Food Neophobia in Parents and Children: Associations with Food Consumption Frequency and Sensory-Based Food Choices at Home

Neofobia Alimentar em Pais e Crianças: Associações com a Frequência de Consumo de Alimentos e Escolhas Alimentares Baseadas em Aspectos Sensoriais em Casa

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Abstract

Introduction: Food neophobia (FN) acts as a barrier to healthy eating. Although the family environment strongly influences FN, its influence on the sensory profile of home meals remains underexplored. **Objective:** To investigate the relationship between parental and child FN, focusing on its impact on family diet quality and sensory-based food choices. **Methodology:** A cross-sectional study was conducted with 292 parent-child dyads (children aged 8-11 years). Child FN was assessed using the Italian Child Food Neophobia Scale (ICFNS). Parents completed the Food Neophobia Scale (FNS), a food frequency questionnaire, and a forced-choice questionnaire evaluating the sensory profile of home meals. **Results:** Families with low parental neophobia exhibited significantly higher diet quality ($p<0.0001$), consuming more fruits, vegetables, and cereals. No significant differences were found in the sensory profile of chosen meals according to parental FN ($p=0.575$); overall, parents preferred milder sensory options. A weak, non-significant correlation was observed between parental and child FN ($\rho=0.112$; $p=0.055$). **Conclusion:** Parental food neophobia significantly reduces the family's diet quality. Furthermore, the home food environment tends to be sensory-restricted due to a generalized preference for mild profiles, regardless of parental neophobia. The direct transmission of food neophobia from parents to children is weak.

Keywords: Food Neophobia; Parents; Child; Food Preferences; Home food environment

Resumo

Objetivo: Investigar a relação entre a neofobia alimentar (NA) de pais e filhos, com foco em seu impacto na qualidade da dieta familiar e nas escolhas alimentares baseadas em características sensoriais. **Metodologia:** Foi realizado um estudo transversal com 292 díades de pais e filhos (crianças de 8 a 11 anos). A NA infantil foi avaliada por meio da *Italian Child Food Neophobia Scale* (ICFNS). Os pais responderam à *Food Neophobia Scale (FNS),* a um questionário de frequência alimentar e a um questionário de escolha forçada que avaliava o perfil sensorial das refeições consumidas em casa. **Resultados:** Famílias com baixos níveis de neofobia parental apresentaram qualidade da dieta significativamente superior ($p < 0,0001$), consumindo mais frutas, vegetais e cereais. Não foram encontradas diferenças significativas no perfil sensorial das refeições escolhidas de acordo com a NA dos pais ($p = 0,575$); de modo geral, os pais preferiram opções com perfis sensoriais mais suaves. Observou-se uma correlação fraca e não significativa entre a NA dos pais e a das crianças ($\rho = 0,112$; $p = 0,055$). **Conclusão:** A neofobia alimentar dos pais reduz significativamente a qualidade da dieta familiar. Além disso, o ambiente alimentar doméstico tende a ser sensorialmente restrito devido a uma preferência generalizada por perfis sensoriais suaves, independentemente do nível de neofobia parental. A transmissão direta da neofobia alimentar dos pais para os filhos mostrou-se fraca

Palavras-chave: Neofobia alimentar; Pais; Criança; Preferências alimentares; Ambiente alimentar doméstico.

List of abbreviations, initials, and acronyms

- ANOVA – Analysis of Variance
- FDQS – Family Dietary Quality Score
- FN – Food Neophobia
- FNS – Food Neophobia Scale
- HN – High Neophobia
- ICFNS – Italian Child Food Neophobia Scale
- LN – Low Neophobia
- MN – Medium Neophobia
- SD – Standard Deviation

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1. Introduction

Food neophobia (FN) is defined as the tendency to reject or be reluctant to try new and unfamiliar foods. While evolutionarily serving as a protective mechanism against the ingestion of potentially dangerous and toxic substances during early childhood, FN acts as a significant barrier to a healthy diet[1, 2]. Neophobic behaviours typically peak between 2 and 6 years of age, a natural developmental stage linked to increased child mobility and autonomy[1]. The clinical and nutritional consequences of high FN are significant, including limited dietary variety, decreased fruit and vegetable intake, and greater consumption of energy-dense processed foods[2-4]. This dynamic contributes to a nutritional imbalance that can lead to micronutrient deficiencies and weight alterations, increasing the risk of both malnutrition and childhood obesity[1-3].

The development of eating behaviours and FN involves a complex interaction between genetic predispositions and multi-level environmental constraints [3, 5, 6]. Among these factors, the home food environment, primarily shaped by parents, plays a central role in shaping children's early eating experiences [2, 7]. During childhood, food choices are driven primarily by sensory properties, including taste, aroma, appearance, and texture, rather than by health considerations. The home environment acts as the primary context in which their sensory dietary patterns are formed [5, 6].

Parents are responsible for food exposure and act as the main behavioural models[1, 7]. Highly neophobic adults tend to avoid foods they find unappealing, thereby providing a less varied dietary repertoire and, in family settings, reducing children's repeated exposure to unfamiliar foods, which may contribute to the consolidation of neophobic behaviours[1, 3, 4]. In addition to parental traits, specific

feeding strategies during mealtimes, such as pressure to eat versus granting autonomy[6, 8-10], and social exposure with peers significantly influence children's food acceptance[5, 11, 12].

Furthermore, food acceptance is highly dependent on early sensory experiences and the development of cognitive schemata[3]. Because sensory traits are among the major determinants of eating behaviour, the high sensory complexity typical of healthy foods frequently triggers avoidance. This rejection is closely linked to sensitivity toward intrinsic characteristics like bitter or sour tastes, strong smells, unfamiliar appearances, and complex textures, which activate protective sensory mechanisms [1, 3, 4, 9, 13, 14].

Despite the known impact of the family environment on children's eating behaviours, studies investigating this dynamic through a sensory-focused lens remain remarkably scarce. Specifically, there is a research gap regarding whether parental fear of new foods translates into "sensory dietary patterns" that restrict the home environment, which ultimately influences the child's dietary openness and acceptance of novel foods in broader contexts, such as school meals[15]. To address this gap, the present study explores the sensory impact of parental neophobia on the family food environment and its possible relationship with child food neophobia level.

2. Objective and Hypotheses

Objective: To investigate the relationship between parental and child food neophobia through a nutritional and sensory-focused approach focusing on its impact on family dietary quality and the home sensory food environment

Specific objectives and *Hypotheses*:

- To evaluate the impact of parent's food neophobia on the family's dietary quality, by comparing their consumption frequency of core food categories (H1: Families with highly neophobic parents, exhibit lower dietary quality).
- To evaluate if parental food neophobia leads to a "sensory-restricted" home food environment, using a forced-choice questionnaire based on sensory contrasts. (H2: Highly neophobic parents prefer foods with milder sensory profiles, creating a "sensory-restricted" home food environment).
- To investigate whether parental food neophobia translates into children's food neophobia. (H3: Parental and child food neophobia are positively correlated).

3. Materials and Methods

3.1 **Study Design and Participants**: This is a cross-sectional study involving parent-child dyads. The study was approved by the Commission for Ethic in research of University of Florence (prot. N. 0024245). Informed consent was obtained from all participating parents prior to data collection. The paediatric sample consists of school-aged children (8–11 years old) recruited from six primary schools located in Florence, Italy. For each participating child, one parent (or primary caregiver) was invited to complete an online questionnaire to assess the home food environment and parental traits. Data were collected using Compusense software (Version 26.0.36796). To ensure data confidentiality and properly link the parent-child dyads, a pseudonymization process was employed.

3.2 **Children's Measurements:** Data from the children was collected in the school setting using tablets

3.2.1 Demographics: Age and gender, were recorded

3.2.2 Children's food neophobia was measured using the 8-item Italian Child Food Neophobia Scale (ICFNS)[16], comprising 4 neophobic and 4 neophiliac statements. Responses were recorded on a 5-point Likert scale. After reversing the scores of the neophiliac items, all points were summed. A neophobia score ranging from 8 to 40 was computed for each child, where higher total scores indicated higher FN. The complete questionnaire is provided in Annex A.

3.3 **Parents' Measurements:** Students were given a flyer at school containing a QR code and a unique access key to take home to their parents. Using this code, parents accessed and completed an online survey regarding their personal traits and the sensory patterns of the meals they serve. This shared identification allowed linking the parents' responses with the children's data for subsequent analysis.

3.3.1 Sociodemographic Data: The parental questionnaire collected demographic variables, including responsibility for grocery shopping and meal preparation, relationship to the child, age, and gender. Additional data included Italian language proficiency, education level[17], self-perceived socioeconomic status[18], and their current dietary pattern[19] (Annex B)

3.3.2 Parental Food Neophobia was measured using the 10-item Food Neophobia Scale (FNS)[20], comprising 5 neophobic and 5 neophiliac statements. Responses were recorded on a 7-point Likert scale. After reversing the scores of the neophiliac items, all points were summed. A neophobia score

ranging from 10 to 70 was computed for each parent using the FNS, where higher total scores indicate higher food neophobia. The complete questionnaire is provided in Annex C.

3.3.3 Family dietary quality was assessed through a food frequency questionnaire adapted from the Medi-Lite literature-based score[21]. Parents reported how often they typically serve fruits, vegetables, legumes, cereals, fish, meat and cold cuts, and dairy products. Response options were categorized as “Every day,” “3–4 times/week”, “1–2 times/week”, or “Never”. To evaluate overall dietary quality, a Family Dietary Quality Score (FDQS) was developed based on the first five groups, which are positively associated with healthy dietary patterns. Responses for these groups were scored proportionally from 3 (“Every day”) to 0 (“Never”). Scores were summed to obtain a total FDQS ranging from 0 to 15, with higher scores indicating better dietary quality. The FDQS was used to compare dietary quality across parental food neophobia classes. Furthermore, to evaluate the consumption of specific food groups, categorical frequency responses were converted into the approximate mean number of days of food group consumption per year. To account for non-normal distributions and the presence of zero values, these annualized consumption data underwent a natural logarithmic transformation.

3.3.4 Home Sensory Dietary Patterns: To test the hypothesis of a "sensory-restricted" home environment, a forced-choice questionnaire was administered, adapted from Monteleone et al., 2017[17]. Parents were presented with an evoked context: *"Think about the meal you usually have with your family at home. Choose between the two foods, the one that is*

more likely to be on your table". The questionnaire consisted of four food categories (vegetables, cheeses, first courses and meat), each containing pairs of commonly consumed foods that contrasted directly in flavour intensity and texture complexity (mild vs. strong) (Annex D). The Flavour Strength Score (FSS) was calculated based on the number of "strong" selections made by the parents. Specifically, 1 point was assigned for each "strong" option selected and 0 points for each "mild" option, resulting in a total possible score ranging from 0 to 16. Consequently, a lower score reflects a preference for milder foods, indicating a more sensory-restricted home food environment.

3.4. Data Analysis

Descriptive statistics were computed to summarize the demographic characteristics and the variables of interest.

Mean values are reported in the text associated with the standard deviation (SD). The data on children's FN were analysed according to Laureati and colleagues[16]. The normality of continuous variables, including the children's ICFNS, the parents FNS, the FDQS, the food consumption frequencies, and the FSS, was checked using Shapiro-Wilk and Jarque-Bera tests.

A two-way ANOVA was run to assess the effect of age and gender on children's FN scores. The Mann-Whitney U test was used to assess differences between parental FN classes regarding both the overall diet quality scores and the log-transformed consumption frequencies of specific food groups. An independent two-sample t-test was conducted to compare the FSS between the low and high parental FN classes. Finally, a Spearman rank correlation test was applied to analyse the relationship between parental and child food neophobia.

All statistical analyses were evaluated at the = 0.05 significance level. Analyses were run with the XLSTAT statistical and data analysis solution (Addinsoft, Paris, France, version 2026.1.0).

4. Results

4.1 Participants:

A total of 292 parent-child dyads participated in the study. The paediatric population was balanced for gender (53.0% girls; Table 1). Children were aged 8-11 years, with a mean age of 9.12 (SD = 0.90).

Table 1. Demographic characteristics of the paediatric sample (n = 292)

VARIABLE			
AGE	n	% of total	% Girls
8	85	29	55,3
9	105	36	54,3
10	84	29	50,0
11	18	6	61,1
TOTAL	**292**	**100**	**53,0**

Regarding the parental sample, the majority were mothers (78%) and responsible for grocery shopping and meal preparation (88%) within the household (Table 2). The mean age was 42.9 (SD = 5.7).

Table 2. Socio-demographic characteristics of the parents' sample (n=292)

VARIABLE	**N (%) OR MEAN (SD)**
Parental role	
Mother	228 (78%)
Father/ other	64 (22%)
Primary responsible for grocery/ meals	257 (88%)
Italian language proficiency	
Native	240 (82%)
Good proficiency	21 (7%)
No proficiency	31 (11%)
Education level	
Middle school or lower	43 (15%)
High school diploma	132 (45%)
Bachelor's/ master's degree	84 (29%)
Postgraduate degree	33 (11%)

Dietary pattern	
Omnivore	249 (85%)
Flexitarian	34 (12%)
Pescetarian	5 (2%)
Vegetarian	4 (1%)
Self-perceived socioeconomic status	4,2 (0,89)

4.2 Food Neophobia:

The overall mean score on the ICFNS was 20.61 (SD = 5.70), with a median of 20.5. The first and third quartile values of the ICFNS were 16 and 25, respectively, identifying three groups: low neophobia (LN ≤16, n = 74, 25.3%), medium neophobia (MN 17–24, n = 140, 47.9%), and high neophobia (HN ≥25, n = 78, 26.7%). The variable ICFNS followed a normal distribution (Shapiro-Wilk test, p = 0.053) (Figure 1).

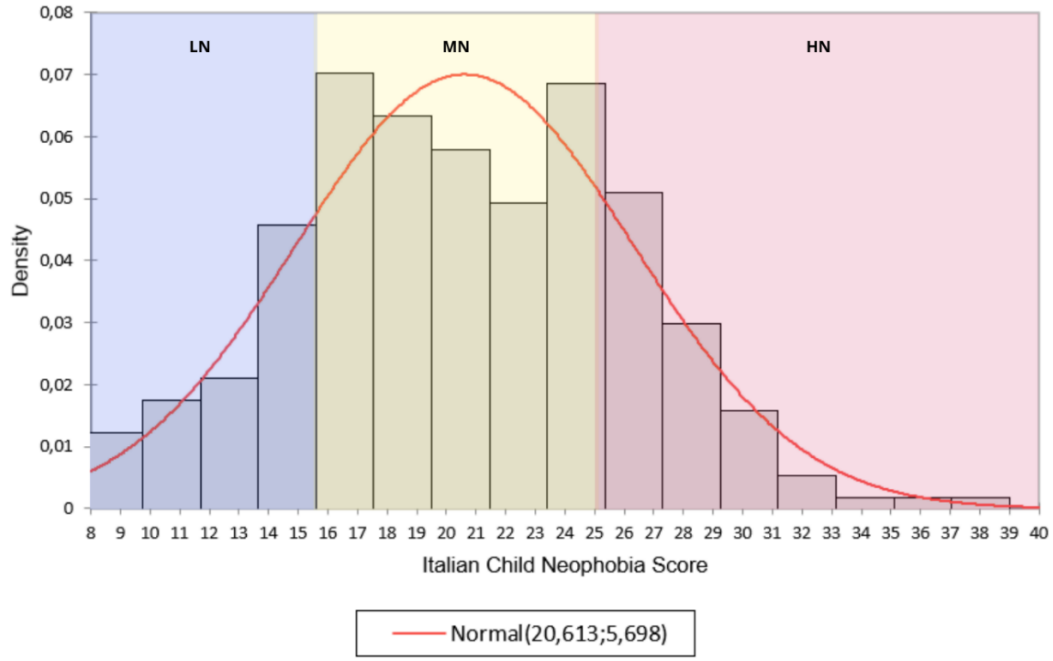


Figure 1. Distribution of the variable ICFNS among children (n = 292)

A two-way ANOVA indicated that neither age (F = 2.570, *p* = 0.055), gender (F = 0.001, *p* = 0.972), nor the interaction between age and gender (F = 0.784, *p* = 0.504) had a statistically significant effect on the children's FN scores. Although age showed a trend toward significance, the mean differences across age groups

were small (8 years: 20.92; 9 years: 21.47; 10 years: 19.82; 11 years: 18.08), suggesting limited practical significance. Therefore, age and gender were not included as covariates in subsequent analyses.

In contrast to the paediatric sample, the variable for the parents' FNS did not follow a normal distribution (Shapiro-Wilk test, $p < 0.0001$) (Figure 2). The mean parental FNS score was 29.02 (SD = 11.38), which is in line with findings reported by Monteleone et al. (2017) for the Italian adult population[17]. Thus, the median value of 28 was used to identify two classes: low neophobia (LN < 28, n = 134, 49.3%) and high neophobia (HN > 28, n = 138, 50.7%). Parents who scored exactly the median value of 28 (n = 20) were not assigned to either category and were excluded from the subsequent analyses comparing parental FN classes.

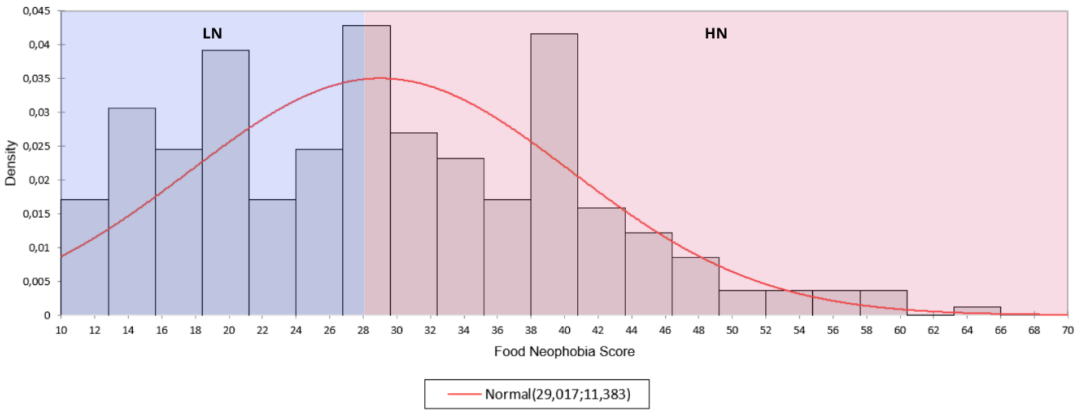


Figure 2. Distribution of the variable FNS among parents (n = 292)

4.3 Hypothesis 1: Family's dietary quality

To evaluate the impact of FN on the family's dietary quality, the FDQS was analysed. The score had a mean of 9,45 (SD = 1,96). Preliminary analysis indicated that neither the overall FDQS nor the consumption frequencies of specific food groups followed a normal distribution (Shapiro-Wilk test, $p < 0.0001$ for all variables). A Mann-Whitney U test indicated that LN families had significantly

higher Family Dietary Quality Scores (Mean = 9.91, SD = 1.64) compared to HN families (Mean = 9.01, SD = 2.15) (U = 6768.500, p < 0.0001).

Overall, regardless of the parental food neophobia class, vegetables, cereals, and fruits were the most frequently consumed food groups within the families, whereas fish and legumes were the least frequently consumed. The Mann-Whitney U test, performed on the log-transformed data, revealed that LN families consumed significantly more fruits (p = 0.034), vegetables (p < 0.0001), and cereals (p = 0.006) than HN families. No significant differences were observed between the two classes for legumes (p = 0.104), fish (p = 0.994), meat (p = 0.641), or dairy products (p = 0.991) (Figure 3). These findings confirm H1.

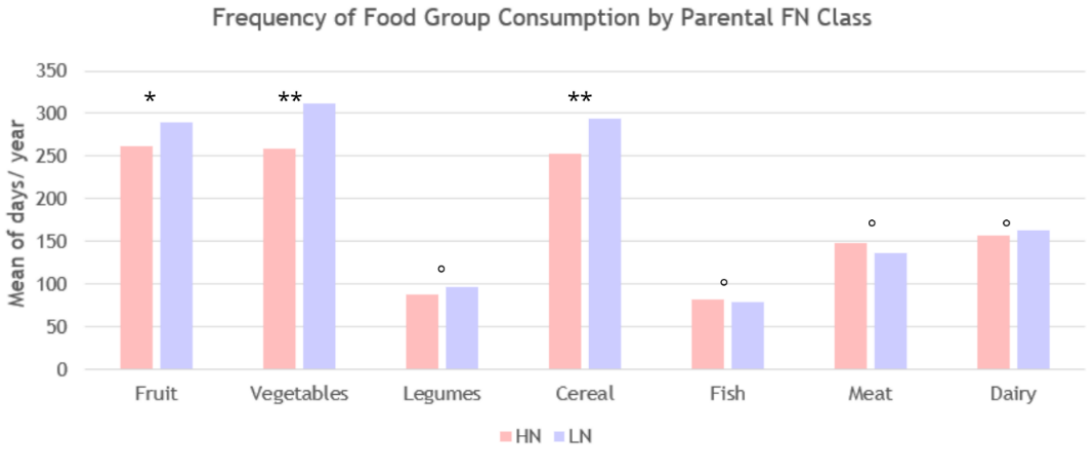


Figure 3. Mean annual frequency of consumption (days/year) of different food groups according to parental FN class. Significant differences between groups are indicated by symbols (*p < 0.05, p < 0.01, °p < 0.10).

4.4 Hypothesis 2: Flavour Strength Score

To test the second hypothesis (H2), the Flavour Strength Score was analysed. A normality check indicated that the variable followed a normal distribution (Jarque-Bera test *p* = 0.173). An independent two-sample t-test was conducted to compare the FSS between the low and high parental FN classes. The analysis revealed no statistically significant difference in the FSS between the two groups

(LN: Mean = 4.724, SD = 1.857; HN: Mean = 4.594, SD = 1.947) (t = -0.562, *p* = 0.575). Consequently, H2 was not confirmed.

To further explore this outcome, the absolute frequencies of 'mild' and 'strong' selections were calculated for each food category according to the parents' neophobia class. (Figure 4).

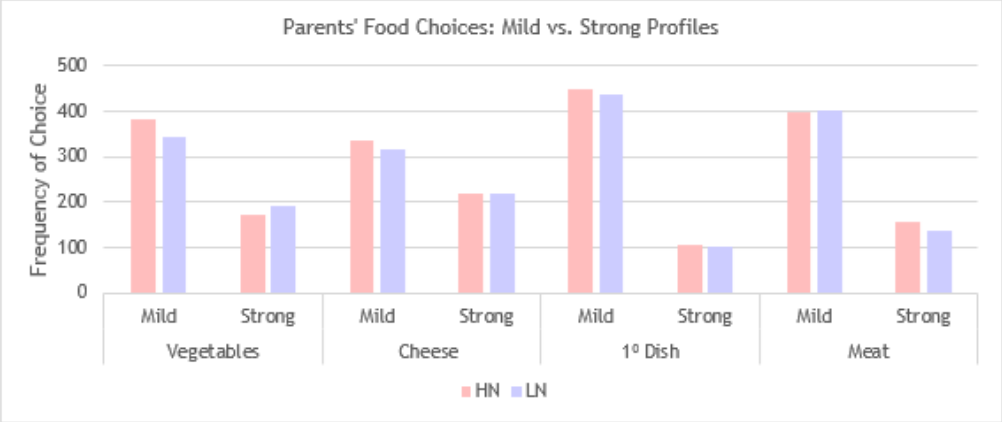


Figure 4. Distribution of parents' food choices for mild and strong options across different food categories.

4.5 Hypothesis 3: Correlation between the parents' and the children's FN

To test the third hypothesis (H3), a Spearman rank correlation test was conducted. The analysis revealed a weak, non-significant correlation (ρ=0.112, p = 0.055) between the parents' FNS and the children's ICFNS scores. Although the correlation closely approached statistical significance, a definitive direct association could not be established; therefore, H3 was not fully confirmed.

5. Discussion

The present study aimed to investigate the relationship between parental and child food neophobia, focusing on its impact on family dietary quality and sensory-based food choices. In summary, our main findings indicate that parental food neophobia significantly shapes the family's diet quality, but it does not dictate the

sensory profile of home meals. Furthermore, children's and parents' food neophobia were not directly correlated

LN families showed higher overall diet quality scores, reflecting a greater inclusion of healthy foods in the family meals and a higher frequency of consumption of fruits, vegetables, and cereals compared to HN families. However, overall, these food groups were not consumed daily in either group. This suggests low adherence to dietary guidelines regarding healthy food consumption[22]. In this context, the lower frequency observed in HN families is particularly concerning, as food neophobia may further restrict exposure to these foods, compounding already limited dietary variety and contributing to poorer dietary patterns over time.

These findings are consistent with evidence showing that adult food neophobia is associated with poorer diet quality, including lower adherence to the Mediterranean Diet and reduced intake of plant-based foods and fish[23-25]. Highly neophobic parents tend to offer a more restricted range of foods at home[8, 26], resulting in less frequent provision of fruits and vegetables, which are key components of a balanced diet. This reduced availability may limit children's opportunities for repeated exposure to these foods and have potential long-term consequences for dietary quality. Overall, parental FN may therefore constrain the presence of health-promoting foods in the home environment.

The second hypothesis (H2) proposed that parents with higher food neophobia would select foods with milder sensory profiles, creating a more "sensory-restricted" home food environment. However, we found no significant difference in the Flavour Strength Score between LN and HN families ($p = 0.575$). Instead,

the data showed that parents overall demonstrated a tendency to select 'mild' options over 'strong' ones, regardless of their neophobia levels.

This suggests that parental FN does not systematically dictate the flavour intensity of family meals. Food rejection is complex: while sensory sensitivity is linked to neophobia, rejection is also driven by unfamiliar textures, appearances, and cognitive factors, such as the fear of adverse consequences[11, 13].

Our methodology and the context of family meals further explain this outcome. Because the forced-choice questionnaire assessed frequently consumed food categories and typical dishes, parents' selections were likely driven by habit rather than flavour intensity alone. The literature confirms that familiarity and cultural traditions strongly dictate adult food choices; even neophobic adults regularly consume strong-flavoured foods if they are traditional staples[23, 24, 27]. Ultimately, when planning daily meals, parents tend to rely on what is universally accepted and "safe" for the whole household, which naturally flavours milder options. This reliance on familiar, mild staples overrides individual variations in parental neophobia, indicating that the home food environment tends to be sensory-restricted irrespective of parental neophobia.

We found a weak, non-significant correlation between parental and child FN ($p = 0.055$, H1), suggesting that the relationship between parental and child food neophobia is likely influenced by multiple interacting factors rather than a simple parent–child association[2, 8, 10]. These factors may include characteristics of the home food environment[5, 6], parental feeding practices[8, 10] and the child's developmental stage[1, 6]. For example, parental neophobia may indirectly affect children’s eating behaviours by limiting the variety of foods available at home[26], thereby shaping the household food environment. Notably, the findings supporting

H1 reinforce the importance of this mechanism, suggesting that parental influences on children's food neophobia are likely exerted through the food environment they create within the home. At the same time, autonomy-supportive feeding practices have been shown to protect against neophobic behaviours[6, 8, 9], whereas controlling practices, such as pressure to eat, have been associated with higher levels of FN[8, 10]. Beyond the family context, exposure to foods through interactions with siblings, peers, and school environments may further expand children's food experiences and reduce neophobic responses[5, 10, 11, 28]. Together, these influences may help explain the weak association observed in the present study.

Furthermore, the demographic characteristics of our sample provide a biological and developmental explanation for this divergence. In school-aged children, FN is a developmental phase driven by cognitive factors and the evolutionary need to assess the safety of novel food[29]. In contrast, our parental sample represents a stage of adulthood where eating behaviours and neophobia have reached lower and more stable levels, shaped by accumulated life experiences. FN tends to decrease and stabilize over time, reaching its lowest and most stable levels during early and middle adulthood (typically up to 44 years of age), before potentially increasing again in older age[29].

In conclusion, while parental food neophobia significantly restricts the overall nutritional quality of the home environment, this restriction is characterized by a lack of diversity in food categories and novel stimuli, rather than a deliberate environmental constraint limited only to mild-tasting food profiles.

Despite these findings, this study has certain limitations. First, its cross-sectional design does not allow conclusions about causality, only associations

between parental neophobia and the home food environment. Second, the sample included only families from Florence, Italy, which limits the generalization of the findings. Finally, the sensory dietary patterns were assessed using a self-reported questionnaire rather than direct observation of the meals actually consumed at home, which may be subject to reporting bias

6. Conclusion

The present study aimed to investigate the relationship between parental and child FN, focusing on its impact on family dietary quality and sensory-based food choices. Our findings show that while the direct transmission of FN from parent to child is weak, parental neophobia significantly shapes children's nutritional environment. Highly neophobic parents tend to restrict food variety, reducing diet quality and limiting exposure to core Mediterranean foods, such as fruits, vegetables, and cereals.

Sensory restriction also appeared to be a broader characteristic of family food environments, regardless of parental neophobia levels, as families often relied on familiar and culturally accepted foods. These findings highlight the role of early food experiences and parental feeding practices in shaping food acceptance and potentially maintaining neophobic tendencies over time.

To reduce the long-term impact of food neophobia, interventions should target the family unit, encouraging dietary variety, positive feeding practices, and shared family meals to promote openness to new foods and support healthy dietary patterns, such as the Mediterranean Diet.

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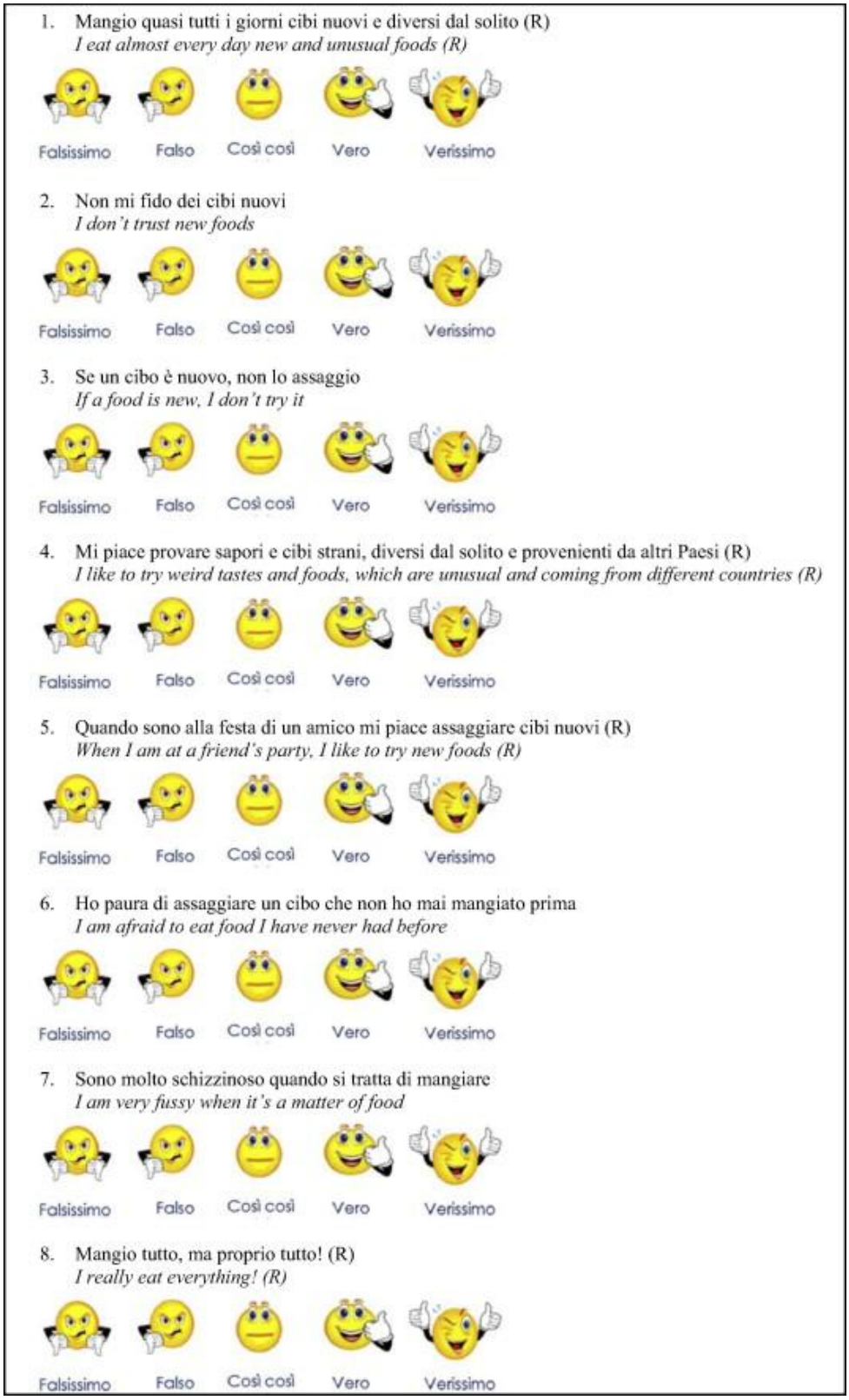
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Annexes

Annex A. Italian Child Food Neophobia Scale (ICFNS)



Annex B. Dietary Pattern Categories

Diet type	
Omnivore	I eat both meat (red and white meat) and fish.
	I eat meat but not fish.
	I only eat unprocessed, organic, and locally sourced foods, including some types of meat.
Flexitarian	I limit my meat consumption but still eat it occasionally.
	I do not eat red meat, but I eat fish and poultry
Pescetarian	I do not eat red meat or poultry, but I eat fish
Vegetarian	I do not eat meat or fish, but I eat eggs and dairy products
	I do not eat any animal products (including meat, fish, eggs, or dairy)

Annex C. Food Neophobia Scale (FNS)

Nº	**Statement**
1	I am constantly sampling new and different foods (R)
2	I don't trust new foods
3	If I don't know what a food is, I won't try it
4	I like foods from different cultures (R)
5	Ethnic food looks weird to me
6	At dinner parties, I will try new food (R)
7	I am afraid to eat things I have never had before
8	I am very particular about the foods I eat
9	I will eat almost anything (R)
10	I like to try ethnic restaurants (R)

Note. 'R' stands for 'reverse item'

Annex D. Forced-Choice Sensory Questionnaire

Food category	**Mild option**	**Strong option**
Vegetables	Green salad	Arugula
	Zucchini	Broccoli
	Cucumbers	Radishes
	Carrots	Tomatoes
Cheeses	Ricotta	Gorgonzola
	Mozzarella	Parmesan
	Stracchino	Pecorino
	Cream cheese	Fontina
1º Dishes	Pumpkin risotto	Radicchio risotto
	Pasta with zucchini	Pasta with eggplant
	Pasta with butter and cheese	Cacio e pepe pasta
Meat and cold cuts	Grilled chicken	Pork chop
	Veal steak	Breaded fried cutlet
	Cooked ham	Mortadella
	Prosciutto	Spicy salami

Opinion of the supervisor of the complementary work

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During her internship in our laboratory, Clarice demonstrated outstanding commitment, enthusiasm, and engagement in all activities. She showed a strong interest in the research topics and actively participated in both field and laboratory work.

Throughout the placement, she acquired substantial practical skills, including the implementation of field data collection protocols, while also developing a deeper theoretical understanding of the mechanisms underlying the development and expression of food preferences in children. In addition, she significantly strengthened her competencies in sensory data management, analysis, and interpretation. From an academic and training perspective, her achievements were excellent.

We particularly appreciated her ability to integrate quickly into the research group and to work effectively with colleagues. She demonstrated excellent teamwork skills while progressively gaining autonomy in her tasks and responsibilities. Her ability to communicate and interact successfully with children, despite not speaking Italian, was especially remarkable and reflected both her strong interpersonal skills and her genuine interest in research.

Overall, her performance during the internship was excellent. She attended regularly and approached all activities with dedication, professionalism, and enthusiasm. She made the most of every learning opportunity offered to her and, beyond her own professional development, she contributed positively to the group environment and enriched the experience of the research team.

I am therefore pleased to provide my highest recommendation and evaluation of her internship performance.

Firenze 03.06.2026

Caterina Dinnella

Firmato digitalmente da CATERINA DINNELLA
Data: 09/06/2026 12:49:28 CEST

