## **Secondary Student Survey – No Breakfast Program**

2.	Did you eat breakfast today? YES/NO
3.	Check any of these items you had for breakfast?
	<ul> <li>Milk/Soy</li> <li>Juice/Fruit/</li> <li>Meat/Cheese/</li> <li>Cereal/Bread/</li> <li>Yogurt/Beans/</li> <li>Egg/Fish</li> <li>Rice/Tortilla</li> </ul>
	If none of the above, what did you eat?
4.	Do you ever buy foods at a store, fast food restaurant or vending machine to eat fo 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 Car Walk Other minutes minutes minutes
<b>3</b> .	What time do you get to school? a.m.
<b>7</b> .	Do you participate in before-school activities? YES/NO
3.	If breakfast was offered at school, list the kinds of foods you would like.
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	If no, why not?