

Taste Test Survey

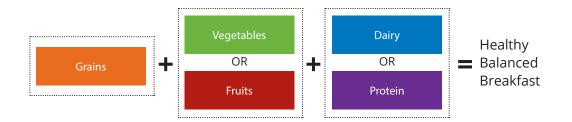
- 1. Write the names of the breakfast foods you tried in the box below.
- 2. Name the food group for each individual breakfast food or mixed food.
- 3. Draw the face that matches how you feel about each food.

Breakfast Foods	Food Group(s)	😧 = Loved 🔅 = Liked	Do you want this on the breakfast menu? Yes or No
1.			
2.			
3.			
Mixed Food:			

Was this a "3 out of 5" food-group breakfast?

Circle:

Yes No



Name: