Standard Coffee Taste Test Survey Questions (High School)

1. If you could get coffee at school with your breakfast, would you want to eat at school more often? Y/N

2. Rate the coffee you tried today:

	LOVED IT & would have it again	I liked it & might try it again	Hated it & would not have it again
Mocha			
Vanilla			
Plain			
Chai			
Iced			

3. How many days per week do you drink coffee?
   a. Everyday
   b. 3-4 days each week
   c. 1-2 days each week
   d. Never

4. How many days a week do you eat breakfast at school?
   a. Everyday
   b. 3-4 days each week
   c. 1-2 days each week
   d. Rarely/Never

5. (This question only appears if less than 2 is selected on the previous question.) If you don't eat breakfast at school often, why? Please select all that apply.
   a. Cost
   b. I don't like the choices
   c. I eat at home
   d. When I arrive, I don't have time
   e. I don't want to go to the cafeteria

6. What breakfast items would you like to see added to your menu?

Standard Smoothie Taste Test Survey Questions (Middle & High)

1. Rate the smoothie flavors you tried today (place an "x" in the column of your response):

	LOVED IT & would have it again	I liked it & might try it again	Hated it & would not have it again
Strawberry			
Triple Berry			
Strawberry Banana			
Green Goodness			
Tropical Mango			

2. Would you be more interested in eating breakfast at school, if they served smoothies?
   Y/N

3. How many days a week do you eat breakfast at school?
   a. Everyday
   b. 3-4 days each week
   c. 1-2 days each week
   d. Rarely/Never

4. (This question only appears if less than 2 is selected on the previous question.) If you don't eat breakfast at school often, why? Please select all that apply.
   a. Cost
   b. I don't like the choices
   c. I eat at home
   d. I don't get to school in time
   e. I don't want to go to the cafeteria

5. What other breakfast items would you like to see on your menu?

Elementary Taste Test Survey Questions

1. Rate the flavor of the _____.



2. If _____ was a part of your school breakfast/lunch, would you want to eat at school? Y/N

3. How many days a week do you eat breakfast/lunch at school?

4. What other items would you like to see on your menu?

5. What is your favorite food to eat at school for breakfast/lunch? Why?



Parent Survey Questions (General questions about CNPs)

1. How familiar are you with the meals offered at your child's school?
   (Very familiar, somewhat familiar, not familiar)

2. Do you think school meals help your child develop healthy eating habits?
   Y/N

3. If your child brings lunch from home, what are the main reasons?
   Check all that apply:
   - Dietary Restrictions
   - Preferences
   - Quality Concerns
   - Variety
   - Cost
   - Time it takes to get the school meal or long lines
   - Other:_____

4. Would you like more information from the school about meal options and nutrition?
   Y/N

5. How do you prefer to receive communication from the school nutrition program?
   Check all that apply:
   - Email
   - Text message
   - School newsletter
   - School nutrition website
   - Facebook
   - Instagram
   - Other: _____

Parent Survey Questions (General questions about CNPs)

6. Rate your level of concern for your students' diet quality, using their respective age group, that they receive from school meals:

	Not Concerned	Somewhat	High Priority
Sodium			
Added Sugars			
Flavored Milk			
Total Calories			
Macronutrients			
Micronutrients			
Fiber			
Artificial Sweeteners			
Caffeine			
Dyes or Color Additives			

Macronutrients: carbohydrates, fats, and proteins

Micronutrients: ie. calcium, vitamin C, vitamin A

7. What suggestions for improvement, if any, would you like to see in our school nutrition program?

Parent Survey Questions (Specific Food Items/Programs)

1. Has your child tried [food item/program] at school?
   (Yes/No/Not Sure)

2. How does your child feel about [food item/program] at school?
   (Loves it, likes it, neutral, dislikes it, avoids it)

3. Do you believe [food item/program] is a healthy and beneficial option for your child?
   (Y/N/Not sure)

4. What, if anything would make [food item/program] better for your child?

5. Would you support continuing or expanding the availability of [food item/program] at your school?
   (Y/N/Only if improved)

