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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?**  **……………………………………………**   |  | | --- | | **Submit** | |