






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  = Tried	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

