Name: _____ **First letter of last name:** _____

Age: _____ **Boy:** ☐ **Girl:** ☐

1) Do you eat the school breakfast?

- Yes
- Sometimes
- No

2) Do you eat the school lunch?

- Yes
- Sometimes
- No

3) Food Preference Survey

Picture	Food Item	Color in One Circle for Each Food
	Banana	
	Broccoli	
	Greens (like Spinach or Kale)	
	Carrots	
	Green Beans	
	Oranges	
	Pear	
	Peach	
	Grapes	
	Strawberries	
	Tomato	
	Ketchup or Tomato Sauce	
	Watermelon	
	Bell Pepper	
	Sweet Potato	
	Apple	
	Corn	
	Peas	
	Pineapple	