School Breakfast Survey

Students! We want YOUR feedback about breakfast. Please answer this short survey to tell us what you think. This is an anonymous survey, so no one will know how you answered the questions.

Gender:  
Grade:  

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

2. Circle any of these items that you ate for breakfast this morning.
   
   Milk/milk alternative   Juice/Fruit/Vegetable  
   Meat/Cheese/Yogurt/  
   Beans/Eggs/Fish        Cereal/Bread/Muffin/Bagel/ 
   Rice/Tortilla

3. Do you ever eat breakfast at school?
   □ Never
   □ Once or twice
   □ Sometimes
   □ Often

   If you don’t usually eat breakfast at school, 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?
   □ Bus/Public Transit and it takes me ____________ minutes
   □ Car and it takes me ____________ minutes
   □ Walk/Bike and it takes me ____________ minutes
   □ Other ________________ and it takes me ____________ minutes
6. What time do you get to school? __________a.m.

7. Do you participate in any before-school activities?
   □ Yes
   □ No

8. Check the top three (3) reasons that you do NOT eat breakfast at school.
   □ I don’t like the food.
   □ I don’t get to school in time.
   □ I don’t like to eat breakfast.
   □ My friends aren’t there.
   □ I can’t afford it.
   □ I eat at home.
   □ I’m dieting or trying to lose weight.
   □ I didn’t know I could eat breakfast at school.
   □ Other: ___________________________________________________________________

9. Check three (3) changes that the cafeteria could make to improve school breakfast for students.
   □ Better-tasting food
   □ Fresh fruit, yogurt, or other healthier options
   □ Giving students time to eat
   □ Offering breakfast later in the morning like breakfast on the go, breakfast in the classroom, etc.
   □ Having activities, themes, music, and other events
   □ Other: ___________________________________________________________________

10. What would make the cafeteria a better place to be in the mornings?

11. Would you be interested in joining a group of students to help make changes to the cafeteria? If YES, please include your name, e-mail, and homeroom in the tear-off portion below.
   □ Yes
   □ No

I want to be a part of a group of students to help make changes to the cafeteria. Please contact me!