

HOW WAS IT?

**PLACE AN "X" IN THE BOX IF
THE MEAL HAD.....**

A FRUIT OR FRUIT JUICE

A VEGETABLE

A BREAD, BUN, CEREAL,
OR GRAIN FOOD

MEAT, EGG, OR BEANS

MILK, CHEESE, OR YOGURT

CHANGES I WOULD MAKE IF I MADE THIS MEAL AGAIN....

**18 USC 707