



Eating and Activity Tool for Students (EATS)

Updated June 2022

Created by the University of California Nutrition Policy Institute for the California Department of Public Health and adapted for administration by CFHL, UC; 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).

Cover Page - to be completed by UCCE

PEARS Program Activity ID: _____

Site Name: _____

Classroom (teacher): _____

County: _____ Pre Post Date: _____

Data Collection: Paper Survey Online – [add PEARS survey link](#)



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.

Student ID#

1. UCCE educator will provide directions to help you fill in your ID#.
If ID# is filled in, move on to Directions.

ID#:

or

First letter of your FIRST name	First letter of your first LAST name
A-Z	A-Z
<input type="text"/>	<input type="text"/>

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.

Student Information - *Only complete for Pre-Survey*

2. How old are you? 7 8 9 10 11 12 13 14 15 16 17 18 19
3. What grade are you in? 4th 5th 6th 7th 8th 9th 10th 11th 12th
4. 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: _____

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

5. Did you attend school **yesterday**?
 Yes
 No
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



Fruit and Vegetables

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

Sweetened Beverages

15. Yesterday, did you drink any **diet sodas** or diet soft drinks?

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



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

16. 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.



17. 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.



18. 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.



19. 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.



20. 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

Water

21. 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.



Physical Activity

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

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

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.

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 |



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

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?

- 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

Examples: sports, dancing, physically active games, or other activities that got your body moving.

Outside of PE, the last question asks about any short classroom activity breaks that you had to get moving and boost your energy level during school last week.

25. **Last week**, on which days did you have short classroom activity breaks to get moving and boost your energy level?

Do not count PE class.

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 |

Examples: brain breaks, video activity breaks, BEPA, or other classroom movement breaks.