

P3. GROUP 2—MILK FORM (INTERVIEWER-COMPLETED)

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OMB Clearance Number: 0584-XXXX

Expiration Date: XX/XX/XXXX

Milk Form

School Name: _____ School Mathematica ID: _____

Interviewer ID #: _____ Date: _____

INTERVIEWER: COMPLETE FORM AND ATTACH TO SCHOOL MENU.

Milk Type	% Fat	Container or Cap Color	Container Size
	%		fl. oz.
	%		fl. oz.
	%		fl. oz.
	%		fl. oz.
	%		fl. oz.
	%		fl. oz.

