

E1.1 BASIC MENU SURVEY **BOOKLET: INSTRUCTIONS, EXAMPLE  
FORMS, AND FORMS** (GROUP 2)

**Menu Survey Screener - Basic (Group 2)**

**Daily Meal Counts Form (Group 2)**

**Reimbursable Foods Form - Breakfast (Group 2)**

**Reimbursable Foods Form - Lunch (Group 2)**

**Recipe Form (Group 2)**

**Self-Serve/Made to Order Bar Form (Group 2)**

**NSLP Afterschool Snack Form (Group 2)**

**Menu Survey Enhancements Administered through the Electronic**

**Menu Survey (EMS) (Group 2)**

**A la Carte Foods Checklist (Group 2)**

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# School Nutrition and Meal Cost Study-II

## Instructions for the Menu Survey (Basic)

Sponsored by:

U.S. Department of Agriculture  
Food and Nutrition Service

The Basic Menu Survey will be administered as a booklet that contains each of the instruments listed on the appendix page. Therefore, the total burden for all instruments in the Basic Menu Survey is included in the burden statement below.

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## INTRODUCTION TO THE MENU SURVEY

Thank you for participating in the **School Nutrition and Meal Cost Study-II**. Without your help, and the help of school nutrition professionals like you across the country, this important study could not be done.

As part of this study, you are being asked to complete a **Menu Survey**. The objective of the Menu Survey is to obtain a complete and accurate description of the foods prepared and served by your school nutrition program, including foods offered in reimbursable meals, sold a la carte, and in afterschool snacks (if reimbursed through the National School Lunch Program). You will complete the survey forms during a specified time period, referred to as the “target week.” *The target week for your school is shown on the front of the Menu Survey Folder.*

The information you provide will be combined with information from many other schools across the country and will be used to examine the food and nutrient content of school meals and afterschool snacks.

This **Instruction Manual** describes the Menu Survey and provides easy-to-follow instructions for completing the survey forms. Along with the manual is a set of **sample completed forms** that may be useful when you are completing your own survey forms. Be sure to look over the sample completed forms.

Below, we describe the forms included in the Menu Survey Folder. The rest of this manual explains how to complete each form.

### **School Nutrition Manager Survey**

We have included a survey that asks about school's food service operations (white paper). You can complete this survey on any day you would like, and can even complete it prior to the target week.

### **Daily Meal Counts Form**

This one-page form (blue paper) is located behind the first tab inside the Menu Survey Folder. This is a very simple form. All you have to do is write in the number of reimbursable NSLP lunches and SBP breakfasts you served each day of the target week, by reimbursement category.

### **Reimbursable Foods Forms for Lunch and Breakfast**

You will fill out these forms each day of the target week. They are located in colored folders in the Menu Survey Folder labeled by day of the week (Monday forms, Tuesday forms, etc.). There are separate forms for breakfast (yellow paper) and lunch (white paper). You will use these forms to provide information about all foods and beverages offered in reimbursable meals, including portion sizes; the number of portions prepared, served in reimbursable meals, sold a la carte or to adults, left over, and wasted; and the food descriptions needed for an accurate nutrient analysis. You will also indicate whether an item was a USDA Food or prepared from a recipe.

## Recipe Forms

A booklet of Recipe Forms (grey paper) is located behind the “Recipes” tab in the Menu Survey Folder. You will use the Recipe Forms to provide information on foods made from scratch or by combining two or more foods or ingredients during the target week. Alternatively, you can provide printed copies of recipes instead of completing these forms.

## Self-Serve/Made-to-Order Bar Form

Behind the next tab in the Menu Survey Folder is another booklet of forms (lavender paper) for you to use to provide information about “self-serve bars,” such as salad bars and condiment bars, as well as made-to-order bars such as deli bars. If your school offers self-serve or made-to-order bars, you will use a Self-Serve/Made-to-Order Bar form to describe the foods offered on each bar.

## NSLP Afterschool Snack Form

If your school provides reimbursable snacks through the NSLP to one or more afterschool programs, you will fill out the NSLP Afterschool Snack Form (green paper). You will complete one form for each day that afterschool snacks are offered. These forms are similar to but much simpler than the Reimbursable Foods Form.

## A La Carte Foods Checklist

The A La Carte Foods Checklist is a multiple-page form (pink paper) that you will use to identify all foods and beverages sold on an a la carte basis in your school. You only need to fill out this form for ONE DAY OF THE WEEK. The day of the week that has been randomly selected to be your “a la carte checklist day” is shown on the front cover of the form.

## The Rest of This Manual

The rest of this manual includes step-by-step instructions for completing each of the Menu Survey forms. For each form, a completed sample form is provided. Please take the time to review the instructions and all of the sample completed forms before beginning the Menu Survey.

## If You Need Assistance

We will be calling you before the start of the target week and again during the target week to answer any questions you may have. If you have questions or need assistance at any other time before, during, or after the target week, feel free to call or email our technical assistants at [TA help line] or [TA email address]. **Thank you for your assistance with this important study!**

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## **General Guidelines for Completing the Menu Survey**

### **Getting Started**

Please read this manual carefully. **Be sure to review the sample completed forms that are provided.**

### **Off-Site Kitchens**

If your school receives prepared meals or any components of reimbursable meals from another school, a central kitchen, or an outside vendor during the target week, we ask that you obtain food descriptions, product information, and recipes for these foods, as needed. You may wish to discuss strategies for this task with your school food authority (SFA) director.

### **Filling Out Forms**

- ✓ Use *pencil* on all forms.
- ✓ Write *clearly* and *legibly* (especially when recording numbers).
- ✓ Write the name of your school and the date (if applicable) at the top of each form.
- ✓ Double-check your work at the end of each day to be sure you have provided all the necessary information.

### **At the End of the Week**

When you have completed all forms included in the Menu Survey, please double-check your work to make sure you have provided all the necessary information. Please place the completed forms in the empty plastic envelope at the back of the Menu Survey Folder. **Remember to also include your completed School Nutrition Manager Survey. Return all completed survey materials to Mathematica in the pre-addressed envelope provided.**



## **Instructions for Completing the Reimbursable Foods Forms**

**Purpose:** To describe foods and beverages that are offered as part of USDA reimbursable lunches and breakfasts during the target week, and to provide information on the number of portions of each item prepared, served in reimbursable meals, sold a la carte, left over, and wasted.

**Location:** The Reimbursable Foods Forms are located in the five colored folders labeled Monday-Friday, in the Menu Survey Folder. **Separate forms are provided for breakfast (yellow) and lunch (white).**

**Notes:**

- **If your school offers reimbursable fruits and vegetables through the *Fresh Fruit and Vegetable Program* during the target week**, do **NOT** include these fruits and vegetables on the Reimbursable Foods Form unless they are offered as part of reimbursable lunches and breakfasts. If that is the case, be sure to report only the portions that were prepared and served as part of reimbursable meals.
- **If your school offers meals to pre-kindergarten students**, do **NOT** include any foods that are offered only to these students and do NOT include the meals offered to these students when reporting the number of reimbursable meals planned and served each day.
- **Be sure to look at the sample completed Reimbursable Foods Forms that are provided.** Looking at the sample forms as you read the instructions will make it easier to understand what you need to do when filling out the forms.

### **How to Complete the *Reimbursable Foods Form***

#### **Reimbursable Meal Counts**

On the top right-hand corner of the form, you will see the **Reimbursable Meal Counts** box. The questions in this box ask about the number of reimbursable meals (breakfast or lunch) you *planned* to serve for the day and the number of reimbursable meals that you *actually* served that day. Record the answers to both questions in the spaces provided. Your production records may include this information. If not, you may need to talk to your SFA director to obtain it.

#### **Column A: Food Item**

You will use this column to identify foods and beverages offered in reimbursable meals each day. Most foods are already listed for you. Others you will need to write in. In thinking about all the foods offered in your cafeteria each day and deciding which ones to include on this form, keep the following in mind:

**DO INCLUDE:**

- All foods and beverages offered in **reimbursable meals** (even if they may not count toward USDA meal pattern requirements).
- All condiments, salad dressings, optional toppings, desserts, and snack items.

**DO NOT INCLUDE:**

- Foods and beverages that are offered *only* a la carte or *only* to adults.
- Foods and beverages that are offered and served *only* to pre-kindergarten students.
- Foods and beverages that were planned for a given day, but not actually prepared at your school because a substitution was made.

**When foods are paired or offered together:**

When a bread/grain, meat/meat alternate, fruit, or vegetable offering is paired with, or offered **only** with another menu item, add a note in Column A to make this clear.

**Examples:**

- For crackers that are offered **only** with a Chef's salad, add a note...  
Crackers **w/ Chef's salad**
- For toast that is offered **only** with cereal, add a note...  
Toast **w/ cereal**
- For a cheese stick that is offered **only** with a peanut butter sandwich, add a note...  
Cheese stick **w/ peanut butter sandwich**
- For blueberries that are offered **only** with pancakes, add a note...  
Blueberries **w/ pancakes**

**When writing in foods that are not already listed on the form:**

- Record foods in their appropriate food group sections whenever possible. Blank lines are provided at the end of each section for your entries. A generous amount of additional space is provided at the end of the form for recording items that do not fit in the individual food group sections (for example, not enough blank lines for additional fruits), as well as items that belong in a food group that is not listed on the form.
- Salad bars, condiment bars, and other food bars, whether self-serve or made-to-order, should be listed as single menu items. Salad bars (both side salad bars and entrée salad bars) and other common theme bars are prelisted. Use separate lines for any self-serve bars that are not prelisted.
- If your school offers bag or box meals or fully preplated meals, write each type of meal on a separate line. Complete a Recipe Form for each type of meal to identify all of the foods and beverages included in the meal.

**If your school offers different foods to students in different grade groups:**

- Record each food offered separately and add a note in Column A to make it clear which foods are offered to each grade group.

**Example:**

If your school serves students in grades 6-8 and 9-12 and different entrées are offered to each grade group, you would indicate this by listing each food separately and adding a note next to each food, as shown below.

A.
Food Item
Taco <i>for grades 6-8</i>
Burrito <i>for grades 9-12</i>

**Column B: Portion Size**

For each item offered in reimbursable meals, write the size of one individual serving, as offered to students.

- Include both the **amount** and the **unit of measure** (if not already printed on the form). For example:

Food Item	Amount	Unit
Broccoli	$\frac{3}{4}$	cup
Chicken patty	2.5	oz.
Tossed salad	$\frac{1}{2}$	cup

You may change the printed unit for any food if your school serves the item in a different unit of measure.

- Include the *weight* (oz.) of one portion whenever available, especially for commercially prepared foods, such as burritos, chicken or fish nuggets, pizza, doughnuts, or cookies.
- For foods that are offered self-serve, write “self-serve” as the portion size.
- If your school offers different portion sizes of the same food, for example to students in two different grade groups, you will need to list the food twice (on two separate lines) and write in the different portion sizes.

**Example:**

If your school serves students in grades 6-8 and 9-12 and you offer different portion sizes for canned peaches, you would indicate this by listing the food twice and adding a note about which portion size applies to which grade group, as shown below.

A.	B.
<b>Food Item</b>	<b>Portion Size (Include Units)</b>
Peaches, canned <i>for grades 6-8</i>	½ cup
Peaches, canned <i>for grades 9-12</i>	1 cup

**Column C: Number of Portions**

In the sub-columns under Column C, for each menu item, you will enter the total number of portions prepared, and the number of portions served to students in reimbursable meals, served a la carte or to adults/others, left over and saved for later use, and wasted. Note that the number of portions entered in the last four sub-columns (Reimbursable Served, Served a La Carte or to Adults/Others, Left Over for Later Use, and Wasted) should add up to the total number of portions prepared (Total Prepared).

**Total Portions Prepared**

For each menu item, enter the total number of portions prepared. Include all portions that are prepared for your school for reimbursable meals as well portions that are prepared to be served for a la carte and to adults or others. For pre-packaged foods and beverages, the total number of portions prepared refers to the number of individual packages that are put out in the serving area. For example for cartons of juice, write the number of cartons that are placed on the serving line before and throughout the meal period.

**Reimbursable Portions Served**

For each menu item, enter the number of reimbursable portions served to students (excluding portions sold a la carte or to adults/others). Your production records may include this information; if not, you may need to talk to your SFA director about putting a procedure in place to record it for the target week. If a menu item is prepared and available to students but none are served in reimbursable meals, be sure to enter a zero in the Reimbursable Served column.

**Portions Served A La Carte or to Adults/Others**

Also for each menu item, enter the number of portions that are served a la carte, to adults, or to others who are not receiving meals through the NSLP or SBP. If no portions are served a la carte or to adults/others, enter zero in this column.

## Portions Left Over for Later Use

At the end of each meal, enter the number of portions that were not served on this day, but were leftover and may be served on a different day. For instance, this may include cartons of milk or juice to be used on the following day. Do not include leftover portions that are thrown away. If no portions are left over and saved for later use, enter zero in this column.

## Portions Wasted

Also enter the number of portions that were not served and must be thrown out because they cannot be used on a different day. For instance, this may include food prepared in a large dish, such as macaroni and cheese. If no portions are wasted, enter zero in this column.

### Example:

Note that for each of the following menu items, the number of portions entered in the last four sub-columns (Reimbursable Served, Served a La Carte or to Adults/Others, Left Over, and Wasted) add up to the total number of portions prepared (Total Prepared).

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions				
		Total Prepared	Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted
Orange juice	8 fl. oz.	140	120	10	10	0
Macaroni and cheese	1 cup	160	140	0	0	20

## Column D: Manufacturer/Brand Name and Product Code

This column is used to provide information on the manufacturer, brand name, and product code of certain foods listed in Column A. We have shaded this column for pre-listed foods that do not require manufacturer/brand name, or a product code.

- For all other commercially prepared food products you serve, including entrees, meat/meat alternates, and most bread/grain items (including biscuits, doughnuts, breakfast pastries, and pancakes), please fill in the manufacturer/brand and product code information in Column D.

- Please do your best to record whatever manufacturer and/or brand information is available (or at least how the food is described on the package label) for all required foods. **Always** include a product code, if available. The product code is usually located on the label of the box in which commercially prepared food products are delivered. An example is shown below.



- Below are additional examples of manufacturer and brand names, and products codes, for some foods.

Food Item (Column A)	Manufacturer/Brand Name and Product Code (Column D)
Pizza, pepperoni	Schwan's/Tony's 78546
Super Donut	Super Bakery 6001
Pancake-on-a-stick	State Fair 70481

- If your school purchases commercially prepared food products, including ones that are lower in fat or sodium or include whole grains, you may wish to include package labels to tell us more about the products. This will help ensure that the nutrient analysis is accurate and reflects the types of foods used in your school meal program.
- If you decide that you would like to give us package labels, you can put them in the envelope with the completed forms at the end of the week.

### Column E: Food Description

This column is used to describe foods so that an accurate nutrient analysis can be done. For most of the pre-listed items, you will need to check a box or write in a response. For example, for some foods you will be asked to check whether a food is regular, low-fat or fat-free, or if it is breaded or has icing. For some foods you will be asked to specify the type or variety of the food, such as the type of bread (100% whole wheat, rye bread, etc.), or the flavor of milk or yogurt.

It is especially important to complete this column for commercially prepared products and items that you add to the form. Please provide as complete a description of the item as possible. Depending on the item, this may include information on:

- ✓ type (**100% whole wheat** bread, **rye** bread, **blueberry** muffin, **unbreaded** chicken patty, **low-sodium** green beans)
- ✓ form (**fresh**, **frozen** or **canned** vegetable or fruit)
- ✓ flavor (**Strawberry** milk, **oatmeal** cookie, **vanilla** yogurt)
- ✓ fat content (**low-fat** yogurt, **reduced-fat** sour cream, **fat-free** salad dressing)

### **Column F: Check Box if USDA Food**

For food items in Column A that are donated USDA Foods, including processed USDA Foods, place a check mark in the box in Column F.

### **Column G: Check Box if Prepared from a Recipe**

For foods in Column A that are prepared from a recipe—that is, foods that are made from scratch or by combining two or more foods or ingredients—place a check mark in Column G. Use these checkmarks to remind you to complete a Recipe Form or provide a printed recipe.

We have shaded this column for pre-listed foods that do not require recipes. If the column is not shaded, you may need a recipe, depending on the food. For example, for purchased pizza that is served as is, a recipe is not needed. For pizza that is prepared from scratch or is a modified version of a purchased product (for example, you added your own toppings), a recipe is needed.

## Instructions for Completing the Recipe Forms

**Purpose:** To describe the types and amounts of ingredients used in preparing foods made from scratch or made by combining two or more foods or ingredients.

**Location:** A booklet of Recipe Forms (grey) is located behind the “Recipes” tab in the Menu Survey Folder. If you need more forms than are included in the booklet, make copies of the form and file the completed extra forms inside the Recipe Form booklet.

**Notes:**

- **You may not have to fill out the Recipe Form if a printed copy of the recipe is available.** See the special instructions later in this section (page 13).
- **A recipe is needed for every item that is prepared from scratch or prepared by combining two or more foods or ingredients.** This includes all sandwiches and foods prepared or cooked with added butter, margarine, dressings, or other condiments.
- **Some foods may need more than one Recipe Form.** For example, for a tuna salad sandwich, you will need to use two Recipe Forms—one for the tuna salad mixture and one for the assembled tuna salad sandwich. The same is true for a brownie or cake with icing. See the sample completed Recipe Forms for an example of a situation where two Recipe Forms are needed.
- **If the same recipe was prepared more than once during the target week,** you only need to fill out a Recipe Form once and be sure to check the boxes at the top of the form to indicate which days of the week the recipe was served, *unless the recipe is prepared differently on other days of the week*. If variations of a recipe are used on different days, a separate Recipe Form is needed for each variation.
- **Be sure to look at the sample completed Recipe Forms that are provided.** Looking at these forms as you read the instructions will make it easier to understand what you need to do when filling out the form.



## How to Complete the Recipe Forms

### Recipe/Food Name

Write the complete name of the recipe or food on the line provided in the upper right hand corner of the form. Please be sure that the name is clear enough that we will be able to match it up with the appropriate item on the Reimbursable Foods Form.

For recipes that are used in other recipe items, mention both recipes in the name. For example, *"Tuna salad for tuna sandwich."*

### Meal

Check the meal or meals in which the recipe/food item was offered.

### Day

Check the day or days of the target week on which the recipe/food was offered. Check "all" if the item is offered every day.

### Size of One Serving

Write the size of one individual serving, as offered to students. Include both the **amount** and **unit of measure** (*Examples: 1/4 cup, 8 fluid ounces, 1 sandwich*).

### Number of Servings Prepared

Please record the **total number of individual servings prepared** (recipe yield) in the space provided. For some items, such as sandwiches, the Recipe Form describes the ingredients or components of a single serving (*Examples: 1 sandwich, 1 Chef's salad*).

### Column A: Ingredient Name

List all foods and ingredients used to prepare the recipe/food. Remember to include all items used in food preparation, including seasonings and salt, as well as oils, butter, margarine, and other fats used in cooking.

### Column B: Amount in Recipe

For each item listed in Column A, write the amount used in Column B. Be sure to include information on both the **amount** and the **unit of measure** (*Examples: 2 Tbsp, 6 oz, 5 cups, 7.5 gallons, 35 lbs*).

Be sure to provide amount information on the form of the ingredient *when it was measured*. For example, was pasta or rice measured cooked or uncooked? Was meat measured raw or after cooking? Was the cheese sliced, cubed, shredded, or grated?

### Column C: Manufacturer/Brand Name and Product Code

If the ingredient or food listed in Column A is a commercially prepared food, list the manufacturer and/or brand name as well as the product code.

### Column D: Ingredient Description

For each item listed in Column A, use this column to provide details about the food or ingredient that will allow us to do an accurate nutrient analysis. Depending on the item, this may include information on:

- ✓ type (**whole wheat** flour, **brown** rice, **ground** turkey, **low-sodium** tomato sauce)
- ✓ form (**fresh**, **frozen** or **canned** vegetables, fruits, or meats)
- ✓ cooking status (**cooked**, **uncooked**, **dry**, **raw**)
- ✓ fat content (**part-skim** cheese, **1% fat** milk, **fat-free** mayonnaise)
- ✓ whether **whole grain-rich**

See the sample completed forms for examples of ingredient descriptions.

### Column E: Check Box if USDA Food

For ingredients in Column A that are donated USDA Foods, including processed USDA Foods, place a check mark in the box in Column E.

### Column F: Check Box if Prepared from a Recipe

For ingredients in Column A that require a recipe, place a check mark in the appropriate box in Column F. Use these checkmarks to remind you to complete an additional Recipe Form.

**Note: Recipes are needed for all items that are made by combining two or more foods or ingredients.**

### If You Can Provide a Printed Copy of the Recipe...

#### *Be sure to:*

- Staple or clip a copy of the printed recipe to a blank Recipe Form in the booklet, and indicate on the Recipe Form the meal and days the recipe was used.
- Mark the recipe, as needed, to show how the recipe was prepared in your school, and make sure the name of the recipe matches the name used on the Reimbursable Foods Form.

#### *Make sure the recipe includes:*

- Yield information: **size of one serving** and **number of servings prepared**.
- A complete description of all ingredients, including manufacturer and/or brand and product code for commercially prepared food products.
- An indication of any ingredients that are USDA Foods, for example, write “USDA” beside the ingredient name.

## Instructions for Completing the Self-Serve/ Made-to-Order Bar Forms

**Purpose:** To describe the ingredients included on self-serve bars such as salad bars, theme bars, and condiment bars, as well as made-to-order bars such as deli bars.

**Location:** A booklet of Self-Serve/Made-to-Order Bar Forms (lavender) is located behind the “Self-Serve Bars” tab in the Menu Survey Folder.

### Notes:

- A separate Self-Serve/Made-to-Order Bar Forms must be completed for each type of self-serve bar or made-to-order bar offered. **If the same bar (with all the same foods/ingredients) was offered more than once during the target week**, you only need to fill out one Self-Serve/Made-to-Order Bar Forms and indicate the days on which the bar was offered. **If the foods/ingredients offered on the bar differ on other days of the week**, a separate form is needed for each day they are different.
- **Be sure to look at the sample completed Self-Serve/Made-to-Order Bar Forms that are provided.** Looking at these forms as you read the instructions will make it easier to understand what you need to do when filling out the form.

## How to Complete the Self-Serve/Made-to-Order Bar Forms

### Name of Bar

Write the complete name of the self-serve/made-to-order bar on the line provided in the upper right hand corner of the form. Please be sure that the name is clear enough that we will be able to match it up with the same item on the Reimbursable Foods Form.

### Meal

Check the meal or meals in which the bar was offered during the target week.

### Day

Check the day or days of the target week on which the bar was offered. Check “all” if the bar (with all the same ingredients) is offered every day.

### Column A: Food Name

List all foods and ingredients offered on the bar. If you need additional lines, write the name of the bar and “continued” on a blank Self-Serve/Made-to-Order Bar Form and list remaining foods/ingredients.

### Column B: Portion Size (if pre-portioned)

*For pre-portioned items only*, describe the size of one portion. This includes items such as baked potatoes, tortillas, packaged crackers, boxes of raisins, or packages of sunflower seeds. It also includes items that might be portioned out by cafeteria servers, such as pasta on a pasta bar, cold cuts on a deli bar, or meat and cheese items on a salad bar.

Be sure to include information on both the **amount** and the **unit of measure** for pre-portioned items. See the sample completed Self-Serve/Made-to-Order Bar Forms for examples.

### Column C: Manufacturer/Brand Name and Product

For commercially prepared food products, please record the manufacturer and/or brand name and a product code in Column C.

### Column D: Food Description

For each item listed in Column A, use this column to provide details about the food or ingredient that will allow us to do an accurate nutrient analysis. Depending on the item, this may include information on:

- ✓ type (**100% whole grain** bread, **rye** bread, **graham** cracker, **cheddar** cheese, **low-sodium** green beans, **deli** turkey)
- ✓ form (**fresh**, **frozen** or **canned** vegetables or fruit)
- ✓ cooking status (**cooked**, **uncooked**, **dry**, **raw**)
- ✓ fat content (**low-fat** yogurt, **reduced-fat** sour cream, **fat-free** salad dressing)
- ✓ whether **whole grain-rich**

See the sample completed forms for examples of ingredient descriptions.

### Column E: Check Box if USDA Food

For foods in Column A that are donated USDA Foods, including processed USDA Foods, place a check mark in the box in Column E.

### Column F: Check Box if Prepared from a Recipe

For foods in Column A that require a recipe, place a check mark in the appropriate box in Column F. Use these checkmarks to remind you to complete a Recipe Form.

**Note: Recipes are needed for all items that are made by combining two or more foods or ingredients.**

## Instructions for Completing the NSLP Afterschool Snack Form

**Purpose:** To describe the foods and beverages offered in NSLP afterschool snacks during the target week, and to provide information on the number of individual snack items served and the total number of reimbursable snacks served to students.

**Location:** A booklet of NSLP Afterschool Snack Forms (green paper) is behind the “Afterschool Snacks” tab in the Menu Survey Folder.

### Notes:

- **If your school offers reimbursable fruits and vegetables through the *Fresh Fruit and Vegetable Program* during the target week, do NOT include these fruits and vegetables on the NSLP Afterschool Snack Form unless they are offered as part of reimbursable afterschool snacks. If that is the case, be sure to report only the portions that were prepared and served as part of reimbursable afterschool snacks.**
- **Be sure to look at the sample completed NSLP Afterschool Snack Form that is provided.** Looking at this sample as you read the instructions will make it easier to understand what you need to do when filling out the form.

## How to Complete the Afterschool Snack Form

On the front page of this booklet answer question 1 and indicate the days during the target week that afterschool snacks were offered. **Complete one NSLP Afterschool Snack Form for each day snacks were offered.**

This form is similar to the Reimbursable Foods Form. It includes columns for the food item, portion size, number of reimbursable portions prepared/available and served, and food description so that an accurate nutrient analysis can be done. **Depending on how your afterschool program operates, you may need assistance from afterschool program staff to complete the columns for number of portions served.**

### Day

Check the day of the target week for which this form is being completed.

### Number of Reimbursable Snacks Served

At the top of the form, record the total number of reimbursable snacks *served* to students that day.

### Column A: Food Item

You will use this column to identify foods and beverages offered in NSLP afterschool snacks each day. Some foods are already listed for you. Others you will need to write in. In thinking about all the foods offered in your NSLP afterschool snacks each day and deciding which to include on this form, keep the following in mind:

#### DO INCLUDE:

- All foods and beverages offered in reimbursable NSLP afterschool snacks (even if they may not count toward USDA meal pattern requirements).

#### DO NOT INCLUDE:

- Foods and beverages that are offered only to adults.
- Foods and beverages that were planned for a given day, but not actually prepared/available that day.

#### When writing in foods that are not already listed on the form:

- Record foods in appropriate food group sections. Blank lines are provided at the end of each section for your entries.

### Column B: Portion Size

For each item offered in NSLP afterschool snacks, write the size of one individual serving, as offered to students. If the snack item is pre-packaged, list the actual package size or weight, not “1 package.”

- Include both the **amount** and the **unit** of measure:

Food Item	Amount	Unit
Banana, fresh	1	medium
Orange juice	6	fl. oz.
Granola bar	1.5	oz.

- If a food or beverage is offered in more than one portion size (for different grade groups), list the food or beverage on separate lines and write in the different portion sizes.

**Example:**

A.	B.	C.	
		Number of Reimbursable Portions	
Food Item	Portion Size (Include Units)	Prepared/ Available	Served
Orange juice	6 fl.oz.	50	25
Orange juice	8 fl.oz.	50	50

**Column C: Number of Reimbursable Portions****Number of Reimbursable Portions Prepared/Available**

For each snack item offered, write in the number of reimbursable portions **prepared/available**. The number of reimbursable portions prepared should reflect the actual number of servings available for students to select as part of a reimbursable NSLP afterschool snack.

**Number of Reimbursable Portions Served**

Also for each snack item, enter the number of reimbursable portions or individual items **served** to (or selected by) students as part of a reimbursable NSLP afterschool snack, excluding portions served to adults. If a menu item is prepared and available to students but no portions are served, be sure to enter a zero in this column.

You may need to ask the afterschool program staff for this information. You can also give the afterschool program staff a copy of the NSLP Afterschool Snack Form and ask them to complete this column.

**Column D: Food Description**

This column is used to describe foods so that an accurate nutrient analysis can be done. For most of the pre-listed items, you will need to check a box or write in a response. For example, for some foods you will be asked to check whether a food is regular, low-fat or fat-free, or if it is whole grain-rich or reduced-fat. For some foods you will be asked to specify the type or variety of the food, such as the type of crackers (graham, wheat, saltines, etc.), or the flavor of milk or yogurt. Please provide as complete a description of the item as possible. Depending on the item, this may include information on:

- ✓ Type (**1%** or **2%** milk; **white** or **whole wheat** bread; **100%** apple juice)
- ✓ Form (**fresh** carrots, **canned** pineapple)
- ✓ Flavor (**chocolate** milk, **strawberry** yogurt)
- ✓ Fat or sugar content (**low-fat** yogurt, **reduced-fat** cookies; **reduced-sugar** jelly, pears in **light syrup**)

## Instructions for Completing the A La Carte Foods Checklist

**Purpose:** To identify foods and beverages your school offers on an a la carte basis at lunch and breakfast.

**Location:** The A La Carte Foods Checklist (pink paper) is located behind the “A La Carte” tab in the Menu Survey Folder.

**Notes:**

- **Complete the A La Carte Foods Checklist on the one day of the target week specified on the front of the Menu Survey Folder.** Be sure to complete the checklist even if your school sells only milk on an a la carte basis.
- **Be sure to look at the sample completed A La Carte Foods Checklist that is provided.** Looking at this sample as you read the instructions will make it easier to understand what you need to do when filling out the form.

### How to Complete the A La Carte Foods Checklist

1. Write the name of your school and the date on the first page of the form.
2. Place a check mark in the box next to each food and beverage that was available for a la carte purchase on the specified day. This includes items that are sold only a la carte as well as components of a reimbursable meal that may be purchased a la carte. There are separate check boxes for lunch and breakfast.
3. If a food or beverage is usually or sometimes available a la carte, but was not available on the specified day, *do not* check the box.
4. If your school had a la carte foods or beverages available on your specified day that are not included in the checklist, please write in the names of these foods and beverages under the appropriate category. Extra lines are also available on the last page of the checklist, if necessary. Be sure to indicate whether each food or beverage was offered at breakfast and/or lunch.



SAMPLE



# Daily Meal Counts Form (Basic)

School Name: John Smith Middle Date: 1/6/20

**Instructions:**

1. In the boxes for the **Number of Reimbursable NSLP Lunches Served** and **Number of Reimbursable SBP Breakfasts Served**, please record the **number of free, reduced-price, and full-price reimbursable meals** served in your school each day of the target week. Do **not** include meals for which you do not claim reimbursement, for example, second lunches sold to students on an a la carte basis. If your school provides free meals to all students, record the number of meals served in the "free" column.
2. Check the box if the number of reimbursable meals served on a day was much higher or lower than usual, and describe the reason for this difference in the space provided.

Number of Reimbursable NSLP Lunches Served					
	Free	Reduced-Price	Full-Price	FOR OFFICE USE ONLY	Please check if the number of reimbursable lunches served this day was much higher or lower than usual.
Monday	72	23	30		<input type="checkbox"/> → Reason: _____
Tuesday	85	26	15		<input type="checkbox"/> → Reason: _____
Wednesday	60	12	8		<input checked="" type="checkbox"/> → Reason: <u>early dismissal</u>
Thursday	82	23	22		<input type="checkbox"/> → Reason: _____
Friday	78	22	25		<input type="checkbox"/> → Reason: _____

Number of Reimbursable SBP Breakfasts Served					
	Free	Reduced-Price	Full-Price	FOR OFFICE USE ONLY	Please check if the number of reimbursable breakfasts served this day was much higher or lower than usual.
Monday	30	33	12		<input type="checkbox"/> → Reason: _____
Tuesday	28	30	12		<input type="checkbox"/> → Reason: _____
Wednesday	30	32	10		<input type="checkbox"/> → Reason: _____
Thursday	29	32	15		<input type="checkbox"/> → Reason: _____
Friday	38	31	10		<input type="checkbox"/> → Reason: _____

SAMPLE

OMB Control Number: 0584-XXXX  
Expiration Date: XX/XX/XXXX



School Nutrition & Meal Cost Study - II

**SCHOOL NUTRITION AND MEAL COST STUDY-II**  
**Reimbursable Foods Form: Breakfast (Basic)**

NOTE: For instructions on completing this form, please refer to Instructions for the Menu Survey.

**Reimbursable Meal Counts**

How many reimbursable breakfasts did you <i>plan to serve</i> at your school this day?	80
How many reimbursable breakfasts <i>did you serve</i> at your school this day?	75

School Name: John Smith Middle

Date: 1/6/20

Day:  Mon  Tue  Wed  Thu  Fri

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions					D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. Check Box if USDA Food	G. Check Box if Prepared from a Recipe
		Total Prepared	Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
<b>MILK</b>										
White, fat-free/skim	8 fl oz.	30	19	1	10	0				
White, 1%	8 fl oz.	30	26	2	2	0				
White, 2%	fl oz.									
White, whole	fl oz.									
Chocolate, fat-free/skim	8 fl oz.	20	20	0	0	0				
Chocolate, 1%	fl oz.									
Chocolate, 2%	fl oz.									
Other flavor Specify: <u>strawberry</u>	8 fl oz.	20	10	0	10	0		<input checked="" type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%		
Other flavor Specify:	fl oz.							<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%		
Other flavor Specify:	fl oz.							<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%		
	fl oz.								<input type="checkbox"/>	<input type="checkbox"/>
	fl oz.								<input type="checkbox"/>	<input type="checkbox"/>
	fl oz.								<input type="checkbox"/>	<input type="checkbox"/>

REIMBURSABLE FOODS FORM: BREAKFAST (BASIC)

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions					D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. Check Box if USDA Food	G. Check Box if Prepared from a Recipe
		Total Prepared	Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
<b>FRUIT</b> (Note: Prelisted entries should be used only for fruit that is served as purchased. If anything is added before serving, list as separate item and complete a RECIPE FORM.)										
Apple, fresh									<input type="checkbox"/>	
Applesauce, canned	cup							<input type="checkbox"/> Sweetened <input type="checkbox"/> Unsweetened	<input type="checkbox"/>	
Apricots, canned	cup							<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>	
Banana, fresh	1 medium	50	48	0	2	0			<input type="checkbox"/>	
Blueberries, frozen	cup							<input type="checkbox"/> Sweetened <input type="checkbox"/> Unsweetened	<input type="checkbox"/>	
Fruit cocktail, canned	1/2 cup	35	32	2	1	0		<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input checked="" type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input checked="" type="checkbox"/>	
Grapes, fresh	1/2 cup	60	59	2	0	0			<input type="checkbox"/>	
Kiwi, raw									<input type="checkbox"/>	
Mandarin oranges, canned	cup							<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>	
Orange, fresh									<input type="checkbox"/>	
Peaches, canned	cup							<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>	
Pears, fresh									<input type="checkbox"/>	
Pears, canned	cup							<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>	
Pineapple, canned	cup							<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>	
Raisins	oz.								<input type="checkbox"/>	
Cantaloupe	1 wedge	25	15	5	0	5	fresh		<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>

REIMBURSABLE FOODS FORM: BREAKFAST (BASIC)

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions					D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. Check Box if USDA Food	G. Check Box if Prepared from a Recipe
		Total Prepared	Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
<b>JUICES</b> (Note: Priced entries should be used only for full-strength (100%) fruit and/or vegetable juice. List fruit drinks (not 100% juice) in the "Other Menu Items" section.)										
Apple juice	4 fl oz.	40	28	2	10	0		<input checked="" type="checkbox"/> Calcium added	<input type="checkbox"/>	
Grape juice	fl oz.							<input type="checkbox"/> Calcium added	<input type="checkbox"/>	
Orange juice	fl oz.							<input type="checkbox"/> Calcium added	<input type="checkbox"/>	
Fruit juice blend	fl oz.							<input type="checkbox"/> Calcium added	<input type="checkbox"/>	
	fl oz.								<input type="checkbox"/>	<input type="checkbox"/>
<b>BREADS AND GRAINS</b> (Note: In Column A, indicated whether any items in this section were offered only with another bread/grain item or with a particular meat/meat alternate or combination item. For example, toast w/ cereal.)										
Apple Jacks	oz.								<input type="checkbox"/>	
Cheerios, plain	1 oz.	20	11	0	9	0			<input type="checkbox"/>	
Cheerios, Apple Cinnamon	oz.								<input type="checkbox"/>	
Cheerios, Fruity	oz.								<input type="checkbox"/>	
Cheerios, Honey Nut	1 oz.	20	13	0	7	0			<input type="checkbox"/>	
Cinnamon Toast Crunch	oz.								<input type="checkbox"/>	
Cocoa Krispies	oz.								<input type="checkbox"/>	
Cocoa Puffs	oz.								<input type="checkbox"/>	
Froot Loops	oz.								<input type="checkbox"/>	
Frosted Flakes	oz.								<input type="checkbox"/>	
Frosted Mini Wheats	oz.								<input type="checkbox"/>	
Golden Grahams	oz.								<input type="checkbox"/>	
Granola	oz.							<input type="checkbox"/> Reg <input type="checkbox"/> Low-fat	<input type="checkbox"/>	
Kix	oz.								<input type="checkbox"/>	
Lucky Charms	oz.								<input type="checkbox"/>	
Marshmallow Mateys	oz.								<input type="checkbox"/>	
Raisin Bran	1 oz.	10	8	2	0	0			<input type="checkbox"/>	
Rice Chex	oz.								<input type="checkbox"/>	
Rice Krispies	oz.								<input type="checkbox"/>	
Trix	oz.								<input type="checkbox"/>	

REIMBURSABLE FOODS FORM: BREAKFAST (BASIC)

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions					D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. Check Box if USDA Food	G. Check Box if Prepared from a Recipe
		Total Prepared	Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
<b>HOT CEREALS</b> (Note: If prepared with fat and/or milk, complete a RECIPE FORM)										
Cream of Wheat	cup							<input type="checkbox"/> Instant <input type="checkbox"/> Quick <input type="checkbox"/> Reg	<input type="checkbox"/>	<input type="checkbox"/>
Grits	cup							<input type="checkbox"/> Instant <input type="checkbox"/> Quick <input type="checkbox"/> Reg	<input type="checkbox"/>	<input type="checkbox"/>
Oatmeal	1 cup	5	4	0	0	1		<input type="checkbox"/> Instant <input type="checkbox"/> Quick <input checked="" type="checkbox"/> Reg	<input type="checkbox"/>	<input checked="" type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	
<b>OTHER BREADS AND GRAINS OFFERED SEPARATELY</b> (Note: In Column A, indicate whether any items in this section were offered only with another bread/grain item or with a particular meat/meat alternate or combination item. For example, toast w/ cereal, or biscuit w/ sausage).										
Bagel w/ peanut butter	3 oz.	6	6	0	0	0		Specify type: 100% whole wheat	<input type="checkbox"/>	<input type="checkbox"/>
Biscuit	oz.								<input type="checkbox"/>	<input type="checkbox"/>
Danish or turnover	oz.							<input type="checkbox"/> Fruit <input type="checkbox"/> Cheese	<input type="checkbox"/>	<input type="checkbox"/>
Doughnut w/ cereal	2.2 oz.	15	13	2	0	0	Super Bakery #6001	<input checked="" type="checkbox"/> Icing/glaze <input type="checkbox"/> No Icing/glaze	<input type="checkbox"/>	<input type="checkbox"/>
English muffin, plain	oz.								<input type="checkbox"/>	<input type="checkbox"/>
English muffin, buttered	oz.							<input type="checkbox"/> Margarine <input type="checkbox"/> Butter	<input type="checkbox"/>	<input type="checkbox"/>
Granola/cereal bar	oz.							Specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>
Muffin w/ cereal	2 oz.	20	19	0	1	0	Sara Lee #4911	Specify type: low fat blueberry	<input type="checkbox"/>	<input type="checkbox"/>
Pancake	oz.								<input type="checkbox"/>	<input type="checkbox"/>
Roll, cinnamon	oz.							<input type="checkbox"/> Icing <input type="checkbox"/> No Icing	<input type="checkbox"/>	<input type="checkbox"/>
Toast, plain	oz.							Specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>
Toast, buttered	oz.							Specify type: _____ <input type="checkbox"/> Margarine <input type="checkbox"/> Butter	<input type="checkbox"/>	<input type="checkbox"/>
Toaster pastry	oz.							<input type="checkbox"/> Low-fat	<input type="checkbox"/>	<input type="checkbox"/>
Waffles	oz.							<input type="checkbox"/> Plain <input type="checkbox"/> Fruit <input type="checkbox"/> Chocolate chip <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

REIMBURSABLE FOODS FORM: BREAKFAST (BASIC)

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions					D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. Check Box if USDA Food	G. Check Box if Prepared from a Recipe
		Total Prepared	Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
Waffle sticks	ea.							<input type="checkbox"/> Plain <input type="checkbox"/> Fruit <input type="checkbox"/> Chocolate chip <input type="checkbox"/> Other: _____ Weight of each stick: _____ oz.	<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
<b>MEATS AND MEAT ALTERNATES OFFERED SEPARATELY</b> (Note: In Column A, indicate whether any items in this section were offered only with another bread/grain item or with a particular meat/meat alternate or combination item. For example, sausage with biscuit, or yogurt with cereal).										
Bacon	sl							<input type="checkbox"/> Pork <input type="checkbox"/> Turkey	<input type="checkbox"/>	
Eggs	cup							<input type="checkbox"/> Scrambled <input type="checkbox"/> Hard boiled <input type="checkbox"/> Fried	<input type="checkbox"/>	<input type="checkbox"/>
Ham	oz.							<input type="checkbox"/> Pork <input type="checkbox"/> Turkey	<input type="checkbox"/>	
Peanut butter w/ bagel	1 oz.	6	6	0	0	0		<input checked="" type="checkbox"/> Reduced-fat	<input checked="" type="checkbox"/>	
Sausage	oz.							<input type="checkbox"/> Beef or pork <input type="checkbox"/> Chicken or turkey	<input type="checkbox"/>	
Yogurt	oz.							<input type="checkbox"/> Reg <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free <input type="checkbox"/> Light Specify flavors: _____	<input type="checkbox"/>	
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
<b>COMBINATION ITEMS</b> (Note: In Column A, indicate whether any items in this section were offered only with another bread/grain item or with a particular meat/meat alternate or combination item. For example, sausage with biscuit, or yogurt with cereal).										
Breakfast burrito	oz.							<input type="checkbox"/> Eggs <input type="checkbox"/> Cheese <input type="checkbox"/> Beans <input type="checkbox"/> Potato <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Egg sandwich	3.5 oz sandwich	20	20	0	0	0	Sysco #4629	<input checked="" type="checkbox"/> Cheese <input checked="" type="checkbox"/> Sausage <input type="checkbox"/> Ham <input type="checkbox"/> Bacon <input type="checkbox"/> Other: _____ Specify bread type: wheat english muffin	<input type="checkbox"/>	<input type="checkbox"/>
Egg sandwich	1 sandwich							<input type="checkbox"/> Cheese <input type="checkbox"/> Sausage <input type="checkbox"/> Ham <input type="checkbox"/> Bacon <input type="checkbox"/> Other: _____ Specify bread type: _____	<input type="checkbox"/>	<input type="checkbox"/>
French toast									<input type="checkbox"/>	<input type="checkbox"/>
French toast sticks	ea.							Weight of each stick: _____ oz.	<input type="checkbox"/>	
Grilled cheese	1 sandwich							<input type="checkbox"/> Reduced-fat	<input type="checkbox"/>	<input type="checkbox"/>

REIMBURSABLE FOODS FORM: BREAKFAST (BASIC)

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions					D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. Check Box if USDA Food	G. Check Box if Prepared from a Recipe
		Total Prepared	Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
Pancake on a stick	2.5 oz.	10	9	1	0	0	State Fair #70601	<input checked="" type="checkbox"/> Beef or pork <input type="checkbox"/> Chicken or turkey	<input type="checkbox"/>	
Pizza	oz.							<input type="checkbox"/> Reduced-fat Specify toppings: _____	<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>

**CONDIMENTS**

A. Self-serve condiments or fixins' bar	B. 1 serving	C.					D.	E.	F.	G.
							Please list all ingredients on a SELF-SERVE/ MADE-TO-ORDER BAR FORM			
Butter								<input type="checkbox"/>		
Cream cheese								<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Light <input type="checkbox"/> Fat-free	<input type="checkbox"/>	
Gravy								<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free	<input type="checkbox"/>	
Honey									<input type="checkbox"/>	
Jelly	1 oz	10	5	0	5	0		<input type="checkbox"/> Sugar-free	<input type="checkbox"/>	
Ketchup									<input type="checkbox"/>	
Margarine									<input type="checkbox"/>	
Salsa								<input type="checkbox"/> Low sodium	<input type="checkbox"/>	
Syrup w/pancake	2 oz	10	9	1	0	0		<input checked="" type="checkbox"/> Sugar-free	<input type="checkbox"/>	
									<input type="checkbox"/>	
									<input type="checkbox"/>	
									<input type="checkbox"/>	
									<input type="checkbox"/>	

REIMBURSABLE FOODS FORM: BREAKFAST (BASIC)

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions					D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. Check Box if USDA Food	G. Check Box if Prepared from a Recipe
		Total Prepared	Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
<b>OTHER MENU ITEMS</b>										
Grab-n-Go breakfast	1 box	4	4	0	0	0			<input type="checkbox"/>	<input checked="" type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
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									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>



SAMPLE

OMB Control Number: 0584-XXXX  
Expiration Date: XX/XX/XXXX



School Nutrition &  
Meal Cost Study - II

**SCHOOL NUTRITION AND MEAL COST STUDY-II**  
**REIMBURSABLE FOODS FORM: LUNCH (BASIC)**

Reimbursable Meal Counts	
How many reimbursable lunches did you <i>plan to serve</i> at your school this day?	150
How many reimbursable lunches <i>did you serve</i> at your school this day?	125

NOTE: For instructions on completing this form, please refer to Instructions for the Menu Survey.

School Name: John Smith Middle

Date: 1/6/20

Day:  Mon  Tue  Wed  Thu  Fri

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions					D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. Check Box if USDA Food	G. Check Box if Prepared from a Recipe
		Total Prepared	Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
<b>MILK</b>										
White, fat-free/skim	8 fl oz.	50	20	5	25	0				
White, 1%	8 fl oz.	50	22	2	20	0				
White, 2%	fl oz.									
White, whole	fl oz.									
Chocolate, fat-free/skim	8 fl oz.	75	43	7	25	0				
Chocolate, 1%	fl oz.									
Chocolate, 2%	fl oz.									
Other flavor Specify: <u>strawberry</u>	8 fl oz.	75	40	8	27	0		<input checked="" type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%		
Other flavor Specify: _____	fl oz.							<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%		
Other flavor Specify: _____	fl oz.							<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%		
	fl oz.								<input type="checkbox"/>	<input type="checkbox"/>
	fl oz.								<input type="checkbox"/>	<input type="checkbox"/>
	fl oz.								<input type="checkbox"/>	<input type="checkbox"/>

REIMBURSABLE FOODS FORM: LUNCH (BASIC)

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions					D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. Check Box if USDA Food	G. Check Box if Prepared from a Recipe
		Total Prepared	Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
<b>FRUIT</b> (Note: Prelisted entries should be used only for fruit that is served as purchased. If anything is added before serving, list as separate item and complete a RECIPE FORM.)										
Apple, fresh	1 med.	50	50	0	0	0		<input type="checkbox"/>		
Applesauce, canned	1/2 cup	50	37	7	4	2	<input type="checkbox"/> Sweetened <input checked="" type="checkbox"/> Unsweetened	<input checked="" type="checkbox"/>		
Apricots, canned	cup						<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>		
Banana, fresh								<input type="checkbox"/>		
Blueberries, frozen	cup						<input type="checkbox"/> Sweetened <input type="checkbox"/> Unsweetened	<input type="checkbox"/>		
Fruit cocktail, canned	cup						<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>		
Grapes, fresh	1/2 cup	50	50	0	0	0		<input type="checkbox"/>		
Kiwi, raw								<input type="checkbox"/>		
Mandarin oranges, canned	cup						<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>		
Orange, fresh								<input type="checkbox"/>		
Peaches, canned	cup						<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>		
Pears, fresh								<input type="checkbox"/>		
Pears, canned	cup						<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>		
Pineapple, canned	cup						<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>		
Raisins	1/4 cup oz.	50	41	4	5	0		<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	

REIMBURSABLE FOODS FORM: LUNCH (BASIC)

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		Total Prepared	Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
<b>JUICES</b> (Note: Prelisted entries should be used only for full-strength (100%) fruit and/or vegetable juice. Fruit drinks that are not 100% juice should be entered in the "Desserts, Drinks, and Snacks" section.)										
Apple juice	fl oz.							<input type="checkbox"/> Calcium added	<input type="checkbox"/>	
Grape juice	fl oz.							<input type="checkbox"/> Calcium added	<input type="checkbox"/>	
Orange juice	fl oz.							<input type="checkbox"/> Calcium added	<input type="checkbox"/>	
Fruit juice blend	fl oz.							<input type="checkbox"/> Calcium added	<input type="checkbox"/>	
Frozen juice cup/bar	fl oz.							Specify flavor: _____	<input type="checkbox"/>	
	fl oz.								<input type="checkbox"/>	<input type="checkbox"/>
<b>VEGETABLES</b> (Note: If beans or peas are being counted as a meat alternate and not a vegetable choice, enter them in the "Other Entrees and Meat/Meat Alternates" section.)										
Baked beans	cup							<input type="checkbox"/> Vegetarian <input type="checkbox"/> With pork	<input type="checkbox"/>	<input type="checkbox"/>
Beans, green	cup							<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type: _____	<input type="checkbox"/>	
Broccoli, cooked	1/2 cup	30	30	0	0	0		<input type="checkbox"/> Fresh <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type: _____	<input type="checkbox"/>	
Broccoli, raw	cup							If offered, list dip as separate item(s) or complete a RECIPE FORM	<input type="checkbox"/>	<input type="checkbox"/>
Carrots, cooked	cup							<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type: _____	<input type="checkbox"/>	
Carrots, raw	cup							If offered, list dip as separate item(s) or complete a RECIPE FORM	<input type="checkbox"/>	<input type="checkbox"/>
Cauliflower, raw	cup							If offered, list dip as separate item(s) or complete a RECIPE FORM	<input type="checkbox"/>	<input type="checkbox"/>
Celery, raw	cup							If offered, list dip as separate item(s) or complete a RECIPE FORM	<input type="checkbox"/>	<input type="checkbox"/>
Corn, kernels	cup							<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type: _____	<input type="checkbox"/>	
Cucumber, raw	cup							If offered, list dip as separate item(s) or complete a RECIPE FORM	<input type="checkbox"/>	<input type="checkbox"/>
French fries	cup							<input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried	<input type="checkbox"/>	

REIMBURSABLE FOODS FORM: LUNCH (BASIC)

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		Total Prepared	Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
Lettuce and tomato	cup							<input type="checkbox"/>		
Mixed vegetables	1/2 cup	30	10	2	0	18	<input type="checkbox"/> Fresh <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input checked="" type="checkbox"/> Fat added, specify type: <u>Margarine</u>	<input type="checkbox"/>	<input type="checkbox"/>	
Peas, green	cup						<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type:	<input type="checkbox"/>		
Potatoes, whipped or mashed	cup						<input type="checkbox"/> From fresh	<input type="checkbox"/>	<input type="checkbox"/>	
Refried beans	1/4 cup	30	19	7	0	4	<input type="checkbox"/> From dry <input checked="" type="checkbox"/> Canned <input checked="" type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type:	<input type="checkbox"/>	<input type="checkbox"/>	
Red peppers, raw	cup						If offered, list dip as separate item(s) or complete a RECIPE FORM	<input type="checkbox"/>	<input type="checkbox"/>	
Green peppers, raw	cup						If offered, list dip as separate item(s) or complete a RECIPE FORM	<input type="checkbox"/>	<input type="checkbox"/>	
Sweet potatoes	cup						<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type:	<input type="checkbox"/>	<input type="checkbox"/>	
Sweet potato fries or tots	cup						<input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried	<input type="checkbox"/>		
Side salad bar (non-entrée or small portion)	1 serving	150	110	35	0	5	Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM			
Salad, tossed	cup						List dressing and any bread/grain items offered with the tossed salad as separate item(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tater tots or shapes	cup						<input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried	<input type="checkbox"/>		
Tomato, raw	cup						If offered, list dip as separate item(s) or complete a RECIPE FORM	<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	

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		Total Prepared	Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
<b>SANDWICHES</b> (Note: In Column A, indicate whether any items in this section were offered only with another particular food item. For example, a peanut butter sandwich with a cheese stick, or a grilled cheese sandwich with a yogurt.)										
Cheeseburger	1 sandwich								<input type="checkbox"/>	<input type="checkbox"/>
Chicken filet or breast (not breaded)	1 sandwich								<input type="checkbox"/>	<input type="checkbox"/>
Chicken patty (breaded)	1 sandwich								<input type="checkbox"/>	<input type="checkbox"/>
Fish sandwich	1 sandwich							<input type="checkbox"/> Breaded	<input type="checkbox"/>	<input type="checkbox"/>
Grilled cheese	1 sandwich	18	8	3	7	0			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ham and cheese	1 sandwich								<input type="checkbox"/>	<input type="checkbox"/>
Hamburger	1 sandwich								<input type="checkbox"/>	<input type="checkbox"/>
Hot dog	1 sandwich							<input type="checkbox"/> Beef or pork <input type="checkbox"/> Chicken or turkey	<input type="checkbox"/>	<input type="checkbox"/>
Italian sub	1 sandwich								<input type="checkbox"/>	<input type="checkbox"/>
Peanut butter & jelly w/ yogurt	4.802 1 sandwich	5	5	0	0	0	unavailable 515000655		<input type="checkbox"/>	<input type="checkbox"/>
Rib, barbeque	1 sandwich								<input type="checkbox"/>	<input type="checkbox"/>
Sloppy joe	1 sandwich							<input type="checkbox"/> Beef <input type="checkbox"/> Pork <input type="checkbox"/> Chicken or turkey	<input type="checkbox"/>	<input type="checkbox"/>
Turkey	1 sandwich								<input type="checkbox"/>	<input type="checkbox"/>
Tuna salad	1 sandwich	5	0	0	0	5			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Veggie burger	1 sandwich								<input type="checkbox"/>	<input type="checkbox"/>
	1 sandwich								<input type="checkbox"/>	<input type="checkbox"/>
	1 sandwich								<input type="checkbox"/>	<input type="checkbox"/>
	1 sandwich								<input type="checkbox"/>	<input type="checkbox"/>
	1 sandwich								<input type="checkbox"/>	<input type="checkbox"/>
	1 sandwich								<input type="checkbox"/>	<input type="checkbox"/>
	1 sandwich								<input type="checkbox"/>	<input type="checkbox"/>
	1 sandwich								<input type="checkbox"/>	<input type="checkbox"/>

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		Total Prepared	Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
<b>ENTRÉE SALADS</b> (Note: List dressing and any bread/grain items offered with an entrée salad as separate item(s). Also, add a note in Column A if a particular bread/grain item is offered only with a particular entrée salad.)										
Chef's salad	1 salad								<input type="checkbox"/>	<input type="checkbox"/>
Chicken Caesar salad	1 salad								<input type="checkbox"/>	<input type="checkbox"/>
Taco salad	1 salad								<input type="checkbox"/>	<input type="checkbox"/>
Greek salad w/onion	1 salad	6	2	3	1	0			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	1 salad								<input type="checkbox"/>	<input type="checkbox"/>
	1 salad								<input type="checkbox"/>	<input type="checkbox"/>
	1 salad								<input type="checkbox"/>	<input type="checkbox"/>
	1 salad								<input type="checkbox"/>	<input type="checkbox"/>
	1 salad								<input type="checkbox"/>	<input type="checkbox"/>
<b>SELF-SERVE/MADE-TO-ORDER ENTRÉE BARS</b>										
Entrée salad bar	1 serving						Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM			
Potato bar	1 serving						Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM			
Nacho/taco bar	1 serving						Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM			
Sandwich/deli bar	1 serving	38	25	5	0	8	Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM			
Pasta/Italian bar	1 serving						Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM			
	1 serving						Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM			
	1 serving						Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM			
	1 serving						Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM			
	1 serving						Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM			
	1 serving						Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM			

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		Total Prepared	Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
<b>OTHER ENTREES AND MEAT/MEAT ALTERNATES</b> (Note: In Column A, indicate whether any items in this section were offered only with another particular food item. For example, a cheese stick with a peanut butter sandwich, a yogurt with a grilled cheese sandwich, or chicken nuggets with a roll).										
Beans or peas (Specify type)	cup							<input type="checkbox"/> From dry <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>
Burrito	3.9 oz.	28	20	0	8	0	Fernandos 90122	<input checked="" type="checkbox"/> Bean <input type="checkbox"/> Beef <input type="checkbox"/> Chicken <input checked="" type="checkbox"/> Cheese	<input type="checkbox"/>	<input type="checkbox"/>
Cheese (string cheese or cubes)	oz.							<input type="checkbox"/> Reduced-fat	<input type="checkbox"/>	
Cheese breadstick or pizza stick	oz.							<input type="checkbox"/> Reduced-fat Specify fillings: _____	<input type="checkbox"/>	
Chicken nuggets (breaded)	ea.							<input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried Weight of each nugget: _____ oz.	<input type="checkbox"/>	
Chicken strips (not breaded)	oz.								<input type="checkbox"/>	
Chicken patty (not sandwich)	oz.							<input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried	<input type="checkbox"/>	
Chicken piece(s) (Specify part)								<input type="checkbox"/> Breaded <input type="checkbox"/> With skin <input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried	<input type="checkbox"/>	<input type="checkbox"/>
Corndog	oz.							<input type="checkbox"/> Beef or pork <input type="checkbox"/> Chicken or turkey	<input type="checkbox"/>	
Egg rolls	ea.							<input type="checkbox"/> Meatless <input type="checkbox"/> Beef or pork <input type="checkbox"/> Chicken or turkey Weight of each egg roll: _____ oz.	<input type="checkbox"/>	<input type="checkbox"/>
Fish sticks or nuggets	ea.							<input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried <input type="checkbox"/> Breaded Weight of each nugget/stick: _____ oz.	<input type="checkbox"/>	
Macaroni and cheese	cup								<input type="checkbox"/>	<input type="checkbox"/>
Nachos	oz.								<input type="checkbox"/>	<input type="checkbox"/>
Peanut butter	oz.							<input type="checkbox"/> Reduced-fat	<input type="checkbox"/>	
Pizza, cheese	5.5 oz.	30	30	0	0	0	Tony's 72671	<input type="checkbox"/> Reduced-fat <input type="checkbox"/> Thick crust (deep-dish, bagel, French bread)	<input type="checkbox"/>	<input type="checkbox"/>
Pizza, pepperoni	4.98 oz.	25	21	4	0	0	Tony's 78309	<input type="checkbox"/> Reduced-fat <input type="checkbox"/> Thick crust (deep-dish, bagel, French bread)	<input type="checkbox"/>	<input type="checkbox"/>

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Pizza, sausage	oz.							<input type="checkbox"/> Reduced-fat <input type="checkbox"/> Thick crust (deep-dish, bagel, French bread)	<input type="checkbox"/>	<input type="checkbox"/>
Pizza, vegetarian	oz.							<input type="checkbox"/> Reduced-fat <input type="checkbox"/> Thick crust (deep-dish, bagel, French bread) Specify toppings: _____	<input type="checkbox"/>	<input type="checkbox"/>
Pizza pocket	oz.							<input type="checkbox"/> Reduced-fat Specify filling: _____	<input type="checkbox"/>	<input type="checkbox"/>
Stir fry with rice or noodles	cup								<input type="checkbox"/>	<input type="checkbox"/>
Spaghetti with sauce w/roll	1 cup	15	14	0	0	1		<input type="checkbox"/> Meat sauce <input type="checkbox"/> Marinara sauce	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Taco								<input type="checkbox"/> Hard shell <input type="checkbox"/> Soft tortilla <input type="checkbox"/> Bean <input type="checkbox"/> Beef <input type="checkbox"/> Chicken <input checked="" type="checkbox"/> Cheese	<input type="checkbox"/>	<input type="checkbox"/>
Yogurt w/peanut butter sandwich	8 oz.	5	5	0	0	0		Specify type: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Greek (high protein) Specify fat: <input type="checkbox"/> Whole <input checked="" type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free <input type="checkbox"/> Light Specify flavors: <u>vanilla</u>	<input type="checkbox"/>	
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
<b>BREADS AND GRAINS OFFERED SEPARATELY</b> (Note: In Column A, indicate whether any items in this section were offered only with a particular entrée or meat/meat alternate. For example, crackers with Chef's salad or a roll with chicken nuggets.)										
Biscuit	oz.							<input type="checkbox"/> Reduced-fat	<input type="checkbox"/>	<input type="checkbox"/>
Bread, plain	oz.							Specify type: _____	<input type="checkbox"/>	
Bread, buttered	oz.							Specify type: _____ <input type="checkbox"/> Margarine <input type="checkbox"/> Butter	<input type="checkbox"/>	<input type="checkbox"/>
Breadstick	oz.							Specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>
Cornbread	oz.								<input type="checkbox"/>	<input type="checkbox"/>
Corn/tortilla chips	oz.								<input type="checkbox"/>	
Crackers w/greek salad	4 ea.	6	2	3	1	0		Specify type: <u>whole wheat</u>	<input type="checkbox"/>	
Croutons	oz.								<input type="checkbox"/>	
Rice	cup							<input type="checkbox"/> White <input type="checkbox"/> Brown <input type="checkbox"/> Wild	<input type="checkbox"/>	<input type="checkbox"/>
Roll w/spaghetti	1 oz.	15	14	0	1	0		Specify type: <u>white</u>	<input type="checkbox"/>	<input type="checkbox"/>
Pasta	cup								<input type="checkbox"/>	



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Pretzels	oz.						<input type="checkbox"/> Soft <input type="checkbox"/> Hard <input type="checkbox"/> Salted <input type="checkbox"/> Unsalted	<input type="checkbox"/>		
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
<b>DESSERTS, DRINKS, AND SNACKS OFFERED AS PART OF A REIMBURSABLE MEAL</b>										
Brownie							<input type="checkbox"/> Icing	<input type="checkbox"/>	<input type="checkbox"/>	
Cake							Specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Cookie	oz.						Specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Fruit crisp or cobbler							Specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Fruit drink (not 100% juice)	fl oz.						Specify type: _____	<input type="checkbox"/>		
Fruit turnover	oz.						Specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Gelatin	cup						<input type="checkbox"/> With fruit <input type="checkbox"/> With whipped topping	<input type="checkbox"/>	<input type="checkbox"/>	
Potato chips	oz.						<input type="checkbox"/> Reduced-fat <input type="checkbox"/> Baked	<input type="checkbox"/>		
								<input type="checkbox"/>	<input type="checkbox"/>	
<b>SALAD DRESSINGS</b>										
Caesar dressing							<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>	
French dressing							<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>	
Honey mustard dressing							<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>	
Italian dressing							<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>	
Ranch dressing							<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>	
Greek dressing	2 Tbs	6	2	3	1	0	<input checked="" type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>	

REIMBURSABLE FOODS FORM: LUNCH (BASIC)

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		Total Prepared	Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
<b>CONDIMENTS</b>										
Self-serve condiments or fixins' bar	1 serving	169	125	15	29	0	Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM			
Barbeque sauce									<input type="checkbox"/>	
Butter									<input type="checkbox"/>	
Cream cheese								<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free	<input type="checkbox"/>	
Gravy								<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>
Honey									<input type="checkbox"/>	
Hot sauce									<input type="checkbox"/>	
Jalapeno peppers									<input type="checkbox"/>	
Jelly								<input type="checkbox"/> Sugar-free	<input type="checkbox"/>	
Ketchup									<input type="checkbox"/>	
Margarine									<input type="checkbox"/>	
Mayonnaise								<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free	<input type="checkbox"/>	
Mustard									<input type="checkbox"/>	
Pickles, slices									<input type="checkbox"/>	
Ranch dip								<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>
Relish									<input type="checkbox"/>	
Salsa								<input type="checkbox"/> Low sodium	<input type="checkbox"/>	<input type="checkbox"/>
Sour cream								<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free	<input type="checkbox"/>	
Syrup								<input type="checkbox"/> Sugar-free	<input type="checkbox"/>	
Tartar sauce								<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>

REIMBURSABLE FOODS FORM: LUNCH (BASIC)

A.	B.	C.					D.	E.	F.	G.
Food Item	Portion Size (Include Units)	Number of Portions					Manufacturer/Brand Name and Product Code (If Applicable)	Food Description	Check Box if USDA Food	Check Box if Prepared from a Recipe
		Total Prepared	Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
<b>OTHER MENU ITEMS</b>										
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
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								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	

# Recipe Form (Basic)

SAMPLE



School Nutrition &  
 Meal Cost Study - II

NOTE: For instructions on completing this form, please refer to the Instructions for the Menu Survey.

School Name: John Smith middle Recipe/Food Name: Oatmeal  
 Meal: 1  Breakfast 2  Lunch  
 Day: 1  Mon 2  Tue 3  Wed 4  Thu 5  Fri 6  All  
 Size of One Serving (include units): 1 cup  
 Number of Servings Prepared: 40

A.  Ingredient Name	B.  Amount in Recipe (Include units)	C.  Manufacturer/ Brand Name and Product Code (If applicable)	D.  Ingredient Description	E.  Check Box if USDA Food	F.  Check Box if Prepared from a Recipe
rolled oats	20 cups		dry	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1% milk	2.5 gallons			<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

# Recipe Form (Basic)

SAMPLE



School Nutrition & Meal Cost Study - II

NOTE: For instructions on completing this form, please refer to the Instructions for the Menu Survey.

School Name: Jonn Smith middle Recipe/Food Name: Grab-n-Go breakfast

Meal: 1  Breakfast 2  Lunch

Day: 1  Mon 2  Tue 3  Wed 4  Thu 5  Fri  
6  All

Size of One Serving (include units): 1 box

Number of Servings Prepared: 1

A. Ingredient Name	B. Amount in Recipe (include units)	C. Manufacturer/ Brand Name and Product Code (if applicable)	D. Ingredient Description	E. Check Box if USDA Food	F. Check Box if Prepared from a Recipe
milk	8oz		white, 1%	<input type="checkbox"/>	<input type="checkbox"/>
Orange juice	4oz			<input type="checkbox"/>	<input type="checkbox"/>
apple	1 med.		fresh	<input type="checkbox"/>	<input type="checkbox"/>
Cheerios	2oz		plain	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

# Recipe Form (Basic)

SAMPLE



School Nutrition & Meal Cost Study - II

NOTE: For instructions on completing this form, please refer to the Instructions for the Menu Survey.

School Name: John Smith Middle      Recipe/Food Name: Grilled cheese sand.  
 Meal:    1  Breakfast    2  Lunch  
 Day:    1  Mon    2  Tue    3  Wed    4  Thu    5  Fri    6  All  
 Size of One Serving (include units): 1 sandwich  
 Number of Servings Prepared: 1

A. Ingredient Name	B. Amount in Recipe (include units)	C. Manufacturer/ Brand Name and Product Code (If applicable)	D. Ingredient Description	E. Check Box if USDA Food	F. Check Box if Prepared from a Recipe
bread	2 slices		100% whole wheat	<input type="checkbox"/>	<input type="checkbox"/>
Cheese	2oz		cheddar	<input type="checkbox"/>	<input type="checkbox"/>
Margarine	1 tsp			<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>



# Recipe Form (Basic)

SAMPLE



School Nutrition &  
Meal Cost Study - II

NOTE: For instructions on completing this form, please refer to the Instructions for the Menu Survey.

School Name: Jonn Smith middle Recipe/Food Name: tuna salad  
 Meal: 1  Breakfast 2  Lunch (for sandwich + deli bar)  
 Day: 1  Mon 2  Tue 3  Wed 4  Thu 5  Fri Size of One Serving (include units): #12 scoop  
 6  All Number of Servings Prepared: 24

A. Ingredient Name	B. Amount in Recipe (Include units)	C. Manufacturer/ Brand Name and Product Code (if applicable)	D. Ingredient Description	E. Check Box if USDA Food	F. Check Box if Prepared from a Recipe
tuna	1 can 66.5oz		CWAK light in water	<input type="checkbox"/>	<input type="checkbox"/>
celery	4 cups		fresh, diced	<input type="checkbox"/>	<input type="checkbox"/>
picace relish	1 cup		Sweet	<input type="checkbox"/>	<input type="checkbox"/>
Mayonnaise	3 cups		regular	<input type="checkbox"/>	<input type="checkbox"/>
Salt	2 Tb			<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>



# Recipe Form (Basic)

SAMPLE

NOTE: For instructions on completing this form, please refer to the Instructions for the Menu Survey.



School Nutrition & Meal Cost Study - II

School Name: John Smith Middle Recipe/Food Name: Greek salad w/ chicken  
 Meal: 1  Breakfast 2  Lunch  
 Day: 1  Mon 2  Tue 3  Wed 4  Thu 5  Fri 6  All  
 Size of One Serving (include units): 1 salad  
 Number of Servings Prepared: 1

A. Ingredient Name	B. Amount in Recipe (include units)	C. Manufacturer/ Brand Name and Product Code (if applicable)	D. Ingredient Description	E. Check Box if USDA Food	F. Check Box if Prepared from a Recipe
spinach	1 cup		fresh, baby	<input type="checkbox"/>	<input type="checkbox"/>
bell pepper	3 slices		green, sliced	<input type="checkbox"/>	<input type="checkbox"/>
cucumber	3 slices		sliced w/ peel	<input type="checkbox"/>	<input type="checkbox"/>
onion	2 slices		sliced, white	<input type="checkbox"/>	<input type="checkbox"/>
olives	1 Tbs		black, canned	<input type="checkbox"/>	<input type="checkbox"/>
cheese	1 Tbs		feta	<input type="checkbox"/>	<input type="checkbox"/>
chicken	2oz		baked, breast, no skin	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

# Recipe Form (Basic)

SAMPLE

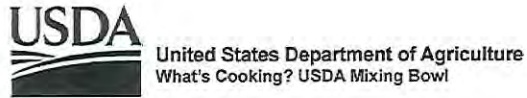


School Nutrition &  
Meal Cost Study - II

NOTE: For instructions on completing this form, please refer to the Instructions for the Menu Survey.

School Name: John Smith Middle Recipe/Food Name: Spaghetti w/ meat sauce  
 Meal: 1  Breakfast 2  Lunch  
 Day: 1  Mon 2  Tue 3  Wed 4  Thu 5  Fri Size of One Serving (include units): 1 cup  
 6  All Number of Servings Prepared: \_\_\_\_\_

A. Ingredient Name	B. Amount in Recipe (include units)	C. Manufacturer/ Brand Name and Product Code (if applicable)	D. Ingredient Description	E. Check Box if USDA Food	F. Check Box if Prepared from a Recipe
			Recipe attached	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>



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## Spaghetti and Meat Sauce - USDA Recipe for Schools

**Makes:** 50 or 100 Servings

Spaghetti and Meat Sauce – Lean ground beef, tomato puree, carrots, whole wheat spaghetti.



Ingredients	50 Servings		100 Servings	
	Weight	Measure	Weight	Measure
Raw ground beef (no more than 15% fat)	8 lb 8 oz	1 gal	17 lb	2 gal
*Fresh onions, chopped	5 oz	1 cup	10 oz	2 cups
*Fresh green bell peppers, diced	5 oz	1 cup	10 oz	2 cups
Garlic powder		1 Tbsp 1 1/2 tsp		3 Tbsp
Ground black pepper		1 1/2 tsp		1 Tbsp
Canned no-salt-added tomato puree	5 lb	3 qt (about 1 No. 10 can)	10 lb	1 gal 2 qt (about 2 No. 10 cans)
Salt		1 Tbsp 1 tsp		2 Tbsp 2 tsp
Canned low-sodium beef broth		1 qt		2 qt
Water		2 qt		1 gal
Dried parsley		1/4 cup		1/2 cup
Dried basil		2 Tbsp		1/4 cup
Dried oregano		2 Tbsp		1/4 cup
Dried marjoram		1 Tbsp		2 Tbsp
Dried thyme		1 1/2 tsp		1 Tbsp
*Fresh carrots, shredded	1 lb 4 oz	1 qt 2 cups	2 lb 8 oz	3 qt
Water		6 gal		12 gal
Whole-wheat spaghetti noodles, dry, broken into thirds	3 lb 2 oz	2 qt 2 cups	6 lb 4 oz	1 gal 1 qt

SAMPLE

### Self-Serve/Made-to-Order Bar Form (Basic)



NOTE: For instructions on completing this form, please refer to the Instructions for the Menu Survey.

School Name: John Smith middle Name of Bar: side salad bar  
 Meal: 1  Breakfast 2  Lunch Day: 1  All 2  Mon 3  Tue 4  Wed 5  Thu 6  Fri

A.	B.	C.	D.	E.	F.
Food Name	Portion Size, if Pre-portioned (Include units)	Manufacturer/ Brand Name and Product Code (if applicable)	Food Description	Check Box if USDA Food	Check Box if Prepared from a Recipe
lettuce			romaine	<input type="checkbox"/>	<input type="checkbox"/>
spinach			baby	<input type="checkbox"/>	<input type="checkbox"/>
broccoli			chopped	<input type="checkbox"/>	<input type="checkbox"/>
cucumber			sliced	<input type="checkbox"/>	<input type="checkbox"/>
tomato			wedges	<input type="checkbox"/>	<input type="checkbox"/>
carrot			baby	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
ranch dressing			low-fat	<input type="checkbox"/>	<input type="checkbox"/>
french dressing			regular	<input type="checkbox"/>	<input type="checkbox"/>
Italian dressing			fat-free	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

SAMPLE

**Self-Serve/Made-to-Order Bar Form (Basic)**



NOTE: For instructions on completing this form, please refer to the Instructions for the Menu Survey.

School Name: John Smith Middle Name of Bar: deli bar

Meal: 1  Breakfast      2  Lunch      Day: 1  All    2  Mon    3  Tue    4  Wed    5  Thu    6  Fri

A.	B.	C.	D.	E.	F.
Food Name	Portion Size, if Pre-portioned (Include units)	Manufacturer/ Brand Name and Product Code (if applicable)	Food Description	Check Box if USDA Food	Check Box if Prepared from a Recipe
Bread	2 slices		white	<input type="checkbox"/>	<input type="checkbox"/>
Bread	2 slices		100% whole wheat	<input type="checkbox"/>	<input type="checkbox"/>
Italian roll	3oz		white	<input type="checkbox"/>	<input type="checkbox"/>
Mozzarella Cheese	1oz		part skim, sliced	<input type="checkbox"/>	<input type="checkbox"/>
American Cheese	1oz		reduced fat, sliced	<input type="checkbox"/>	<input type="checkbox"/>
turkey	2oz		Oven-baked	<input type="checkbox"/>	<input type="checkbox"/>
ham	2oz		reduced fat	<input type="checkbox"/>	<input type="checkbox"/>
tuna salad	#12 scoop			<input type="checkbox"/>	<input checked="" type="checkbox"/>
chicken strips	2oz	Tyson 70351-928	white meat low sodium	<input type="checkbox"/>	<input type="checkbox"/>
tomato			sliced	<input type="checkbox"/>	<input type="checkbox"/>
lettuce			iceberg	<input type="checkbox"/>	<input type="checkbox"/>
mayonnaise	1 Tbs			<input type="checkbox"/>	<input type="checkbox"/>
mustard	1 Tbs			<input type="checkbox"/>	<input type="checkbox"/>
peanut butter	2 Tbs		Smooth regular	<input type="checkbox"/>	<input type="checkbox"/>
jelly	2 Tbs		grape	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

SAMPLE

# Self-Serve/Made-to-Order Bar Form (Basic)



NOTE: For instructions on completing this form, please refer to the Instructions for the Menu Survey.

School Name: John Smith Middle Name of Bar: Condiment Bar  
 Meal: 1  Breakfast 2  Lunch Day: 1  All 2  Mon 3  Tue 4  Wed 5  Thu 6  Fri

A.	B.	C.	D.	E.	F.
Food Name	Portion Size, If Pre-portioned (Include units)	Manufacturer/ Brand Name and Product Code (if applicable)	Food Description	Check Box if USDA Food	Check Box if Prepared from a Recipe
Ketchup				<input type="checkbox"/>	<input type="checkbox"/>
ranch dip			reduced fat	<input type="checkbox"/>	<input type="checkbox"/>
Mayonnaise			regular	<input type="checkbox"/>	<input type="checkbox"/>
mustard	9 gm packet			<input type="checkbox"/>	<input type="checkbox"/>
Sour cream				<input type="checkbox"/>	<input type="checkbox"/>
hot sauce				<input type="checkbox"/>	<input type="checkbox"/>
Salsa			low sodium	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

SAMPLE

OMB Control Number: 0584-XXXX  
Expiration Date: XX/XX/XXXX



School Nutrition &  
Meal Cost Study - II

## SCHOOL NUTRITION AND MEAL COST STUDY-II

### NSLP Afterschool Snack Form (Basic)

*For instructions on completing this booklet of forms, please refer to the Instructions for the Menu Survey.*

**School Name:** John Smith middle school

1. Please indicate the days that afterschool snacks were offered during the target week:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

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# NSLP Afterschool Snack Form (Basic)

Day:  Mon  Tue  Wed  Thu  Fri      Number of Reimbursable Snacks Served: 48

A. Food Item	B. Portion Size (Incl. Units)	C. Number of Reimbursable Portions		D. Food Description
		Prepared/ Available	Served	
<b>Milk</b>				
White	fl oz.			<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%
Chocolate	fl oz.			<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%
Other flavor, Specify: _____	fl oz.			<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%
Other flavor, Specify: _____	fl oz.			<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%
<b>Fruit</b>				
Apple, fresh				
Applesauce, canned	cup			<input type="checkbox"/> Sweetened <input type="checkbox"/> Unsweetened
Banana, fresh				
Fruit cocktail, canned	cup			<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water
Orange, fresh				
Raisins	oz.			
<b>Juices</b>				
Apple juice	fl oz.			<input type="checkbox"/> Calcium added
Orange juice	<u>6</u> fl oz.	<u>50</u>	<u>48</u>	<input type="checkbox"/> Calcium added
Grape juice	fl oz.			<input type="checkbox"/> Calcium added
<b>Vegetables</b> (if offered with a dip, list the dip as a separate item in the condiments section)				
Carrots, raw	cup			
Celery, raw	cup			
<b>Combination Items and Entrées</b>				
Peanut butter & jelly sandwich	1 sandwich			<input type="checkbox"/> Whole grain-rich
Pizza	oz.			<input type="checkbox"/> Whole grain-rich <input type="checkbox"/> Reduced-fat Specify toppings: _____
Sandwich	1 sandwich			<input type="checkbox"/> Whole grain-rich Specify ingredients: _____

NSLP AFTERSCHOOL SNACK FORM (BASIC)

A.	B.	C.		D.
Food Item	Portion Size (Incl. Units)	Number of Reimbursable Portions		Food Description
		Prepared/ Available	Served	
<b>Meat and Meat Alternates</b>				
Cheese	oz.			<input type="checkbox"/> Reduced-fat Specify type: _____
Trail mix	oz.			Specify ingredients: _____
Yogurt	oz.			<input type="checkbox"/> Regular <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free <input type="checkbox"/> Light Specify flavor(s): _____
<b>Breads and Grains</b>				
Bagel	oz.			<input type="checkbox"/> Whole grain-rich Specify type: _____
Cereal	oz.			<input type="checkbox"/> Whole grain-rich Specify type: _____
Cookie	oz.			<input type="checkbox"/> Whole grain-rich Specify type: _____
Corn/tortilla chips	oz.			<input type="checkbox"/> Whole grain-rich Specify type: _____
Crackers	102 <del>ea.</del>	50	48	<input type="checkbox"/> Whole grain-rich Specify type: <u>Animal Crackers</u>
Granola bar	oz.			<input type="checkbox"/> Whole grain-rich Specify type: _____
Pretzels	oz.			<input type="checkbox"/> Whole grain-rich <input type="checkbox"/> Soft <input type="checkbox"/> Hard <input type="checkbox"/> Salted <input type="checkbox"/> Unsalted
<b>Desserts and Other Items</b>				
Fruit snacks/fruit leather				
Fruit drink (less than 100% juice)	fl oz.			
Pudding				Specify flavor(s): _____
<b>Condiments</b>				
Ranch dip				<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free
Cream cheese				<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Light <input type="checkbox"/> Fat-free
Ketchup				

# NSLP Afterschool Snack Form (Basic)

Day:  Mon  Tue  Wed  Thu  Fri

Number of Reimbursable Snacks Served: 45

A. Food Item	B. Portion Size (Incl. Units)	C. Number of Reimbursable Portions		D. Food Description
		Prepared/ Available	Served	
<b>Milk</b>				
White	8 fl oz.	40	35	<input type="checkbox"/> Fat-free/skim <input checked="" type="checkbox"/> 1% <input type="checkbox"/> 2%
Chocolate	8 fl oz.	10	10	<input checked="" type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%
Other flavor, Specify: _____	fl oz.			<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%
Other flavor, Specify: _____	fl oz.			<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%
<b>Fruit</b>				
Apple, fresh				
Applesauce, canned	cup			<input type="checkbox"/> Sweetened <input type="checkbox"/> Unsweetened
Banana, fresh				
Fruit cocktail, canned	cup			<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water
Orange, fresh				
Raisins	oz.			
<b>Juices</b>				
Apple juice	fl oz.			<input type="checkbox"/> Calcium added
Orange juice	fl oz.			<input type="checkbox"/> Calcium added
Grape juice	fl oz.			<input type="checkbox"/> Calcium added
<b>Vegetables</b> (if offered with a dip, list the dip as a separate item in the condiments section)				
Carrots, raw	cup			
Celery, raw	cup			
<b>Combination Items and Entrées</b>				
Peanut butter & jelly sandwich	1 sandwich			<input type="checkbox"/> Whole grain-rich
Pizza	oz.			<input type="checkbox"/> Whole grain-rich <input type="checkbox"/> Reduced-fat Specify toppings: _____
Sandwich	1 sandwich			<input type="checkbox"/> Whole grain-rich Specify ingredients: _____

A.	B.	C.		D.
Food Item	Portion Size (Incl. Units)	Number of Reimbursable Portions		Food Description
		Prepared/ Available	Served	
<b>Meat and Meat Alternates</b>				
Cheese	oz.			<input type="checkbox"/> Reduced-fat Specify type: _____
Trail mix	oz.			Specify ingredients: _____
Yogurt	oz.			<input type="checkbox"/> Regular <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free <input type="checkbox"/> Light Specify flavor(s): _____
<b>Breads and Grains</b>				
Bagel	oz.			<input type="checkbox"/> Whole grain-rich Specify type: _____
Cereal	oz.			<input type="checkbox"/> Whole grain-rich Specify type: _____
Cookie	oz.			<input type="checkbox"/> Whole grain-rich Specify type: _____
Corn/tortilla chips	oz.			<input type="checkbox"/> Whole grain-rich Specify type: _____
Crackers	ea.			<input type="checkbox"/> Whole grain-rich Specify type: _____
Granola bar	oz.			<input type="checkbox"/> Whole grain-rich Specify type: _____
Pretzels	1 oz.	50	45	<input type="checkbox"/> Whole grain-rich <input type="checkbox"/> Soft <input checked="" type="checkbox"/> Hard <input checked="" type="checkbox"/> Salted <input type="checkbox"/> Unsalted
				<input type="checkbox"/> Whole grain-rich
				<input type="checkbox"/> Whole grain-rich
				<input type="checkbox"/> Whole grain-rich
<b>Desserts and Other Items</b>				
Fruit snacks/fruit leather				
Fruit drink (less than 100% juice)	fl oz.			
Pudding				Specify flavor(s): _____
<b>Condiments</b>				
Ranch dip				<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free
Cream cheese				<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Light <input type="checkbox"/> Fat-free
Ketchup				

# NSLP Afterschool Snack Form (Basic)

Day:  Mon  Tue  Wed  Thu  Fri

Number of Reimbursable Snacks Served: 40

A.	B.	C.		D.
Food Item	Portion Size (Incl. Units)	Number of Reimbursable Portions		Food Description
		Prepared/ Available	Served	
<b>Milk</b>				
White	fl oz.			<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%
Chocolate	fl oz.			<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%
Other flavor, Specify: _____	fl oz.			<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%
Other flavor, Specify: _____	fl oz.			<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%
<b>Fruit</b>				
Apple, fresh				
Applesauce, canned	cup			<input type="checkbox"/> Sweetened <input type="checkbox"/> Unsweetened
Banana, fresh				
Fruit cocktail, canned	cup			<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water
Orange, fresh				
Raisins	oz.			
<b>Juices</b>				
Apple juice	<u>6</u> fl oz.	<u>50</u>	<u>40</u>	<input type="checkbox"/> Calcium added
Orange juice	fl oz.			<input type="checkbox"/> Calcium added
Grape juice	fl oz.			<input type="checkbox"/> Calcium added
<b>Vegetables</b> (if offered with a dip, list the dip as a separate item in the condiments section)				
Carrots, raw <u>w/ ranch dip</u>	<u>1/2</u> cup	<u>50</u>	<u>40</u>	
Celery, raw	cup			
<b>Combination Items and Entrées</b>				
Peanut butter & jelly sandwich	1 sandwich			<input type="checkbox"/> Whole grain-rich
Pizza	oz.			<input type="checkbox"/> Whole grain-rich <input type="checkbox"/> Reduced-fat Specify toppings: _____
Sandwich	1 sandwich			<input type="checkbox"/> Whole grain-rich Specify ingredients: _____

NSLP AFTERSCHOOL SNACK FORM (BASIC)

A.	B.	C.		D.
Food Item	Portion Size (Incl. Units)	Number of Reimbursable Portions		Food Description
		Prepared/ Available	Served	
<b>Meat and Meat Alternates</b>				
Cheese	oz.			<input type="checkbox"/> Reduced-fat Specify type: _____
Trail mix	oz.			Specify ingredients: _____
Yogurt	oz.			<input type="checkbox"/> Regular <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free <input type="checkbox"/> Light Specify flavor(s): _____
<b>Breads and Grains</b>				
Bagel	oz.			<input type="checkbox"/> Whole grain-rich Specify type: _____
Cereal	oz.			<input type="checkbox"/> Whole grain-rich Specify type: _____
Cookie	oz.			<input type="checkbox"/> Whole grain-rich Specify type: _____
Corn/tortilla chips	oz.			<input type="checkbox"/> Whole grain-rich Specify type: _____
Crackers	ea.			<input type="checkbox"/> Whole grain-rich Specify type: _____
Granola bar	oz.			<input type="checkbox"/> Whole grain-rich Specify type: _____
Pretzels	oz.			<input type="checkbox"/> Whole grain-rich <input type="checkbox"/> Soft <input type="checkbox"/> Hard <input type="checkbox"/> Salted <input type="checkbox"/> Unsalted
				<input type="checkbox"/> Whole grain-rich
				<input type="checkbox"/> Whole grain-rich
				<input type="checkbox"/> Whole grain-rich
<b>Desserts and Other Items</b>				
Fruit snacks/fruit leather				
Fruit drink (less than 100% juice)	fl oz.			
Pudding				Specify flavor(s): _____
<b>Condiments</b>				
Ranch dip <i>w/ carrots</i>	2 Tb	50	40	<input type="checkbox"/> Reg <input checked="" type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free
Cream cheese				<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Light <input type="checkbox"/> Fat-free
Ketchup				

# NSLP Afterschool Snack Form (Basic)

Day:  Mon  Tue  Wed  Thu  Fri

Number of Reimbursable Snacks Served: 50

A.	B.	C.		D.
Food Item	Portion Size (Incl. Units)	Number of Reimbursable Portions		Food Description
		Prepared/ Available	Served	
<b>Milk</b>				
White	fl oz.			<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%
Chocolate	8 fl oz.	50	50	<input checked="" type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%
Other flavor, Specify: _____	fl oz.			<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%
Other flavor, Specify: _____	fl oz.			<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%
<b>Fruit</b>				
Apple, fresh				
Applesauce, canned	cup			<input type="checkbox"/> Sweetened <input type="checkbox"/> Unsweetened
Banana, fresh				
Fruit cocktail, canned	cup			<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water
Orange, fresh <i>wedges</i>	1/2 cup	25	25	
Raisins	oz.			
<i>Grapes, fresh</i>	1/2 cup	25	25	
<b>Juices</b>				
Apple juice	fl oz.			<input type="checkbox"/> Calcium added
Orange juice	fl oz.			<input type="checkbox"/> Calcium added
Grape juice	fl oz.			<input type="checkbox"/> Calcium added
<b>Vegetables</b> (if offered with a dip, list the dip as a separate item in the condiments section)				
Carrots, raw	cup			
Celery, raw	cup			
<b>Combination Items and Entrées</b>				
Peanut butter & jelly sandwich	1 sandwich			<input type="checkbox"/> Whole grain-rich
Pizza	oz.			<input type="checkbox"/> Whole grain-rich <input type="checkbox"/> Reduced-fat Specify toppings: _____
Sandwich	1 sandwich			<input type="checkbox"/> Whole grain-rich Specify ingredients: _____

A.	B.	C.		D.
Food Item	Portion Size (Incl. Units)	Number of Reimbursable Portions		Food Description
		Prepared/ Available	Served	
<b>Meat and Meat Alternates</b>				
Cheese	oz.			<input type="checkbox"/> Reduced-fat Specify type: _____
Trail mix	oz.			Specify ingredients: _____
Yogurt	oz.			<input type="checkbox"/> Regular <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free <input type="checkbox"/> Light Specify flavor(s): _____
<b>Breads and Grains</b>				
Bagel	oz.			<input type="checkbox"/> Whole grain-rich Specify type: _____
Cereal	oz.			<input type="checkbox"/> Whole grain-rich Specify type: _____
Cookie	oz.			<input type="checkbox"/> Whole grain-rich Specify type: _____
Corn/tortilla chips	oz.			<input type="checkbox"/> Whole grain-rich Specify type: _____
Crackers	ea.			<input type="checkbox"/> Whole grain-rich Specify type: _____
Granola bar	oz.			<input type="checkbox"/> Whole grain-rich Specify type: _____
Pretzels	oz.			<input type="checkbox"/> Whole grain-rich <input type="checkbox"/> Soft <input type="checkbox"/> Hard <input type="checkbox"/> Salted <input type="checkbox"/> Unsalted
				<input type="checkbox"/> Whole grain-rich
				<input type="checkbox"/> Whole grain-rich
				<input type="checkbox"/> Whole grain-rich
<b>Desserts and Other Items</b>				
Fruit snacks/fruit leather				
Fruit drink (less than 100% juice)	fl oz.			
Pudding				Specify flavor(s): _____
<b>Condiments</b>				
Ranch dip				<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free
Cream cheese				<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Light <input type="checkbox"/> Fat-free
Ketchup				



OMB Control Number: 0584-XXXX  
Expiration Date: XX/XX/XXXX



School Nutrition &  
Meal Cost Study - II

SAMPLE

**A La Carte Foods Checklist (Basic)**

SCHOOL NAME: John Smith Middle

COMPLETE ON: *[insert sticker with day of week]*

DATE COMPLETED: 01 / 06 / 2020  
Month Day Year

Note: Please refer to the *Instructions for the Menu Survey* for instructions on completing this form.

**SCHOOL NUTRITION AND MEAL COST STUDY-II**  
**A La Carte Foods Checklist (Basic)**

Food Item	Breakfast	Lunch
<b>A. Milk</b>		
1. Whole white milk	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2. Reduced fat (2%) white milk	2 <input type="checkbox"/>	2 <input type="checkbox"/>
3. Low-fat (1% or 0.5%) white milk	3 <input checked="" type="checkbox"/>	3 <input checked="" type="checkbox"/>
4. Fat-free/skim white milk	4 <input checked="" type="checkbox"/>	4 <input checked="" type="checkbox"/>
5. Reduced fat (2%) flavored milk	5 <input type="checkbox"/>	5 <input type="checkbox"/>
6. Low-fat (1% or 0.5%) flavored milk	6 <input type="checkbox"/>	6 <input type="checkbox"/>
7. Fat-free/skim flavored milk	7 <input checked="" type="checkbox"/>	7 <input checked="" type="checkbox"/>
8. Other milk beverages, including non-dairy milks ( <i>Specify</i> )		
a. _____	8.1 <input type="checkbox"/>	8.1 <input type="checkbox"/>
b. _____	8.2 <input type="checkbox"/>	8.2 <input type="checkbox"/>
c. _____	8.3 <input type="checkbox"/>	8.3 <input type="checkbox"/>
d. _____	8.4 <input type="checkbox"/>	8.4 <input type="checkbox"/>
e. _____	8.5 <input type="checkbox"/>	8.5 <input type="checkbox"/>
<b>B. 100% Juice and Water</b>		
1. Juice (100% fruit or vegetable juice)	1 <input checked="" type="checkbox"/>	1 <input type="checkbox"/>
2. Bottled water (plain, flavored, or sparkling)	2 <input checked="" type="checkbox"/>	2 <input checked="" type="checkbox"/>
<b>C. Beverages Other than Milk, 100% Juice, or Water</b>		
1. Diet carbonated soft drink (diet soda/pop)	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2. Regular carbonated soft drink (regular soda/pop)	2 <input type="checkbox"/>	2 <input type="checkbox"/>
3. Juice drinks and other sweetened drinks (such as cranberry drink, Hi-C, lemonade, fruit punch, iced tea)	3 <input type="checkbox"/>	3 <input type="checkbox"/>
4. Sports drinks (such as Gatorade or PowerAde)	4 <input type="checkbox"/>	4 <input checked="" type="checkbox"/>
5. Energy drinks (such as Red Bull or Monster Energy)	5 <input type="checkbox"/>	5 <input type="checkbox"/>
6. Hot or cold chocolate drinks (such as Yoo-hoo; NOT chocolate milk)	6 <input type="checkbox"/>	6 <input type="checkbox"/>
7. Hot or cold coffee or tea	7 <input type="checkbox"/>	7 <input type="checkbox"/>
8. Other beverages ( <i>Specify</i> )		
a. _____	8.1 <input type="checkbox"/>	8.1 <input type="checkbox"/>
b. _____	8.2 <input type="checkbox"/>	8.2 <input type="checkbox"/>
c. _____	8.3 <input type="checkbox"/>	8.3 <input type="checkbox"/>
d. _____	8.4 <input type="checkbox"/>	8.4 <input type="checkbox"/>
e. _____	8.5 <input type="checkbox"/>	8.5 <input type="checkbox"/>

A LA CARTE FOODS CHECKLIST (BASIC)

Food Item	Breakfast	Lunch
<b>D. Fruit</b>		
1. Dried fruit (such as raisins or apricots)	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2. Canned or frozen fruit	2 <input checked="" type="checkbox"/>	2 <input checked="" type="checkbox"/>
3. Fresh fruit	3 <input checked="" type="checkbox"/>	3 <input checked="" type="checkbox"/>
<b>E. Vegetables</b>		
<b>COOKED</b>		
1. Baked French fries (including tater tots and sweet potato fries)	1 <input type="checkbox"/>	1 <input checked="" type="checkbox"/>
2. Deep-fried French fries (including tater tots)	2 <input type="checkbox"/>	2 <input type="checkbox"/>
3. Potatoes or sweet potatoes (other than French fries/tater tots/sweet potato fries)	3 <input type="checkbox"/>	3 <input type="checkbox"/>
4. Corn	4 <input type="checkbox"/>	4 <input type="checkbox"/>
5. Carrots	5 <input type="checkbox"/>	5 <input type="checkbox"/>
6. Broccoli	6 <input type="checkbox"/>	6 <input checked="" type="checkbox"/>
7. Peas	7 <input type="checkbox"/>	7 <input type="checkbox"/>
8. Green beans	8 <input type="checkbox"/>	8 <input type="checkbox"/>
9. Mixed vegetables	9 <input type="checkbox"/>	9 <input checked="" type="checkbox"/>
10. Vegetable soup	10 <input type="checkbox"/>	10 <input type="checkbox"/>
11. Beans/legumes (such as baked beans, black beans, or pinto beans)	11 <input type="checkbox"/>	11 <input checked="" type="checkbox"/>
12. Other cooked vegetables ( <i>Specify</i> )		
a. _____	12.1 <input type="checkbox"/>	12.1 <input type="checkbox"/>
b. _____	12.2 <input type="checkbox"/>	12.2 <input type="checkbox"/>
c. _____	12.3 <input type="checkbox"/>	12.3 <input type="checkbox"/>
d. _____	12.4 <input type="checkbox"/>	12.4 <input type="checkbox"/>
e. _____	12.5 <input type="checkbox"/>	12.5 <input type="checkbox"/>
<b>RAW (NOT COOKED)</b>		
13. Carrot sticks	13 <input type="checkbox"/>	13 <input checked="" type="checkbox"/>
14. Celery	14 <input type="checkbox"/>	14 <input type="checkbox"/>
15. Cucumbers	15 <input type="checkbox"/>	15 <input type="checkbox"/>
16. Salad bars	16 <input type="checkbox"/>	16 <input type="checkbox"/>
17. Tossed salads (side)	17 <input type="checkbox"/>	17 <input checked="" type="checkbox"/>
18. Prepared vegetable salads (such as potato salad, coleslaw, or three bean salad)	18 <input type="checkbox"/>	18 <input type="checkbox"/>
19. Other raw vegetables ( <i>Specify</i> )		
a. _____	19.1 <input type="checkbox"/>	19.1 <input type="checkbox"/>
b. _____	20.2 <input type="checkbox"/>	20.2 <input type="checkbox"/>
c. _____	21.3 <input type="checkbox"/>	21.3 <input type="checkbox"/>

A LA CARTE FOODS CHECKLIST (BASIC)

Food Item	Breakfast	Lunch
d. _____	22.4 <input type="checkbox"/>	22.4 <input type="checkbox"/>
e. _____	23.5 <input type="checkbox"/>	23.5 <input type="checkbox"/>
<b>F. Breads and Grains</b>		
1. Whole grain-rich breads, rolls, bagels, or tortillas	1 <input checked="" type="checkbox"/>	1 <input type="checkbox"/>
2. Regular (not whole grain-rich) bread, rolls, bagels, or tortillas	2 <input type="checkbox"/>	2 <input type="checkbox"/>
3. Other bread items (such as breadsticks, biscuits, croissants, or hot pretzels)	3 <input type="checkbox"/>	3 <input type="checkbox"/>
4. Low-fat muffins	4 <input type="checkbox"/>	4 <input type="checkbox"/>
5. Regular muffins (not lower in fat)	5 <input checked="" type="checkbox"/>	5 <input type="checkbox"/>
6. Ready-to-eat breakfast cereal	6 <input checked="" type="checkbox"/>	6 <input type="checkbox"/>
7. Pancakes, waffles, or French toast	7 <input checked="" type="checkbox"/>	7 <input type="checkbox"/>
8. Rice, pasta, or cooked cereal	8 <input type="checkbox"/>	8 <input type="checkbox"/>
9. Other bread/grains ( <i>Specify</i> )		
a. _____	9.1 <input type="checkbox"/>	9.1 <input type="checkbox"/>
b. _____	9.2 <input type="checkbox"/>	9.2 <input type="checkbox"/>
c. _____	9.3 <input type="checkbox"/>	9.3 <input type="checkbox"/>
d. _____	9.4 <input type="checkbox"/>	9.4 <input type="checkbox"/>
e. _____	9.5 <input type="checkbox"/>	9.5 <input type="checkbox"/>
<b>G. Meats or Meat Alternates</b>		
1. Breaded chicken/turkey (nuggets, patties, strips, parts)	1 <input type="checkbox"/>	1 <input checked="" type="checkbox"/>
2. Not breaded chicken/turkey (nuggets, patties, strips, parts)	2 <input type="checkbox"/>	2 <input type="checkbox"/>
3. Breaded beef/pork (nuggets, patties, strips)	3 <input type="checkbox"/>	3 <input type="checkbox"/>
4. Not breaded beef/pork (nuggets, patties, strips)	4 <input type="checkbox"/>	4 <input checked="" type="checkbox"/>
5. Sausage or bacon	5 <input checked="" type="checkbox"/>	5 <input type="checkbox"/>
6. Breaded fish (nuggets, patties, strips/sticks)	6 <input type="checkbox"/>	6 <input type="checkbox"/>
7. Not breaded fish (nuggets, patties, strips/sticks, fillets)	7 <input type="checkbox"/>	7 <input type="checkbox"/>
8. Eggs	8 <input checked="" type="checkbox"/>	8 <input type="checkbox"/>
9. Cheese (including string cheese)	9 <input type="checkbox"/>	9 <input type="checkbox"/>
10. Fried or baked cheese or pizza sticks (for example, Bosco sticks)	10 <input type="checkbox"/>	10 <input type="checkbox"/>
11. Chili	11 <input type="checkbox"/>	11 <input type="checkbox"/>
12. Yogurt	12 <input type="checkbox"/>	12 <input type="checkbox"/>
13. Peanut butter or other nut or seed butter	13 <input type="checkbox"/>	13 <input type="checkbox"/>
14. Nuts and/or seeds (such as almonds, peanuts, sunflower seeds, or trail mix)	14 <input type="checkbox"/>	14 <input type="checkbox"/>

A LA CARTE FOODS CHECKLIST (BASIC)

Food Item	Breakfast	Lunch
15. Other meats/meat alternates ( <i>Specify</i> )		
a. _____	15.1 <input type="checkbox"/>	15.1 <input type="checkbox"/>
b. _____	15.2 <input type="checkbox"/>	15.2 <input type="checkbox"/>
c. _____	15.3 <input type="checkbox"/>	15.3 <input type="checkbox"/>
d. _____	15.4 <input type="checkbox"/>	15.4 <input type="checkbox"/>
e. _____	15.5 <input type="checkbox"/>	15.5 <input type="checkbox"/>
<b>H. Entrees</b>		
<b>SANDWICHES</b>		
1. Cheeseburger or hamburger	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2. Hot dog or corn dog	2 <input type="checkbox"/>	2 <input type="checkbox"/>
3. Barbecue sandwich (including sloppy joes)	3 <input type="checkbox"/>	3 <input type="checkbox"/>
4. Peanut butter or other nut or seed butter sandwich (including with jelly)	4 <input type="checkbox"/>	4 <input checked="" type="checkbox"/>
5. Cheese sandwich	5 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
6. Veggie burger	6 <input type="checkbox"/>	6 <input type="checkbox"/>
7. Chicken, egg, or tuna salad sandwich	7 <input type="checkbox"/>	7 <input type="checkbox"/>
8. Sandwich with breaded meat, poultry or fish	8 <input type="checkbox"/>	8 <input type="checkbox"/>
9. Sandwich with cold cuts (salami, bologna, or pepperoni)	9 <input type="checkbox"/>	9 <input type="checkbox"/>
10. Sandwich with plain (not breaded) meat, poultry or fish	10 <input type="checkbox"/>	10 <input checked="" type="checkbox"/>
11. Breakfast sandwich or breakfast burrito	11 <input type="checkbox"/>	11 <input type="checkbox"/>
12. Other sandwiches ( <i>Specify</i> )		
a. <u>sloppy joe</u>	12.1 <input type="checkbox"/>	12.1 <input checked="" type="checkbox"/>
b. _____	12.2 <input type="checkbox"/>	12.2 <input type="checkbox"/>
c. _____	12.3 <input type="checkbox"/>	12.3 <input type="checkbox"/>
d. _____	12.4 <input type="checkbox"/>	12.4 <input type="checkbox"/>
e. _____	12.5 <input type="checkbox"/>	12.5 <input type="checkbox"/>
<b>OTHER ENTREES</b>		
13. Pizza without meat	13 <input type="checkbox"/>	13 <input checked="" type="checkbox"/>
14. Pizza with meat	14 <input type="checkbox"/>	14 <input checked="" type="checkbox"/>
15. Calzone or Hot Pocket	15 <input type="checkbox"/>	15 <input type="checkbox"/>
16. Burritos	16 <input type="checkbox"/>	16 <input checked="" type="checkbox"/>
17. Other Mexican foods (such as tacos, nachos, or quesadillas)	17 <input type="checkbox"/>	17 <input type="checkbox"/>
18. Chinese food	18 <input type="checkbox"/>	18 <input type="checkbox"/>
19. Lasagna	19 <input type="checkbox"/>	19 <input type="checkbox"/>
20. Spaghetti	20 <input type="checkbox"/>	20 <input checked="" type="checkbox"/>

A LA CARTE FOODS CHECKLIST (BASIC)

Food Item	Breakfast	Lunch
21. Macaroni and cheese	21 <input type="checkbox"/>	21 <input type="checkbox"/>
22. Entrée salad (such as chef's, cobb, taco, or chicken Caesar)	22 <input type="checkbox"/>	22 <input checked="" type="checkbox"/>
23. Soup with meat or beans (such as chicken, clam chowder, or minestrone)	23 <input type="checkbox"/>	23 <input type="checkbox"/>
24. Other entrees ( <i>Specify</i> )		
a. _____	24.1 <input type="checkbox"/>	24.1 <input type="checkbox"/>
b. _____	24.2 <input type="checkbox"/>	24.2 <input type="checkbox"/>
c. _____	24.3 <input type="checkbox"/>	24.3 <input type="checkbox"/>
d. _____	24.4 <input type="checkbox"/>	24.4 <input type="checkbox"/>
e. _____	24.5 <input type="checkbox"/>	24.5 <input type="checkbox"/>
<b>I. Baked Goods and Desserts</b>		
1. Low-fat/reduced-fat cakes, cupcakes, or brownies	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2. Regular cakes, cupcakes, or brownies (not lower in fat)	2 <input type="checkbox"/>	2 <input checked="" type="checkbox"/>
3. Low-fat pies, turnovers, or toaster pastries	3 <input type="checkbox"/>	3 <input type="checkbox"/>
4. Regular pies, turnovers, or toaster pastries (not lower in fat)	4 <input type="checkbox"/>	4 <input type="checkbox"/>
5. Low-fat doughnuts or cinnamon rolls	5 <input type="checkbox"/>	5 <input type="checkbox"/>
6. Regular doughnuts or cinnamon rolls (not lower in fat)	6 <input checked="" type="checkbox"/>	6 <input type="checkbox"/>
7. Low-fat cookies	7 <input type="checkbox"/>	7 <input type="checkbox"/>
8. Regular cookies (not lower in fat)	8 <input type="checkbox"/>	8 <input checked="" type="checkbox"/>
9. Fruit crisp or cobbler	9 <input type="checkbox"/>	9 <input type="checkbox"/>
10. Other baked goods/desserts ( <i>Specify</i> )		
a. _____	10.1 <input type="checkbox"/>	10.1 <input type="checkbox"/>
b. _____	10.2 <input type="checkbox"/>	10.2 <input type="checkbox"/>
c. _____	10.3 <input type="checkbox"/>	10.3 <input type="checkbox"/>
d. _____	10.4 <input type="checkbox"/>	10.4 <input type="checkbox"/>
e. _____	10.5 <input type="checkbox"/>	10.5 <input type="checkbox"/>
<b>J. Frozen and Dairy Desserts</b>		
1. Frozen fruit bars or popsicles	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2. Milkshakes, smoothies, or yogurt drinks	2 <input type="checkbox"/>	2 <input type="checkbox"/>
3. Low-fat/reduced-fat ice cream, novelties, frozen yogurt, or sherbet	3 <input type="checkbox"/>	3 <input type="checkbox"/>
4. Regular ice cream, novelties, frozen yogurt, or sherbet	4 <input type="checkbox"/>	4 <input type="checkbox"/>
5. Pudding	5 <input type="checkbox"/>	5 <input type="checkbox"/>

A LA CARTE FOODS CHECKLIST (BASIC)

Food Item	Breakfast	Lunch
6. Other frozen/dairy dessert ( <i>Specify</i> )		
a. _____	6.1 <input type="checkbox"/>	6.1 <input type="checkbox"/>
b. _____	6.2 <input type="checkbox"/>	6.2 <input type="checkbox"/>
c. _____	6.3 <input type="checkbox"/>	6.3 <input type="checkbox"/>
d. _____	6.4 <input type="checkbox"/>	6.4 <input type="checkbox"/>
e. _____	6.5 <input type="checkbox"/>	6.5 <input type="checkbox"/>
<b>K. Snacks</b>		
1. Low-fat/reduced-fat/baked chips (such as corn, potato, puffed cheese, tortilla, or snack mixes)	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2. Regular chips (not lower in fat; such as corn, potato, puffed cheese, tortilla, or snack mixes)	2 <input type="checkbox"/>	2 <input checked="" type="checkbox"/>
3. Hard pretzels	3 <input type="checkbox"/>	3 <input type="checkbox"/>
4. Popcorn	4 <input type="checkbox"/>	4 <input checked="" type="checkbox"/>
5. Cracker sandwiches with cheese or peanut butter	5 <input type="checkbox"/>	5 <input type="checkbox"/>
6. Other types of crackers (including animal crackers)	6 <input type="checkbox"/>	6 <input type="checkbox"/>
7. Low-fat/reduced-fat granola bars, cereal bars, or energy bars	7 <input checked="" type="checkbox"/>	7 <input type="checkbox"/>
8. Regular granola bars, cereal bars, or energy bars (not lower in fat)	8 <input checked="" type="checkbox"/>	8 <input type="checkbox"/>
9. Crispy rice bars or treats	9 <input type="checkbox"/>	9 <input type="checkbox"/>
10. Candy or gum	10 <input type="checkbox"/>	10 <input type="checkbox"/>
11. Fruit snacks (such as Fruit Roll-Ups or fruit leather)	11 <input type="checkbox"/>	11 <input type="checkbox"/>
12. Meat snacks (such as jerky or pork rinds)	12 <input type="checkbox"/>	12 <input type="checkbox"/>
13. Other snacks ( <i>Specify</i> )		
a. _____	13.1 <input type="checkbox"/>	13.1 <input type="checkbox"/>
b. _____	13.2 <input type="checkbox"/>	13.2 <input type="checkbox"/>
b. _____	13.3 <input type="checkbox"/>	13.3 <input type="checkbox"/>
b. _____	13.4 <input type="checkbox"/>	13.4 <input type="checkbox"/>
b. _____	13.5 <input type="checkbox"/>	13.5 <input type="checkbox"/>
<b>L. Other A La Carte Items (Specify)</b>		
a. _____	1.1 <input type="checkbox"/>	1.1 <input type="checkbox"/>
b. _____	1.2 <input type="checkbox"/>	1.2 <input type="checkbox"/>
c. _____	1.3 <input type="checkbox"/>	1.3 <input type="checkbox"/>
d. _____	1.4 <input type="checkbox"/>	1.4 <input type="checkbox"/>
e. _____	1.5 <input type="checkbox"/>	1.5 <input type="checkbox"/>

MENU SURVEY SCREENER – BASIC (GROUP 2)



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OMB Control Number: 0584-XXXX  
Expiration Date: XX/XX/XXXX



## **Menu Survey Screener Questions (Basic)**

Note: The Menu Survey screener questions will be administered prior to the target week to identify which Menu Survey forms are relevant to a school based on its food service program. Technical assistants (TAs) will administer the questions over the phone with school nutrition managers (SNMs) and record the responses in the Electronic Menu Survey (EMS). The EMS will then display the relevant forms on each school's task list.

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**School Nutrition &  
Meal Cost Study - II**

**1. Does your school participate in the School Breakfast Program (SBP)?**

- 1  Yes  
0  No

**2. Does your school provide reimbursable snacks or suppers for one or more afterschool programs (either at this school or another location)?**

**2a. School provides afterschool snacks through the National School Lunch Program (NSLP).**

- 1  Yes  
0  No

**2b. School provides afterschool snacks through the Child and Adult Care Food Program (CACFP).**

- 1  Yes  
0  No

**2c. School provides afterschool suppers through the CACFP.**

- 1  Yes  
0  No

**3. Does your school's food service department sell any foods or beverages outside of reimbursable meals? This may include foods or beverages that are offered as part of reimbursable meals but also sold on an a la carte basis, as well as foods and beverages that are sold only outside of reimbursable meals.**

- 1  Yes  
0  No  
[If no, skip to Q5]

[If Q3 = Yes]:

**4. In what locations does your school's food service department sell foods or beverages outside of reimbursable meals?**

MARK ALL THAT APPLY

- 1  [If Q1 = Yes] A la carte serving lines at breakfast  
2  A la carte serving lines at lunch  
3  Snack bars  
4  Vending machines  
5  Food carts  
6  School stores  
7  Other, Specify: \_\_\_\_\_

**5. Is it correct that your school serves students in grades [Y to Z]?**  
[Y = lowest grade and Z = highest grade, as reported in SFA Director Planning Interview]

1  Yes

0  No

[If Q5 = No]

**5a. What grades does your school serve?**

[drop-down lists with values for: pre-kindergarten, kindergarten, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12]

SELECT ONE

Lowest grade: \_\_\_\_\_

SELECT ONE

Highest grade: \_\_\_\_\_

[Note: The EMS will compute the standard grade group(s) (used in the NSLP/SBP nutrition standards) that are included in the school, based on the reported grade span of the school:

- a. K-5 only
- b. 6-8 only
- c. 9-12 only
- d. K-5 and 6-8
- e. K-5 and 9-12
- f. 6-8 and 9-12
- g. K-5, 6-8, and 9-12

If the school includes grade span combinations d, e, f, or g, the SNM will answer additional questions when completing the Reimbursable Foods Form in the Electronic Menu Survey. See the instrument named "Menu Survey Enhancements Administered through the Electronic Menu Survey" for more details.]

DAILY MEAL COUNTS FORM (GROUP 2)

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# Daily Meal Counts Form (Basic)

School Name: \_\_\_\_\_ Date: \_\_\_\_\_

Instructions:

1. In the boxes for the **Number of Reimbursable NSLP Lunches Served** and **Number of Reimbursable SBP Breakfasts Served**, please record the **number of free, reduced-price, and full-price reimbursable meals served** in your school each day of the target week. Do **not** include meals for which you do not claim reimbursement, for example, second lunches sold to students on an a la carte basis. If your school provides free meals to all students, record the number of meals served in the “free” column.
2. Check the box if the number of reimbursable meals served on a day was much higher or lower than usual, and describe the reason for this difference in the space provided.

Number of Reimbursable NSLP Lunches Served					
	Free	Reduced-Price	Full-Price	FOR OFFICE USE ONLY	Please check if the number of reimbursable lunches served this day was much higher or lower than usual.
Monday					<input type="checkbox"/> → Reason: _____
Tuesday					<input type="checkbox"/> → Reason: _____
Wednesday					<input type="checkbox"/> → Reason: _____
Thursday					<input type="checkbox"/> → Reason: _____
Friday					<input type="checkbox"/> → Reason: _____

Number of Reimbursable SBP Breakfasts Served					
	Free	Reduced-Price	Full-Price	FOR OFFICE USE ONLY	Please check if the number of reimbursable breakfasts served this day was much higher or lower than usual.
Monday					<input type="checkbox"/> → Reason: _____
Tuesday					<input type="checkbox"/> → Reason: _____
Wednesday					<input type="checkbox"/> → Reason: _____
Thursday					<input type="checkbox"/> → Reason: _____
Friday					<input type="checkbox"/> → Reason: _____



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REIMBURSABLE FOODS FORM:

BREAKFAST (GROUP 2)

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## SCHOOL NUTRITION AND MEAL COST STUDY-II

### Reimbursable Foods Form: Breakfast (Basic)

*NOTE: For instructions on completing this form, please refer to Instructions for the Menu Survey.*

Reimbursable Meal Counts	
How many reimbursable breakfasts did you <b>plan to serve</b> at your school this day?	
How many reimbursable breakfasts <b>did you serve</b> at your school this day?	

School Name: \_\_\_\_\_ Date: \_\_\_\_\_ Day:  Mon  Tue  Wed  Thu  Fri

A.	B.	C.					D.	E.	F.	G.
Food Item	Portion Size (Include Units)	Number of Portions					Manufacturer/Brand Name and Product Code (If Applicable)	Food Description	Check Box if USDA Food	Check Box if Prepared from a Recipe
		Total Prepared	Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
MILK										
White, fat-free/skim	fl oz.									
White, 1%	fl oz.									
White, 2%	fl oz.									
White, whole	fl oz.									
Chocolate, fat-free/skim	fl oz.									
Chocolate, 1%	fl oz.									
Chocolate, 2%	fl oz.									
Other flavor Specify: _____	fl oz.							<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%		
Other flavor Specify: _____	fl oz.							<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%		
Other flavor Specify: _____	fl oz.							<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%		
	fl oz.								<input type="checkbox"/>	<input type="checkbox"/>
	fl oz.								<input type="checkbox"/>	<input type="checkbox"/>
	fl oz.								<input type="checkbox"/>	<input type="checkbox"/>

REIMBURSABLE FOODS FORM: BREAKFAST (BASIC)

A.	B.	C.					D.	E.	F.	G.
Food Item	Portion Size (Include Units)	Number of Portions					Manufacturer/Brand Name and Product Code (If Applicable)	Food Description	Check Box if USDA Food	Check Box if Prepared from a Recipe
		Total Prepared	Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
<b>FRUIT</b> (Note: Priced entries should be used only for fruit that is served as purchased. If anything is added before serving, list as separate item and complete a RECIPE FORM.)										
Apple, fresh									<input type="checkbox"/>	
Applesauce, canned	cup							<input type="checkbox"/> Sweetened <input type="checkbox"/> Unsweetened	<input type="checkbox"/>	
Apricots, canned	cup							<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>	
Banana, fresh									<input type="checkbox"/>	
Blueberries, frozen	cup							<input type="checkbox"/> Sweetened <input type="checkbox"/> Unsweetened	<input type="checkbox"/>	
Fruit cocktail, canned	cup							<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>	
Grapes, fresh	cup								<input type="checkbox"/>	
Kiwi, raw									<input type="checkbox"/>	
Mandarin oranges, canned	cup							<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>	
Orange, fresh									<input type="checkbox"/>	
Peaches, canned	cup							<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>	
Pears, fresh									<input type="checkbox"/>	
Pears, canned	cup							<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>	
Pineapple, canned	cup							<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>	
Raisins	oz.								<input type="checkbox"/>	
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>

REIMBURSABLE FOODS FORM: BREAKFAST (BASIC)

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions					D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. Check Box if USDA Food	G. Check Box if Prepared from a Recipe
		Total Prepared	Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
<b>JUICES (Note: Prelisted entries should be used only for full-strength (100%) fruit and/or vegetable juice. List fruit drinks (not 100% juice) in the "Other Menu Items" section.)</b>										
Apple juice	fl oz.							<input type="checkbox"/> Calcium added	<input type="checkbox"/>	
Grape juice	fl oz.							<input type="checkbox"/> Calcium added	<input type="checkbox"/>	
Orange juice	fl oz.							<input type="checkbox"/> Calcium added	<input type="checkbox"/>	
Fruit juice blend	fl oz.							<input type="checkbox"/> Calcium added	<input type="checkbox"/>	
	fl oz.								<input type="checkbox"/>	<input type="checkbox"/>
<b>BREADS AND GRAINS (Note: In Column A, indicated whether any items in this section were offered only with another bread/grain item or with a particular meat/meat alternate or combination item. For example, toast w/ cereal.)</b>										
Apple Jacks	oz.								<input type="checkbox"/>	
Cheerios, plain	oz.								<input type="checkbox"/>	
Cheerios, Apple Cinnamon	oz.								<input type="checkbox"/>	
Cheerios, Fruity	oz.								<input type="checkbox"/>	
Cheerios, Honey Nut	oz.								<input type="checkbox"/>	
Cinnamon Toast Crunch	oz.								<input type="checkbox"/>	
Cocoa Krispies	oz.								<input type="checkbox"/>	
Cocoa Puffs	oz.								<input type="checkbox"/>	
Froot Loops	oz.								<input type="checkbox"/>	
Frosted Flakes	oz.								<input type="checkbox"/>	
Frosted Mini Wheats	oz.								<input type="checkbox"/>	
Golden Grahams	oz.								<input type="checkbox"/>	
Granola	oz.							<input type="checkbox"/> Reg <input type="checkbox"/> Low-fat	<input type="checkbox"/>	
Kix	oz.								<input type="checkbox"/>	
Lucky Charms	oz.								<input type="checkbox"/>	
Marshmallow Mateys	oz.								<input type="checkbox"/>	
Raisin Bran	oz.								<input type="checkbox"/>	
Rice Chex	oz.								<input type="checkbox"/>	
Rice Krispies	oz.								<input type="checkbox"/>	
Trix	oz.								<input type="checkbox"/>	

REIMBURSABLE FOODS FORM: BREAKFAST (BASIC)

A.	B.	C.					D.	E.	F.	G.
Food Item	Portion Size (Include Units)	Number of Portions					Manufacturer/Brand Name and Product Code (If Applicable)	Food Description	Check Box if USDA Food	Check Box if Prepared from a Recipe
		Total Prepared	Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
<b>HOT CEREALS</b> (Note: If prepared with fat and/or milk, complete a RECIPE FORM)										
Cream of Wheat	cup							<input type="checkbox"/> Instant <input type="checkbox"/> Quick <input type="checkbox"/> Reg	<input type="checkbox"/>	<input type="checkbox"/>
Grits	cup							<input type="checkbox"/> Instant <input type="checkbox"/> Quick <input type="checkbox"/> Reg	<input type="checkbox"/>	<input type="checkbox"/>
Oatmeal	cup							<input type="checkbox"/> Instant <input type="checkbox"/> Quick <input type="checkbox"/> Reg	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	
<b>OTHER BREADS AND GRAINS OFFERED SEPARATELY</b> (Note: In Column A, indicate whether any items in this section were offered only with another bread/grain item or with a particular meat/meat alternate or combination item. For example, toast w/ cereal, or biscuit w/ sausage).										
Bagel	oz.							Specify type: _____	<input type="checkbox"/>	
Biscuit	oz.								<input type="checkbox"/>	<input type="checkbox"/>
Danish or turnover	oz.							<input type="checkbox"/> Fruit <input type="checkbox"/> Cheese	<input type="checkbox"/>	
Doughnut	oz.							<input type="checkbox"/> Icing/glaze <input type="checkbox"/> No Icing/glaze	<input type="checkbox"/>	
English muffin, plain	oz.								<input type="checkbox"/>	
English muffin, buttered	oz.							<input type="checkbox"/> Margarine <input type="checkbox"/> Butter	<input type="checkbox"/>	<input type="checkbox"/>
Granola/cereal bar	oz.							Specify type: _____	<input type="checkbox"/>	
Muffin	oz.							Specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>
Pancake	oz.								<input type="checkbox"/>	<input type="checkbox"/>
Roll, cinnamon	oz.							<input type="checkbox"/> Icing <input type="checkbox"/> No Icing	<input type="checkbox"/>	<input type="checkbox"/>
Toast, plain	oz.							Specify type: _____	<input type="checkbox"/>	
Toast, buttered	oz.							Specify type: _____ <input type="checkbox"/> Margarine <input type="checkbox"/> Butter	<input type="checkbox"/>	<input type="checkbox"/>
Toaster pastry	oz.							<input type="checkbox"/> Low-fat	<input type="checkbox"/>	
Waffles	oz.							<input type="checkbox"/> Plain <input type="checkbox"/> Fruit <input type="checkbox"/> Chocolate chip <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

REIMBURSABLE FOODS FORM: BREAKFAST (BASIC)

A.	B.	C.					D.	E.	F.	G.
Food Item	Portion Size (Include Units)	Number of Portions					Manufacturer/Brand Name and Product Code (If Applicable)	Food Description	Check Box if USDA Food	Check Box if Prepared from a Recipe
		Total Prepared	Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
Waffle sticks	ea.							<input type="checkbox"/> Plain <input type="checkbox"/> Fruit <input type="checkbox"/> Chocolate chip <input type="checkbox"/> Other: _____ <b>Weight of each stick: _____ oz.</b>	<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
<b>MEATS AND MEAT ALTERNATES OFFERED SEPARATELY (Note: In Column A, indicate whether any items in this section were offered only with another bread/grain item or with a particular meat/meat alternate or combination item. For example, sausage with biscuit, or yogurt with cereal).</b>										
Bacon	sl							<input type="checkbox"/> Pork <input type="checkbox"/> Turkey	<input type="checkbox"/>	
Eggs	cup							<input type="checkbox"/> Scrambled <input type="checkbox"/> Hard boiled <input type="checkbox"/> Fried	<input type="checkbox"/>	<input type="checkbox"/>
Ham	oz.							<input type="checkbox"/> Pork <input type="checkbox"/> Turkey	<input type="checkbox"/>	
Peanut butter	oz.							<input type="checkbox"/> Reduced-fat	<input type="checkbox"/>	
Sausage	oz.							<input type="checkbox"/> Beef or pork <input type="checkbox"/> Chicken or turkey	<input type="checkbox"/>	
Yogurt	oz.							<input type="checkbox"/> Reg <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free <input type="checkbox"/> Light Specify flavors: _____	<input type="checkbox"/>	
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
<b>COMBINATION ITEMS (Note: In Column A, indicate whether any items in this section were offered only with another bread/grain item or with a particular meat/meat alternate or combination item. For example, sausage with biscuit, or yogurt with cereal).</b>										
Breakfast burrito	oz.							<input type="checkbox"/> Eggs <input type="checkbox"/> Cheese <input type="checkbox"/> Beans <input type="checkbox"/> Potato <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Egg sandwich	1 sandwich							<input type="checkbox"/> Cheese <input type="checkbox"/> Sausage <input type="checkbox"/> Ham <input type="checkbox"/> Bacon <input type="checkbox"/> Other: _____ Specify bread type: _____	<input type="checkbox"/>	<input type="checkbox"/>
Egg sandwich	1 sandwich							<input type="checkbox"/> Cheese <input type="checkbox"/> Sausage <input type="checkbox"/> Ham <input type="checkbox"/> Bacon <input type="checkbox"/> Other: _____ Specify bread type: _____	<input type="checkbox"/>	<input type="checkbox"/>
French toast									<input type="checkbox"/>	<input type="checkbox"/>
French toast sticks	ea.							<b>Weight of each stick: _____ oz.</b>	<input type="checkbox"/>	
Grilled cheese	1 sandwich							<input type="checkbox"/> Reduced-fat	<input type="checkbox"/>	<input type="checkbox"/>



REIMBURSABLE FOODS FORM: BREAKFAST (BASIC)

A.	B.	C.					D.	E.	F.	G.
Food Item	Portion Size (Include Units)	Number of Portions					Manufacturer/Brand Name and Product Code (If Applicable)	Food Description	Check Box if USDA Food	Check Box if Prepared from a Recipe
		Total Prepared	Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
Pancake on a stick	oz.						<input type="checkbox"/> Beef or pork <input type="checkbox"/> Chicken or turkey	<input type="checkbox"/>		
Pizza	oz.						<input type="checkbox"/> Reduced-fat Specify toppings: _____	<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
<b>CONDIMENTS</b>										
Self-serve condiments or fixins' bar	1 serving						<b>Please list all ingredients on a SELF-SERVE/ MADE-TO-ORDER BAR FORM</b>			
Butter								<input type="checkbox"/>		
Cream cheese							<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Light <input type="checkbox"/> Fat-free	<input type="checkbox"/>		
Gravy							<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>	
Honey								<input type="checkbox"/>		
Jelly							<input type="checkbox"/> Sugar-free	<input type="checkbox"/>		
Ketchup								<input type="checkbox"/>		
Margarine								<input type="checkbox"/>		
Salsa							<input type="checkbox"/> Low sodium	<input type="checkbox"/>	<input type="checkbox"/>	
Syrup							<input type="checkbox"/> Sugar-free	<input type="checkbox"/>		
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	

REIMBURSABLE FOODS FORM: BREAKFAST (BASIC)

A.	B.	C.					D.	E.	F.	G.
Food Item	Portion Size (Include Units)	Number of Portions					Manufacturer/Brand Name and Product Code (If Applicable)	Food Description	Check Box if USDA Food	Check Box if Prepared from a Recipe
		Total Prepared	Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
OTHER MENU ITEMS										
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
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									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>

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REIMBURSABLE FOODS FORM:

LUNCH (GROUP 2)

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## SCHOOL NUTRITION AND MEAL COST STUDY-II REIMBURSABLE FOODS FORM: LUNCH (BASIC)

*NOTE: For instructions on completing this form, please refer to Instructions for the Menu Survey.*

Reimbursable Meal Counts	
How many reimbursable lunches did you <b>plan to serve</b> at your school this day?	
How many reimbursable lunches <b>did you serve</b> at your school this day?	

School Name: \_\_\_\_\_ Date: \_\_\_\_\_ Day:  Mon  Tue  Wed  Thu  Fri

A.	B.	C.					D.	E.	F.	G.
Food Item	Portion Size (Include Units)	Number of Portions					Manufacturer/Brand Name and Product Code (If Applicable)	Food Description	Check Box if USDA Food	Check Box if Prepared from a Recipe
		Total Prepared	Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
MILK										
White, fat-free/skim	fl oz.									
White, 1%	fl oz.									
White, 2%	fl oz.									
White, whole	fl oz.									
Chocolate, fat-free/skim	fl oz.									
Chocolate, 1%	fl oz.									
Chocolate, 2%	fl oz.									
Other flavor Specify: _____	fl oz.							<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%		
Other flavor Specify: _____	fl oz.							<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%		
Other flavor Specify: _____	fl oz.							<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%		
	fl oz.								<input type="checkbox"/>	<input type="checkbox"/>
	fl oz.								<input type="checkbox"/>	<input type="checkbox"/>
	fl oz.								<input type="checkbox"/>	<input type="checkbox"/>

REIMBURSABLE FOODS FORM: LUNCH (BASIC)

A.	B.	C.					D.	E.	F.	G.
Food Item	Portion Size (Include Units)	Number of Portions					Manufacturer/Brand Name and Product Code (If Applicable)	Food Description	Check Box if USDA Food	Check Box if Prepared from a Recipe
		Total Prepared	Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
FRUIT (Note: Prestiled entries should be used only for fruit that is served as purchased. If anything is added before serving, list as separate item and complete a RECIPE FORM.)										
Apple, fresh									<input type="checkbox"/>	
Applesauce, canned	cup							<input type="checkbox"/> Sweetened <input type="checkbox"/> Unsweetened	<input type="checkbox"/>	
Apricots, canned	cup							<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>	
Banana, fresh									<input type="checkbox"/>	
Blueberries, frozen	cup							<input type="checkbox"/> Sweetened <input type="checkbox"/> Unsweetened	<input type="checkbox"/>	
Fruit cocktail, canned	cup							<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>	
Grapes, fresh	cup								<input type="checkbox"/>	
Kiwi, raw									<input type="checkbox"/>	
Mandarin oranges, canned	cup							<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>	
Orange, fresh									<input type="checkbox"/>	
Peaches, canned	cup							<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>	
Pears, fresh									<input type="checkbox"/>	
Pears, canned	cup							<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>	
Pineapple, canned	cup							<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>	
Raisins	oz.								<input type="checkbox"/>	
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>

REIMBURSABLE FOODS FORM: LUNCH (BASIC)

A.	B.	C.					D.	E.	F.	G.
Food Item	Portion Size (Include Units)	Number of Portions					Manufacturer/Brand Name and Product Code (If Applicable)	Food Description	Check Box if USDA Food	Check Box if Prepared from a Recipe
		Total Prepared	Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
<b>JUICES</b> (Note: Prelisted entries should be used only for full-strength (100%) fruit and/or vegetable juice. Fruit drinks that are not 100% juice should be entered in the "Desserts, Drinks, and Snacks" section.)										
Apple juice	fl oz.							<input type="checkbox"/> Calcium added	<input type="checkbox"/>	
Grape juice	fl oz.							<input type="checkbox"/> Calcium added	<input type="checkbox"/>	
Orange juice	fl oz.							<input type="checkbox"/> Calcium added	<input type="checkbox"/>	
Fruit juice blend	fl oz.							<input type="checkbox"/> Calcium added	<input type="checkbox"/>	
Frozen juice cup/bar	fl oz.							Specify flavor: _____	<input type="checkbox"/>	
	fl oz.								<input type="checkbox"/>	<input type="checkbox"/>
<b>VEGETABLES</b> (Note: If beans or peas are being counted as a meat alternate and not a vegetable choice, enter them in the "Other Entrees and Meat/Meat Alternates" section.)										
Baked beans	cup							<input type="checkbox"/> Vegetarian <input type="checkbox"/> With pork	<input type="checkbox"/>	<input type="checkbox"/>
Beans, green	cup							<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type: _____	<input type="checkbox"/>	
Broccoli, cooked	cup							<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type: _____	<input type="checkbox"/>	
Broccoli, raw	cup							<b>If offered, list dip as separate item(s) or complete a RECIPE FORM</b>	<input type="checkbox"/>	<input type="checkbox"/>
Carrots, cooked	cup							<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type: _____	<input type="checkbox"/>	
Carrots, raw	cup							<b>If offered, list dip as separate item(s) or complete a RECIPE FORM</b>	<input type="checkbox"/>	<input type="checkbox"/>
Cauliflower, raw	cup							<b>If offered, list dip as separate item(s) or complete a RECIPE FORM</b>	<input type="checkbox"/>	<input type="checkbox"/>
Celery, raw	cup							<b>If offered, list dip as separate item(s) or complete a RECIPE FORM</b>	<input type="checkbox"/>	<input type="checkbox"/>
Corn, kernels	cup							<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type: _____	<input type="checkbox"/>	
Cucumber, raw	cup							<b>If offered, list dip as separate item(s) or complete a RECIPE FORM</b>	<input type="checkbox"/>	<input type="checkbox"/>
French fries	cup							<input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried	<input type="checkbox"/>	



REIMBURSABLE FOODS FORM: LUNCH (BASIC)

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions					D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. Check Box if USDA Food	G. Check Box if Prepared from a Recipe
		Total Prepared	Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
Lettuce and tomato	cup							<input type="checkbox"/>		
Mixed vegetables	cup						<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Peas, green	cup						<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type: _____	<input type="checkbox"/>		
Potatoes, whipped or mashed	cup						<input type="checkbox"/> From fresh	<input type="checkbox"/>	<input type="checkbox"/>	
Refried beans	cup						<input type="checkbox"/> From dry <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Red peppers, raw	cup						<b>If offered, list dip as separate item(s) or complete a RECIPE FORM</b>	<input type="checkbox"/>	<input type="checkbox"/>	
Green peppers, raw	cup						<b>If offered, list dip as separate item(s) or complete a RECIPE FORM</b>	<input type="checkbox"/>	<input type="checkbox"/>	
Sweet potatoes	cup						<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Sweet potato fries or tots	cup						<input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried	<input type="checkbox"/>		
Side salad bar (non-entrée or small portion)	1 serving						<b>Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM</b>			
Salad, tossed	cup						<b>List dressing and any bread/grain items offered with the tossed salad as separate item(s)</b>	<input type="checkbox"/>	<input type="checkbox"/>	
Tater tots or shapes	cup						<input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried	<input type="checkbox"/>		
Tomato, raw	cup						<b>If offered, list dip as separate item(s) or complete a RECIPE FORM</b>	<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	

REIMBURSABLE FOODS FORM: LUNCH (BASIC)

A.	B.	C.					D.	E.	F.	G.
Food Item	Portion Size (Include Units)	Number of Portions					Manufacturer/Brand Name and Product Code (If Applicable)	Food Description	Check Box if USDA Food	Check Box if Prepared from a Recipe
		Total Prepared	Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
SANDWICHES (Note: In Column A, indicate whether any items in this section were offered only with another particular food item. For example, a peanut butter sandwich with a cheese stick, or a grilled cheese sandwich with a yogurt.)										
Cheeseburger	1 sandwich								<input type="checkbox"/>	<input type="checkbox"/>
Chicken filet or breast (not breaded)	1 sandwich								<input type="checkbox"/>	<input type="checkbox"/>
Chicken patty (breaded)	1 sandwich								<input type="checkbox"/>	<input type="checkbox"/>
Fish sandwich	1 sandwich							<input type="checkbox"/> Breaded	<input type="checkbox"/>	<input type="checkbox"/>
Grilled cheese	1 sandwich								<input type="checkbox"/>	<input type="checkbox"/>
Ham and cheese	1 sandwich								<input type="checkbox"/>	<input type="checkbox"/>
Hamburger	1 sandwich								<input type="checkbox"/>	<input type="checkbox"/>
Hot dog	1 sandwich							<input type="checkbox"/> Beef or pork <input type="checkbox"/> Chicken or turkey	<input type="checkbox"/>	<input type="checkbox"/>
Italian sub	1 sandwich								<input type="checkbox"/>	<input type="checkbox"/>
Peanut butter & jelly	1 sandwich								<input type="checkbox"/>	<input type="checkbox"/>
Rib, barbeque	1 sandwich								<input type="checkbox"/>	<input type="checkbox"/>
Sloppy joe	1 sandwich							<input type="checkbox"/> Beef <input type="checkbox"/> Pork <input type="checkbox"/> Chicken or turkey	<input type="checkbox"/>	<input type="checkbox"/>
Turkey	1 sandwich								<input type="checkbox"/>	<input type="checkbox"/>
Tuna salad	1 sandwich								<input type="checkbox"/>	<input type="checkbox"/>
Veggie burger	1 sandwich								<input type="checkbox"/>	<input type="checkbox"/>
	1 sandwich								<input type="checkbox"/>	<input type="checkbox"/>
	1 sandwich								<input type="checkbox"/>	<input type="checkbox"/>
	1 sandwich								<input type="checkbox"/>	<input type="checkbox"/>
	1 sandwich								<input type="checkbox"/>	<input type="checkbox"/>
	1 sandwich								<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>

REIMBURSABLE FOODS FORM: LUNCH (BASIC)

A.	B.	C.					D.	E.	F.	G.
Food Item	Portion Size (Include Units)	Number of Portions					Manufacturer/Brand Name and Product Code (If Applicable)	Food Description	Check Box if USDA Food	Check Box if Prepared from a Recipe
		Total Prepared	Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
<b>ENTRÉE SALADS</b> ( <b>Note:</b> List dressing and any bread/grain items offered with an entrée salad as separate item(s). Also, add a note in Column A if a particular bread/grain item is offered only with a particular entrée salad.)										
Chef's salad	1 salad								<input type="checkbox"/>	<input type="checkbox"/>
Chicken Caesar salad	1 salad								<input type="checkbox"/>	<input type="checkbox"/>
Taco salad	1 salad								<input type="checkbox"/>	<input type="checkbox"/>
	1 salad								<input type="checkbox"/>	<input type="checkbox"/>
	1 salad								<input type="checkbox"/>	<input type="checkbox"/>
	1 salad								<input type="checkbox"/>	<input type="checkbox"/>
	1 salad								<input type="checkbox"/>	<input type="checkbox"/>
	1 salad								<input type="checkbox"/>	<input type="checkbox"/>
	1 salad								<input type="checkbox"/>	<input type="checkbox"/>
<b>SELF-SERVE/MADE-TO-ORDER ENTRÉE BARS</b>										
Entrée salad bar	1 serving						<b>Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM</b>			
Potato bar	1 serving						<b>Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM</b>			
Nacho/taco bar	1 serving						<b>Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM</b>			
Sandwich/deli bar	1 serving						<b>Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM</b>			
Pasta/Italian bar	1 serving						<b>Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM</b>			
	1 serving						<b>Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM</b>			
	1 serving						<b>Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM</b>			
	1 serving						<b>Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM</b>			
	1 serving						<b>Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM</b>			
	1 serving						<b>Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM</b>			

REIMBURSABLE FOODS FORM: LUNCH (BASIC)

A.	B.	C.					D.	E.	F.	G.
Food Item	Portion Size (Include Units)	Number of Portions					Manufacturer/Brand Name and Product Code (If Applicable)	Food Description	Check Box if USDA Food	Check Box if Prepared from a Recipe
		Total Prepared	Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
OTHER ENTREES AND MEAT/MEAT ALTERNATES (Note: In Column A, indicate whether any items in this section were offered only with another particular food item. For example, a cheese stick with a peanut butter sandwich, a yogurt with a grilled cheese sandwich, or chicken nuggets with a roll).										
Beans or peas (Specify type)	cup							<input type="checkbox"/> From dry <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>
Burrito	oz.							<input type="checkbox"/> Bean <input type="checkbox"/> Beef <input type="checkbox"/> Chicken <input type="checkbox"/> Cheese	<input type="checkbox"/>	<input type="checkbox"/>
Cheese (string cheese or cubes)	oz.							<input type="checkbox"/> Reduced-fat	<input type="checkbox"/>	
Cheese breadstick or pizza stick	oz.							<input type="checkbox"/> Reduced-fat Specify fillings: _____	<input type="checkbox"/>	
Chicken nuggets (breaded)	ea.							<input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried <b>Weight of each nugget: _____ oz.</b>	<input type="checkbox"/>	
Chicken strips (not breaded)	oz.								<input type="checkbox"/>	
Chicken patty (not sandwich)	oz.							<input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried	<input type="checkbox"/>	
Chicken piece(s) (Specify part)								<input type="checkbox"/> Breaded <input type="checkbox"/> With skin <input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried	<input type="checkbox"/>	<input type="checkbox"/>
Corn dog	oz.							<input type="checkbox"/> Beef or pork <input type="checkbox"/> Chicken or turkey	<input type="checkbox"/>	
Egg rolls	ea.							<input type="checkbox"/> Meatless <input type="checkbox"/> Beef or pork <input type="checkbox"/> Chicken or turkey <b>Weight of each egg roll: _____ oz.</b>	<input type="checkbox"/>	<input type="checkbox"/>
Fish sticks or nuggets	ea.							<input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried <input type="checkbox"/> Breaded <b>Weight of each nugget/stick: _____ oz.</b>	<input type="checkbox"/>	
Macaroni and cheese	cup								<input type="checkbox"/>	<input type="checkbox"/>
Nachos	oz.								<input type="checkbox"/>	<input type="checkbox"/>
Peanut butter	oz.							<input type="checkbox"/> Reduced-fat	<input type="checkbox"/>	
Pizza, cheese	oz.							<input type="checkbox"/> Reduced-fat <input type="checkbox"/> Thick crust (deep-dish, bagel, French bread)	<input type="checkbox"/>	<input type="checkbox"/>
Pizza, pepperoni	oz.							<input type="checkbox"/> Reduced-fat <input type="checkbox"/> Thick crust (deep-dish, bagel, French bread)	<input type="checkbox"/>	<input type="checkbox"/>

REIMBURSABLE FOODS FORM: LUNCH (BASIC)

A.	B.	C.					D.	E.	F.	G.
Food Item	Portion Size (Include Units)	Number of Portions					Manufacturer/Brand Name and Product Code (If Applicable)	Food Description	Check Box if USDA Food	Check Box if Prepared from a Recipe
		Total Prepared	Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
Pizza, sausage	oz.							<input type="checkbox"/> Reduced-fat <input type="checkbox"/> Thick crust (deep-dish, bagel, French bread)	<input type="checkbox"/>	<input type="checkbox"/>
Pizza, vegetarian	oz.							<input type="checkbox"/> Reduced-fat <input type="checkbox"/> Thick crust (deep-dish, bagel, French bread) Specify toppings: _____	<input type="checkbox"/>	<input type="checkbox"/>
Pizza pocket	oz.							<input type="checkbox"/> Reduced-fat Specify filling: _____	<input type="checkbox"/>	<input type="checkbox"/>
Stir fry with rice or noodles	cup								<input type="checkbox"/>	<input type="checkbox"/>
Spaghetti with sauce	cup							<input type="checkbox"/> Meat sauce <input type="checkbox"/> Marinara sauce	<input type="checkbox"/>	<input type="checkbox"/>
Taco								<input type="checkbox"/> Hard shell <input type="checkbox"/> Soft tortilla <input type="checkbox"/> Bean <input type="checkbox"/> Beef <input type="checkbox"/> Chicken <input type="checkbox"/> Cheese	<input type="checkbox"/>	<input type="checkbox"/>
Yogurt	oz.							Specify type: <input type="checkbox"/> Regular <input type="checkbox"/> Greek (high protein) Specify fat: <input type="checkbox"/> Whole <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free <input type="checkbox"/> Light Specify flavors: _____	<input type="checkbox"/>	
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
<b>BREADS AND GRAINS OFFERED SEPARATELY</b> (Note: In Column A, indicate whether any items in this section were offered only with a particular entrée or meat/meat alternate. For example, crackers with Chef's salad or a roll with chicken nuggets.)										
Biscuit	oz.							<input type="checkbox"/> Reduced-fat	<input type="checkbox"/>	<input type="checkbox"/>
Bread, plain	oz.							Specify type: _____	<input type="checkbox"/>	
Bread, buttered	oz.							Specify type: _____ <input type="checkbox"/> Margarine <input type="checkbox"/> Butter	<input type="checkbox"/>	<input type="checkbox"/>
Breadstick	oz.							Specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>
Cornbread	oz.								<input type="checkbox"/>	<input type="checkbox"/>
Corn/tortilla chips	oz.								<input type="checkbox"/>	
Crackers	ea.							Specify type: _____	<input type="checkbox"/>	
Croutons	oz.								<input type="checkbox"/>	
Rice	cup							<input type="checkbox"/> White <input type="checkbox"/> Brown <input type="checkbox"/> Wild	<input type="checkbox"/>	<input type="checkbox"/>
Roll	oz.							Specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>
Pasta	cup								<input type="checkbox"/>	

REIMBURSABLE FOODS FORM: LUNCH (BASIC)

A.	B.	C.					D.	E.	F.	G.
Food Item	Portion Size (Include Units)	Number of Portions					Manufacturer/Brand Name and Product Code (If Applicable)	Food Description	Check Box if USDA Food	Check Box if Prepared from a Recipe
		Total Prepared	Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
Pretzels	oz.							<input type="checkbox"/> Soft <input type="checkbox"/> Hard <input type="checkbox"/> Salted <input type="checkbox"/> Unsalted	<input type="checkbox"/>	
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
DESSERTS, DRINKS, AND SNACKS OFFERED AS PART OF A REIMBURSABLE MEAL										
Brownie								<input type="checkbox"/> Icing	<input type="checkbox"/>	<input type="checkbox"/>
Cake								Specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>
Cookie	oz.							Specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>
Fruit crisp or cobbler								Specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>
Fruit drink (not 100% juice)	fl oz.							Specify type: _____	<input type="checkbox"/>	
Fruit turnover	oz.							Specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>
Gelatin	cup							<input type="checkbox"/> With fruit <input type="checkbox"/> With whipped topping	<input type="checkbox"/>	<input type="checkbox"/>
Potato chips	oz.							<input type="checkbox"/> Reduced-fat <input type="checkbox"/> Baked	<input type="checkbox"/>	
									<input type="checkbox"/>	<input type="checkbox"/>
SALAD DRESSINGS										
Caesar dressing								<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>
French dressing								<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>
Honey mustard dressing								<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>
Italian dressing								<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>
Ranch dressing								<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>

REIMBURSABLE FOODS FORM: LUNCH (BASIC)

A.	B.	C.					D.	E.	F.	G.
Food Item	Portion Size (Include Units)	Number of Portions					Manufacturer/Brand Name and Product Code (If Applicable)	Food Description	Check Box if USDA Food	Check Box if Prepared from a Recipe
		Total Prepared	Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
CONDIMENTS										
Self-serve condiments or fixins' bar	1 serving						Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM			
Barbeque sauce									<input type="checkbox"/>	
Butter									<input type="checkbox"/>	
Cream cheese								<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free	<input type="checkbox"/>	
Gravy								<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>
Honey									<input type="checkbox"/>	
Hot sauce									<input type="checkbox"/>	
Jalapeno peppers									<input type="checkbox"/>	
Jelly								<input type="checkbox"/> Sugar-free	<input type="checkbox"/>	
Ketchup									<input type="checkbox"/>	
Margarine									<input type="checkbox"/>	
Mayonnaise								<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free	<input type="checkbox"/>	
Mustard									<input type="checkbox"/>	
Pickles, slices									<input type="checkbox"/>	
Ranch dip								<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>
Relish									<input type="checkbox"/>	
Salsa								<input type="checkbox"/> Low sodium	<input type="checkbox"/>	<input type="checkbox"/>
Sour cream								<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free	<input type="checkbox"/>	
Syrup								<input type="checkbox"/> Sugar-free	<input type="checkbox"/>	
Tartar sauce								<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>





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RECIPE FORM (GROUP 2)

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SELF-SERVE/MADE-TO-ORDER BAR FORM (GROUP 2)

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NSLP AFTERSCHOOL SNACK FORM (GROUP 2)

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OMB Control Number: 0584-XXXX  
Expiration Date: XX/XX/XXXX



## SCHOOL NUTRITION AND MEAL COST STUDY-II

### NSLP Afterschool Snack Form (Basic)

*For instructions on completing this booklet of forms, please refer to the Instructions for the Menu Survey.*

School Name: \_\_\_\_\_

1. Please indicate the days that afterschool snacks were offered during the target week:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

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# NSLP Afterschool Snack Form (Basic)

<b>Day:</b> <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri		<b>Number of Reimbursable Snacks Served:</b> _____		
A.	B.	C.		D.
<b>Food Item</b>	<b>Portion Size (Incl. Units)</b>	<b>Number of Reimbursable Portions</b>		<b>Food Description</b>
		<b>Prepared/ Available</b>	<b>Served</b>	
<b>Milk</b>				
White	fl oz.			<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%
Chocolate	fl oz.			<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%
Other flavor, Specify: _____	fl oz.			<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%
Other flavor, Specify: _____	fl oz.			<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%
<b>Fruit</b>				
Apple, fresh				
Applesauce, canned	cup			<input type="checkbox"/> Sweetened <input type="checkbox"/> Unsweetened
Banana, fresh				
Fruit cocktail, canned	cup			<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water
Orange, fresh				
Raisins	oz.			
<b>Juices</b>				
Apple juice	fl oz.			<input type="checkbox"/> Calcium added
Orange juice	fl oz.			<input type="checkbox"/> Calcium added
Grape juice	fl oz.			<input type="checkbox"/> Calcium added
<b>Vegetables</b> (if offered with a dip, list the dip as a separate item in the condiments section)				
Carrots, raw	cup			
Celery, raw	cup			
<b>Combination Items and Entrées</b>				
Peanut butter & jelly sandwich	1 sandwich			<input type="checkbox"/> Whole grain-rich
Pizza	oz.			<input type="checkbox"/> Whole grain-rich <input type="checkbox"/> Reduced-fat Specify toppings: _____
Sandwich	1 sandwich			<input type="checkbox"/> Whole grain-rich Specify ingredients: _____

A.	B.	C.		D.
Food Item	Portion Size (Incl. Units)	Number of Reimbursable Portions		Food Description
		Prepared/ Available	Served	
<b>Meat and Meat Alternates</b>				
Cheese	oz.			<input type="checkbox"/> Reduced-fat Specify type: _____
Trail mix	oz.			Specify ingredients: _____
Yogurt	oz.			<input type="checkbox"/> Regular <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free <input type="checkbox"/> Light Specify flavor(s): _____
<b>Breads and Grains</b>				
Bagel	oz.			<input type="checkbox"/> Whole grain-rich Specify type: _____
Cereal	oz.			<input type="checkbox"/> Whole grain-rich Specify type: _____
Cookie	oz.			<input type="checkbox"/> Whole grain-rich Specify type: _____
Corn/tortilla chips	oz.			<input type="checkbox"/> Whole grain-rich Specify type: _____
Crackers	ea.			<input type="checkbox"/> Whole grain-rich Specify type: _____
Granola bar	oz.			<input type="checkbox"/> Whole grain-rich Specify type: _____
Pretzels	oz.			<input type="checkbox"/> Whole grain-rich <input type="checkbox"/> Soft <input type="checkbox"/> Hard <input type="checkbox"/> Salted <input type="checkbox"/> Unsalted
				<input type="checkbox"/> Whole grain-rich
				<input type="checkbox"/> Whole grain-rich
				<input type="checkbox"/> Whole grain-rich
<b>Desserts and Other Items</b>				
Fruit snacks/fruit leather				
Fruit drink (less than 100% juice)	fl oz.			
Pudding				Specify flavor(s): _____
<b>Condiments</b>				
Ranch dip				<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free
Cream cheese				<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Light <input type="checkbox"/> Fat-free
Ketchup				

MENU SURVEY ENHANCEMENTS ADMINISTERED THROUGH THE  
ELECTRONIC MENU SURVEY (EMS) (GROUP 2)



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## Questions Related to Offering Different Foods and/or Portion Sizes to Students in Different Grade Groups

Note: If the school includes students from more than one of the standard grade groups used in the NSLP/SBP nutrition standards (computed based on responses to Screener Q5 and Q5a), the EMS will include additional questions on the Reimbursable Foods Form (for lunch and breakfast) that ask about offering different foods and/or portion sizes to students in different grade groups.

[If school includes the following grade group combinations: K-5 and 6-8; K-5 and 9-12; 6-8 and 9-12; or K-5, 6-8, and 9-12, ask the following questions:]

### Reimbursable Foods Form for Lunch

1. For reimbursable lunches, does your school offer the same menu to all students—meaning the same foods and portion sizes—or does your school ever offer different foods and/or portion sizes to students in different grade groups?

MARK ONE

- School offers the same menu to all students (same foods and portion sizes).
- School sometimes offers different foods and/or portion sizes to students in different grade groups.

[If Q1 = 1, end; If Q1 = 2, ask Q2a]

- 2a. For reimbursable lunches, does your school offer different types of foods to students in different grades (for example, younger students get tacos and older students get burritos)?

- Yes
- No

[If Q2a = Yes, ask Q2b; if Q2a = No, ask Q3a]

2b. For each of the following categories of foods, please indicate whether your school offers different foods to different grade groups of students for reimbursable lunches.

MARK ONE PER ROW

	YES	NO
a. Milk	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. 100% fruit juices	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Fruits (excluding juice)	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Vegetables	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Entrée or meat/meat alternate items (such as sandwiches, pizza, entrée salads, chicken tenders, cheese sticks)	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Bread and grain items offered separately (such as crackers, croutons, rolls, tortilla chips)	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Desserts, drinks, and snack items (such as cookies, fruit drinks, Jello)	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Condiments and salad dressings	1 <input type="checkbox"/>	0 <input type="checkbox"/>

3a. For reimbursable lunches, does your school offer different portion sizes of the same food to students in different grades (for example, younger students get 3 oz burritos and older students get 5 oz burritos)?

- 1  Yes  
 0  No

[If Q3a = No, skip to Q5]

3b. For each of the following categories of foods, please indicate whether your school offers different portion sizes to different grade groups of students for reimbursable lunches.

MARK ONE PER ROW

	YES	NO
a. Milk	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. 100% fruit juices	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Fruits (excluding juice)	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Vegetables	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Entrée or meat/meat alternate items (such as sandwiches, pizza, entrée salads, chicken tenders, cheese sticks)	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Bread and grain items offered separately (such as crackers, croutons, rolls, tortilla chips)	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Desserts, drinks, and snack items (such as cookies, fruit drinks, Jello)	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Condiments and salad dressings	1 <input type="checkbox"/>	0 <input type="checkbox"/>

[If Q2b or Q3b = Yes for a food category: When completing the Reimbursable Foods Form each day, the SNM will indicate for each food under that food category: (1) which grade group(s) each food is offered to, and (2) whether the food is offered in different portion sizes. For foods offered in different portion sizes, the SNM will enter separate portion sizes for each relevant grade group.]

[If Q3a = Yes (offer different portion sizes)]

4. For foods that are offered in different portion sizes, do you track how many servings of each portion size were served to each grade group?
- 1  Yes
- 0  No

[If Q4 = Yes (track each portion size separately), SNM will be asked to report number of portions data separately for each portion size for a given food. If Q4 = No (do not track each portion size separately), SNM will be asked to report number of portions data across all available portion sizes.]

5. On an average day, how many reimbursable lunches do you serve to students in each grade group?

[DISPLAY GRADE GROUPS FOR SCHOOL]

\_\_\_\_ Students in grades K to 5

\_\_\_\_ Students in grades 6 to 8

\_\_\_\_ Students in grades 9 to 12

Don't know

[Note: If Q4 = No (do not track each portion size separately), we will use data from Q5 to allocate the combined number of portions data for a given food to the individual portion size associated with each grade group. If Q5 = Don't know, we attempt to get enrollment data by grade group to do this allocation.]

### Reimbursable Foods Form for Breakfast

1. For reimbursable breakfasts, does your school offer the same menu to all students—meaning the same foods and portion sizes—or does your school ever offer different foods and/or portion sizes to students in different grade groups?

MARK ONE

1  School offers the same menu to all students (same foods and portion sizes).

2  School sometimes offers different foods and/or portion sizes to students in different grade groups.

[If Q1 = 1, end; If Q1 = 2, ask Q2a]

- 2a. For reimbursable breakfasts, does your school offer different types of foods to students in different grades (for example, younger students get cereal and older students get muffins)?

1  Yes

0  No

[If Q2a = Yes, ask Q2b; if Q2a = No, ask Q3a]

2b. For each of the following categories of foods, please indicate whether your school offers different foods to different grade groups of students for reimbursable breakfasts.

MARK ONE PER ROW

	YES	NO
a. Milk	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. 100% juice	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Fruits and vegetables (excluding juice)	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Breakfast entrées and bread and grain items (such as breakfast pizzas, sandwiches, cold or hot cereal, pancakes, French toast)	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Meat/meat alternate items (such as eggs, sausage, yogurt)	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Condiments	1 <input type="checkbox"/>	0 <input type="checkbox"/>

3a. For reimbursable breakfasts, does your school offer different portion sizes of the same food to students in different grade (for example, younger students get 1 oz muffin and older students get 2 oz muffin).

- 1  Yes  
 0  No

[If Q3a = No, skip to Q5]

3b. For each of the following categories of foods, please indicate whether your school offers different portion sizes to different grade groups of students for reimbursable breakfasts.

MARK ONE PER ROW

	YES	NO
a. Milk	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. 100% juice	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Fruits and vegetables (excluding juice)	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Breakfast entrées and bread and grain items (such as breakfast pizzas, sandwiches, cold or hot cereal, pancakes, French toast)	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Meat/meat alternate items (such as eggs, sausage, yogurt)	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Condiments	1 <input type="checkbox"/>	0 <input type="checkbox"/>

[If Q2b or Q3b = Yes for a food category: When completing the Reimbursable foods Form each day, the SNM will indicate for each food under that food category: (1) which grade group(s) each food is offered to, and (2) whether the food is offered in different portion sizes. For foods offered in different portion sizes, the SNM will enter separate portion sizes for each relevant grade group.]

[If Q3a = Yes (offer different portion sizes)]

4. For foods that are offered in different portion sizes, do you track how many servings of each portion size were served to each grade group?

1  Yes

0  No

[If Q4 = Yes (track each portion size separately), SNM will be asked to report number of portions data separately for each portion size for a given food. If Q4 = No (do not track each portion size separately), SNM will be asked to report number of portions data across all available portion sizes.]

5. On an average day, how many reimbursable breakfasts do you serve to students in each grade group?

[DISPLAY GRADE GROUPS FOR SCHOOL]

\_\_\_\_\_ Students in grades K to 5

\_\_\_\_\_ Students in grades 6 to 8

\_\_\_\_\_ Students in grades 9 to 12

Don't know

[Note: If Q4 = No (do not track each portion size separately), we will use data from Q5 to allocate the combined number of portions data for a given food to the individual portion size associated with each grade group. If Q5 = Don't know, we attempt to get enrollment data by grade group to do this allocation.]



## EMS Foods Paired/Offered Together Module and Food Bar Questions

Note: The EMS will include additional questions that collect information needed for the compliance assessment. This includes the “Foods paired/offered together” module in the Reimbursable Foods Forms (for lunch and breakfast) and questions about salad bars.

### 1. EMS FOODS PAIRED/OFFERED TOGETHER MODULE

The Reimbursable Foods Forms in the EMS will include a “foods paired/offered together” module. After the school nutrition manager (SNM) reports all foods that were offered on a given day (and associated food details), she will be taken to the “foods paired/offered together” module. The module will be programmed to ask questions based on the specific foods reported on a given day.

If the menu day includes any separate grain items (for example, rice, rolls, or crackers) or any meat/meat alternate items (for example, yogurt, string cheese, peanut butter), the SNM will be asked if the item is served only with another item. If the SNM answers “yes”, they will be asked to “pair” the items together (for example, the crackers were available only with the Chef’s salad).

After pairing items together, if 2 or more separate grain items or 2 or more separate meat/meat alternate items are left “unpaired” the SNM will be asked how many of the “unpaired” items students can select (separately for grains and meats/meat alternates).

### 2. FOOD BAR QUESTIONS

If a side salad bar or entrée salad bar is reported, the EMS will ask the SNM a follow-up question regarding the rules for visiting the bar.

#### **[If Reimbursable Foods Form includes side salad bar, ask:]**

Can students visit the side salad bar in addition to choosing other fruit or vegetable choices?

- Yes, students can take fruits and vegetables from the side salad bar and also choose other fruits and vegetables offered outside of the bar.
- No, students can either visit the side salad bar OR take other fruit and vegetable choices offered outside of the bar (but not both).

#### **[If Reimbursable Foods Form includes entrée salad bar, ask:]**

Can all students visit the entrée salad bar in addition to taking another entrée choice, or is the bar considered a separate entrée choice?

- All students can visit the entrée salad bar and also take another entrée choice.
- Students can either visit the entrée salad bar OR take a different entrée choice offered outside of the bar (but not both).

## A LA CARTE FOODS CHECKLIST (GROUP 2)



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OMB Control Number: 0584-XXXX  
Expiration Date: XX/XX/XXXX



### A La Carte Foods Checklist (Basic)

**SCHOOL NAME:** \_\_\_\_\_

**COMPLETE ON:** *[insert sticker with day of week]*

**DATE COMPLETED:** |\_|\_|/|\_|\_|/|\_|\_|\_|\_|  
Month Day Year

Note: Please refer to the *Instructions for the Menu Survey* for instructions on completing this form.



SCHOOL NUTRITION AND MEAL COST STUDY-II  
A La Carte Foods Checklist (Basic)

Food Item	Breakfast	Lunch
<b>A. Milk</b>		
1. Whole white milk	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2. Reduced fat (2%) white milk	2 <input type="checkbox"/>	2 <input type="checkbox"/>
3. Low-fat (1% or 0.5%) white milk	3 <input type="checkbox"/>	3 <input type="checkbox"/>
4. Fat-free/skim white milk	4 <input type="checkbox"/>	4 <input type="checkbox"/>
5. Reduced fat (2%) flavored milk	5 <input type="checkbox"/>	5 <input type="checkbox"/>
6. Low-fat (1% or 0.5%) flavored milk	6 <input type="checkbox"/>	6 <input type="checkbox"/>
7. Fat-free/skim flavored milk	7 <input type="checkbox"/>	7 <input type="checkbox"/>
8. Other milk beverages, including non-dairy milks ( <i>Specify</i> )		
a. _____	8.1 <input type="checkbox"/>	8.1 <input type="checkbox"/>
b. _____	8.2 <input type="checkbox"/>	8.2 <input type="checkbox"/>
c. _____	8.3 <input type="checkbox"/>	8.3 <input type="checkbox"/>
d. _____	8.4 <input type="checkbox"/>	8.4 <input type="checkbox"/>
e. _____	8.5 <input type="checkbox"/>	8.5 <input type="checkbox"/>
<b>B. 100% Juice and Water</b>		
1. Juice (100% fruit or vegetable juice)	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2. Bottled water (plain, flavored, or sparkling)	2 <input type="checkbox"/>	2 <input type="checkbox"/>
<b>C. Beverages Other than Milk, 100% Juice, or Water</b>		
1. Diet carbonated soft drink (diet soda/pop)	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2. Regular carbonated soft drink (regular soda/pop)	2 <input type="checkbox"/>	2 <input type="checkbox"/>
3. Juice drinks and other sweetened drinks (such as cranberry drink, Hi-C, lemonade, fruit punch, iced tea)	3 <input type="checkbox"/>	3 <input type="checkbox"/>
4. Sports drinks (such as Gatorade or PowerAde)	4 <input type="checkbox"/>	4 <input type="checkbox"/>
5. Energy drinks (such as Red Bull or Monster Energy)	5 <input type="checkbox"/>	5 <input type="checkbox"/>
6. Hot or cold chocolate drinks (such as Yoo-hoo; NOT chocolate milk)	6 <input type="checkbox"/>	6 <input type="checkbox"/>
7. Hot or cold coffee or tea	7 <input type="checkbox"/>	7 <input type="checkbox"/>
8. Other beverages ( <i>Specify</i> )		
a. _____	8.1 <input type="checkbox"/>	8.1 <input type="checkbox"/>
b. _____	8.2 <input type="checkbox"/>	8.2 <input type="checkbox"/>
c. _____	8.3 <input type="checkbox"/>	8.3 <input type="checkbox"/>
d. _____	8.4 <input type="checkbox"/>	8.4 <input type="checkbox"/>
e. _____	8.5 <input type="checkbox"/>	8.5 <input type="checkbox"/>

A LA CARTE FOODS CHECKLIST (BASIC)

Food Item	Breakfast	Lunch
<b>D. Fruit</b>		
1. Dried fruit (such as raisins or apricots)	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2. Canned or frozen fruit	2 <input type="checkbox"/>	2 <input type="checkbox"/>
3. Fresh fruit	3 <input type="checkbox"/>	3 <input type="checkbox"/>
<b>E. Vegetables</b>		
<b>COOKED</b>		
1. Baked French fries (including tater tots and sweet potato fries)	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2. Deep-fried French fries (including tater tots)	2 <input type="checkbox"/>	2 <input type="checkbox"/>
3. Potatoes or sweet potatoes (other than French fries/tater tots/sweet potato fries)	3 <input type="checkbox"/>	3 <input type="checkbox"/>
4. Corn	4 <input type="checkbox"/>	4 <input type="checkbox"/>
5. Carrots	5 <input type="checkbox"/>	5 <input type="checkbox"/>
6. Broccoli	6 <input type="checkbox"/>	6 <input type="checkbox"/>
7. Peas	7 <input type="checkbox"/>	7 <input type="checkbox"/>
8. Green beans	8 <input type="checkbox"/>	8 <input type="checkbox"/>
9. Mixed vegetables	9 <input type="checkbox"/>	9 <input type="checkbox"/>
10. Vegetable soup	10 <input type="checkbox"/>	10 <input type="checkbox"/>
11. Beans/legumes (such as baked beans, black beans, or pinto beans)	11 <input type="checkbox"/>	11 <input type="checkbox"/>
12. Other cooked vegetables ( <i>Specify</i> )		
a. _____	12.1 <input type="checkbox"/>	12.1 <input type="checkbox"/>
b. _____	12.2 <input type="checkbox"/>	12.2 <input type="checkbox"/>
c. _____	12.3 <input type="checkbox"/>	12.3 <input type="checkbox"/>
d. _____	12.4 <input type="checkbox"/>	12.4 <input type="checkbox"/>
e. _____	12.5 <input type="checkbox"/>	12.5 <input type="checkbox"/>
<b>RAW (NOT COOKED)</b>		
13. Carrot sticks	13 <input type="checkbox"/>	13 <input type="checkbox"/>
14. Celery	14 <input type="checkbox"/>	14 <input type="checkbox"/>
15. Cucumbers	15 <input type="checkbox"/>	15 <input type="checkbox"/>
16. Salad bars	16 <input type="checkbox"/>	16 <input type="checkbox"/>
17. Tossed salads (side)	17 <input type="checkbox"/>	17 <input type="checkbox"/>
18. Prepared vegetable salads (such as potato salad, coleslaw, or three bean salad)	18 <input type="checkbox"/>	18 <input type="checkbox"/>
19. Other raw vegetables ( <i>Specify</i> )		
a. _____	19.1 <input type="checkbox"/>	19.1 <input type="checkbox"/>
b. _____	20.2 <input type="checkbox"/>	20.2 <input type="checkbox"/>
c. _____	21.3 <input type="checkbox"/>	21.3 <input type="checkbox"/>

Food Item	Breakfast	Lunch
d. _____	22.4 <input type="checkbox"/>	22.4 <input type="checkbox"/>
e. _____	23.5 <input type="checkbox"/>	23.5 <input type="checkbox"/>
<b>F. Breads and Grains</b>		
1. Whole grain-rich breads, rolls, bagels, or tortillas	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2. Regular (not whole grain-rich) bread, rolls, bagels, or tortillas	2 <input type="checkbox"/>	2 <input type="checkbox"/>
3. Other bread items (such as breadsticks, biscuits, croissants, or hot pretzels)	3 <input type="checkbox"/>	3 <input type="checkbox"/>
4. Low-fat muffins	4 <input type="checkbox"/>	4 <input type="checkbox"/>
5. Regular muffins (not lower in fat)	5 <input type="checkbox"/>	5 <input type="checkbox"/>
6. Ready-to-eat breakfast cereal	6 <input type="checkbox"/>	6 <input type="checkbox"/>
7. Pancakes, waffles, or French toast	7 <input type="checkbox"/>	7 <input type="checkbox"/>
8. Rice, pasta, or cooked cereal	8 <input type="checkbox"/>	8 <input type="checkbox"/>
9. Other bread/grains ( <i>Specify</i> )		
a. _____	9.1 <input type="checkbox"/>	9.1 <input type="checkbox"/>
b. _____	9.2 <input type="checkbox"/>	9.2 <input type="checkbox"/>
c. _____	9.3 <input type="checkbox"/>	9.3 <input type="checkbox"/>
d. _____	9.4 <input type="checkbox"/>	9.4 <input type="checkbox"/>
e. _____	9.5 <input type="checkbox"/>	9.5 <input type="checkbox"/>
<b>G. Meats or Meat Alternates</b>		
1. Breaded chicken/turkey (nuggets, patties, strips, parts)	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2. Not breaded chicken/turkey (nuggets, patties, strips, parts)	2 <input type="checkbox"/>	2 <input type="checkbox"/>
3. Breaded beef/pork (nuggets, patties, strips)	3 <input type="checkbox"/>	3 <input type="checkbox"/>
4. Not breaded beef/pork (nuggets, patties, strips)	4 <input type="checkbox"/>	4 <input type="checkbox"/>
5. Sausage or bacon	5 <input type="checkbox"/>	5 <input type="checkbox"/>
6. Breaded fish (nuggets, patties, strips/sticks)	6 <input type="checkbox"/>	6 <input type="checkbox"/>
7. Not breaded fish (nuggets, patties, strips/sticks, fillets)	7 <input type="checkbox"/>	7 <input type="checkbox"/>
8. Eggs	8 <input type="checkbox"/>	8 <input type="checkbox"/>
9. Cheese (including string cheese)	9 <input type="checkbox"/>	9 <input type="checkbox"/>
10. Fried or baked cheese or pizza sticks (for example, Bosco sticks)	10 <input type="checkbox"/>	10 <input type="checkbox"/>
11. Chili	11 <input type="checkbox"/>	11 <input type="checkbox"/>
12. Yogurt	12 <input type="checkbox"/>	12 <input type="checkbox"/>
13. Peanut butter or other nut or seed butter	13 <input type="checkbox"/>	13 <input type="checkbox"/>
14. Nuts and/or seeds (such as almonds, peanuts, sunflower seeds, or trail mix)	14 <input type="checkbox"/>	14 <input type="checkbox"/>

A LA CARTE FOODS CHECKLIST (BASIC)

Food Item	Breakfast	Lunch
15. Other meats/meat alternates ( <i>Specify</i> )		
a. _____	15.1 <input type="checkbox"/>	15.1 <input type="checkbox"/>
b. _____	15.2 <input type="checkbox"/>	15.2 <input type="checkbox"/>
c. _____	15.3 <input type="checkbox"/>	15.3 <input type="checkbox"/>
d. _____	15.4 <input type="checkbox"/>	15.4 <input type="checkbox"/>
e. _____	15.5 <input type="checkbox"/>	15.5 <input type="checkbox"/>
<b>H. Entrees</b>		
<b>SANDWICHES</b>		
1. Cheeseburger or hamburger	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2. Hot dog or corn dog	2 <input type="checkbox"/>	2 <input type="checkbox"/>
3. Barbecue sandwich (including sloppy joes)	3 <input type="checkbox"/>	3 <input type="checkbox"/>
4. Peanut butter or other nut or seed butter sandwich (including with jelly)	4 <input type="checkbox"/>	4 <input type="checkbox"/>
5. Cheese sandwich	5 <input type="checkbox"/>	5 <input type="checkbox"/>
6. Veggie burger	6 <input type="checkbox"/>	6 <input type="checkbox"/>
7. Chicken, egg, or tuna salad sandwich	7 <input type="checkbox"/>	7 <input type="checkbox"/>
8. Sandwich with breaded meat, poultry or fish	8 <input type="checkbox"/>	8 <input type="checkbox"/>
9. Sandwich with cold cuts (salami, bologna, or pepperoni)	9 <input type="checkbox"/>	9 <input type="checkbox"/>
10. Sandwich with plain (not breaded) meat, poultry or fish	10 <input type="checkbox"/>	10 <input type="checkbox"/>
11. Breakfast sandwich or breakfast burrito	11 <input type="checkbox"/>	11 <input type="checkbox"/>
12. Other sandwiches ( <i>Specify</i> )		
a. _____	12.1 <input type="checkbox"/>	12.1 <input type="checkbox"/>
b. _____	12.2 <input type="checkbox"/>	12.2 <input type="checkbox"/>
c. _____	12.3 <input type="checkbox"/>	12.3 <input type="checkbox"/>
d. _____	12.4 <input type="checkbox"/>	12.4 <input type="checkbox"/>
e. _____	12.5 <input type="checkbox"/>	12.5 <input type="checkbox"/>
<b>OTHER ENTREES</b>		
13. Pizza without meat	13 <input type="checkbox"/>	13 <input type="checkbox"/>
14. Pizza with meat	14 <input type="checkbox"/>	14 <input type="checkbox"/>
15. Calzone or Hot Pocket	15 <input type="checkbox"/>	15 <input type="checkbox"/>
16. Burritos	16 <input type="checkbox"/>	16 <input type="checkbox"/>
17. Other Mexican foods (such as tacos, nachos, or quesadillas)	17 <input type="checkbox"/>	17 <input type="checkbox"/>
18. Chinese food	18 <input type="checkbox"/>	18 <input type="checkbox"/>
19. Lasagna	19 <input type="checkbox"/>	19 <input type="checkbox"/>
20. Spaghetti	20 <input type="checkbox"/>	20 <input type="checkbox"/>

Food Item	Breakfast	Lunch
21. Macaroni and cheese	21 <input type="checkbox"/>	21 <input type="checkbox"/>
22. Entrée salad (such as chef's, cobb, taco, or chicken Caesar)	22 <input type="checkbox"/>	22 <input type="checkbox"/>
23. Soup with meat or beans (such as chicken, clam chowder, or minestrone)	23 <input type="checkbox"/>	23 <input type="checkbox"/>
24. Other entrees ( <i>Specify</i> )		
a. _____	24.1 <input type="checkbox"/>	24.1 <input type="checkbox"/>
b. _____	24.2 <input type="checkbox"/>	24.2 <input type="checkbox"/>
c. _____	24.3 <input type="checkbox"/>	24.3 <input type="checkbox"/>
d. _____	24.4 <input type="checkbox"/>	24.4 <input type="checkbox"/>
e. _____	24.5 <input type="checkbox"/>	24.5 <input type="checkbox"/>
<b>I. Baked Goods and Desserts</b>		
1. Low-fat/reduced-fat cakes, cupcakes, or brownies	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2. Regular cakes, cupcakes, or brownies (not lower in fat)	2 <input type="checkbox"/>	2 <input type="checkbox"/>
3. Low-fat pies, turnovers, or toaster pastries	3 <input type="checkbox"/>	3 <input type="checkbox"/>
4. Regular pies, turnovers, or toaster pastries (not lower in fat)	4 <input type="checkbox"/>	4 <input type="checkbox"/>
5. Low-fat doughnuts or cinnamon rolls	5 <input type="checkbox"/>	5 <input type="checkbox"/>
6. Regular doughnuts or cinnamon rolls (not lower in fat)	6 <input type="checkbox"/>	6 <input type="checkbox"/>
7. Low-fat cookies	7 <input type="checkbox"/>	7 <input type="checkbox"/>
8. Regular cookies (not lower in fat)	8 <input type="checkbox"/>	8 <input type="checkbox"/>
9. Fruit crisp or cobbler	9 <input type="checkbox"/>	9 <input type="checkbox"/>
10. Other baked goods/desserts ( <i>Specify</i> )		
a. _____	10.1 <input type="checkbox"/>	10.1 <input type="checkbox"/>
b. _____	10.2 <input type="checkbox"/>	10.2 <input type="checkbox"/>
c. _____	10.3 <input type="checkbox"/>	10.3 <input type="checkbox"/>
d. _____	10.4 <input type="checkbox"/>	10.4 <input type="checkbox"/>
e. _____	10.5 <input type="checkbox"/>	10.5 <input type="checkbox"/>
<b>J. Frozen and Dairy Desserts</b>		
1. Frozen fruit bars or popsicles	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2. Milkshakes, smoothies, or yogurt drinks	2 <input type="checkbox"/>	2 <input type="checkbox"/>
3. Low-fat/reduced-fat ice cream, novelties, frozen yogurt, or sherbet	3 <input type="checkbox"/>	3 <input type="checkbox"/>
4. Regular ice cream, novelties, frozen yogurt, or sherbet	4 <input type="checkbox"/>	4 <input type="checkbox"/>
5. Pudding	5 <input type="checkbox"/>	5 <input type="checkbox"/>



A LA CARTE FOODS CHECKLIST (BASIC)

Food Item	Breakfast	Lunch
6. Other frozen/dairy dessert ( <i>Specify</i> )		
a. _____	6.1 <input type="checkbox"/>	6.1 <input type="checkbox"/>
b. _____	6.2 <input type="checkbox"/>	6.2 <input type="checkbox"/>
c. _____	6.3 <input type="checkbox"/>	6.3 <input type="checkbox"/>
d. _____	6.4 <input type="checkbox"/>	6.4 <input type="checkbox"/>
e. _____	6.5 <input type="checkbox"/>	6.5 <input type="checkbox"/>
<b>K. Snacks</b>		
1. Low-fat/reduced-fat/baked chips (such as corn, potato, puffed cheese, tortilla, or snack mixes)	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2. Regular chips (not lower in fat; such as corn, potato, puffed cheese, tortilla, or snack mixes)	2 <input type="checkbox"/>	2 <input type="checkbox"/>
3. Hard pretzels	3 <input type="checkbox"/>	3 <input type="checkbox"/>
4. Popcorn	4 <input type="checkbox"/>	4 <input type="checkbox"/>
5. Cracker sandwiches with cheese or peanut butter	5 <input type="checkbox"/>	5 <input type="checkbox"/>
6. Other types of crackers (including animal crackers)	6 <input type="checkbox"/>	6 <input type="checkbox"/>
7. Low-fat/reduced-fat granola bars, cereal bars, or energy bars	7 <input type="checkbox"/>	7 <input type="checkbox"/>
8. Regular granola bars, cereal bars, or energy bars (not lower in fat)	8 <input type="checkbox"/>	8 <input type="checkbox"/>
9. Crispy rice bars or treats	9 <input type="checkbox"/>	9 <input type="checkbox"/>
10. Candy or gum	10 <input type="checkbox"/>	10 <input type="checkbox"/>
11. Fruit snacks (such as Fruit Roll-Ups or fruit leather)	11 <input type="checkbox"/>	11 <input type="checkbox"/>
12. Meat snacks (such as jerky or pork rinds)	12 <input type="checkbox"/>	12 <input type="checkbox"/>
13. Other snacks ( <i>Specify</i> )		
a. _____	13.1 <input type="checkbox"/>	13.1 <input type="checkbox"/>
b. _____	13.2 <input type="checkbox"/>	13.2 <input type="checkbox"/>
b. _____	13.3 <input type="checkbox"/>	13.3 <input type="checkbox"/>
b. _____	13.4 <input type="checkbox"/>	13.4 <input type="checkbox"/>
b. _____	13.5 <input type="checkbox"/>	13.5 <input type="checkbox"/>
<b>L. Other A La Carte Items (Specify)</b>		
a. _____	1.1 <input type="checkbox"/>	1.1 <input type="checkbox"/>
b. _____	1.2 <input type="checkbox"/>	1.2 <input type="checkbox"/>
c. _____	1.3 <input type="checkbox"/>	1.3 <input type="checkbox"/>
d. _____	1.4 <input type="checkbox"/>	1.4 <input type="checkbox"/>
e. _____	1.5 <input type="checkbox"/>	1.5 <input type="checkbox"/>