

Secondary Student Survey – WITH Breakfast Program

1. What do you know about the importance of eating a healthy breakfast?

2. Check any of these items you had for breakfast.

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Milk/Soy
Milk | <input type="checkbox"/> Juice/Fruit/
Vegetable | <input type="checkbox"/> Meat/Cheese/
Yogurt/Beans/
Eggs/Fish | <input type="checkbox"/> Cereal/Bread/
Muffin/Bagel/
Rice/Tortilla |
|---|--|---|--|

If none of the above, what did you eat?

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

If no, why not?

4. 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?

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

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Bus
_____ minutes | <input type="checkbox"/> Car
_____ minutes | <input type="checkbox"/> Walk
_____ minutes | <input type="checkbox"/> Other _____
_____ minutes |
|---|---|--|---|

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

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

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

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

If no, why not?

10. Would you purchase school breakfast if it cost less than \$_____. YES/NO

If no, why not?
