OMB BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0524. The time required to complete this information collection is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of

## Attachment K: Survey for 6-12 Year Old Children

Section I Instructions: Please read the questions below along with your teacher and answer honestly. There are no right or wrong answers; we just want to know what you think.

| QUESTIUN 1 - Please answeï eachî quuestioni ivelowiv with either Yes, No, or I don't know. | Gend | NO | I Don't <br> Know |
| :---: | :---: | :---: | :---: |
| Have you tried a new type of vegetable, fruit or grain recently? | ${ }_{Y}^{\text {Age: }_{i}}$ | N | IDK |
| Do you like trying new fruits or vegetables? | Y | N | IDK |
| Do you help with cooking at home? | Y | N | IDK |
| Have you helped prepare a new recipe at home recently? | Y | N | IDK |
| Have you tried new foods from another part of the world recently? | Y | N | IDK |


| QUESTION 2 How often do you help | Never | Sometimes | Often | All the <br> time |
| :--- | :---: | :---: | :---: | :---: | :---: |
| wash vegetables and fruits | 0 | 1 | 2 | 3 |
| Wash cooking utensils | 0 | 1 | 2 | 3 |
| Measure ingredients | 0 | 1 | 2 | 3 |
| Peel the skin of vegetables | 0 | 1 | 2 | 3 |
| Mix ingredients | 0 | 1 | 2 | 3 |
| Mash vegetables | 0 | 1 | 2 | 3 |
| Tear leaf vegetables | 0 | 1 | 2 | 3 |

Section II Instructions: The questions in this section ask for your ideas about new foods. There are statement about foods and images of actual foods. For each one, circle the answer that is the closest to how you feel. There are no right or wrong answers.

QUESTION 3 - Before you try a new food, how much do you think you will like it?

| I won't like <br> it very | I won't like it | I am not <br> sure if I will | I will like it a <br> little |
| :---: | :--- | :--- | :--- |
| I'll like it <br> very much |  |  |  |



QUESTION 4 - Look the foods below and answer how much you think you will like each one.


QUESTION 5 - For each food, circle which face shows how much you like each food.


