FOOD GROUPS

1. During the past week, did you eat foods from all 5 food groups each day?
   - ☐ Yes
   - ☐ No

2. Within the next week, how often will you eat foods from all 5 food groups each day?
   - ☐ Same as before
   - ☐ More often

Please share with us how this workshop will help you and your family:

______________________________________________________________________________

______________________________________________________________________________

(ITC 2/22/13: food groups)