

Dear Student,

Hello! We are the Nutrition Policy Institute, and we help to understand whether the CalFresh Healthy Living program works. CalFresh Healthy Living teaches young people about healthy eating and physical activity, with the goal of helping students stay healthy. Our program is funded by the USDA and run by the California Department of Public Health. The program is free to your school. To find out how well our lessons work, we ask that you complete this survey. However, completing the survey is voluntary. Voluntary means you can agree or not agree to complete it. It is up to you. You may also skip questions you do not want to answer, but we hope that you will answer all of them. Any information about who you are will be kept secret. We will not share your name or ID number. If you have any questions about the survey, just ask us!

If you have questions or concerns, you may contact Nutrition Policy Institute's survey coordinator:

Amanda Linares
Nutrition Policy Institute
University of California Agriculture and Natural Resources
1111 Franklin Street, Oakland CA 94607
(916) 200-5188

If you have any concerns or complaints about the survey, you may contact:

California Health and Human Services Agency,
Committee for the Protection of Human Subjects
1215 O Street, 11th Floor, Sacramento, CA 95814
(916) 651-5599





Eating and Activity Tool for Students

Updated February 2024

Created by the University of California Nutrition Policy Institute for the California Department of Public Health; funded by the United States Department of Agriculture Supplemental Nutrition Assistance Program- USDA SNAP, an equal opportunity provider and employer.

Parts of this survey were adapted from the School Physical Activity and Nutrition Project (SPAN – University of Texas, Austin). For source information about individual survey questions, contact Nutrition Policy Institute, Amanda Linares, amlinares@ucanr.edu.

To be completed by LHD or school site

School Name: _____

PEARS Site ID: _____

Classroom (teacher): _____

Pre or Post: Pre-test Post-test

ID number: _____

Date: _____

Directions: This is a survey about what you eat and drink and your physical activity. For each question, either fill in the bubble (O) of the one best answer, or the box (□) for each true answer.

1. What grade are you in?

- 4th
- 5th
- 6th
- 7th
- 8th
- 9th
- 10th
- 11th
- 12th

2. How old are you?

- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19

3. What is your gender?

- Male
- Female
- Non-binary
- Gender not listed
- I don't want to answer

4. How do you describe yourself?

Choose all the boxes (□) that best describe you.

- American Indian or Alaskan Native
- Asian
- Black or African American
- Latino or Hispanic (Mexican, Salvadoran, Guatemalan, etc.)
- Native Hawaiian or other Pacific Islander
- Middle Eastern or North African
- White
- I don't want to answer

5. Did you go to school **yesterday**?

- Yes
- No

The next questions are about **what you ate and drank yesterday**.

6. Yesterday, for breakfast:

- I ate the **school breakfast**
- I did not eat the school breakfast

7. Yesterday, for lunch:

- I ate the **school lunch**
- I did not eat the school lunch

8. Yesterday, did you eat any **starchy vegetables**?

Do not count French fries, fried potatoes, potato chips or any other type of chips.

- No**, I didn't eat any of the foods listed above yesterday.
- Yes, I ate one of these foods **1 time** yesterday.
- Yes, I ate one of these foods **2 times** yesterday.
- Yes, I ate one of these foods **3 or more times** yesterday.

Examples: potatoes, corn, peas



9. Yesterday, did you eat any **orange vegetables**?

- No**, I didn't eat any orange vegetables yesterday.
- Yes, I ate orange vegetables **1 time** yesterday.
- Yes, I ate orange vegetables **2 times** yesterday.
- Yes, I ate orange vegetables **3 or more times** yesterday.

Examples: carrots, squash, or sweet potatoes



10. Yesterday, did you eat **salad made with lettuce**, or any **green vegetables**?

- No**, I didn't eat any salad or green vegetables yesterday.
- Yes, I ate salad or green vegetables **1 time** yesterday.
- Yes, I ate salad or green vegetables **2 times** yesterday.
- Yes, I ate salad or green vegetables **3 or more times** yesterday.

Examples: spinach, green beans, broccoli, or other greens



11. Yesterday, did you eat any **other vegetables**?

- No**, I didn't eat any of the foods listed above yesterday.
- Yes, I ate one of these foods **1 time** yesterday.
- Yes, I ate one of these foods **2 times** yesterday.
- Yes, I ate one of these foods **3 or more times** yesterday.

Examples: peppers, tomatoes, zucchini, asparagus, cabbage, cauliflower, cucumbers, mushrooms, eggplant, celery, artichokes



12. Yesterday, did you eat **beans**?

Do not count green beans.

- No**, I didn't eat any beans yesterday.
- Yes, I ate beans **1 time** yesterday.
- Yes, I ate beans **2 times** yesterday.
- Yes, I ate beans **3 or more times** yesterday.

Examples: pinto beans, baked beans, kidney beans, refried beans, pork and beans



13. Yesterday, did you eat **fruit**? Fruits are all fresh, frozen, canned or dried fruits.

Do not count fruit juice.

- No**, I didn't eat any fruit yesterday.
- Yes, I ate fruit **1 time** yesterday.
- Yes, I ate fruit **2 times** yesterday.
- Yes, I ate fruit **3 times** yesterday.
- Yes, I ate fruit **4 times** yesterday.
- Yes, I ate fruit **5 or more times** yesterday.

Examples: apples, oranges, bananas, grapes, berries, peaches



14. Yesterday, did you drink **fruit juice**? Fruit juice is a drink that is **100% juice**.

Do not count punch, sports drinks, or other fruit-flavored drinks.

- No**, I didn't drink any fruit juice yesterday.
- Yes, I drank fruit juice **1 time** yesterday.
- Yes, I drank fruit juice **2 times** yesterday.
- Yes, I drank fruit juice **3 or more times** yesterday.

Examples: orange juice, apple juice, grape juice



For the questions below, **do not include** any diet or unsweetened drinks.

15. Yesterday, did you drink any punch, sports drink, or other **fruit-flavored drinks**?

Do not count 100% fruit juice.

- No**, I didn't drink any of these drinks yesterday.
- Yes, I drank one of these drinks **1 time** yesterday.
- Yes, I drank one of these drinks **2 times** yesterday.
- Yes, I drank one of these drinks **3 or more times** yesterday.



16. Yesterday, did you drink any **regular sodas** or soft drinks?

Do not count diet soda.

- No**, I didn't drink any *regular* (not diet) sodas or soft drinks yesterday.
- Yes, I drank *regular* (not diet) sodas or soft drinks **1 time** yesterday.
- Yes, I drank *regular* (not diet) sodas or soft drinks **2 times** yesterday.
- Yes, I drank *regular* (not diet) sodas or soft drinks **3 or more times** yesterday.



17. Yesterday, did you drink an **energy drink**? Energy drinks contain caffeine.

- No**, I didn't drink any energy drinks yesterday.
- Yes, I drank energy drinks **1 time** yesterday.
- Yes, I drank energy drinks **2 times** yesterday.
- Yes, I drank energy drinks **3 or more times** yesterday.



18. Yesterday, did you drink a cup, bottle, or can of coffee, tea, iced tea, or a coffee drink with sugar?
Do not count energy drinks.

- No**, I didn't drink any coffee or tea *with sugar* yesterday.
- Yes, I drank coffee or tea *with sugar* **1 time** yesterday.
- Yes, I drank coffee or tea *with sugar* **2 times** yesterday.
- Yes, I drank coffee or tea *with sugar* **3 or more times** yesterday.



19. Yesterday, did you drink any kind of **flavored milk**?

- No**, I didn't drink flavored milk yesterday.
- Yes, I drank flavored milk **1 time** yesterday.
- Yes, I drank flavored milk **2 times** yesterday.
- Yes, I drank flavored milk **3 or more times** yesterday.



Examples: chocolate milk, other flavored milk, or drinks made with milk, like a milkshake

20. Yesterday, did you drink a bottle or glass of **water**?
Count sparkling water or any other water drink that has 0 calories.

- No**, I didn't drink any water yesterday.
- Yes, I drank water **1 time** yesterday.
- Yes, I drank water **2 times** yesterday.
- Yes, I drank water **3 or more times** yesterday.



The next questions are about your **physical activity**.

21. **Last week**, on which days were you physically active for a total of **at least 60 minutes per day**?

Choose an answer for each day.

- | | | |
|-----------|------------------------------|-----------------------------|
| Monday | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Tuesday | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Wednesday | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Thursday | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Friday | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Saturday | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sunday | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.

Examples: basketball, soccer, running or jogging, fast dancing, swimming laps, tennis, fast bicycling, or similar aerobic activities.

22. **Last week**, on **which days** did you go to school?

Choose an answer for each day.

- | | | |
|-----------|------------------------------|-----------------------------|
| Monday | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Tuesday | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Wednesday | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Thursday | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Friday | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

The next two questions ask about any physical activity classes like PE that you had during school last week. **Do not include activities outside of school like dance class, sports leagues, or martial arts.**

23. **Last week, on which days** did you have PE?

Choose an answer for each day.

- | | | |
|-----------|------------------------------|-----------------------------|
| Monday | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Tuesday | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Wednesday | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Thursday | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Friday | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

24. **Last week, when you had PE, how much time** did you spend doing physical activities like:

Sports	Dancing
Physically active games	Other activities that got your body moving

- Most or all** of the class time
- About half** of the class time
- Less than half** of the class time
- I did not have a physical activity class like PE last week