

Name: _____

Date: _____

Check-In of Your Food Habits

1. How well have you done collecting data for this project? *Circle one of the choices below and explain why you ranked it at that level.*

(5) Excellent (4) Very Well (3) Average (2) Below Average (1) Not as well as I wanted (0) Collected no data

2. What do you think your snack healthy levels are? Did you eat more healthy snacks or less healthy? Why?

3. What do you think makes for a healthy snack?

4. What do you predict as the answer for statistical question you chose for this Participatory Sensing campaign?
