

# FOODS Eaten in School Today\*



Your Name:

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Please bring your  
completed form

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with you to our

---

meeting today at:

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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.



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



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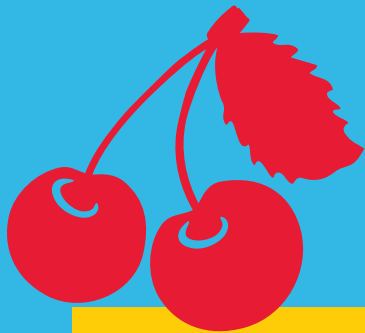
Write 1 food per line. Do not write in shade areas.

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