

**Have you ever received nutrition education?**☐ Yes☐ No**I eat vegetables during:**☐ Breakfast☐ Lunch☐ Dinner☐ Snack☐ None**I eat fruit during:**☐ Breakfast☐ Lunch☐ Dinner☐ Snack☐ None**I eat whole grains during:**☐ Breakfast☐ Lunch☐ Dinner☐ Snack☐ None**I eat protein during:**☐ Breakfast☐ Lunch☐ Dinner☐ Snack☐ None**I consume dairy products during:**☐ Breakfast☐ Lunch☐ Dinner☐ Snack☐ None**How would you rate the overall quality of your nutrition?**☐ Excellent☐ Good☐ Average☐ Poor☐ Very Poor