

First Name: _____ Last Name Initial Only: _____ Age: _____ I am a: Girl Boy

FOCUS ON FOOD

Hello! We want to learn about what kids like you eat. So, we need you to answer a few questions. This is not a test. There are no wrong answers. Just be as honest as you can. We won't tell anyone what you say.

1. Do you ever eat fruit for lunch? Check 1 box.

- Always or almost always Sometimes Never or almost never

2. Do you ever eat vegetables for lunch? Check 1 box.

- Always or almost always Sometimes Never or almost never

3. Did you eat any vegetables yesterday? Check 1 box. Include cooked or raw vegetables, baked or mashed potatoes, and salads. Do NOT count French fries and potato chips.

- No, I did not eat any vegetables Yes, I ate vegetables 1 time
 Yes, I ate vegetables 2 times Yes, I ate vegetables 3 or more times

4. Did you eat any fruits yesterday? Check 1 box. Do not count fruit juice.

- No, I did not eat any fruits Yes, I ate fruits 1 time
 Yes, I ate fruits 2 times Yes, I ate fruits 3 or more times

5. Did you drink any 100% fruit juice yesterday? Check 1 box. Fruit juice can be orange juice, apple juice, or grape juice. Do not count fruit punch, sports drinks, Kool-Aid, or other fruit-flavored drinks.

- No, I did not drink any fruit juice Yes, I drank fruit juice 1 time
 Yes, I drank fruit juice 2 times Yes, I drank fruit juice 3 or more times

6. How many days did you eat vegetables last week? Check 1 box. Do not count French fries and potato chips.

- I did not eat vegetables any day last week I ate vegetables 1-3 days last week
 I ate vegetables 4-6 days last week I ate vegetables every day last week

7. How many days did you eat fruit last week? Check 1 box. Do not count fruit juice.


- I did not eat fruit any day last week I ate fruit 1-3 days last week
 I ate fruit 4-6 days last week I ate fruit every day last week

8. I can choose to eat fruits and vegetables in the school cafeteria if I want.

- Yes, I can Maybe I can No, I can't

9. I can prepare my favorite fruits and vegetables at home if I want.


- Yes, I can Maybe I can No, I can't

**Keep going!
You are doing great!** 





































































































10. Tell us how you feel about the foods below. Fill in 1 circle for each food.

 means, "I like this food **a lot**"

 means, "I **don't like** this food"

 means, "I like this food **a little**"

 means, "I **have not tried** this food"

FOOD	Like a lot	Like a little	Don't like	Have not tried
Apples				
Bananas				
Berries				
Broccoli				
Cantaloupe				
Carrots				
Cauliflower				
Corn				
Cucumbers				
Grapes				
Green beans				
Oranges				
Peas				
Peaches and nectarines				
Pears				
Spinach				
Squash and zucchini				
Tomatoes				
Yams and sweet potatoes				
Milk (fat-free and low-fat)				
Yogurt (fat-free and low-fat)				
Brown (wheat) bread				
Brown rice				
Oatmeal				
Whole grain cereal (Flakes, O's, Mini Wheats)				

You did it! Thank you for your help!

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