**9th TO 12th GRADE NUTRITION EDUCATION SURVEY**

**Instructions for Data Entry**

**Rev 09/23/14**

**Instructions for Data Entry:**

Enter the circled response into WebNEERS for all questions.

*Examples:*

For Question 1, if the child circled “**0 times**”, enter “**0**” into WebNEERS.

 For Question 5, if the child circled “**Never”,** enter “**1**” into WebNEERS.

For Question 7 enter a value from 0 to 7.

If the child does not respond to a question on the survey, please do not enter any value into WebNEERS; the question should be left blank. Do NOT enter as a zero since zeroes are actual response options for some items.

If the child circled multiple responses (more than one answer, or circled the line between two answers), please do not enter any value into WebNEERS.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **0** | **1** | **2** | **3** | **4** |
| 1. **Yesterday, how many times did you eat vegetables, not counting French fries**? Include cooked vegetables, canned vegetables and salads. If you ate 2 different vegetables in a meal or snack, count them as 2 times.
 | 0 times | 1 time | 2 times | 3 times | 4+ times |
| 1. **Yesterday, how many times did you eat fruit, not counting juice?** Include fresh, frozen, canned, and dried fruits. If you ate 2 different fruits in a meal or snack, count them as 2 times.
 | 0 times | 1 time | 2 times | 3 times | 4+ times |
| 1. **Yesterday, how many times did you drink nonfat or 1% low-fat milk?** Include low-fat chocolate or flavored milk, and low-fat milk on cereal.
 | 0 times | 1 time | 2 times | 3 times | 4+ times |
| 1. **Yesterday, how many times did you drink sweetened drinks like soda, fruit-flavored drinks, sports drinks, energy drinks and vitamin water?** Do not include 100% fruit juice.
 | 0 times | 1 time | 2 times | 3+ times |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
| 1. **When you eat grain products, how often do you eat whole grains, like brown rice instead of white rice, whole grain bread instead of white bread and whole grain cereals?**
 | Never | Once in a while | Sometimes | Most of the time | Always |
| 1. **When you eat out at a restaurant or fast food place, how often do you make healthy choices when deciding what to eat?**
 | Never | Once in a while | Sometimes | Most of the time | Always |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** |
| 1. **During the past 7 days, how many days were you physically active for at least 1 hour?**
 | 0 days | 1 day | 2 days | 3 days | 4 days | 5 days | 6 days | 7 days |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
| 1. **During the past 7 days, how often were you so active that your heart beat fast and you breathed hard most of the time?**
 | Never | 1 time last week | 2 times last week | 3 times last week | 4 or more times last week |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
| 1. **How many hours a day do you spend watching TV or movies, playing electronic games or using a computer for something that is not school work?**
 | 1 hour or less | 2 hours | 3 hours | 4 hours | 5 or more hours |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
| 1. **How often do you wash your hands before preparing something to eat?** Think about preparing snacks or meals.
 | Never | Once in a while | Sometimes | Most of the time | Always |
| 1. **How often do you wash vegetables and fruits before eating them?**
 | Never | Once in a while | Sometimes | Most of the time | Always |
| 1. **When you take foods out of the refrigerator, how often do you put them back within 2 hours?**
 | Never | Once in a while | Sometimes | Most of the time | Always |
| 1. **How often do you check the expiration date before eating or drinking foods?**
 | Never | Once in a while | Sometimes | Most of the time | Always |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **0** | **1** | **2** | **3** | **4** | **5** |
| 1. **In the last month, if your family did not have enough food, how often did you help by going to a food pantry or finding other free or low-cost food resources?**
 | Does not apply  | Never | 1 time | 2 times | 3 times | 4 or more times |