

APPENDIX C

MENU SURVEY FORMS

**School Nutrition Dietary
Assessment Study IV**

(OMB No.: 0584-0527)

Note: These forms are provided to respondents in an organized packet that includes a separate instruction manual (Appendix D). The approved public burden statement appears on the cover of the instruction manual.

Project Officer: Fred S. Lesnett
Office: Office of Research and Analysis
Food and Nutrition Service
Room 1014
3101 Park Center Drive
Alexandria, VA 22302

Telephone: 703-605-0811

FAX: 703-305-2576

Email: Fred.Lesnett@FNS.USDA.GOV

DAILY MEAL COUNTS FORM



School Name: _____

Date: _____

Instructions:

1. In the boxes for **Reimbursable Lunches** and **Reimbursable Breakfasts**, please record the **number of USDA free, reduced-price, and full-price reimbursable meals served** in your school each day of the target week. Do **not** include meals for which you do not claim reimbursement, for example, second lunches sold to students on an a la carte basis.
2. Check if the number of reimbursable meals was much higher or lower than usual. If so, describe the reasons for this difference in the space provided.
3. At the bottom of the page, please record the total value of your a la carte sales for each day of the target week.

Number of Reimbursable Lunches Served					
Day of Week	USDA Free	USDA Reduced-Price	Full-Price	FOR OFFICE USE ONLY	Please check if the number of reimbursable lunches served this day was much higher or lower than usual.
Monday					<input type="checkbox"/> → Reason: _____
Tuesday					<input type="checkbox"/> → Reason: _____
Wednesday					<input type="checkbox"/> → Reason: _____
Thursday					<input type="checkbox"/> → Reason: _____
Friday					<input type="checkbox"/> → Reason: _____

Number of Reimbursable Breakfasts Served					
Day of Week	USDA Free	USDA Reduced-Price	Full-Price	FOR OFFICE USE ONLY	Please check if the number of reimbursable breakfasts served this day was much higher or lower than usual.
Monday					<input type="checkbox"/> → Reason: _____
Tuesday					<input type="checkbox"/> → Reason: _____
Wednesday					<input type="checkbox"/> → Reason: _____
Thursday					<input type="checkbox"/> → Reason: _____
Friday					<input type="checkbox"/> → Reason: _____

Total Daily A La Carte Sales	
Monday	\$ _____

Tuesday	\$ _____
Wednesday	\$ _____
Thursday	\$ _____
Friday	\$ _____

OMB Clearance Number: 0584-0527
Expiration Date: x/xx/xxxx

SCHOOL NUTRITION DIETARY ASSESSMENT STUDY

Reimbursable Foods Form: Lunch



NOTE: For instructions on completing this form, please refer to Instructions for Menu Survey.

School Name: _____

Date: _____

Day: 1 Mon 2 Tue 3 Wed 4 Thu 5 Fri

REIMBURSABLE FOODS FORM: LUNCH

A. Food Item	B. Portion Size (Incl. Units)	C. Number of Reim-bursable Portions Served	D.			E. Manufacturer/Brand Name and Product Code (If Applicable)	F. Food Description	G. USDA Commodity	H. Recipe?
			Total Number of Portions Served	Any Sold a La Carte or to Adults?	Number of a La Carte/ Adult Portions Served				
MILK (Note: If more than one size is available, list separately in "Other Menu Items" section.)									
White, whole	fl oz.			<input type="checkbox"/>					
White, 2%	fl oz.			<input type="checkbox"/>					
White, 1%	fl oz.			<input type="checkbox"/>					
White, fat-free/skim	fl oz.			<input type="checkbox"/>					
Chocolate	fl oz.			<input type="checkbox"/>			Specify fat content:		
Other type/flavor (Specify) _____ —	fl oz.			<input type="checkbox"/>			Specify fat content:		
Other type/flavor (Specify) _____ —	fl oz.			<input type="checkbox"/>			Specify fat content:		
FRUIT (Note: Prelisted entries should be used only for fruit that is served as purchased. If anything is added before serving, list as separate item and complete RECIPE FORM.)									
Apple, fresh				<input type="checkbox"/>				<input type="checkbox"/>	
Applesauce, canned	cup			<input type="checkbox"/>			<input type="checkbox"/> Sweetened <input type="checkbox"/> Unsweetened	<input type="checkbox"/>	
Banana, fresh				<input type="checkbox"/>					
Fruit cocktail, canned	cup			<input type="checkbox"/>			<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>	
Orange, fresh				<input type="checkbox"/>				<input type="checkbox"/>	
Peaches, canned	cup			<input type="checkbox"/>			<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>	
Pears, fresh				<input type="checkbox"/>				<input type="checkbox"/>	
Pears, canned	cup			<input type="checkbox"/>			<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>	

REIMBURSABLE FOODS FORM: LUNCH

A. Food Item	B. Portion Size (Incl. Units)	C. Number of Reim-bursable Portions Served	D.			E. Manufacturer/Brand Name and Product Code (If Applicable)	F. Food Description	G. USDA Commodity	H. Recipe?
			Total Number of Portions Served	Any Sold a La Carte or to Adults?	Number of a La Carte/ Adult Portions Served				
Pineapple, canned	cup			<input type="checkbox"/>			<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>	
				<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
JUICES (Note: Prelisted entries should be used only for full-strength (100%) fruit and vegetable juice. Fruit drinks are included in 'Desserts, Drinks, and Snacks' section.)									
Orange juice	fl oz.			<input type="checkbox"/>			<input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added	<input type="checkbox"/>	
Apple juice	fl oz.			<input type="checkbox"/>			<input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added	<input type="checkbox"/>	
Frozen juice cup/bar	fl oz.			<input type="checkbox"/>			<input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added		
	fl oz.			<input type="checkbox"/>			<input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added	<input type="checkbox"/>	
VEGETABLES									
Beans, green	cup			<input type="checkbox"/>			<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned Fat added: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify type:	<input type="checkbox"/>	
Broccoli	cup			<input type="checkbox"/>			<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned Fat added: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify type:		
Carrot sticks				<input type="checkbox"/>			If offered, list dip as separate item(s) or complete RECIPE FORM		<input type="checkbox"/>
Corn, kernels	cup			<input type="checkbox"/>			<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned Fat added: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify type:	<input type="checkbox"/>	
French fries	oz.			<input type="checkbox"/>			<input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried	<input type="checkbox"/>	
Peas, green	cup			<input type="checkbox"/>			<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned Fat added: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify type:	<input type="checkbox"/>	
Potatoes, whipped or mashed	cup			<input type="checkbox"/>			<input type="checkbox"/> From fresh If prepared with fat and/or milk, complete RECIPE FORM	<input type="checkbox"/>	<input type="checkbox"/>
Salad bar (non-entrée or small portion)	Self-serve			<input type="checkbox"/>		Please list all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM			

REIMBURSABLE FOODS FORM: LUNCH

A. Food Item	B. Portion Size (Incl. Units)	C. Number of Reim- bursable Portions Served	D.			E. Manufacturer/Brand Name and Product Code (If Applicable)	F. Food Description	G. USDA Commodity	H. Recipe?
			Total Number of Portions Served	Any Sold a La Carte or to Adults?	Number of a La Carte/ Adult Portions Served				
Salad, tossed	cup			<input type="checkbox"/>			List dressing as separate item(s) or complete RECIPE FORM		<input type="checkbox"/>
Tater tots or shapes	oz.			<input type="checkbox"/>			<input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
ENTREES OTHER THAN SANDWICHES AND SELF-SERVE BARS (Note: If entrée item is commercially prepared, complete Column E. For items prepared from scratch, fill out a RECIPE FORM.)									
Burrito	oz.			<input type="checkbox"/>			Specify fillings:		<input type="checkbox"/>
Chef's salad	1 salad			<input type="checkbox"/>					<input type="checkbox"/>
Chicken, piece(s) (Specify part) _____ (Specify part) _____				<input type="checkbox"/>			Breaded: <input type="checkbox"/> Yes <input type="checkbox"/> No With skin: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried	<input type="checkbox"/>	<input type="checkbox"/>
Chicken nuggets	ea.			<input type="checkbox"/>			<input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried Weight of each nugget: oz.	<input type="checkbox"/>	
Chicken patty (not sandwich)	oz.			<input type="checkbox"/>			Breaded: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried	<input type="checkbox"/>	
Corndog	oz.			<input type="checkbox"/>			<input type="checkbox"/> All beef <input type="checkbox"/> Beef & Pork <input type="checkbox"/> Turkey or Chicken		
Ham, slice	oz.			<input type="checkbox"/>			<input type="checkbox"/> Pork <input type="checkbox"/> Turkey	<input type="checkbox"/>	
Pizza, cheese	oz.			<input type="checkbox"/>			<input type="checkbox"/> Extra cheese <input type="checkbox"/> Stuffed crust		<input type="checkbox"/>
Pizza, pepperoni	oz.			<input type="checkbox"/>			<input type="checkbox"/> Extra cheese <input type="checkbox"/> Stuffed crust		<input type="checkbox"/>
Pizza, sausage	oz.			<input type="checkbox"/>			<input type="checkbox"/> Extra cheese <input type="checkbox"/> Stuffed crust		<input type="checkbox"/>

REIMBURSABLE FOODS FORM: LUNCH

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			Total Number of Portions Served	Any Sold a La Carte or to Adults?	Number of a La Carte/ Adult Portions Served				
Spaghetti with meat sauce	cup			<input type="checkbox"/>					<input type="checkbox"/>
Taco				<input type="checkbox"/>			<input type="checkbox"/> Hard shell <input type="checkbox"/> Soft tortilla Specify fillings:		<input type="checkbox"/>
Turkey, slice	oz.			<input type="checkbox"/>					
Yogurt (as meat alternate)	oz.			<input type="checkbox"/>			Specify flavors: <input type="checkbox"/> Regular <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free <input type="checkbox"/> Low-cal sweetener		
				<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
<p>SANDWICHES: (Note: If a sandwich is commercially prepared, fill out manufacturer/brand and product code (Column E). For items prepared from scratch, complete a RECIPE FORM or record information for each sandwich below, including type and weight of bread; type and amount of filling; type and amount of any additions. See Instruction Manual for examples.)</p>									
Sandwich/deli bar	Self-serve			<input type="checkbox"/>		<i>Please list all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM</i>			
Cheese, grilled	1 sandwich			<input type="checkbox"/>					<input type="checkbox"/>
Cheeseburger	1 sandwich			<input type="checkbox"/>					<input type="checkbox"/>
Chicken filet or breast (not breaded)	1 sandwich			<input type="checkbox"/>					<input type="checkbox"/>
Chicken patty (breaded)	1 sandwich			<input type="checkbox"/>					<input type="checkbox"/>
Ham and cheese	1 sandwich			<input type="checkbox"/>					<input type="checkbox"/>
Hamburger	1 sandwich			<input type="checkbox"/>					<input type="checkbox"/>
Hot dog	1 sandwich			<input type="checkbox"/>					<input type="checkbox"/>
Italian sub	1 sandwich			<input type="checkbox"/>					<input type="checkbox"/>
Peanut butter & jelly	1 sandwich			<input type="checkbox"/>					<input type="checkbox"/>
Rib, barbeque	1 sandwich			<input type="checkbox"/>					<input type="checkbox"/>
Turkey	1 sandwich			<input type="checkbox"/>					<input type="checkbox"/>
Tuna salad	1 sandwich			<input type="checkbox"/>					<input type="checkbox"/>

REIMBURSABLE FOODS FORM: LUNCH

A. Food Item	B. Portion Size (Incl. Units)	C. Number of Reim-bursable Portions Served	D.			E. Manufacturer/Brand Name and Product Code (If Applicable)	F. Food Description	G. USDA Commodity	H. Recipe?
			Total Number of Portions Served	Any Sold a La Carte or to Adults?	Number of a La Carte/ Adult Portions Served				
	1 sandwich			<input type="checkbox"/>					<input type="checkbox"/>
	1 sandwich			<input type="checkbox"/>					<input type="checkbox"/>
	1 sandwich			<input type="checkbox"/>					<input type="checkbox"/>
	1 sandwich			<input type="checkbox"/>					<input type="checkbox"/>
	1 sandwich			<input type="checkbox"/>					<input type="checkbox"/>
	1 sandwich			<input type="checkbox"/>					<input type="checkbox"/>
SELF-SERVE ENTRÉE BARS									
Entrée salad bar (or large portion)	Self-serve			<input type="checkbox"/>		Please list all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM			
Potato bar	Self-serve			<input type="checkbox"/>		Please list all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM			
Nacho/taco bar	Self-serve			<input type="checkbox"/>		Please list all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM			
	Self-serve			<input type="checkbox"/>		Please list all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM			
	Self-serve			<input type="checkbox"/>		Please list all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM			
BREADS AND GRAINS OFFERED SEPARATELY									
Biscuit	oz.			<input type="checkbox"/>			<input type="checkbox"/> Whole grain		<input type="checkbox"/>
Bread, plain	oz.			<input type="checkbox"/>			Type: grain <input type="checkbox"/> Whole		
Bread, buttered	oz.			<input type="checkbox"/>			Type: grain <input type="checkbox"/> Whole <input type="checkbox"/> Margarine <input type="checkbox"/> Butter		<input type="checkbox"/>
Breadstick	oz.			<input type="checkbox"/>			Type: grain <input type="checkbox"/> Whole		<input type="checkbox"/>
Cornbread	oz.			<input type="checkbox"/>					<input type="checkbox"/>
Crackers	ea.			<input type="checkbox"/>			Type: <input type="checkbox"/> Whole		

REIMBURSABLE FOODS FORM: LUNCH

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			Total Number of Portions Served	Any Sold a La Carte or to Adults?	Number of a La Carte/ Adult Portions Served				
							grain		
Rice	cup			<input type="checkbox"/>			<input type="checkbox"/> White <input type="checkbox"/> Brown	<input type="checkbox"/>	<input type="checkbox"/>
Roll	oz.			<input type="checkbox"/>			Type: grain <input type="checkbox"/> Whole		<input type="checkbox"/>
Pasta	cup			<input type="checkbox"/>			Type: grain <input type="checkbox"/> Whole	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
DESSERTS, DRINKS, AND SNACKS OFFERED AS PART OF A REIMBURSABLE MEAL									
Brownie				<input type="checkbox"/>					<input type="checkbox"/>
Cake				<input type="checkbox"/>			Specify type:		<input type="checkbox"/>
Cookie	oz.			<input type="checkbox"/>			Specify type:		<input type="checkbox"/>
Fruit drink	fl oz.			<input type="checkbox"/>			Specify type: Specify % juice content:		
Gelatin, plain	cup			<input type="checkbox"/>					
Gelatin, with fruit	cup			<input type="checkbox"/>					<input type="checkbox"/>
Potato chips	oz.			<input type="checkbox"/>			Specify type:		
Yogurt	oz.			<input type="checkbox"/>			Specify flavors: <input type="checkbox"/> Regular <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free <input type="checkbox"/> Low-cal sweetener		
				<input type="checkbox"/>					<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>

REIMBURSABLE FOODS FORM: LUNCH

A. Food Item	B. Portion Size (Incl. Units)	C. Number of Reim-bursable Portions Served	D.			E. Manufacturer/Brand Name and Product Code (If Applicable)	F. Food Description	G. USDA Commodity	H. Recipe?
			Total Number of Portions Served	Any Sold a La Carte or to Adults?	Number of a La Carte/ Adult Portions Served				
				<input type="checkbox"/>					<input type="checkbox"/>
SALAD DRESSINGS									
French dressing				<input type="checkbox"/>			<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red calorie <input type="checkbox"/> Fat-free		<input type="checkbox"/>
Italian dressing				<input type="checkbox"/>			<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red calorie <input type="checkbox"/> Fat-free		<input type="checkbox"/>
Ranch dressing				<input type="checkbox"/>			<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red calorie <input type="checkbox"/> Fat-free		<input type="checkbox"/>
				<input type="checkbox"/>			<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red calorie <input type="checkbox"/> Fat-free		<input type="checkbox"/>
				<input type="checkbox"/>			<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red calorie <input type="checkbox"/> Fat-free		<input type="checkbox"/>
				<input type="checkbox"/>			<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red calorie <input type="checkbox"/> Fat-free		<input type="checkbox"/>
				<input type="checkbox"/>			<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red calorie <input type="checkbox"/> Fat-free		<input type="checkbox"/>
				<input type="checkbox"/>			<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red calorie <input type="checkbox"/> Fat-free		<input type="checkbox"/>
				<input type="checkbox"/>			<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red calorie <input type="checkbox"/> Fat-free		<input type="checkbox"/>
				<input type="checkbox"/>			<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red calorie <input type="checkbox"/> Fat-free		<input type="checkbox"/>
OTHER CONDIMENTS									
Self-serve condiments or fixins' bar	Self-serve			<input type="checkbox"/>		Please list all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM			
Barbeque sauce				<input type="checkbox"/>					<input type="checkbox"/>
Butter				<input type="checkbox"/>					
Cream cheese				<input type="checkbox"/>			<input type="checkbox"/> Reg <input type="checkbox"/> Red fat <input type="checkbox"/> Light <input type="checkbox"/> Fat-free		
Gravy				<input type="checkbox"/>			<input type="checkbox"/> Reg <input type="checkbox"/> Red fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free		<input type="checkbox"/>
Honey				<input type="checkbox"/>					
Ketchup				<input type="checkbox"/>					
Margarine				<input type="checkbox"/>					
Mayonnaise				<input type="checkbox"/>			<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free		

REIMBURSABLE FOODS FORM: LUNCH

A. Food Item	B. Portion Size (Incl. Units)	C. Number of Reim- bursable Portions Served	D.			E. Manufacturer/Brand Name and Product Code (If Applicable)	F. Food Description	G. USDA Commodity	H. Recipe?
			Total Number of Portions Served	Any Sold a La Carte or to Adults?	Number of a La Carte/ Adult Portions Served				
Mustard				<input type="checkbox"/>					
Tartar sauce				<input type="checkbox"/>			<input type="checkbox"/> Reg <input type="checkbox"/> Red fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free		<input type="checkbox"/>
Peppers, jalapeno				<input type="checkbox"/>					
Pickles, relish				<input type="checkbox"/>					
Pickles, slices				<input type="checkbox"/>					
Ranch dip				<input type="checkbox"/>			<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red calorie <input type="checkbox"/> Fat-free		<input type="checkbox"/>
Salsa				<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
Sour cream				<input type="checkbox"/>			<input type="checkbox"/> Reg <input type="checkbox"/> Red fat <input type="checkbox"/> Light <input type="checkbox"/> Fat-free		
				<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
OTHER MENU ITEMS									
				<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

OMB Clearance Number: 0584-0527

Expiration Date: xx/xx/xxxx

SCHOOL NUTRITION DIETARY ASSESSMENT STUDY

Reimbursable Foods Form: Breakfast



NOTE: For instructions on completing this form, please refer to Instructions for Menu Survey.

School Name: _____

Date: _____

Day: 1 Mon 2 Tue 3 Wed 4 Thu 5 Fri

REIMBURSABLE MEALS FORM: BREAKFAST

A. Food Item	B. Portion Size (Incl. Units)	C. Number of Reim-bursable Portions Served	D.			E. Manufacturer/Brand Name and Product Code (If Applicable)	F. Food Description	G. USDA Commodity	H. Recipe?
			Total Number of Portions Served	Any Sold a La Carte or to Adults?	Number of a La Carte/ Adult Portions Served				
MILK (Note: If more than one size is available, list separately in "Other Menu Items" section.)									
White, whole	fl oz.			<input type="checkbox"/>					
White, 2%	fl oz.			<input type="checkbox"/>					
White, 1%	fl oz.			<input type="checkbox"/>					
White, fat-free/skim	fl oz.			<input type="checkbox"/>					
Chocolate	fl oz.			<input type="checkbox"/>			Specify fat content:		
Other type/flavor (Specify) _____	fl oz.			<input type="checkbox"/>			Specify fat content:		
Other type/flavor (Specify) _____	fl oz.			<input type="checkbox"/>			Specify fat content:		
	fl oz.			<input type="checkbox"/>			Specify fat content:		
FRUIT (Note: Prestated entries should be used only for fruit that is served as purchased. If anything is added before serving, list as separate item and complete RECIPE FORM.)									
Apple, fresh				<input type="checkbox"/>				<input type="checkbox"/>	
Banana, fresh				<input type="checkbox"/>					
Grapefruit, fresh									
Grapes, fresh				<input type="checkbox"/>					
Orange, fresh				<input type="checkbox"/>				<input type="checkbox"/>	
Peaches, canned	cup			<input type="checkbox"/>			<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>	
				<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

JUICES (Note: Prestated entries should be used only for full-strength (100%) fruit and vegetable juice. Fruit drinks are included in 'Desserts, Drinks, and Snacks' section.)									
Orange juice	fl oz.			<input type="checkbox"/>			<input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added	<input type="checkbox"/>	
Apple juice	fl oz.			<input type="checkbox"/>			<input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added	<input type="checkbox"/>	

REIMBURSABLE MEALS FORM: BREAKFAST

A. Food Item	B. Portion Size (Incl. Units)	C. Number of Reim-bursable Portions Served	D.			E. Manufacturer/Brand Name and Product Code (If Applicable)	F. Food Description	G. USDA Commodity	H. Recipe?
			Total Number of Portions Served	Any Sold a La Carte or to Adults?	Number of a La Carte/ Adult Portions Served				
	fl oz.			<input type="checkbox"/>			<input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added	<input type="checkbox"/>	
	fl oz.			<input type="checkbox"/>			<input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added	<input type="checkbox"/>	
COLD CEREALS									
Apple Jacks	oz.			<input type="checkbox"/>					
Cheerios, plain	oz.			<input type="checkbox"/>					
Cheerios, Honey Nut	oz.			<input type="checkbox"/>					
Cinn Toast Crunch	oz.			<input type="checkbox"/>					
Cocoa Krispies	oz.			<input type="checkbox"/>					
Cocoa Puffs	oz.			<input type="checkbox"/>					
Froot Loops	oz.			<input type="checkbox"/>					
Frosted Flakes	oz.			<input type="checkbox"/>					
Golden Grahams	oz.			<input type="checkbox"/>					
Lucky Charms	oz.			<input type="checkbox"/>					
Rice Krispies	oz.			<input type="checkbox"/>					
Special K	oz.			<input type="checkbox"/>					
Trix	oz.			<input type="checkbox"/>					
Wheaties	oz.			<input type="checkbox"/>					
	oz.			<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	oz.			<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
HOT CEREALS (Note: If prepared with fat and/or milk, complete RECIPE FORM)									
Cream of Wheat	cup			<input type="checkbox"/>			<input type="checkbox"/> Instant <input type="checkbox"/> Quick <input type="checkbox"/> Reg		<input type="checkbox"/>
Grits	cup			<input type="checkbox"/>			<input type="checkbox"/> Instant <input type="checkbox"/> Quick <input type="checkbox"/> Reg		<input type="checkbox"/>
Oatmeal	cup			<input type="checkbox"/>			<input type="checkbox"/> Instant <input type="checkbox"/> Quick <input type="checkbox"/> Reg	<input type="checkbox"/>	<input type="checkbox"/>
OTHER BREADS AND GRAINS OFFERED SEPARATELY									
Bagel	oz.			<input type="checkbox"/>			Type: grain <input type="checkbox"/> Whole		

REIMBURSABLE MEALS FORM: BREAKFAST

A. Food Item	B. Portion Size (Incl. Units)	C. Number of Reim-bursable Portions Served	D.			E. Manufacturer/Brand Name and Product Code (If Applicable)	F. Food Description	G. USDA Commodity	H. Recipe?
			Total Number of Portions Served	Any Sold a La Carte or to Adults?	Number of a La Carte/ Adult Portions Served				
Biscuit	oz.			<input type="checkbox"/>			<input type="checkbox"/> Whole grain		<input type="checkbox"/>
Doughnut	oz.			<input type="checkbox"/>			<input type="checkbox"/> Icing/glaze <input type="checkbox"/> No icing/glaze		
English muffin, plain	oz.			<input type="checkbox"/>			Type: grain <input type="checkbox"/> Whole		
English muffin, buttered	oz.			<input type="checkbox"/>			Type: grain <input type="checkbox"/> Whole <input type="checkbox"/> Margarine <input type="checkbox"/> Butter		<input type="checkbox"/>
Granola/cereal bar	oz.			<input type="checkbox"/>			Specify type:		
Muffin	oz.			<input type="checkbox"/>			Specify type:		<input type="checkbox"/>
Pancake	oz.			<input type="checkbox"/>					<input type="checkbox"/>
Roll, cinnamon	oz.			<input type="checkbox"/>			<input type="checkbox"/> Icing <input type="checkbox"/> No icing		<input type="checkbox"/>
Toast, plain	oz.			<input type="checkbox"/>			Type: grain <input type="checkbox"/> Whole		
Toast, buttered	oz.			<input type="checkbox"/>			Type: grain <input type="checkbox"/> Whole <input type="checkbox"/> Margarine <input type="checkbox"/> Butter		<input type="checkbox"/>
Toaster pastry	oz.			<input type="checkbox"/>					
				<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
MEATS AND MEAT ALTERNATES OFFERED SEPARATELY									
Bacon	sl			<input type="checkbox"/>			<input type="checkbox"/> Pork <input type="checkbox"/> Turkey		
Eggs	cup ea.			<input type="checkbox"/>			<input type="checkbox"/> Boiled <input type="checkbox"/> Fried <input type="checkbox"/> Scrambled If prepared with fat and/or milk, complete RECIPE FORM	<input type="checkbox"/>	<input type="checkbox"/>
Ham	oz.			<input type="checkbox"/>			<input type="checkbox"/> Pork <input type="checkbox"/> Turkey	<input type="checkbox"/>	
Sausage	oz.			<input type="checkbox"/>			<input type="checkbox"/> Pork <input type="checkbox"/> Turkey <input type="checkbox"/> Beef		
Yogurt	oz.			<input type="checkbox"/>			Specify flavors: <input type="checkbox"/> Regular <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free <input type="checkbox"/> Low-cal sweetener		
				<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

REIMBURSABLE MEALS FORM: BREAKFAST

A. Food Item	B. Portion Size (Incl. Units)	C. Number of Reim-bursable Portions Served	D.			E. Manufacturer/Brand Name and Product Code (If Applicable)	F. Food Description	G. USDA Commodity	H. Recipe?
			Total Number of Portions Served	Any Sold a La Carte or to Adults?	Number of a La Carte/ Adult Portions Served				
				<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
COMBINATION BREAD/MEAT ITEMS (Note: If item is commercially prepared, complete Column E. For items prepared from scratch, fill out a RECIPE FORM.)									
Breakfast burrito	oz.			<input type="checkbox"/>			Specify fillings:		<input type="checkbox"/>
Cheese sandwich, toasted	1 sandwich			<input type="checkbox"/>					<input type="checkbox"/>
Egg sandwich	oz. 1 sandwich			<input type="checkbox"/>			<input type="checkbox"/> Cheese <input type="checkbox"/> Sausage <input type="checkbox"/> Ham <input type="checkbox"/> Bacon <input type="checkbox"/> Other: _____		<input type="checkbox"/>
Egg sandwich	oz. 1 sandwich			<input type="checkbox"/>			<input type="checkbox"/> Cheese <input type="checkbox"/> Sausage <input type="checkbox"/> Ham <input type="checkbox"/> Bacon <input type="checkbox"/> Other: _____		<input type="checkbox"/>
French toast				<input type="checkbox"/>					<input type="checkbox"/>
French toast sticks	ea.			<input type="checkbox"/>			Weight of each stick: oz.		
Pancake on a stick	oz.			<input type="checkbox"/>					
Pizza	oz.			<input type="checkbox"/>			Specify toppings:		<input type="checkbox"/>
				<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
CONDIMENTS									
Self-serve condiments or fixins' bar	Self-serve			<input type="checkbox"/>		Please list all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM			
Butter				<input type="checkbox"/>					
Cream cheese				<input type="checkbox"/>			<input type="checkbox"/> Reg <input type="checkbox"/> Red fat <input type="checkbox"/> Light <input type="checkbox"/> Fat-free		
Gravy				<input type="checkbox"/>			<input type="checkbox"/> Reg <input type="checkbox"/> Red fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free		<input type="checkbox"/>
Jelly				<input type="checkbox"/>					
Ketchup				<input type="checkbox"/>					
Margarine				<input type="checkbox"/>					
Salsa				<input type="checkbox"/>					<input type="checkbox"/>
Syrup				<input type="checkbox"/>			<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red calorie <input type="checkbox"/> Sugar-free	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

REIMBURSABLE MEALS FORM: BREAKFAST

A.	B.	C.	D.		E.	F.	G.	H.	
Food Item	Portion Size (Incl. Units)	Number of Reim-bursable Portions Served	Total Number of Portions Served	Any Sold a La Carte or to Adults?	Number of a La Carte/ Adult Portions Served	Manufacturer/Brand Name and Product Code (If Applicable)	Food Description	USDA Commodity	Recipe?
				<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	

OMB Clearance Number: 0584-0527
Expiration Date: xx/xx/xxxx

Self-Serve/Made-to-Order Bar Form



School Name: _____ Name of Bar: _____

Meal: 1 Breakfast 2 Lunch Day: 1 All 2 Mon 3 Tue 4 Wed 5 Thu 6 Fri

A. Food Name	B. <i>Portion Size, If Pre-portioned (Include units)</i>	C. Manufacturer/ Brand Name and Product Code <i>(if applicable)</i>	D. Food Description	E. USDA Commodity?	F. Recipe?
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>



Recipe Form

School Name: _____ Recipe/Food Name: _____

Meal: 1 Breakfast 2 Lunch

Day: 1 Mon 2 Tue 3 Wed 4 Thu 5 Fri
6 All

Size of One Serving (include units): _____

Number of Servings Prepared: _____

A. Ingredient Name	B. Amount in Recipe (Include units)	C. Manufacturer/ Brand Name and Product Code (If applicable)	D. Ingredient Description	E. USDA Commodity?	F. Recipe?
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>



SCHOOL NUTRITION DIETARY ASSESSMENT STUDY
A La Carte Foods Checklist

SCHOOL NAME: _____

DATE COMPLETED: |_|_|_| / |_|_|_| / |_|_|_|_|_|
Month Day Year

1. Does your school sell food or beverages on an a la carte basis?
1 Yes
0 No → Thank you. You are done.

2. When does your school sell food or beverages on an a la carte basis?
1 During breakfast only
2 During lunch only
3 During breakfast and lunch

Please refer to the *Instructions for Menu Survey* for instructions on completing this form. Remember to include this form when you return the Menu Survey Folder with all completed survey materials.

**SCHOOL NUTRITION DIETARY ASSESSMENT STUDY
A La Carte Checklist**

Food Item		Breakfast	Lunch
A. Milk			
1. Whole white milk		1 <input type="checkbox"/>	1 <input type="checkbox"/>
2. Reduced fat (2%) white milk		2 <input type="checkbox"/>	2 <input type="checkbox"/>
3. Low-fat (1%) white milk		3 <input type="checkbox"/>	3 <input type="checkbox"/>
4. Fat-free/skim white milk		4 <input type="checkbox"/>	4 <input type="checkbox"/>
5. Reduced fat (2%) <i>flavored</i> milk		5 <input type="checkbox"/>	5 <input type="checkbox"/>
6. Low-fat (1%) <i>flavored</i> milk		6 <input type="checkbox"/>	6 <input type="checkbox"/>
7. Fat-free/skim <i>flavored</i> milk		7 <input type="checkbox"/>	7 <input type="checkbox"/>
B. Fruit/Juice			
1. Dried fruit (such as raisins or apricots)		8 <input type="checkbox"/>	8 <input type="checkbox"/>
2. Canned fruit		9 <input type="checkbox"/>	9 <input type="checkbox"/>
3. Fresh fruit		10 <input type="checkbox"/>	10 <input type="checkbox"/>
4. Juice (100% fruit or vegetable juice)		11 <input type="checkbox"/>	11 <input type="checkbox"/>
C. Vegetables			
1. French fries - baked (including tater tots)		12 <input type="checkbox"/>	12 <input type="checkbox"/>
2. French fries - deep-fried (including tater tots)		13 <input type="checkbox"/>	13 <input type="checkbox"/>
3. Potatoes (other than french fries/tater tots)		14 <input type="checkbox"/>	14 <input type="checkbox"/>
4. Corn		15 <input type="checkbox"/>	15 <input type="checkbox"/>
5. Carrots (cooked)		16 <input type="checkbox"/>	16 <input type="checkbox"/>
6. Other cooked vegetables (<i>Specify</i>)		17 <input type="checkbox"/>	17 <input type="checkbox"/>
a. _____		18 <input type="checkbox"/>	18 <input type="checkbox"/>
b. _____		19 <input type="checkbox"/>	19 <input type="checkbox"/>
c. _____		20 <input type="checkbox"/>	20 <input type="checkbox"/>
7. Raw vegetables		21 <input type="checkbox"/>	21 <input type="checkbox"/>
8. Tossed salads (side)		22 <input type="checkbox"/>	22 <input type="checkbox"/>
9. Prepared salads (such as potato salad, coleslaw, or three bean salad)		23 <input type="checkbox"/>	23 <input type="checkbox"/>
10. Vegetable soup		24 <input type="checkbox"/>	24 <input type="checkbox"/>
D. Bread/Grains			
1. Regular bread, rolls, bagels, or tortillas		25 <input type="checkbox"/>	25 <input type="checkbox"/>
2. Whole grain bread, rolls, bagels, or tortillas		26 <input type="checkbox"/>	26 <input type="checkbox"/>
3. Other bread items (such as biscuits, croissants, or hot pretzels)		27 <input type="checkbox"/>	27 <input type="checkbox"/>
4. Low-fat muffins		28 <input type="checkbox"/>	28 <input type="checkbox"/>
5. Regular muffins		29 <input type="checkbox"/>	29 <input type="checkbox"/>
6. Ready-to-eat breakfast cereal		30 <input type="checkbox"/>	30 <input type="checkbox"/>
7. Pancakes, waffles, or French toast		31 <input type="checkbox"/>	31 <input type="checkbox"/>
E. Meat/Meat Alternates			
1. Breaded chicken/turkey (nuggets, patties, strips, parts)		32 <input type="checkbox"/>	32 <input type="checkbox"/>
2. Not breaded chicken/turkey (nuggets, patties, strips, parts)		33 <input type="checkbox"/>	33 <input type="checkbox"/>
3. Breaded beef/pork (nuggets, patties, strips)		34 <input type="checkbox"/>	34 <input type="checkbox"/>
4. Not breaded beef/pork (nuggets, patties, strips)		35 <input type="checkbox"/>	35 <input type="checkbox"/>
5. Sausage or bacon		36 <input type="checkbox"/>	36 <input type="checkbox"/>
6. Breaded fish (nuggets, patties, strips/sticks)		37 <input type="checkbox"/>	37 <input type="checkbox"/>
7. Not breaded fish (nuggets, patties, strips/sticks, fillets)		38 <input type="checkbox"/>	38 <input type="checkbox"/>
8. Eggs		39 <input type="checkbox"/>	39 <input type="checkbox"/>
9. Cheese		40 <input type="checkbox"/>	40 <input type="checkbox"/>
10. Chili		41 <input type="checkbox"/>	41 <input type="checkbox"/>
F. Entrees			
SANDWICHES			

Food Item	Breakfast	Lunch
1. Cheeseburger or hamburger	42 <input type="checkbox"/>	42 <input type="checkbox"/>
2. Hot dog or corn dog	43 <input type="checkbox"/>	43 <input type="checkbox"/>
3. Peanut butter sandwich (including with jelly)	44 <input type="checkbox"/>	44 <input type="checkbox"/>
4. Cheese sandwich	45 <input type="checkbox"/>	45 <input type="checkbox"/>
5. Sandwich with breaded meat, poultry or fish	46 <input type="checkbox"/>	46 <input type="checkbox"/>
6. Sandwich with cold cuts (salami, bologna, or pepperoni)	47 <input type="checkbox"/>	47 <input type="checkbox"/>
7. Sandwich with plain (not breaded) meat, poultry or fish	48 <input type="checkbox"/>	48 <input type="checkbox"/>
8. Egg sandwich or breakfast burrito	49 <input type="checkbox"/>	49 <input type="checkbox"/>
9. Other sandwiches (<i>Specify</i>)	50 <input type="checkbox"/>	50 <input type="checkbox"/>
a. _____	51 <input type="checkbox"/>	51 <input type="checkbox"/>
b. _____	52 <input type="checkbox"/>	52 <input type="checkbox"/>
c. _____	53 <input type="checkbox"/>	53 <input type="checkbox"/>
Other Entrees		
10. Pizza without meat	54 <input type="checkbox"/>	54 <input type="checkbox"/>
11. Pizza with meat	55 <input type="checkbox"/>	55 <input type="checkbox"/>
12. Burritos	56 <input type="checkbox"/>	56 <input type="checkbox"/>
13. Other Mexican foods (such as tacos, nachos, or quesadillas)	57 <input type="checkbox"/>	57 <input type="checkbox"/>
14. Chinese food	58 <input type="checkbox"/>	58 <input type="checkbox"/>
15. Lasagna	59 <input type="checkbox"/>	59 <input type="checkbox"/>
16. Spaghetti	60 <input type="checkbox"/>	60 <input type="checkbox"/>
17. Macaroni and cheese	61 <input type="checkbox"/>	61 <input type="checkbox"/>
18. Entrée salad (such as chef's, cob, or chicken Caesar)	62 <input type="checkbox"/>	62 <input type="checkbox"/>
19. Soup with meat or beans (such as chicken, clam chowder, or minestrone)	63 <input type="checkbox"/>	63 <input type="checkbox"/>
20. Other entrees (<i>Specify</i>)	64 <input type="checkbox"/>	64 <input type="checkbox"/>
a. _____	65 <input type="checkbox"/>	65 <input type="checkbox"/>
b. _____	66 <input type="checkbox"/>	66 <input type="checkbox"/>
G. Beverages Other than Milk or 100% Juice		
1. Diet carbonated soft drink (diet soda/pop)	67 <input type="checkbox"/>	67 <input type="checkbox"/>
2. Regular carbonated soft drink (regular soda/pop)	68 <input type="checkbox"/>	68 <input type="checkbox"/>
3. Juice drinks and other sweetened drinks (such as cranberry drink, fruit blends, Hi-C, lemonade, punch, iced tea)	69 <input type="checkbox"/>	69 <input type="checkbox"/>
4. Energy and sports drinks (such as Gatorade, PowerAde, Red Bull, Vitamin Water)	70 <input type="checkbox"/>	70 <input type="checkbox"/>
5. Bottled water (plain, flavored, or sparkling)	71 <input type="checkbox"/>	71 <input type="checkbox"/>
6. Hot or cold chocolate drinks (such as Yoo-hoo; NOT chocolate milk)	72 <input type="checkbox"/>	72 <input type="checkbox"/>
H. Baked Goods		
1. Low-fat/reduced-fat cakes, cupcakes, or brownies	73 <input type="checkbox"/>	73 <input type="checkbox"/>
2. Regular cakes, cupcakes, or brownies	74 <input type="checkbox"/>	74 <input type="checkbox"/>
3. Low-fat pies, turnovers, or toaster pastries	75 <input type="checkbox"/>	75 <input type="checkbox"/>
4. Regular pies, turnovers, or toaster pasties	76 <input type="checkbox"/>	76 <input type="checkbox"/>
5. Doughnuts	77 <input type="checkbox"/>	77 <input type="checkbox"/>
6. Low-fat cookies	78 <input type="checkbox"/>	78 <input type="checkbox"/>
7. Regular cookies	79 <input type="checkbox"/>	79 <input type="checkbox"/>
I. Frozen/Dairy Dessert		
1. Frozen fruit bars or popsicles	80 <input type="checkbox"/>	80 <input type="checkbox"/>
2. Milkshakes, smoothies, or yogurt drinks	81 <input type="checkbox"/>	81 <input type="checkbox"/>
3. Low-fat/reduced-fat ice cream, frozen yogurt, or sherbet	82 <input type="checkbox"/>	82 <input type="checkbox"/>
4. Regular ice cream, frozen yogurt, or sherbet	83 <input type="checkbox"/>	83 <input type="checkbox"/>
5. Pudding	84 <input type="checkbox"/>	84 <input type="checkbox"/>

Food Item		Breakfast	Lunch
J. Snacks			
1.	Low-fat/reduced-fat/baked chips (such as corn, potato, puffed cheese, tortilla, or snack mixes)	85 <input type="checkbox"/>	85 <input type="checkbox"/>
2.	Regular chips (such as corn, potato, puffed cheese, tortilla, or snack mixes)	86 <input type="checkbox"/>	86 <input type="checkbox"/>
3.	Pretzels	87 <input type="checkbox"/>	87 <input type="checkbox"/>
4.	Popcorn	88 <input type="checkbox"/>	88 <input type="checkbox"/>
5.	Cracker sandwiches with cheese or peanut butter	89 <input type="checkbox"/>	89 <input type="checkbox"/>
6.	Other types of crackers (including animal crackers)	90 <input type="checkbox"/>	90 <input type="checkbox"/>
7.	Low-fat/reduced-fat granola bars, cereal bars, or energy bars	91 <input type="checkbox"/>	91 <input type="checkbox"/>
8.	Regular granola bars, cereal bars, or energy bars	92 <input type="checkbox"/>	92 <input type="checkbox"/>
9.	Crispy rice bars or treats	93 <input type="checkbox"/>	93 <input type="checkbox"/>
10.	Yogurt	94 <input type="checkbox"/>	94 <input type="checkbox"/>
11.	Candy	95 <input type="checkbox"/>	95 <input type="checkbox"/>
12.	Gum	96 <input type="checkbox"/>	96 <input type="checkbox"/>
13.	Nuts and/or seeds (such as almonds, peanuts, sunflower seeds, or trail mix)	97 <input type="checkbox"/>	97 <input type="checkbox"/>
14.	Fruit snacks (such as Fruit Roll-Ups or fruit leather)	98 <input type="checkbox"/>	98 <input type="checkbox"/>
15.	Meat snacks (such as jerky or pork rinds)	99 <input type="checkbox"/>	99 <input type="checkbox"/>
K. Other a La Carte Items (Specify)			
Please list any food or beverage that is not listed in sections A-J of this checklist that the cafeteria offered a la carte on the day you complete this form			
	_____	100 <input type="checkbox"/>	100 <input type="checkbox"/>
	_____	101 <input type="checkbox"/>	101 <input type="checkbox"/>
	_____	102 <input type="checkbox"/>	102 <input type="checkbox"/>
	_____	103 <input type="checkbox"/>	103 <input type="checkbox"/>
	_____	104 <input type="checkbox"/>	104 <input type="checkbox"/>
	_____	105 <input type="checkbox"/>	105 <input type="checkbox"/>
	_____	106 <input type="checkbox"/>	106 <input type="checkbox"/>
	_____	107 <input type="checkbox"/>	107 <input type="checkbox"/>
	_____	108 <input type="checkbox"/>	108 <input type="checkbox"/>
	_____	109 <input type="checkbox"/>	109 <input type="checkbox"/>
	_____	110 <input type="checkbox"/>	110 <input type="checkbox"/>
	_____	111 <input type="checkbox"/>	111 <input type="checkbox"/>
	_____	112 <input type="checkbox"/>	112 <input type="checkbox"/>
	_____	113 <input type="checkbox"/>	113 <input type="checkbox"/>
	_____	114 <input type="checkbox"/>	114 <input type="checkbox"/>

SCHOOL NUTRITION DIETARY ASSESSMENT STUDY Afterschool Snack Form

NOTE: For instructions on completing this form, please refer to Instructions for Completing the Afterschool Snack Form.

School Name: _____

Date: _____

A. Food Item	B. Portion Size (Incl. Units)	C. Number of Portions Prepared/ Available	D. Number of Portions Served to Students	E. Number of Reimbursable Snacks Served
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				