

Name: _____

Date: _____

Food Habits Campaign Data Collection

What is the name of the snack?	When did you eat the snack? (morning, afternoon, evening, night)	Is the snack salty or sweet? (Salty, Sweet)	How healthy is the snack? (1=Very unhealthy, 5=Very healthy)	How many calories per serving?	How many grams of protein per serving?	How many grams of sugar per serving?	How many milligrams of sodium per serving?	How many ingredients are in the snack?	Why are you eating the snack? (availability, craving, emotional, energy, hungry/thirsty, social, other)	How much does the snack cost (in dollars)? (\$0 to < \$1, \$1 to < \$3, \$3 to < \$7, \$7 or more)