

# POST NUTRITION SURVEY for GRADES 6-8



1) How often do you eat breakfast? (CIRCLE ONE)

Never                  Sometimes                  Usually                  Always

2) How often do you read a food nutrition facts label?

Never                  Sometimes                  Usually                  Always

3) How often do you read a food ingredient list?

Never                  Sometimes                  Usually                  Always

4) How often do you taste something at school that you had not tried before?

Never                  Once/twice                  Once in a While                  Many Times

4a) Give an example: \_\_\_\_\_

5) Have you ever eaten something at home that you first tried at school?                  Yes                  No

5a) Give an example: \_\_\_\_\_

6) How often do you try to make healthy food choices?

Never                  Sometimes                  Usually                  Always

7) How often do you eat vegetables?

Never                  Sometimes                  Usually                  Always

8) How often do you eat fruit?

Never                  Sometimes                  Usually                  Always

9) Please circle the item that is closest to the source and least processed:

Applesauce                  Apple Juice                  Apple                  Apple Jacks

10) How often do you talk to your parents about what you learned in GrowingGreat?

Never                  Sometimes                  Usually                  Always

11) What is the most important thing you learned in GrowingGreat this year?

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School \_\_\_\_\_

Grade \_\_\_\_\_ Teacher \_\_\_\_\_

# PARENT NUTRITION LESSON SURVEY



- Has your child told you about the nutrition lessons in school? Yes No
- Does your child bring home the family nutrition flyer? Yes No
- Is your child interested in eating new foods he/she has tried at school? Yes No
- Have you noticed any changes in what your child likes to eat? Yes No

If so, please describe:

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Does your child pay more attention than before to the ingredients in food? Yes No

Over the past year, have you noticed a positive change in your child's attitude toward...

- |                    |     |    |
|--------------------|-----|----|
| Vegetables?        | Yes | No |
| Fruit?             | Yes | No |
| Trying new foods?  | Yes | No |
| School in general? | Yes | No |

Additional comments or suggestions about the school nutrition lessons are welcome:

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School \_\_\_\_\_

Student's Grade Level \_\_\_\_\_ Student's Teacher \_\_\_\_\_

Name (optional) \_\_\_\_\_

# TEACHER NUTRITION LESSON SURVEY



Have your students responded positively to the GrowingGreat nutrition curriculum? Yes No  
Have you used the GrowingGreat supplemental teacher materials? Yes No  
Have you integrated nutrition lesson material into other classroom lessons? Yes No

If YES...

How often? (CIRCLE ONE)

- Once or twice
- A few times
- Several times

What types of lessons have you integrated with nutrition material? (CIRCLE AS MANY AS APPLY)

- Math
- Science
- Language Arts
- Social Studies
- Other (Specify: \_\_\_\_\_ )

Are the nutrition lessons appropriately timed within your class schedule? Yes No  
Is the content of the nutrition lessons appropriate for the students' age? Yes No  
Have you observed your students making healthier food choices? Yes No  
Have you noticed improvements in your students' behavior or your classroom environment after participating in the nutrition lessons? Yes No

If so, please describe:

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Additional comments or suggestions about the classroom nutrition lessons are welcome:

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School \_\_\_\_\_

Student's Grade Level \_\_\_\_\_ Name (optional) \_\_\_\_\_