### Lunch Tool: High School Student Survey

1. What is your grade in school?

9

10

11

12

1. On average, how many days each week do you eat school lunch?

0  3

1  4

2  5

1. If you never eat school lunch, why not? Check all that apply.

I do not like the menu choices.

I do not want to wait in line.

My friends do not eat school lunch.

I am not hungry during my scheduled lunch period.

Other, *please list:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If you eat school lunch, please rate your school lunch program.

|  | Excellent | Good | Okay | Poor |
| --- | --- | --- | --- | --- |
| Variety of food choices |  |  |  |  |
| Taste of food choices |  |  |  |  |
| Appearance of food offered |  |  |  |  |
| Amount of time to eat lunch |  |  |  |  |
| Cafeteria atmosphere (decorations, noise, table set-up) |  |  |  |  |

1. List some foods you would like to see added to the school lunch menu.
2. List any foods you would like removed from the school lunch menu.
3. Please provide any additional comments.