



Dear Parent,

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 people 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 also 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.

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="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PRE POST

County: _____
Site: _____

ID#: _____



1. My child sits and eats meals with an adult

No/rarely
 Sometimes
 Often
 Very often



2. My child eats snack at about the same time every day.

No/rarely
 Sometimes
 Often
 Very often



3. I warn my child s/he will not get a treat if s/he doesn't eat.

No/rarely
 Sometimes
 Often
 Very often



4. My child sees me eat vegetables.

No/rarely
 Sometimes
 Often
 Very often



5. I prepare at least one food that I know my child will eat.

No/rarely
 Sometimes
 Often
 Very often



6. My child eats dinner at about the same time every day.

No/rarely

Sometimes

Often

Very often



7. I beg my child to eat his/her food.

No/rarely

Sometimes

Often

Very often



8. I remind my child to keep eating his/her food.

No/rarely

Sometimes

Often

Very often



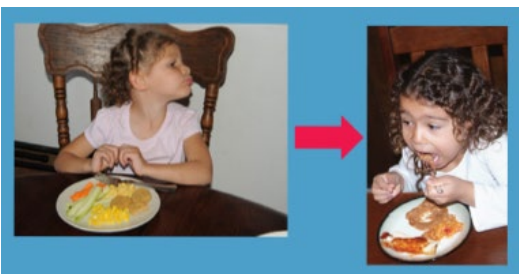
9. My child skips meals.

No/rarely

Sometimes

Often

Very often



10. If my child did not like a food, I avoid serving it to him/her again.

No/rarely

Sometimes

Often

Very often

Thank you!