

## FOOD QUESTIONNAIRE

Meals are served 3 times a day at EW Villa Medica—breakfast, lunch & dinner. Our priority is to make your stay with us as pleasant as possible. It is our wish that you would enjoy our catering. In order to meet your expectations, we'd like to understand your eating habits—whether you have any diet restrictions or if you follow certain dietary or selected food plans, bound religious restrictions or suffer from allergies/intolerances. We urge you to please let us know as much as you can by filling in the following.

First Name:  Surname:

Length of stay at Villa Medica Germany: from:  to:

### 1. ARE YOU ON A CERTAIN DIET OR FOOD PLAN?

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> No (eat regular food)  | <input type="checkbox"/> Vegan      |
| <input type="checkbox"/> Diabetic food plan   | <input type="checkbox"/> Vegetarian |
| <input type="checkbox"/> Other special food plan (please specify): <input style="width: 550px;" type="text"/> |                                     |

### 2. ARE THERE KINDS OF MEAT THAT YOU DO NOT EAT?

- |                                  |   |                                     |
|----------------------------------|---|-------------------------------------|
| <input type="checkbox"/> No beef | <input type="checkbox"/> No poultry                 | <input type="checkbox"/> No poultry |
| <input type="checkbox"/> No fish | <input type="checkbox"/> No restrictions, I eat all |                                     |

### 3. IF YOU ARE VEGETARIAN, WHICH PROTEINS DO YOU CONSUME?

- |  |                                     |                                    |                                      |
|--|-------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Eggs                                | <input type="checkbox"/> Cow's milk | <input type="checkbox"/> Yoghurt   | <input type="checkbox"/> Butter milk |
| <input type="checkbox"/> Butter                              | <input type="checkbox"/> Cream      | <input type="checkbox"/> Sour Milk | <input type="checkbox"/> Fish        |
| <input type="checkbox"/> I consume all of the abovementioned |                                     |                                    |                                      |

### 4. DO YOU HAVE ALLERGIES OR INTOLERANCES AGAINST CERTAIN FOODS?

- No                       Yes

If **yes**, please specify the type of food and reaction once taken:

- A)   is never eaten                       is eaten rarely
- |                                   |                                     |                                 |                                |
|-----------------------------------|-------------------------------------|---------------------------------|--------------------------------|
| <b>Reaction:</b> • <b>Allergy</b> | <input type="checkbox"/> high-grade | <input type="checkbox"/> medium | <input type="checkbox"/> light |
| • <b>Intolerance</b>              | <input type="checkbox"/> high-grade | <input type="checkbox"/> medium | <input type="checkbox"/> light |

B)   is never eaten  is eaten rarely

Reaction: • **Allergy**  high-grade  medium  light

• **Intolerance**  high-grade  medium  light

**5. ARE YOU DIABETIC?**  No  Yes

I can handle the procedure

I will need assistance

I need Insulin injections How many units?  Diabetes medication:

Bread units:  kcal:

**6. WOULD YOU LIKE TO PROVIDE SPECIFIC INFORMATION ABOUT YOUR INDIVIDUAL DIET PLAN, IF IT WAS NOT MENTIONED ABOVE? PLEASE LIST ALL RELEVANT FACTS.**

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**NOTE:**

Meals are served in-room immediately after injections i.e. lunch & dinner on injection day; and breakfast the next day. When making your food choices, please note the helpful comments and suggestions provided in the menu card.

\_\_\_\_\_ Date

\_\_\_\_\_ Patient/Guardian's Signature