



Hello,

We are CalFresh Healthy Living, University of California (CFHL, UC). We teach lessons about food and exercise to help students stay healthy. The USDA helps us give free lessons.

To find out if our lessons work, we are asking you to fill out a survey. This helps us improve our program.

- It is your choice to do the survey or not.
- You can skip questions or not.
- It is up to you.

But we hope that you will answer all the questions.



We will not share your name or id number.

If you have any questions about the survey, please ask us.

Name of your local CFHL, UC educator: _____

Phone number: _____

You may also contact our CFHL, UC State Director: Kamaljeet Khaira, University of California at Davis, 1651 Alhambra Blvd, Suite 130, Sacramento, CA 95816; (916) 450-2800.

If you have any concerns or complaints about our CFHL, UC 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.

YPAR Student Survey [RETROSPECTIVE]

Program/School Site: _____ County: _____

Imperial Only: Teacher: _____ Period: _____

Grade: 4th 5th 6th 7th 8th 9th 10th 11th 12th Date: _____

Read each question and think back to how you would have answered the question **BEFORE** participating in the program and check the appropriate box. Then check the box that best fits how you feel **NOW**.

1. I want to make a difference in making my school/ community a healthier place.

	BEFORE	NOW
Yes, most definitely!	<input type="checkbox"/>	<input type="checkbox"/>
Yes, probably	<input type="checkbox"/>	<input type="checkbox"/>
Not sure	<input type="checkbox"/>	<input type="checkbox"/>
No, probably not	<input type="checkbox"/>	<input type="checkbox"/>
No, definitely not!	<input type="checkbox"/>	<input type="checkbox"/>

2. I know where and how to gather useful data on making my school/community a healthier place.

	BEFORE	NOW
Yes, most definitely!	<input type="checkbox"/>	<input type="checkbox"/>
Yes, probably	<input type="checkbox"/>	<input type="checkbox"/>
Not sure	<input type="checkbox"/>	<input type="checkbox"/>
No, probably not	<input type="checkbox"/>	<input type="checkbox"/>
No, definitely not!	<input type="checkbox"/>	<input type="checkbox"/>

3. I can use research results to come up with solutions or recommendations for making my school/ community a healthier place.

	BEFORE	NOW
Yes, most definitely!	<input type="checkbox"/>	<input type="checkbox"/>
Yes, probably	<input type="checkbox"/>	<input type="checkbox"/>
Not sure	<input type="checkbox"/>	<input type="checkbox"/>
No, probably not	<input type="checkbox"/>	<input type="checkbox"/>
No, definitely not!	<input type="checkbox"/>	<input type="checkbox"/>

4. I can share research findings in a meaningful way to adults, decision makers or other policy makers in my school/community.

	BEFORE	NOW
Yes, most definitely!	<input type="checkbox"/>	<input type="checkbox"/>
Yes, probably	<input type="checkbox"/>	<input type="checkbox"/>
Not sure	<input type="checkbox"/>	<input type="checkbox"/>
No, probably not	<input type="checkbox"/>	<input type="checkbox"/>
No, definitely not!	<input type="checkbox"/>	<input type="checkbox"/>

5. I understand how my surroundings affect my health.

	BEFORE	NOW
Yes, most definitely!	<input type="checkbox"/>	<input type="checkbox"/>
Yes, probably	<input type="checkbox"/>	<input type="checkbox"/>
Not sure	<input type="checkbox"/>	<input type="checkbox"/>
No, probably not	<input type="checkbox"/>	<input type="checkbox"/>
No, definitely not!	<input type="checkbox"/>	<input type="checkbox"/>

6. I see myself as part of a youth community that can solve problems we are concerned about.

	BEFORE	NOW
Yes, most definitely!	<input type="checkbox"/>	<input type="checkbox"/>
Yes, probably	<input type="checkbox"/>	<input type="checkbox"/>
Not sure	<input type="checkbox"/>	<input type="checkbox"/>
No, probably not	<input type="checkbox"/>	<input type="checkbox"/>
No, definitely not!	<input type="checkbox"/>	<input type="checkbox"/>

7. Eating healthy is important to me.

	BEFORE	NOW
Yes, most definitely!	<input type="checkbox"/>	<input type="checkbox"/>
Yes, probably	<input type="checkbox"/>	<input type="checkbox"/>
Not sure	<input type="checkbox"/>	<input type="checkbox"/>
No, probably not	<input type="checkbox"/>	<input type="checkbox"/>
No, definitely not!	<input type="checkbox"/>	<input type="checkbox"/>

8. I feel confident in knowing what is healthy and not healthy to eat.

	BEFORE	NOW
Yes, most definitely!	<input type="checkbox"/>	<input type="checkbox"/>
Yes, probably	<input type="checkbox"/>	<input type="checkbox"/>
Not sure	<input type="checkbox"/>	<input type="checkbox"/>
No, probably not	<input type="checkbox"/>	<input type="checkbox"/>
No, definitely not!	<input type="checkbox"/>	<input type="checkbox"/>

9. I feel confident in knowing what is healthy and not healthy to drink.

	BEFORE	NOW
Yes, most definitely!	<input type="checkbox"/>	<input type="checkbox"/>
Yes, probably	<input type="checkbox"/>	<input type="checkbox"/>
Not sure	<input type="checkbox"/>	<input type="checkbox"/>
No, probably not	<input type="checkbox"/>	<input type="checkbox"/>
No, definitely not!	<input type="checkbox"/>	<input type="checkbox"/>

10. I select foods based on their nutritional value.

	BEFORE	NOW
Yes, most definitely!	<input type="checkbox"/>	<input type="checkbox"/>
Yes, probably	<input type="checkbox"/>	<input type="checkbox"/>
Not sure	<input type="checkbox"/>	<input type="checkbox"/>
No, probably not	<input type="checkbox"/>	<input type="checkbox"/>
No, definitely not!	<input type="checkbox"/>	<input type="checkbox"/>

11. The snacks I choose are often fruits or vegetables.

	BEFORE	NOW
Yes, most definitely!	<input type="checkbox"/>	<input type="checkbox"/>
Yes, probably	<input type="checkbox"/>	<input type="checkbox"/>
Not sure	<input type="checkbox"/>	<input type="checkbox"/>
No, probably not	<input type="checkbox"/>	<input type="checkbox"/>
No, definitely not!	<input type="checkbox"/>	<input type="checkbox"/>

12. I generally stay away from sugary drinks (soda, juice, energy and sport drinks).

	BEFORE	NOW
Yes, most definitely!	<input type="checkbox"/>	<input type="checkbox"/>
Yes, probably	<input type="checkbox"/>	<input type="checkbox"/>
Not sure	<input type="checkbox"/>	<input type="checkbox"/>
No, probably not	<input type="checkbox"/>	<input type="checkbox"/>
No, definitely not!	<input type="checkbox"/>	<input type="checkbox"/>

13. Doing physical activity is important to me.

	BEFORE	NOW
Yes, most definitely!	<input type="checkbox"/>	<input type="checkbox"/>
Yes, probably	<input type="checkbox"/>	<input type="checkbox"/>
Not sure	<input type="checkbox"/>	<input type="checkbox"/>
No, probably not	<input type="checkbox"/>	<input type="checkbox"/>
No, definitely not!	<input type="checkbox"/>	<input type="checkbox"/>

14. I know how much physical activity* I need to be healthy. (*includes walking to school, sports, exercise, etc.)

	BEFORE	NOW
Yes, most definitely!	<input type="checkbox"/>	<input type="checkbox"/>
Yes, probably	<input type="checkbox"/>	<input type="checkbox"/>
Not sure	<input type="checkbox"/>	<input type="checkbox"/>
No, probably not	<input type="checkbox"/>	<input type="checkbox"/>
No, definitely not!	<input type="checkbox"/>	<input type="checkbox"/>

15. I am physically active at least 60 minutes a day.

	BEFORE	NOW
Yes, most definitely!	<input type="checkbox"/>	<input type="checkbox"/>
Yes, probably	<input type="checkbox"/>	<input type="checkbox"/>
Not sure	<input type="checkbox"/>	<input type="checkbox"/>
No, probably not	<input type="checkbox"/>	<input type="checkbox"/>
No, definitely not!	<input type="checkbox"/>	<input type="checkbox"/>

16. When I choose a drink, I choose water over sugar sweetened beverages.

	BEFORE	NOW
Yes, most definitely!	<input type="checkbox"/>	<input type="checkbox"/>
Yes, probably	<input type="checkbox"/>	<input type="checkbox"/>
Not sure	<input type="checkbox"/>	<input type="checkbox"/>
No, probably not	<input type="checkbox"/>	<input type="checkbox"/>
No, definitely not!	<input type="checkbox"/>	<input type="checkbox"/>

17. I can identify things I am good at.

	BEFORE	NOW
Yes, most definitely!	<input type="checkbox"/>	<input type="checkbox"/>
Yes, probably	<input type="checkbox"/>	<input type="checkbox"/>
Not sure	<input type="checkbox"/>	<input type="checkbox"/>
No, probably not	<input type="checkbox"/>	<input type="checkbox"/>
No, definitely not!	<input type="checkbox"/>	<input type="checkbox"/>

18. I plan to go to college after high school (community college, 4-year university, technical college).

	BEFORE	NOW
Yes, most definitely!	<input type="checkbox"/>	<input type="checkbox"/>
Yes, probably	<input type="checkbox"/>	<input type="checkbox"/>
Not sure	<input type="checkbox"/>	<input type="checkbox"/>
No, probably not	<input type="checkbox"/>	<input type="checkbox"/>
No, definitely not!	<input type="checkbox"/>	<input type="checkbox"/>

19. I believe it is important to have a career where I can make a difference in the lives of others.

	BEFORE	NOW
Yes, most definitely!	<input type="checkbox"/>	<input type="checkbox"/>
Yes, probably	<input type="checkbox"/>	<input type="checkbox"/>
Not sure	<input type="checkbox"/>	<input type="checkbox"/>
No, probably not	<input type="checkbox"/>	<input type="checkbox"/>
No, definitely not!	<input type="checkbox"/>	<input type="checkbox"/>

20. I believe it is important to be passionate about the work I do when choosing a career.

	BEFORE	NOW
Yes, most definitely!	<input type="checkbox"/>	<input type="checkbox"/>
Yes, probably	<input type="checkbox"/>	<input type="checkbox"/>
Not sure	<input type="checkbox"/>	<input type="checkbox"/>
No, probably not	<input type="checkbox"/>	<input type="checkbox"/>
No, definitely not!	<input type="checkbox"/>	<input type="checkbox"/>

After participating in this project....	Now				
	Yes, definitely!	Yes, probably	Not sure	Not really	Definitely not!
1. I have learned that I can make a difference in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I plan to continue making my community a more healthy place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I will be able to apply the skills learned to other issues I am passionate about.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am more aware of healthy eating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I think I eat healthier.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I can influence others to eat healthier.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I am more aware of the importance of physical activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I do more physical activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I can influence others on the importance of physical activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I drink fewer sugar sweetened drinks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I am more aware of clean drinking water.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I can influence others on the importance of drinking water.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I gained skills that will be useful in my job/career of interest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I have identified things that I am good at.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I learned that I really enjoy certain skills/activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One thing about this project that really stood out for me:	One thing I would like to change about this project:				
Describe what, if any, impact this project had on your future job/career interests.	Describe what, if any, impact this project had on your future education plans (ex: what you might want to study, where you might want to study, etc.).				

Activities and Involvement - Check all boxes that describe you:

- | | |
|--|---|
| <input type="checkbox"/> I have a job. | <input type="checkbox"/> I have presented to groups other than a classroom. |
| <input type="checkbox"/> I have had public recognition for my actions or work. | <input type="checkbox"/> I am on the honor roll at school. |
| <input type="checkbox"/> I am involved in club sports. | <input type="checkbox"/> I am involved in community activities and/or do volunteer work for my community. |
| <input type="checkbox"/> I am involved in extracurricular school activities (sports, band, drama, choir, cheer, school clubs, etc.). | |