

Food Preference Inventory

Name: _____

Instructions: Please print out this list and cross off any foods you do not like or do not wish to eat.

Vegetables

Artichoke	Butter beans	Great Northern beans	Peas
Arugala	Cabbage	Green beans	Pinto beans
Asparagus	Cannellini beans	Kale	Potato
Avocado	Carrot	Kidney beans	Radish
Beet	Cauliflower	Lentils	Red beans
Bell pepper	Corn	Lettuce	Rutabaga
Black beans	Cucumber	Mushrooms	Spinach
Black-eyed peas	Edamame	Okra	Squash
Bok choy	Eggplant	Olive	Sweet potato
Broccoli	Endive	Onion	Tomato
Brussels sprouts	Garbanzo beans	Parsnip	Turnip
			Zucchini

Fruits

Apple	Date	Melon	Pineapple
Banana	Fig	Orange	Plum
Blueberries	Grapes	Peach	Strawberries
Cherry	Grapefruit	Pear	

Grains

Buckwheat	Couscous	Pasta	Rice
Corn	Oats	Quinoa	Rye
			Wheat

Protein

Beef	Duck	Liver	Shrimp
Cheese	Eggs	Lobster	Tofu
Chicken	Egg whites	Mussels	Turkey
Clams	Lamb	Pork	Veal

Dairy and Nuts

Butter	Yogurt	Pumpkin seeds	Peanuts
Milk	Tree nuts	Sunflower seeds	

Additional comments: