

## APPENDICE

### QUESTIONNAIRE

**GENDER:** ( ) Female ( ) Male      **AGE:** \_\_\_\_\_years

**WEIGHT:** \_\_\_\_\_Kg      **HEIGHT:** \_\_\_\_\_m      **BMI:** \_\_\_\_\_kg/m<sup>2</sup>

**1) ARE YOU FLU OR WITH ANY DISEASE THAT MAY INFLUENCE YOUR TASTE?**

( ) NO    ( ) YES. WHAT DISEASE?\_\_\_\_\_

**2) AT WHAT SOLUTION DID YOU REALIZE THE BITTER TASTE OF PROTEIN PHENYLTHIOCARBAMIDE?**

Mark an X in the corresponding solution.

- |                |                |                 |                    |
|----------------|----------------|-----------------|--------------------|
| ( ) Solution 1 | ( ) Solution 5 | ( ) Solution 9  | ( ) Solution 13    |
| ( ) Solution 2 | ( ) Solution 6 | ( ) Solution 10 | ( ) Solution 14    |
| ( ) Solution 3 | ( ) Solution 7 | ( ) Solution 11 | ( ) Solution 15    |
| ( ) Solution 4 | ( ) Solution 8 | ( ) Solution 12 | ( ) I felt nothing |

**3) WHICH FOODS DO YOU LIKE OR DISLIKE?**

Answer with “L” for that you like and “D” for the foods that you dislike.

- |               |              |                 |
|---------------|--------------|-----------------|
| ( ) Cabbage   | ( ) Broccoli | ( ) Cauliflower |
| ( ) Green tea | ( ) Beer     | ( ) Pepper      |

Spinach

Kale

Watercress

Coffee

Radish

White cheese

Turnip

Red wine

Yellow cheese

#### **4) WHAT IS YOUR FOOD PREFERENCE?**

Mark an X in the answer.

Fried and fatty foods

Pastas

Fruits and vegetables

Sweet

