

Elementary Student Survey – NO Breakfast Program

1. Did you have breakfast this morning before you came to school?

- YES NO

2. Did you have any of these foods? Check which ones you had for breakfast this morning.

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

If no, what did you eat this morning?

3. How do you feel when you've missed breakfast?

4. Do you get hungry before lunch?

- YES NO

5. If you could eat breakfast at school, would you?

- YES NO

If no, why not?

6. What does eating a good breakfast help you do better?
