**6th-8th GRADE NUTRITION EDUCATION SURVEY**

STUDENT’S CODE NUMBER DATE ☐ PRE ☐ POST

***DO NOT write your name on this survey.***

*The answers you give will be kept private. This survey is voluntary.*

**For each question, circle the answer that best describes you.**

**The first 4 questions ask about food you ate or drank.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **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.
 | None | 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.
 | None | 1 time | 2 times | 3 times | 4+ times |
| 1. **Yesterday, how many times did you drink non-fat or 1% low fat milk?** Include low fat chocolate or flavored milk, and low fat milk on cereal.
 | None | 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.
 | None | 1 time | 2 times | 3+ times |  |

**The next 2 questions ask about how often you choose certain foods.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **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 |

**The next 3 questions are about physical activity.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **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. **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 |

**The next 3 questions are about how you handle food.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
| 1. **How often do you wash your hands before eating?** Think about eating at school or at home.
 | 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 |

**The next 2 questions ask about your confidence in food preparation.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** |
| 1. **How confident are you in using measuring cups and measuring spoons?**
 | Not confident | Somewhatconfident  | Confident | Totallyconfident |
| 1. **How confident are you in following directions in a recipe?**
 | Not confident | Somewhatconfident  | Confident | Totallyconfident |