

Richland County School District One
Student Nutrition Services
Student Survey

Your opinion is very important to us. Please take a moment to complete this survey and help us identify areas that need improvement. If there is something that has not been covered in this survey, or if you have any suggestions, please explain in the comments section. You may use additional paper if needed. The only way we can make things better is to know what's wrong. Please return survey to Student Nutrition Services. Thank you.

School Name: _____

Grade Level: _____

1. How often do you eat breakfast and lunch at school?

Breakfast 1. Everyday 2. 3-4 days 3. 1-2 days 4. Never

Lunch 1. Everyday 2. 3-4 days 3. 1-2 days 4. Never

2. How would you rate the **quality** of breakfast and lunch?

Breakfast 1. Excellent 2. Good 3. Fair 4. Poor

Lunch 1. Excellent 2. Good 3. Fair 4. Poor

3. How would you rate the **variety** of breakfast and lunch?

Breakfast 1. Excellent 2. Good 3. Fair 4. Poor

Lunch 1. Excellent 2. Good 3. Fair 4. Poor

4. How often do you purchase lunch from special sales food items?

1. Everyday 2. 3-4 days 3. 1-2 days 4. Never

5. Have you ever not eaten breakfast or lunch at school? If so, why?

1. _____ No money 3. _____ Brought lunch from home

2. _____ Did not like menu 4. _____ Cafeteria ran out of food

6. What items would you like to see added to the menu/ taken off the menu?

Add: _____

Remove: _____

Comments: _____
