

Name: _____

Date: _____

Food Habits Campaign Data Collection

What's the name of your snack?	Is your snack salty or sweet?	About how many servings did you actually eat?	How many calories per serving?	How many grams of total fat per serving?	How many milligrams of sodium per serving?	How many grams of sugar per serving?	How healthy do you think this snack is? (1-very unhealthy, 5-very healthy)	In one word, describe why you are eating this snack.	How much does this snack cost?	How many ingredients are in your snack?