Appendix G8. Child Participant Survey

Summer Meals Survey for Children 5 through 12 Years

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| PARENTS AND GUARDIANS, PLEASE HELP YOUR CHILD COMPLETE THIS SURVEY* We want to know what children your age think of the foods at <site name> at <address>.
* There are no right or wrong answers. Your answers will help make the program better.
* Use black or blue ink to answer.
* **Mark your answers in the boxes like this: ⌧**
* If you want to change your answer, mark and mark the right answer.
 |

 1. Are you a boy or a girl?

[ ]  Boy

[ ]  Girl

2. How old are you?

\_\_\_ Years

3. Did you eat at <SITE NAME> this summer?

[ ]  Yes

[ ]  No

**Please turn the page over to complete the survey**

|  |
| --- |
| Tell us what you think about the food at <SITE NAME> this summer |

4. This summer, was the food at <SITE NAME> delicious, okay, or terrible?

[ ]  Delicious

[ ]  Okay

[ ]  Terrible

5. This summer, did you feel full after eating the food at <SITE NAME>?

[ ]  Yes

[ ]  No

6. This summer, were there different kinds of foods to pick from, at <SITE NAME>?

[ ]  Yes

[ ]  No

7. This summer, did the food at <SITE NAME> look good?

[ ]  Yes

[ ]  No

8. This summer, did the food at <SITE NAME> smell good?

[ ]  Yes

[ ]  No

**9. This summer, did the food at <SITE NAME> taste good?**

[ ]  Yes

[ ]  No

**10. What else did you like about the food at <SITE NAME> this summer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**11. What else did you not like about the food at <SITE NAME> this summer?**

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**You are done. Thank you for helping us.**