1. Date: ______________________________

2. School: ___________________________________________________________________________

3. Grade: ______________________________

4. How often does your child eat breakfast during the school week (please circle or write in):

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Other</th>
</tr>
</thead>
</table>

5. Where does normally your child get breakfast (please circle or write in):

- School Cafeteria
- Home
- Store / Fast Food / Restaurant
- Other_____________________________________________________________________________

6. Are the school breakfasts nutritious?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
<th>Other: __________________________________________________________________</th>
</tr>
</thead>
</table>

7. Are the school breakfasts tasty?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
<th>Other: __________________________________________________________________</th>
</tr>
</thead>
</table>

8. MOST favorite breakfast served at school ________________________________________________

9. LEAST favorite breakfast served at school ________________________________________________

10. Breakfast items you would like to see served at school: ____________________________________________________________________

11. Fruits you would like to see served at school: ____________________________________________________________________

12. How often does your child eat lunch during the school week (please circle or write in):

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Other</th>
</tr>
</thead>
</table>

13. Where does normally your child get lunch (please circle or write in):

- School Cafeteria
- Home
- Store / Fast Food / Restaurant
- Other_____________________________________________________________________________

14. Are the school lunches nutritious?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
<th>Other: __________________________________________________________________</th>
</tr>
</thead>
</table>
15. Are the school lunches tasty?
   Yes  No  Don’t Know  Other: ________________________________________________

16. MOST favorite lunch served at school ____________________________________________

17. LEAST favorite lunch served at school ____________________________________________

18. Lunch items you would like to see served at school:
   __________________________________________________________________________

19. Vegetables you would like to see served at school:
   __________________________________________________________________________

20. What vegetables would you like to see pre-packaged or in a salad bar at school (circle or write in):
   Tomatoes  Red Onions  Cheddar Cheese  Spinach
   Cucumbers  Kidney Beans  Garbanzo Beans  Carrots
   Bok Choy  Celery  Olives  Broccoli
   Red/Green Bell Peppers  Other: ________________________________________________

21. What kind of milk do you like (circle or write in):
   1% White  Nonfat Chocolate  Nonfat Strawberry  Other: _________________________

22. What kind of milk do you prefer (circle or write in):
   Doesn’t Matter
   Other: ________________________________________________

23. Name and contact info (not required):