prefer (e.g., vegetarian, vegan, omnivore)? *

Vegeterian, omnivore

What are your family's favorite cuisines (e.g., Italian, Mexican, Chinese)?

Mexican, Italian

Are there any foods or ingredients that family members dislike or refuse to eat?

No

Do family members have specific eating habits? Hot vs. cold meals?

No

How comfortable is your household with cooking complex recipes?

Comfortable

How much time can you or the cook in your household spend on meal preparation daily?

45 min

What kitchen appliances and tools do you have available (e.g., slow cooker, Instant Pot, blender, food processor)?

- ☒ Slow Cooker
- ☐ Instant Pot
- ☒ Blender
- ☐ Food Processor
- ☐ Immersion Blender/Stick Blender
- ☒ Spice Grinder
- ☒ Microwave
- ☐ Toaster
- ☐ Stand Mixer
- ☒ Air Fryer
- ☐ Rice Cooker
- ☒ Juicer
- ☒ Sous Vide
- ☐ Food Dehydrator

Are there varying portion sizes required for different family members (e.g., children vs. adults)?

Yes

What types of breakfast foods does your family enjoy, and do you prefer quick options or more elaborate morning meals?

Quick options, overnight oats, fruits, yogurts

What are your typical lunch options, and do you prefer packed lunches, quick meals, or sit-down lunches at home?

Salads

What types of dinner meals does your family enjoy, and do you prefer traditional dinner dishes or more experimental options?

Combination

What types of snacks does your family enjoy, and are there any specific dietary restrictions or preferences for snacks?

Fruits, nuts, bars

Are there any cultural or religious dietary practices that should be considered in your meal plans?

No

How do you feel about using leftovers in meals, and do you have any preferred methods for repurposing them?

No preference, always use

How do you currently manage food waste, and are there any strategies you'd like to implement to reduce it?

No

What types of beverages does your family typically consume (e.g., water, juice, soda, tea, coffee)?

Water, seltzers, teas, coffee

Which days and meals would you like planned? Please check all that apply.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dinner	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you interested in family-friendly recipes that encourage involvement in the kitchen?

- ☒ Yes
- ☐ No
- ☐ Yes, but not many

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