

SECONDARY STUDENT BREAKFAST SURVEY

1. Circle any of these items you had for breakfast:

Milk/Soy Milk

Juice/Fruit/
Vegetable

Meat/Cheese/
Yogurt/Beans

Cereal/Bread/
Muffin/Bagel/
Rice/Tortilla

If none of the above, what did you eat? _____

2. Did you eat breakfast at school? YES/NO

If no, why not? _____

3. Do you ever buy foods at a store, fast food restaurant or vending machine to eat for breakfast? YES/NO

If yes, what kinds of food do you buy? _____

4. How do you get to school and how long does it take?

BUS

CAR

WALK

OTHER

___minutes

___minutes

___minutes

___minutes

5. What time do you get to school? _____ a.m.

6. Do you participate in before-school activities? YES/NO

7. List the kinds of foods you like to eat for breakfast.

8. If some of these foods were offered, would you eat breakfast at school? YES/NO

If no, why not? _____