**School Breakfast – Elementary Student Survey**

1. Did you have breakfast this morning **before you came to school**?
* YES
* NO
1. Did you have any of these foods before school? Please check which foods you ate for breakfast this morning.
* Milk
* Meat/Cheese/Yogurt/

Egg/Beans/Fish

* Juice/Fruit/Vegetable
* Cereal/Bread/Muffin/Rice/
Bagel/Tortilla

What other foods did you eat this morning? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did you have breakfast **at school** this morning?
* YES
* NO

If no, why not?

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1. How do you feel when you do not eat breakfast?

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1. Do you get hungry before lunch?
* YES
* NO

6. What do you think of our new school breakfast program?

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Bagel/Tortilla

What other foods did you eat this morning?

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did you have breakfast **at school** this morning?
* YES
* NO

If no, why not?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How do you feel when you do not eat breakfast?

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1. Do you get hungry before lunch?
* YES
* NO

6. How does eating a good breakfast help you?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School Breakfast – Student Survey**

1. Did you have breakfast this morning before you came to school?
* YES
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1. Did you have any of these foods? Check the foods you had for breakfast this morning.
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* Meat/Cheese/Yogurt/

Egg/Beans/Fish

* Juice/Fruit/Vegetable
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What other foods did you eat this morning?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How do you feel when do not eat breakfast?

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1. Do you get hungry before lunch?
* YES
* NO
1. If you could eat breakfast at school, would you?
* YES
* NO

If no, why not?

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6. How does eating a good breakfast help you?

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