



Dear Student,

Hello! We are CalFresh Healthy Living, University of California (UC). 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 CalFresh Healthy Living, UC educator: _____

Phone number: _____

You may also contact our CalFresh Healthy Living, UC State Director: Kamaljeet Khaira, University of California at Davis, 1632 DaVinci Court, Room #31, Davis CA 95618 (530) 752-0555

If you have any concerns or complaints about our CalFresh Healthy Living, 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.



County:	Date:
School Name:	<input type="checkbox"/> Pre <input type="checkbox"/> Post

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

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

Student ID:

Student Information - *Only complete for Pre-Survey*

- How old are you? 10 11 12 13 14 15 16 17 18+
- What grade are you in? 6th 7th 8th 9th 10th 11th 12th
- What is your gender? Male Female Identity not listed Prefer not to answer
- How do you describe yourself? *Choose all the boxes (□) that best describe you.*
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Latino or Hispanic (Mexican, Salvadoran, Guatemalan, etc.)
 - Native Hawaiian or other Pacific Islander
 - White
 - Other: _____

1. How did you attend school yesterday?

- In person
- Distance learning
- In person and distance learning
- I did not attend school yesterday in person or by distance learning

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

2. For lunch yesterday...

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

3. For breakfast yesterday...

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

Fruit and Vegetables

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.



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, 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:

Tortilla chips Cheese puffs
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.



Sweetened Beverages

1. Yesterday, did you drink any diet soda like:

Diet cola *Diet lemon-lime soda*
Diet root beer *Other diet soda*

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



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

2. Yesterday, did you drink any fruit drinks like:

Punch *Sweetened vitamin water*
Agua fresca *Other fruit-flavored drinks*
Lemonade

Do not count 100% fruit juice.

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



3. Yesterday, did you drink any sports drinks?

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



4. Yesterday, did you drink any regular soda like:

Cola *Lemon-lime soda*
Root beer *Other regular (non-diet) soda*

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



5. Yesterday, did you drink any energy drinks?

- 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.



6. Yesterday, did you drink any sweetened coffee or tea drinks like:

Frappé Milk or Boba tea
Chai Other sweetened coffee or tea drinks

Do not include unsweetened coffee or tea.

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



7. Yesterday, did you drink any flavored milk or milk-type drinks like:

Chocolate or strawberry milk Yogurt drinks
Flavored rice, almond, or soymilk Horchata
Hot chocolate Sweetened smoothies
Other flavored milk or milk-type drinks

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



Water

8. Yesterday, did you drink any water like:

Tap water Unsweetened sparkling water
Bottled water Water from a fountain
Other unsweetened water

- 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.



Physical Activity

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

1. 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 did not do any exercise last week that made my heart beat fast for at least 60 minutes



2. Last week, on which days did you attend school in person?

Choose all that apply.

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- I did not attend school in person last week

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

5. Last week, when did you have a physical activity class like PE or school team sports?

(At school or as part of distance learning).

Choose all that apply.

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- I did not have a physical activity class like PE last week



6. Last week, when you had a physical activity class like PE or school team sports, how much time did you spend doing physical activities like:

Sports

Physically active games

Dancing

Other activities that got your body moving

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



**This is the end of the survey.
Thank you!**