What’s on Your Plate?
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).