Student Health Profile
Nurse Survey

Name_____ Age_____ Date _____

1. What did you have for breakfast this morning? _____
2. How many times do you eat fruit and vegetables each day?

   None 1-2 3-5 5 5 or more
3. What is your favorite vegetable to eat? _____
4. What is your favorite fruit to eat? _____
5. What do you usually eat for lunch at school? _____
6. What do you drink with your meals

   ____Water ___Juice ____Gatorade ___Soda ____ Milk ____Other
7. What is your favorite drink? _____
8. How many times a day do you drink sweetened drinks like Soda or Kool-Aid? _____
9. What time do you usually go to bed on a school night? _____
10. How many hours of sleep did you get last night? _____ Hours

General Comments: