



STUDENT'S CODE NUMBER DATE PRE POST

DO NOT write your name on this survey.

The answers you give will be kept private. This survey is voluntary.

The first 4 questions ask about food you ate or drank. Circle the answer that best describes you.

	0	1	2	3	4
1. Yesterday, how many times did you eat vegetables, not counting French fries? Include cooked vegetables, canned vegetables and salads. If you ate 2 or more different vegetables in a meal or a snack, count each of them in your total number of times.	None	1 time	2 times	3 times	4+ times
2. Yesterday, how many times did you eat fruit, not counting juice? Include fresh, frozen, canned, and dried fruits. If you ate 2 or more different fruits in a meal or a snack, count each of them in your total number of times.	None	1 time	2 times	3 times	4+ times
3. Yesterday, how many times did you drink nonfat or 1% low-fat milk? Include low-fat chocolate or flavored milk, and low-fat milk on cereal.	None	1 time	2 times	3 times	4+ times
4. Yesterday, how many times did you drink sweetened drinks like soda, fruit-flavored drinks, sports drinks, energy drinks and vitamin water? Do not include 100% fruit juice.	None	1 time	2 times	3+ times	

The next 2 questions are about how often you choose certain foods.
Circle the answer that best describes you.

	1	2	3	4	5
5. When you eat grain products, how often do you eat whole grains, like brown rice instead of white rice, whole grain bread instead of white bread, and whole grain cereals?	Never	Once in a while	Sometimes	Most of the time	Always
6. When you eat out at a restaurant or fast food place, how often do you make healthy choices when deciding what to eat?	Never	Once in a while	Sometimes	Most of the time	Always

The next 3 questions are about physical activity. Circle the answer that best describes you.

	0	1	2	3	4	5	6	7
7. During the past 7 days, how many days were you physically active for at least 1 hour?	0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days

	1	2	3	4	5
8. During the past 7 days, how often were you so active that your heart beat fast and you breathed hard most of the time?	Never	1 time last week	2 times last week	3 times last week	4 or more times last week

	1	2	3	4	5
9. How many hours a day do you spend watching TV or movies, playing electronic games, or using a computer for something that is not school work?	1 hour or less	2 hours	3 hours	4 hours	5 or more hours

The next 5 questions ask about how you handle food.
 Circle the answer that best describes you.

	1	2	3	4	5
10. How often do you wash your hands before preparing something to eat? Think about preparing snacks or meals.	Never	Once in a while	Sometimes	Most of the time	Always
11. How often do you wash vegetables and fruits before eating them?	Never	Once in a while	Sometimes	Most of the time	Always
12. When you take foods out of the refrigerator, how often do you put them back within 2 hours?	Never	Once in a while	Sometimes	Most of the time	Always
13. How often do you check the expiration date before eating or drinking foods?	Never	Once in a while	Sometimes	Most of the time	Always

	0	1	2	3	4	5
14. In the last month, when your family did not have enough money for food, how often did you help by using store coupons, going to a food pantry, or finding other free or low-cost food resources?	Does not apply	Never	1 time	2 times	3 times	4 or more times