**Grains**

**Food Preferences**

In the first column, check the foods you like to eat based on taste, texture, preparation, etc. In the second column, check the foods you haven’t tried (or don’t remember trying) OR any foods you are unable to have due to a food allergy, intolerance or sensitivity. Bring this to your appointment.

Bagel

Barley

Biscuit

Bread

Bun

Bulgur

Cereal

Chapati

Cornbread

Couscous

Crackers

English muffin

Farro

Granola bars

Grits

Muesli

Muffin

Naan

Oatmeal

Orzo

Pancakes

Pasta

Pita

Popcorn

Pretzels

Quinoa

Rice

Roll

Roti

Tortilla

Other

**Vegetables**

Artichoke

Asparagus

Beets

Broccoli

Brussels sprouts

Cabbage

Carrots

Cauliflower

Celery

Corn

Cucumber

Eggplant

Green beans

Leafy greens

Mushrooms

Olives

Okra

Onion

Peas

Peppers

Potato

Radish

Sprouts

Squash

Sweet potato

Tomato

Turnips

Vegetable juice

Water chestnuts

Zucchini

Other

**Fruits**

Apples

Apricots

Avocados

Bananas

Blueberries

Cantaloupe

Cherries

Clementines

Cranberries

Coconut

Dates

Figs

Fruit juice

Grapefruit

Grapes

Honeydew

Kiwi

Mangoes

Nectarines

Oranges

Papaya

Peaches

Pears

Pineapple

Plantains

Plums

Pomegranate

Prunes

Raisins

Raspberries

Strawberries

Tangerines

Watermelon

Other

**Protein**

Beans/legumes

Beef

Chicken

Eggs

Fish

Ham

Lamb

Meat alternatives

Nuts/nut butters

Pork

Protein bars

Protein shakes

Seeds

Shellfish

Turkey

Other

**Dairy**

Calcium-fortified OJ

Cheese

Cottage cheese

Kefir

Milk       %

Milk alternative

Ricotta cheese

Yogurt

Other