

WHAT DO YOU THINK!

Food Service Survey—Elementary Schools

Please answer the following questions by placing an "X" in the blank next to your choice. Thank you.

1. *How often do you eat school lunch?*
- | | |
|---|--|
| <input type="checkbox"/> 5 days each week
<input type="checkbox"/> 3-4 days each week
<input type="checkbox"/> 1-2 days each week
<input type="checkbox"/> Never
<input type="checkbox"/> Other _____ | <i>Breakfast?</i>
<input type="checkbox"/> 5 days each week
<input type="checkbox"/> 3-4 days each week
<input type="checkbox"/> 1-2 days each week
<input type="checkbox"/> Never
<input type="checkbox"/> Other _____ |
|---|--|



2. *Do you like eating school meals?* Yes No *If "No", please explain:* _____

3. *Do you like the choices of foods?*
- | | |
|---|---|
| <i>Breakfast</i>
<input type="checkbox"/> Most of the time
<input type="checkbox"/> Sometimes
<input type="checkbox"/> Never | <i>Lunch</i>
<input type="checkbox"/> Most of the time
<input type="checkbox"/> Sometimes
<input type="checkbox"/> Never |
|---|---|



4. *When you eat school meals, does the food taste good?*
-
- Most of the time
-
-
- Sometimes
-
-
- Never

5. *Do you feel full after eating a school meal?*
-
- Most of the time
-
-
- Sometimes
-
-
- Never



6. *Is your hot food served hot?*
-
- Most of the time
-
-
- Sometimes
-
-
- Never



7. *Is your cafeteria staff /server friendly?*
-
- Most of the time
-
-
- Sometimes
-
-
- Never



8. *Do you have enough time to eat your ?*
- | | |
|---|---|
| <i>Breakfast</i>
<input type="checkbox"/> Most of the time
<input type="checkbox"/> Sometimes
<input type="checkbox"/> Never | <i>Lunch</i>
<input type="checkbox"/> Most of the time
<input type="checkbox"/> Sometimes
<input type="checkbox"/> Never |
|---|---|



9. *What are your favorite foods.* *What foods don't you like?*
- | | |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |



10. *What changes would you like to see in your school meals?*
- _____
- _____

11. *What is your grade:* _____ *Circle one:* Boy Girl
- School Name:* _____