



Dear Student,

Hello! We are the University of California CalFresh Program (UC CalFresh). Our program teaches young people about healthy eating and physical activity habits. Our goal is to help students stay healthy. Our program is funded by USDA. The program is free to your school or community.

To find out how well our lessons work, we ask that you complete this survey. However, completing the survey is totally 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!

Name of your local UC CalFresh educator: \_\_\_\_\_

Phone number: \_\_\_\_\_

You may also contact our UC CalFresh State Director:  
Kamaljeet Khaira, University of California at Davis, One Shields Ave, Davis CA 95616  
(530) 752-0555

If you have any concerns or complaints about our UC CalFresh Nutrition evaluation, you may also contact the Institutional Review Board, University of California at Davis at (916) 703-9151, from 8:00 a.m. to 5:00 p.m., Monday through Friday, or by writing to the Institutional Review Board, CTSC Bldg., Suite 1400, Rm. 1429, 2921 Stockton Blvd., Sacramento, California 95817.



# Eating and Activity Tool for Students (EATS)

County: \_\_\_\_\_

School Name: \_\_\_\_\_

Date: \_\_\_\_\_

Pre

Post

**\*ENGLISH VERSION\***

**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.

First letter of your <b>FIRST</b> name	First letter of your <b>LAST</b> name	Birth <b>MONTH</b>	Birth <b>DAY</b>
<b>A-Z</b>	<b>A-Z</b>	<b>01-12</b>	<b>01-31</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Student ID:

## Student Information (Only complete for Pre-Survey)

- How old are you?       8    9    10    11    12    13    14    15    16    17    18
- What grade are you in?       4<sup>th</sup>    5<sup>th</sup>    6<sup>th</sup>    7<sup>th</sup>    8<sup>th</sup>    9<sup>th</sup>    10<sup>th</sup>    11<sup>th</sup>    12<sup>th</sup>
- Are you a boy or a girl?       Boy    Girl    Other    Don't want to answer
- How do you describe yourself? Fill in all boxes (□) that describe you.
  - American Indian or Alaska Native
  - Asian
  - Black or African American
  - Mexican American, Latino, or Hispanic
  - Native Hawaiian or other Pacific Islander
  - White
  - Other: \_\_\_\_\_

## Fruits and Vegetables

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

**1. Yesterday, did you eat any potatoes, corn, or peas?**  
***Do not count French fries or chips or sweet potatoes.***

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



**2. Yesterday, did you eat any orange vegetables like:**

*Carrots                      Sweet potatoes*  
*Squash                      Other 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.



**3. Yesterday, did you eat any salad or green vegetables like:**

*Salad made with lettuce*  
*Spinach                      Broccoli*  
*Collard Greens              Green Beans*  
*Other Greens*

- 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.



**4. Yesterday, did you eat any other vegetables like:**

*Peppers                      Cucumbers*  
*Tomatoes                      Mushrooms*  
*Zucchini                      Eggplant*  
*Artichokes                      Asparagus*  
*Celery                      Cauliflower*  
*Cabbage                      Other vegetables*

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



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**5. Yesterday, did you eat any beans like:**

- Pinto beans*      *Refried beans*
- Baked beans*    *Other 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.



**6. Yesterday, did you eat any fruit like:**

- Fresh fruit*      *Canned fruit*
- Frozen fruit*    *Dried fruit*

**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.



**7. Yesterday, did you drink any 100% fruit juice like:**

- Orange juice*    *Grape juice*
- Apple juice*     *Other 100% juice*

**Do not count punch, Kool-Aid®, 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.



**8. Yesterday, did you eat any French fries or chips like:**

- Cheetos®*      *Tortilla chips*
- Potato chips*    *Other chips*

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



## Physical Activity

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

**1. Yesterday at school, when did you do physical activities like:**

*Sports*

*Playing actively with friends*

*Physically active games*

*Other activities that got your body moving*

**Choose all that apply.**

- Before school
- During PE class
- During other class time (not PE)
- During recess
- At lunchtime
- After school
- I was not physically active at school yesterday



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

**Choose all that apply.**

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- I did not have PE last week



**3. Last week, how much time in PE did you spend doing physical activities like:**

*Sports*

*Playing actively with friends*

*Physically active games*

*Other activities that got your body moving*

**Fill in the bubble (O) of the one best answer.**

- Less than half of the class time
- About half of the class time
- Most or all of the class time
- I did not have PE last week



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**4. Last week, on which days were you physically active for a total of at least 60 minutes (1 hour) per day?**

*Add up all the time you spent in any kind of physical activity that made your heart beat fast and made you breathe hard. Examples: basketball, soccer, running or jogging, dancing, swimming, tennis, or bicycling*

**Choose all that apply.**

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday
- I didn't do any exercise last week that made my heart beat fast for at least 60 minutes



**You have finished the survey! Thank you.**