



## 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:**

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(ITC 2/22/13: food groups)



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