

# Gastronomy



# Heritage, gastronomy and food customs in the United Kingdom

10. Could you suggest to a foreigner some specialties from your country?

■ Starters :

.....

■ Main Courses :

.....

■ Desserts :

.....

■ Beverages :

.....

## About you

11. How old are you ?

Under 25     Between 25 – 50     More than 50

12. Gender :

Female     Male     Other

13. Are you currently on a particular diet?

Vegetarian     Vegan     Gluten free     Lactose free

*Thank you for your time!*

*If you want to know more about school please visit our video:*

<https://www.youtube.com/watch?v=ConKPywkHTQ&t=35s>

*In order to know more about your culture and your food customs, we prepared this survey in class. Could you please fill it in to help us in our work?*

1. Are you British?

yes

no

*If no, please skip to question 5.*

## Cultural heritage of the UK

2. According to you, who or what is the most representative of your country in these fields :

■ music : .....

■ books : .....

■ art (painting/sculpture) : .....

■ movies: .....

3. According to you, who are the most memorable historical figures in your country's History?

.....

4. According to you, what are the most emblematic monuments in your country?

.....

# Food customs

## 5. According to you, what is the most important meal of the day?

(Please rank from 1 to 5, 1 represents the most important)

Breakfast	Brunch	Lunch	Snack	Dinner

## 6. How long do your meals last? (Please tick the appropriate box)

	15 min	Between 30 min-1h	Between 1h - 1h30	More than 1h30
Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dinner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 7. How often do you eat ....?

(Please tick the appropriate box)

	Fairly often	Often	Occasionally	Never
Alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 8. How often do you eat this type of food?

(Please tick the appropriate box)

	Every Meal	Once a day	Several times a week	Never
Meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Starchy food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spicy food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dairy products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 9. How often do you drink this type of beverages?

(Please tick the appropriate box)

	Every Meal	Once a day	Several times a week	Never
Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soda	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coffee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chocolate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whisky	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>