

Appendix F: School Food Environment Assessment

This instrument will differ slightly for use in non-FFVP schools where Part A will be used for observations of a free snack program (if offered).



School Food Environment Assessment – FFVP School

Date: _____ Time: _____ Observer Initials: _____ School ID#: _____

A. FRESH FRUIT AND VEGETABLE PROGRAM (FFVP)

1. Before the students arrive, **photograph:** (see instructions)

- FFVP serving area(s) (include all food served) Entire FFVP area (include the eating area)

2. Where is FFVP **served:**

- Classroom** (describe method of *delivery* _____)
- Cafeteria** (describe method of *service* _____)
- Playground** (describe method of *service* _____)
- Other** (specify all that apply)
- Kiosk Vending machine Hallway Office
- School store Food cart Snack bar Other: _____

3. **Service lines:** Not applicable, OR

Line length (specify approx. number of students in longest lines) _____

Most of the time the lines are:

- Progressing steadily Progressing slowly Hardly moving

4. Number of **points of service** (distinct places where distributed to students): Not applicable, OR

- One Two Three Four Five Other: _____

5. Where is FFVP **eaten:**

- Classroom**
- Cafeteria**
- Playground**
- Other** (specify location _____)

6. Who serves to students?

- Foodservice staff**
- Parents**
- Teachers**
- Student helpers**
- Other** (specify _____)

7. Overall serving/eating environment: (mark all that apply)

- Cheerful, inviting
- Clean, well-maintained
- Organized, orderly
- Noisy, chaotic
- Dirty, dingy, not well-maintained
- Crowded, disorderly

On a scale of 1 (most inviting, clean, organized and appealing) to 5 (most unpleasant, dirty, chaotic and crowded) **rate the appeal** of the serving/eating environment:

- One (best)
- Two
- Three
- Four
- Five (worst)

8. Record any other observations about the **serving or eating environment(s)**.

9. Enter each fruit/vegetable in the table below: (juice cannot be served as part of FFVP; if mixture, list each component separately in the first column and for each write name of mixture (e.g. fruit kabobs) in the Mode of Presentation column.

| List each fruit/vegetable | Whole/Sliced/Halved/Peeled/Sectioned/Mashed/Pureed | Mode of Presentation/Packaging (i.e. plates/utensils, pre-packaged) | Portion Size | Appeal +,0,- |
|---------------------------|--|---|--------------|--------------|
| | | | | |
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| | | | | |

Note with a “+” any of the above items that are unusually appealing, with a “-” are unappealing, and with “0” any items that look fine but are not especially appealing.

| |
|--|
| 10. Overall , do the fresh fruits look fresh, crisp, ripe and otherwise in good condition ? (<i>not wilted, brown, bruised, or over-ripe</i>) <input type="checkbox"/> Yes <input type="checkbox"/> Somewhat <input type="checkbox"/> No <input type="checkbox"/> Not served |
| 11. Overall , do the fresh vegetables look fresh, crisp, ripe and otherwise in good condition ? (<i>not wilted, brown, bruised, or over-ripe</i>) <input type="checkbox"/> Yes <input type="checkbox"/> Somewhat <input type="checkbox"/> No <input type="checkbox"/> Not served |
| 12. Is any other type of food or condiment served with the FFVP? <input type="checkbox"/> No <input type="checkbox"/> Dip (<i>describe:</i> _____) <input type="checkbox"/> Other (<i>describe:</i> _____) |
| 13. Is a staff member actively promoting fresh fruit or vegetable choices? <input type="checkbox"/> No <input type="checkbox"/> Yes (<i>specify how</i>) _____ Who? <input type="checkbox"/> Foodservice staff <input type="checkbox"/> Teacher <input type="checkbox"/> Principal <input type="checkbox"/> Other (<i>describe:</i> _____) |
| 14. Record any other observations about the fruits or vegetables served . |
| 15. Describe the overall foodservice staff attire : <input type="checkbox"/> Excellent (<i>professional and clean</i>) <input type="checkbox"/> Nothing notable (<i>plain but clean</i>) <input type="checkbox"/> Some areas of concern (<i>stained, dingy, worn</i>) <input type="checkbox"/> No uniform |
| 16. Describe the overall staff (foodservice, monitor, teacher, principal) attitude : <input type="checkbox"/> Engaging with students (<i>smiling, interactive, encouraging</i>) <input type="checkbox"/> Neutral/Normal (<i>interact enough to process their meal</i>) <input type="checkbox"/> Impolite, impatient or negative with students <input type="checkbox"/> Unable to observe |

| |
|---|
| 17. How does the overall staff attitude compare to the staff attitudes during NSLP/SBP services? <input type="checkbox"/> Same <input type="checkbox"/> Better (<i>specify how</i> _____) <input type="checkbox"/> Worse (<i>specify how</i> _____) |
| 18. How many of the students are taking the fruit(s) ? <input type="checkbox"/> Unable to observe <input type="checkbox"/> Most (76-100%) <input type="checkbox"/> Some (51-75%) <input type="checkbox"/> Few (25-50%) <input type="checkbox"/> Very few (<25%) |
| 19. How many of the students are taking the vegetable(s) ? <input type="checkbox"/> Unable to observe <input type="checkbox"/> Most (76-100%) <input type="checkbox"/> Some (51-75%) <input type="checkbox"/> Little (25-50%) <input type="checkbox"/> Very few (<25%) |
| 20. Compared to how much fruit was available, how much was taken by students/distributed by staff ? <input type="checkbox"/> Most (76-100%) <input type="checkbox"/> Some (51-75%) <input type="checkbox"/> Little (25-50%) <input type="checkbox"/> Very little (<25%) <input type="checkbox"/> Unable to observe |
| 21. Compared to how much vegetable was available, how much was taken by students/ distributed by staff ? <input type="checkbox"/> Most (76-100%) <input type="checkbox"/> Some (51-75%) <input type="checkbox"/> Little (25-50%) <input type="checkbox"/> Very little (<25%) <input type="checkbox"/> Unable to observe |
| 22. Are the students eating the fruit(s) that they take ? <input type="checkbox"/> Unable to observe <input type="checkbox"/> Most (76-100%) <input type="checkbox"/> Some (51-75%) <input type="checkbox"/> Little (25-50%) <input type="checkbox"/> Very little (<25%) |
| 23. Are the students eating the vegetable(s) that they take ? <input type="checkbox"/> Unable to observe <input type="checkbox"/> Most (76-100%) <input type="checkbox"/> Some (51-75%) <input type="checkbox"/> Little (25-50%) <input type="checkbox"/> Very little (<25%) |
| 24. If more than one type of fruit/vegetable is offered, which one(s) are most frequently selected and eaten by students? (<i>Note only those that are clearly more popular than others & confirm with staff</i>) <input type="checkbox"/> Only one type offered <input type="checkbox"/> All options about equally popular <input type="checkbox"/> One or some more frequently selected and eaten than others (list top 3 choices in order) <i>(list: (1) _____, (2) _____, (3) _____)</i> |

25. Pick up a copy of the current FFVP **monthly menu**. Note any differences with actual foods served and any substitutions.

No difference

Different fruit offered (*write in substitution:*_____)

Different vegetable offered (*write in substitution:*_____)

Other (*describe:*_____)

26. Anything notable about **student behaviors, attitudes or response** to the FV being served?

Time: _____

Observer Initials: _____

B. SCHOOL LUNCH

1. Before the students arrive, **photograph:** (see instructions)

Lunch serving area(s) (include all food served)

Entire lunch area (include the eating area)

2. Where are the **formal** serving/eating areas?

Indoors Outdoors In classroom

Is outdoor serving area covered?

Yes No

3. Is there sufficient **formal** seating and tables?

Insufficient (not all students able to sit on appropriate seating and/or students have to sit very close together to fit)

Crowded (but all students can sit comfortably if they want to)

Ample (room to easily accommodate all students)

4. How is lunch **served:** (mark all that apply)

Counter or speed line (s) (students select options as they move along a counter or island)

Multiple service windows/stations (with no distinctive themes even if serving unique options at each station)

Food court style (multiple service windows or stations each with a distinctive theme)

Fruit/salad bar

Grab-N-Go (pre-boxed/bagged for quick pick up)

Other (describe: _____)

5. **Service lines:**

Line length (specify approx. number of students in longest lines) _____

Most of the time the lines are:

Progressing steadily

Progressing slowly

Hardly moving

6. Number of **points of service** (distinct places where food distributed to students):

A la carte _____

Meal _____

Both _____

7. **Overall serving/eating environment.** (mark all that apply)

Indoor:

Cheerful, inviting

Noisy, chaotic

Clean, well-maintained

Dirty, dingy, not well-maintained

Organized, orderly

Crowded, disorderly

On a scale of 1 (most inviting, clean, organized and appealing) to 5 (most unpleasant, dirty, chaotic and crowded) **rate the appeal** of the **indoor** serving/eating environment:

One (best)

Two

Three

Four

Five (worst)

| | | | | | |
|---|---|--|--------------------------------|-------------------------------|---------------------------------------|
| Outdoor: | <input type="checkbox"/> Cheerful, inviting | <input type="checkbox"/> Noisy, chaotic | | | |
| | <input type="checkbox"/> Clean, well-maintained | <input type="checkbox"/> Dirty, dingy, not well-maintained | | | |
| | <input type="checkbox"/> Organized, orderly | <input type="checkbox"/> Crowded, disorderly | | | |
| On a scale of 1 (most inviting, clean, organized and appealing) to 5 (most unpleasant, dirty, chaotic and crowded) rate the appeal of the outdoor serving/eating environment: | | | | | |
| | <input type="checkbox"/> One (best) | <input type="checkbox"/> Two | <input type="checkbox"/> Three | <input type="checkbox"/> Four | <input type="checkbox"/> Five (worst) |

8. **Nutrition promotion materials/education** present in **cafeteria**? (mark all that apply; circle those related to fruits or vegetables) None Not applicable

- Nutrition posters #: _____ Taste testing Staff providing education
 Nutrition displays #: _____ Staff encouraging student Other: _____

9. **Nutrition promotion materials/education** present in **classroom**? (mark all that apply; circle those related to fruits or vegetables) None Not applicable

- Nutrition posters #: _____ Taste testing Staff providing education
 Nutrition displays #: _____ Staff encouraging student Other: _____

10. **Nutrition promotion materials/education** present at **other foodservice areas**? (mark all that apply; circle those related to fruits or vegetables) None Not applicable

- Nutrition posters #: _____ Taste testing Staff providing education
 Nutrition displays #: _____ Staff encouraging student Other: _____

11. Number the sequence of the lunch items (in the serving line) from first to last.

- ____ N/A, why? _____
____ Juice
____ Milk
____ Main lunch selections
____ Fresh fruit(s)
____ Canned fruit(s)
____ Fresh vegetable(s)
____ Other vegetable(s) (describe: _____)
____ Condiment(s)
____ Other (describe: _____)

| | |
|---|--|
| 16. | Describe the overall foodservice staff attire: same as above |
| <input type="checkbox"/> Excellent <i>(professional and clean)</i> | <input type="checkbox"/> Nothing notable <i>(plain but clean)</i> |
| <input type="checkbox"/> Some areas of concern <i>(stained, dingy, worn)</i> | <input type="checkbox"/> No uniform |
| 17. | Describe the overall staff (foodservice, monitor, teacher, principal) attitude: |
| <input type="checkbox"/> Engaging with students <i>(smiling, interactive, encouraging)</i> | <input type="checkbox"/> Neutral/Normal <i>(interact enough to process their meal)</i> |
| <input type="checkbox"/> Impolite, impatient or negative with students | <input type="checkbox"/> Unable to observe |
| 18. | Are the students eating the fruit(s) that they take? <input type="checkbox"/> Unable to observe |
| Fresh fruit: <input type="checkbox"/> Most (76-100%) <input type="checkbox"/> Some (51-75%) <input type="checkbox"/> Little (25-50%) <input type="checkbox"/> Very little (<25%) | Other fruit: <input type="checkbox"/> Most <input type="checkbox"/> Some <input type="checkbox"/> Little <input type="checkbox"/> Very little |
| 19. | Are the students eating the vegetable(s) that they take? <input type="checkbox"/> Unable to observe |
| Fresh vegetable: <input type="checkbox"/> Most (76-100%) <input type="checkbox"/> Some (51-75%) <input type="checkbox"/> Little (25-50%) <input type="checkbox"/> Very little (<25%) | Other vegetable: <input type="checkbox"/> Most <input type="checkbox"/> Some <input type="checkbox"/> Little <input type="checkbox"/> Very little |
| 20. | Pick up a copy of the current lunch monthly menu . Note any differences with actual foods served and any substitutions. |
| <input type="checkbox"/> No difference | <input type="checkbox"/> Different fruit offered (write in substitution: _____) |
| <input type="checkbox"/> Different vegetable offered (write in substitution: _____) | <input type="checkbox"/> Other (<i>describe:</i> _____) |
| 21. | Anything notable about student behaviors, attitudes or response to the FV being served? |

Time: _____

Observer Initials: _____

Not applicable

C. COMPETITIVE FOODS SOLD TO STUDENTS ON CAMPUS

1. Competitive Food Venues (mark all that apply)

| Venue | Sold on campus? | Location | Number of venues | Time accessible to students |
|------------------------------------|--------------------------------|--|------------------|---|
| A la carte: | <input type="checkbox"/> No | <input type="checkbox"/> Cafeteria | | <input type="checkbox"/> Before school |
| | <input type="checkbox"/> Yes → | <input type="checkbox"/> Hallway | | <input type="checkbox"/> Recess/Snack/Break times |
| | | <input type="checkbox"/> Other (describe: _____) | | <input type="checkbox"/> Lunchtime <input type="checkbox"/> After school |
| Vending machine: | <input type="checkbox"/> No | <input type="checkbox"/> Cafeteria | | <input type="checkbox"/> Before school |
| | <input type="checkbox"/> Yes → | <input type="checkbox"/> Hallway | | <input type="checkbox"/> Recess/Snack/Break times |
| | | <input type="checkbox"/> Other (describe: _____) | | <input type="checkbox"/> Lunchtime <input type="checkbox"/> After school |
| Food cart: | <input type="checkbox"/> No | <input type="checkbox"/> Cafeteria | | <input type="checkbox"/> Before school |
| | <input type="checkbox"/> Yes → | <input type="checkbox"/> Hallway | | <input type="checkbox"/> Recess/Snack/Break times |
| | | <input type="checkbox"/> Other (describe: _____) | | <input type="checkbox"/> Lunchtime <input type="checkbox"/> After school |
| School store: | <input type="checkbox"/> No | <input type="checkbox"/> Cafeteria | | <input type="checkbox"/> Before school |
| | <input type="checkbox"/> Yes → | <input type="checkbox"/> Hallway | | <input type="checkbox"/> Recess/Snack/Break times |
| | | <input type="checkbox"/> Other (describe: _____) | | <input type="checkbox"/> Lunchtime <input type="checkbox"/> After school |
| Other: (describe: _____) | <input type="checkbox"/> No | <input type="checkbox"/> Cafeteria | | <input type="checkbox"/> Before school |
| | <input type="checkbox"/> Yes → | <input type="checkbox"/> Hallway | | <input type="checkbox"/> Recess/Snack/Break times |
| | | <input type="checkbox"/> Other (describe: _____) | | <input type="checkbox"/> Lunchtime <input type="checkbox"/> After school |

2. Competitive Foods Sold (mark all that apply)

| | A la Carte | Vending Machine | Food Cart | School Store | Other |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| A. Beverages | | | | | |
| Sweetened soda (regular) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Diet soda | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Other diet drinks | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Juice (100% juice) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Juice (50% juice) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Juice drinks (lemonade, punch, fruit blends, tea blends) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Water (spring, flavored, sparkling, mineral) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Water or sparkling water with juice (<50%) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Hot chocolate | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Yogurt drinks | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Energy or sports drinks (Red Bull, Gatorade) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Other beverage (specify: _____) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| B. Dairy | | | | | |
| Whole milk | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Reduced fat (2%) white milk | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Low fat (1%) white milk | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Fat-free (1/2% or skim) white milk | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Low fat (1%) flavored milk | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Fat-free (1/2% or skim) flavored milk | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Yogurt | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Cheese | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Other dairy (specify: _____) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| C. Baked Goods - Dessert | | | | | |
| Cake type (brownies, cupcakes, Twinkies) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Cake type (lower/reduced fat) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Cookies | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Cookies (lower/reduced fat) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Pastries (pies, turnovers, toaster pastries) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Donuts | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Other baked goods/desserts | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Other baked goods/desserts (lower/reduced fat) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| D. Bread or Grain Products | | | | | |
| Regular bread (bread, rolls, bagels) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Other bread (biscuits, croissants, hot pretzels) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Muffins | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Muffins (lower/reduced fat) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Tortillas | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Granola bars | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Granola bars (lower/reduced fat) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Cereal/cereal bars (including fruit/cereal bars) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Pretzels | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Crackers/cracker sandwiches (peanut butter or cheese) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

| | A la Carte | Vending Machine | Food Cart | School Store | Other |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Crackers/cracker sandwiches (lower/reduced fat) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Graham crackers (all types/flavors) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Other bread or grain products (<i>specify:</i> _____) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| E. Frozen Desserts | | | | | |
| Frozen non-dairy (fruit bars, Jell-O pops, Popsicles) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Ice cream (bars, Fudgesicles, scoops, cups, sundaes, ice cream sandwiches) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Low-fat frozen desserts (frozen yogurt, ice milk, sherbet) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Milkshakes/smoothies | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Other frozen desserts (<i>specify:</i> _____) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| F. Fruit | | | | | |
| Canned or cooked fruit | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Fresh fruit | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Fruit salad (fresh) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Fruit salad (canned) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Dried fruit | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| G. Meat/Meat Alternate Entrees/Mixed Dishes | | | | | |
| Breakfast burrito | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Breakfast pizza | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| French toast/French toast sticks | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Waffles/waffle sticks | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Hot dog/corn dog | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Hamburger/cheeseburger | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Veggie burger | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Chicken patty/nuggets (breaded) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Grilled sandwiches | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Cold sandwiches with meat (ham, bologna, tuna) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Cheese sandwiches | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Burritos (not breakfast-type) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Taco | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Nacho chips with salsa | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Nacho chips (with meat, beans or cheese) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Mozzarella sticks | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Meal-sized salad (chef's, grilled chicken) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Pizza (not breakfast-type) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Pasta (spaghetti, macaroni and cheese, pasta salad) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Soup with beans or meat (chicken, clam chowder, minestrone) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Other Mexican food | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Chinese food | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Other entrees/mixed dishes (<i>specify:</i> _____) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| H. Vegetables | | | | | |
| Fried potatoes (including pre-fried, oven baked, French fries, tater tots, potato skins) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Salad - side (tossed, potato, three bean, raw vegetables) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Vegetable (cooked) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

| | A la Carte | Vending Machine | Food Cart | School Store | Other |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Vegetable soup | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Other vegetable (<i>specify:</i> _____) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| I. Snacks | | | | | |
| Chips (corn, potato, puffed cheese, tortilla) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Chips (lower/reduced fat/baked) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Nuts and seeds (almonds, sunflower seeds, trail mix) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Fruit roll-up or dried fruit snack | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Popcorn | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Meat snacks (jerky, salami, pork rinds) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Candy with chocolate | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Candy without chocolate | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Energy bars (Balance bars, Power bars, Luna bars) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Other snacks (<i>specify:</i> _____) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| J. Other foods (<i>specify:</i> _____) | | | | | |
| | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |