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| I've invited you to fill out a form: |
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| [Questionnaire](https://docs.google.com/forms/d/e/1FAIpQLSdiubW_mKqIYZ6uNf2Wb9ouWbkCrWVgtvyR40znY1SFRleOXQ/viewform?vc=0&c=0&w=1&flr=0&usp=mail_form_link) |
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| **The researcher is seeking for collecting information and data about what do people like to eat generally.** |
|  |
| **1. Do you prefer Chinese or Indian food?** * + [ ] Chinese
	+ [ ] Indian

**2. Do you prefer spicy or mild food?** * + [ ] Spicy
	+ [ ] Mild

**3. How do you like your steak?** * + ( ) Well done
	+ ( ) Medium rare
	+ ( ) Rare

**4. Are you allergic to sea food?** * + [ ] Yes
	+ [ ] No

**5. What beverage do you prefer?** **………………………………………………****6. What do you prefer for drinks?** * + ( ) Soft drinks
	+ ( ) Cold drinks
	+ ( ) Hot drinks

**7. Do you prefer dessert after your meal?** * + [ ] Yes
	+ [ ] No

**8. Are you lactose intolerant?** * + ( ) Yes
	+ ( ) No

**9. What do you prefer for fries?** * + ( ) French fries
	+ ( ) Curly fries
	+ ( ) Wedges

**10. How do you like your cake?** * + [ ] Frozen cake
	+ [ ] Lava cake

**11. Do you prefer appetizers before the main dish?** * + ( ) Yes
	+ ( ) No

**12. Do you prefer healthy food?** * + ( ) Yes
	+ ( ) No

**13. Which type of water do you prefer?** * + ( ) Bottled water
	+ ( ) Sparkling water
	+ ( ) Mineral water

**14. Do you like more, fruits or vegetables?** * + ( ) Fruits
	+ ( ) Vegetables

**15. How do you like your eggs?** * + ( ) Flat
	+ ( ) Scrambled
	+ ( ) Omelet
	+ ( ) Sunny side-up

**16. Do you prefer dressing on the salad?** * + ( ) Yes
	+ ( ) No

**17. How many meals do you prefer in your day?** * + ( ) 1 meal
	+ ( ) 2 meals
	+ ( ) 3 meals
	+ ( ) 4 meals

**18. Do you prefer carbohydrates, fats or protein in your diet?** * + ( ) Fats
	+ ( ) Protein
	+ ( ) Carbohydrates

**19. Do you prefer Turkish sweets?** * + ( ) Yes
	+ ( ) No

**20. Do you prefer vegetable or pepperoni toppings on your pizza?** * + ( ) Vegetable toppings
	+ ( ) Pepperoni toppings

**21. Do you prefer to take away your leftovers?** * + ( ) Yes
	+ ( ) No

**22. Do you like to try new foods?** * + ( ) Yes
	+ ( ) No

**23. What is your favorite meal of the day?** * + ( ) Breakfast
	+ ( ) Lunch
	+ ( ) Dinner

**24. Do you like herbs on your food?** * + ( ) Yes
	+ ( ) No

**25. What is your favorite cuisine?** **……………………………………………**

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| **Submit** |

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