

For office use only
 ID:

What Do Students Eat?

Please answer the questions below by checking the box or filling in the blanks.

☺ This is not a test! There are **no** right or wrong answers. We want to know about you and what you like to eat.

1. In a usual school week (weekdays), how often do you eat the following school meals? Mark only ONE box for each statement.

	Less than once a week or never	1 to 2 times a week	3 to 4 times a week	Every day
A. I usually eat the school lunch...	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
B. I usually bring lunch from home...	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
C. I usually eat the school breakfast....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

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Your school offers free fruit and vegetable snacks BETWEEN meals.

2. When they are offered, how often do you usually take the free FRUIT snack?

Mark only ONE box.

- ₁ Every time offered
- ₂ Most times offered
- ₃ Occasionally
- ₄ Never
- ₅ Haven't seen it offered

3. When they are offered, how often would you take the free VEGETABLE snack?

Mark only ONE box.

- ₁ Every time offered
- ₂ Most times offered
- ₃ Occasionally
- ₄ Never
- ₅ Haven't seen it offered

4. If you take the free FRUIT snack when it is offered, how much of it do you usually eat?

Mark only ONE box.

- ₁ I usually eat all of it
- ₂ I usually eat most of it
- ₃ I usually eat some of it →
- ₄ I don't usually eat any of it →
- ₅ I don't usually take the free fruit →

4a. Why don't you eat the FRUIT snack? Check ALL that apply

- Don't like the kind of fruit
- Don't like the taste of fruit
- Don't like the way it looks
- Don't have time to eat it
- Other (please describe)

5. If you take the free VEGETABLE snack when it is offered, how much of it do you usually eat?

Mark only ONE box.

- ₁ I usually eat all of it
- ₂ I usually eat most of it
- ₃ I usually eat some of it
- ₄ I don't usually eat any of it
- ₅ I don't usually take the free vegetable

5a. Why don't you eat the FRUIT snack? Check ALL that apply

- Don't like the kind of fruit
- Don't like the taste of fruit
- Don't like the way it looks
- Don't have time to eat it
- Other (please describe)

6. If you do not take the fruit or vegetable snacks when they are offered, why not?

Check ALL that apply.

- ₁ I already take them every time they are offered
- ₂ I don't like fruits
- ₃ I don't like vegetables
- ₄ I'm not hungry when they are offered
- ₅ I don't like the look of the fruits and vegetables offered
- ₆ I'm not in the class during snack time

6a. Have you heard or seen any information around school about the free fruit and vegetable snacks?

Mark only ONE box.

- ₁ Yes, Go to 6b
- ₂ No If no, skip to question 7




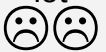
6b. If you answered yes to question 6a, where did you see or hear the information?

Check ALL that apply.

- ₁ School cafeteria staff
- ₂ Announcement over the loud speaker
- ₃ Poster around school
- ₄ Teacher/classroom
- ₅ Other (please describe where) _____

7. How much do you agree or disagree with the following statements?

Mark only ONE box for each statement.

	I agree very much 	I agree a little 	I disagree a little 	I disagree a lot 
A. I eat more fruits and vegetables on days when free fruit and vegetable snacks are given at school than on other days	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
B. The free fruits and vegetables they give us for school snacks look good and taste good.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
C. I wish they would give us different kinds of fruits and vegetables to eat for school snacks.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
D. On days when I eat a free fruit or a vegetable snack at school, I don't eat other kinds of snacks.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
E. I hope the free fruit and vegetable snacks continue at our school.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

8. How much do you agree or disagree with each of the following statements?

Mark only ONE box for each statement.

Appendix E3c. **STUDENT SURVEY**

9. For each fresh fruit or vegetable, mark how much you like it.




Even if you can't eat one of these foods now (for example, you have braces or some other reason) answer whether you like or don't like it. Mark only ONE box for each fruit or vegetable.

	Like a lot ☺☺	Like a little ☺	Don't like it ☹	Don't Know Never tasted
A. Apples	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
B. Bananas	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
C. Strawberries	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
D. Kiwi Fruits	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
E. Oranges	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
F. Pears	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
G. Grapes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
H. Cantaloupe	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I. Peaches	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
J. Pineapple	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
K. Plums	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
L. Watermelon	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
M. Nectarines	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄




9. Continued

For each fresh fruit or vegetable, mark how much you like it.

Mark only ONE box for each fruit or vegetable.

	Like a lot 	Like a little 	Don't like it 	Don't Know Never tasted
N. Blueberries	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
O. Tomatoes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
P. Carrots	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Q. Bell peppers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
R. Zucchini	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
S. Celery	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
T. Broccoli	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
U. Cauliflower	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
V. Cucumbers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
W. Lettuce	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
X. Snow peas	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄




9. VERSION FOR SPRING: For each fruit or vegetable, mark how much you like it.
 Even if you can't eat one of these foods now (for example, you have braces or some other reason) answer whether you like or don't like it. Mark only ONE box for each fruit or vegetable.

	Like a lot 	Like a little 	Don't like it 	Don't Know Never tasted
A. Applesauce	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
B. Dried apples	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
C. Dried apricots	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
D. Dates	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
E. Canned oranges	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
F. Canned pears	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
G. Raisins	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
H. Canned peaches	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I. Canned pineapple	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
J. Dried plums	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

9. Continued

For each fruit or vegetable, mark how much you like it.

Mark only ONE box for each fruit or vegetable.

	Like a lot 	Like a little 	Don't like it 	Don't Know Never tasted
K. Cooked carrots	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
L. Roasted peppers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
M. Cooked zucchini	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
N. Cooked broccoli	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
O. Cooked cauliflower	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

You are nearly finished! Just one question about you...

10. What language do you use with your parents most of the time?

 ₁

English

 ₂

Spanish

 ₃

Sometimes English and sometimes Spanish

 ₃

Other (please describe) _____

Thank you for your help with this questionnaire!