

FOODS Eaten in School Today*



Your Name:

Please bring your
completed form

with you to our

meeting today at:

TIME

ROOM #

***We're having a fruit and vegetable FEST(ival)!**

MATHEMATICA
Policy Research



Directions

Write down **everything** you **eat** and **drink** in school today in this booklet. You already did breakfast if you ate it in school this morning. Keep going up to the time we meet later today.

Each time you eat or drink, **write** the **time**.

Write one food or drink on **a line**. Give brand names if you know them.

Describe the **fruits** and **vegetables** that you ate. If you know it, are they fresh, canned, dried, or frozen? Are they sliced, diced, mashed or whole?

Write down any **snacks**, candy, or drinks, too.



Date			
	Month	Day	Year
Day of the Week	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday		
<input type="checkbox"/> Boy	<input type="checkbox"/> Girl		
Age	Years	Grade	
Name of School			
Teacher's Name			



Foods Eaten in School Today*

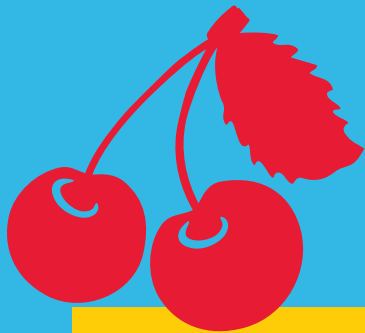
Write 1 food per line. Do not write in shade areas.

When? Time (Write in Time)	What? Food and Drink (Write type, brand, description)	Did you get this from school or was it from home or somewhere else?
: _____		<input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Somewhere else
: _____		<input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Somewhere else
: _____		<input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Somewhere else
: _____		<input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Somewhere else
: _____		<input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Somewhere else
: _____		<input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Somewhere else
: _____		<input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Somewhere else

Foods Eaten in School Today*

Write 1 food per line. Do not write in shade areas.

When? Time (Write in Time)	What? Food and Drink (Write type, brand, description)	Did you get this from school or was it from home or somewhere else?
: _____		<input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Somewhere else
: _____		<input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Somewhere else
: _____		<input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Somewhere else
: _____		<input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Somewhere else
: _____		<input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Somewhere else
: _____		<input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Somewhere else
: _____		<input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Somewhere else



FOODS Eaten in School Today*

