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# Session 7

## SAMPLE STUDENT SURVEY

Grade \_\_\_\_\_

Gender \_\_\_\_\_

Are you vegetarian? \_\_\_\_\_

The purpose of this survey is to determine the food preferences of the students at your school in the cafeteria, food carts, and vending machines. Results of this survey will be distributed to School Officials and Food Services representatives.

1. Do the cafeteria and lunch carts sell the types of food you like to eat at school?

(please circle one)

Yes      Partially satisfied      No      I don't eat school food

2. How would you rate the food at school?

Not good      Average      Good      Excellent

3. Would you like to see the food in the cafeteria change? Yes

No

4. What foods do you NOT like from the cafeteria and would like to see changed?

5. What kinds of new food would you like to see served in the cafeteria?

6. What food from the cafeteria and lunch carts do you like?

7. How healthy do you think your diet is?

Healthy      Average      Unhealthy

8. Do you think the food served in the cafeteria is healthy? If not please explain. Yes

No

9. What type of healthy food should be served on campus?

10. Do students eat healthy at school? Yes

No

11. How often do you buy snacks or drinks in the vending machines?

Frequently      Occasionally      Not Often      Never

12. Of the following options, which snacks would you prefer to see in the school's vending machines? (some snacks listed are types of snacks, not necessarily brands)

**Circle your top 5 choices:**

Granola Bars	Pretzels	Trail Mix
Baked Doritos	Baked Lays	Chex Mix
String cheese	Energy Bars	Fresh Fruit
Popcorn	Nutrigrain Bars	Animal Crackers
Spicy Peanuts	Regular peanuts	Cereal bars
Fresh Vegetables	Other (please describe)	

13. Of the following options, which beverages would you prefer to see in the school's vending machines?

**Juices - Circle your top 5 choices:**

Tropical Peach	Berry Blaze	Apple Grape
Apple	V-8	Grape
Cherry	Kiwi Strawberry	Orange
Strawberry Banana	Tangerine Scream	Cranberry
Carrot	Orange Mango	Other (please describe)

**Milk - Circle your top 2 choices:**

Nonfat	1% milk	Soy Milk
Vanilla Soymilk	Other (please describe)	

14. Would you be interested in a fresh salad and fruit bar option at school?  
Yes      No

15. Do you have any other suggestions for how to improve the food at school?