










Name: _____

Date: _____

Establishment: _____

Please tick how often you eat these foods

	Every day 	2 or 3 times a week 	Once a week 	Less often
I eat fruit 				
I eat biscuits/cakes/chocolate 				
I eat crisps 				
I eat chips 				
I eat vegetables 				
I have a sugary fizzy drink 				

Thank you