

UNIVERSITY OF CALIFORNIA

cal  fresh Nutrition Education

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.

YPAR Student Survey [RETROSPECTIVE]

Program Site: _____ County: _____

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 chose 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"/>

After participating in this project....	Now				
	Yes, definitely!	Yes, probably	Not sure	No 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. Since being involved, I am more aware of healthy eating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Since being involved in this project, 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. Since being involved, 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. Since being involved in this project, 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. Since being involved in this project, I drink fewer sugar sweetened drinks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Since being involved in this project, 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"/>
One thing about this project that really stood out for me:	One thing I would like to change about this project:				

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 role at school. |
| <input type="checkbox"/> I am involved in club sports. | <input type="checkbox"/> I plan to go to college after high school. |
| <input type="checkbox"/> I am involved in extracurricular school activities (sports, band, drama, choir, cheer, school clubs, etc). | <input type="checkbox"/> I am involved in community activities and/or do volunteer work for my community |