Please answer these questions about the nutrition class. You may use words and drawings.

1. What are two things you learned in class?

2. Is there a change you are thinking about making because of what you learned?

3. What part of the lessons did you enjoy the most?
3rd to 5th Grade
Food and Nutrition Survey

1. Check the box for all the times you were physically active yesterday:
   - [ ] Before school
   - [ ] During recess at school
   - [ ] During PE at school
   - [ ] On a team
   - [ ] After school

2. Yesterday, I ate fruit as part of a meal or a snack...
   - [ ] No times
   - [ ] 1 time
   - [ ] 2 times
   - [ ] 3 times
   - [ ] 4 or more times

3. Yesterday, how many different kinds of fruit did you eat?
   - [ ] None
   - [ ] 1 kind
   - [ ] 2 kinds
   - [ ] 3 kinds
   - [ ] 4 or more kinds

4. Yesterday, I ate vegetables as part of a meal or a snack...
   - [ ] No times
   - [ ] 1 time
   - [ ] 2 times
   - [ ] 3 times
   - [ ] 4 or more times

5. Yesterday, how many different kinds of vegetables did you eat?
   - [ ] None
   - [ ] 1 kind
   - [ ] 2 kinds
   - [ ] 3 kinds
   - [ ] 4 or more kinds

6. Yesterday, I drank pop, soda or energy drinks...
   - [ ] No times
   - [ ] 1 time
   - [ ] 2 times
   - [ ] 3 or more times

7. Yesterday, I drank fruit-flavored drinks or sports drinks...
   - [ ] No times
   - [ ] 1 time
   - [ ] 2 times
   - [ ] 3 or more times

8. Yesterday, how often did you wash your hands with soap before eating?
   - [ ] Never
   - [ ] Sometimes
   - [ ] Most of the time
   - [ ] Every time

For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY 711).