



A COMPENDIUM OF SURVEYS

Fruit and Vegetable Consumption and Physical Activity

The Network for a Healthy California
Cancer Prevention Nutrition Section
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Compiled by the
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Preface

This compendium of survey instruments was compiled to measure change in fruit and vegetable consumption, physical activity, food security and factors that influence those behaviors. It was compiled as part of a Handbook written for a group of organizations delivering nutrition education interventions in California. The Handbook describes methods for administering the surveys for individuals with little experience in data collection and is accompanied by a six-hour training. Guidance should be sought if the surveys are used by individuals with little program evaluation experience to ensure data are collected using sound methods that will give findings credibility.

Some of the surveys have been validated and should not be modified. The knowledge, preferences and availability surveys may be modified to reflect the specific items targeted by the intervention.

It is best to begin evaluating intervention effectiveness by measuring change in two or three factors, like knowledge, preferences or self-efficacy. The Compendium includes two surveys that measure knowledge and a simple one that measures preferences. Once there is evidence that the intervention is making a difference at some level, it is appropriate to measure more factors and behaviors. For example, the YRBS survey is a good measure of consumption for teens and the Fruit and Vegetable Checklist survey is appropriate for adults.

The Research and Evaluation Unit of the *California Nutrition Network for Healthy Active Families* wishes you the best of luck. Evaluation of field-based nutrition education interventions is needed and we hope this compendium helps fill that gap.

FRUIT AND VEGETABLE TOOLS



Measures of Consumption for Adults

Target behavior

Fruit and vegetable consumption.

What is being measured?

This section includes six measures of fruit and vegetable consumption for adult populations. The first two are the Food Behavior Checklist, the UCCE Food Behavior Checklist and the Fruit and Vegetable Checklist. They are followed by the NCI “by meal” screener and NCI “All-Day” screener. The final survey is the BRFSS fruit and vegetable module.

The 16-item Food Behavior Checklist contains questions about fruit and vegetable consumption, shopping and preparation, and one about food security. The instruction manual is included after the survey instrument. The survey is also available in Spanish. The UCCE Food Behavior Checklist is also available which includes questions about cups of fruits and vegetables instead of servings. For the instruction manual for this survey please refer to the Food Behavior Checklist manual.

The Fruit and Vegetable Checklist is a shortened version of the Food Behavior Checklist using only seven questions that focus specifically on fruit and vegetable intake. Both surveys have been validated. The instruction manual is included after the survey instrument.

The NCI “all day” screener measures frequency and portion size of nine fruits and vegetables. It was validated by Thompson, et al. (2002) by comparing the amount of fruit and vegetable intake on the All-Day screener to four 24-hour dietary recalls administered via telephone over a one year period. The surveys were completed by 202 men and 260 women aged 20 to 70 years. The median daily servings reported in the 24-hour recalls were 5.8 for men and 4.2 for women compared to 5.0 for both genders on the All-Day screener. The estimated correlations between the All-Day screener and 24-hour recalls were 0.66 for men and 0.51 for women.

The “By-Meal” screener measures the consumption of fruit and vegetables other than potatoes, salad, and beans, by time of day. Thompson, et al.’s validation study (2002) found that the median daily servings reported in the By-Meal screener was 5.5 (men) and 5.4 (women) as compared to 5.8 (men) and 4.2 (women) in the 24-hour recalls. Correlations between the By-Meal screener and 24-hour recalls were 0.67 for men and 0.53 for women.

The telephone-administered Behavioral Risk Factor Surveillance Survey (BRFSS) tracks major health risks among Americans. Serdula and colleagues (1993) assessed its validity among five populations with diverse characteristics. Spearman correlation coefficients between the BRFSS items and other food frequency questionnaires ranged from 0.47 to 0.57 in four sites. Correlation coefficients for the BRFSS items and diet records were 0.54 and 0.29 in two sites and 0.46 with 24-hour recalls. Overall, the moderate correlations between the

BRFSS items and most of these criterion measures suggest it is a suitable measure of fruit and vegetable intake.

Who is the target audience?

Adults aged 20-70 years

How to use the surveys

The surveys, which have been validated, should not be modified. They should be used to show that the intervention produced a change in fruit and vegetable intake.

References

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National Cancer Institute. 2002. Fruit and Vegetable screeners. [Online] Available: <http://riskfactor.cancer.gov/diet/screeners/fruitveg/instrument.html>.

Thompson, F. E., A. F. Subar, et al. Fruit and vegetable assessment: performance of 2 new short instruments and a food frequency questionnaire. J Am Diet Assoc 2002; 102(12): 1764-72.

Centers for Disease Control and Prevention. 2002. Behavior Risk Factor Surveillance System Core Section 4: Fruits and Vegetables. [Online] Available: <http://www.cdc.gov/brfss/questionnaires/pdf-ques/2002brfss.pdf>.

Serdula M, Coates R, Byers T, et al. Evaluation of a brief telephone questionnaire to estimate fruit and vegetable consumption in diverse study populations. Epidemiology 1993; 4:455-463.

Food Behavior Checklist

Full survey available from <http://townsendlab.ucdavis.edu/>

Food Stamp Program

Food Behavior Checklist

These questions are about the ways you plan and fix food.
Think about how you usually do things.

Name _____ Date _____ ID# _____ Entry
 Exit

Choose one answer for each question.



Do you eat fruits or vegetables as snacks?

- no yes, sometimes yes, often yes, everyday



Do you drink fruit drinks, sport drinks or punch?

- no yes, sometimes yes, often yes, everyday



Do you drink regular soda?

- no yes, sometimes yes, often yes, everyday

Food Behavior Checklist (Spanish)

Full survey available from <http://townsendlab.ucdavis.edu/>

Food Stamp Program

DRAFT September 17, 2007

Lista de hábitos alimenticios

Estas preguntas son sobre cómo usted escoge y prepara la comida.
Piense en lo que usualmente hace.

Nombre _____ Fecha _____ ID# _____ Entrada
 Salida

Elija una respuesta para cada pregunta.

1.  ¿Come frutas o verduras entre comidas?

no a veces con frecuencia todos los días

2.  ¿Toma bebidas de fruta, bebidas deportivas o ponches?

no a veces con frecuencia todos los días

3.  ¿Toma refrescos que no son de dieta?

no a veces con frecuencia todos los días

UCCE Food Behavior Checklist

Full survey available from <http://townsendlab.ucdavis.edu/>

University of California
Cooperative Extension

Food Behavior Checklist

These questions are about the ways you plan and fix food.
Think about how you usually do things.

Name _____ Date _____ ID# _____ Entry
 Exit

Choose one answer for each question.

1.



Do you eat fruits or vegetables as snacks?

- no yes, sometimes yes, often yes, everyday

2.



Do you drink fruit drinks, sport drinks or punch?

- no yes, sometimes yes, often yes, everyday

3.



Did you have citrus fruit or citrus juice during the past week?

- yes no

Fruit and Vegetable Checklist

Full survey available from <http://townsendlab.ucdavis.edu/>

Food Stamp Program

Fruit and Vegetable Checklist

These questions are about the ways you plan and fix food.
Think about how you usually do things.

Name _____ Date _____ ID# _____ Entry
 Exit

Choose one answer for each question.

1. 

Do you eat fruits or vegetables as snacks?

no yes, sometimes yes, often yes, everyday

2. 

Did you have citrus fruit or citrus juice during the past week?

yes no

3. 

How many servings of fruit do you eat each day?

NCI All-Day Screener

INSTRUCTIONS

- Think about what you usually ate last month.
- Please think about all the fruits and vegetables that you ate last month. Include those that were:
 - raw and cooked,
 - eaten as snacks and at meals,
 - eaten at home and away from home (restaurants, friends, take-out), and
 - eaten alone and mixed with other foods.
- Report how many times per month, week, or day you ate each food, and if you ate it, how much you usually had.
- If you mark "Never" for a question, follow the "Go to" instruction.
- Choose the best answer for each question. Mark only one response for each question.

1. Over the last month, how many times per month, week, or day did you drink **100% juice** such as orange, apple, grape, or grapefruit juice? **Do not count** fruit drinks like Kool-Aid, lemonade, Hi-C, cranberry juice drink, Tang, and Twister. Include juice you drank at all mealtimes and between meals.

- | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> |
| Never | 1-3 | 1-2 | 3-4 | 5-6 | 1 | 2 | 3 | 4 | 5 or more |
| (Go to | times | times | times | times | time | times | times | times | times |
| Question 2) | last month | per week | per week | per week | per day |

- 1a. Each time you drank **100% juice**, how much did you usually drink?

- | | | | |
|-----------------------------|-------------------------------------|--------------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Less than $\frac{1}{4}$ cup | $\frac{1}{4}$ to $1\frac{1}{4}$ cup | $1\frac{1}{4}$ to 2 cups | More than 2 cups |
| (less than 6 ounces) | (6 to 10 ounces) | (10 to 16 ounces) | (more than 16 ounces) |

2. Over the last month, how many times per month, week, or day did you eat **fruit**? Count any kind of fruit—fresh, canned, and frozen. **Do not count** juices. Include fruit you ate at all mealtimes and for snacks.

- | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> |
| Never | 1-3 | 1-2 | 3-4 | 5-6 | 1 | 2 | 3 | 4 | 5 or more |
| (Go to | times | times | times | times | time | times | times | times | times |
| Question 3) | last month | per week | per week | per week | per day |

- 2a. Each time you ate **fruit**, how much did you usually eat?

- | | | | |
|-----------------------------|-------------------------|-----------------------|---------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Less than 1 medium fruit | 1 medium fruit | 2 medium fruits | More than 2 medium fruits |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Less than $\frac{1}{2}$ cup | About $\frac{1}{2}$ cup | About 1 cup | More than 1 cup |
- OR

3. Over the last month, how often did you eat **lettuce salad (with or without other vegetables)**?

- Never
(Go to Question 4)
- 1-3 times last month
- 1-2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2 times per day
- 3 times per day
- 4 times per day
- 5 or more times per day

3a. Each time you ate **lettuce salad**, how much did you usually eat?

- About ½ cup
- About 1 cup
- About 2 cups
- More than 2 cups

4. Over the last month, how often did you eat **French fries or fried potatoes**?

- Never
(Go to Question 5)
- 1-3 times last month
- 1-2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2 times per day
- 3 times per day
- 4 times per day
- 5 or more times per day

4a. Each time you ate **French fries or fried potatoes**, how much did you usually eat?

- Small order or less
(About 1 cup or less)
- Medium order
(About 1½ cups)
- Large order
(About 2 cups)
- Super Size order or more
(About 3 cups or more)

5. Over the last month, how often did you eat **other white potatoes**? Count **baked, boiled, and mashed potatoes, potato salad, and white potatoes that were not fried.**

- Never
(Go to Question 6)
- 1-3 times last month
- 1-2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2 times per day
- 3 times per day
- 4 times per day
- 5 or more times per day

5a. Each time you ate **these potatoes**, how much did you usually eat?

- 1 small potato or less
(½ cup or less)
- 1 medium potato
(½ to 1 cup)
- 1 large potato
(1 to 1½ cups)
- 2 medium potatoes or more
(1½ cups or more)

6. Over the last month, how often did you eat **cooked dried beans**? Count **baked beans, bean soup, refried beans, pork and beans and other bean dishes.**

- Never
(Go to Question 7)
- 1-3 times last month
- 1-2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2 times per day
- 3 times per day
- 4 times per day
- 5 or more times per day

6a. Each time you ate **these beans**, how much did you usually eat?

- Less than ½ cup
- ½ to 1 cup
- 1 to 1½ cups
- More than 1½ cups

7. Over the last month, how often did you eat **other vegetables**?

- DO NOT COUNT:**
- Lettuce salads
 - White potatoes
 - Cooked dried beans
 - Vegetables in mixtures, such as in sandwiches, omelets, casseroles, Mexican dishes, stews, stir-fry, soups, etc.
 - Rice

COUNT: • All other vegetables—raw, cooked, canned, and frozen

Never
(Go to Question 8)

1-3 times last month

1-2 times per week

3-4 times per week

5-6 times per week

1 time per day

2 times per day

3 times per day

4 times per day

5 or more times per day

7a. Each of these times that you ate **other vegetables**, how much did you usually eat?

Less than ¼ cup

½ to 1 cup

1 to 2 cups

More than 2 cups

8. Over the last month, how often did you eat **tomato sauce**? Include tomato sauce on pasta or macaroni, rice, pizza and other dishes.

Never
(Go to Question 9)

1-3 times last month

1-2 times per week

3-4 times per week

5-6 times per week

1 time per day

2 times per day

3 times per day

4 times per day

5 or more times per day

8a. Each time you ate **tomato sauce**, how much did you usually eat?

About ¼ cup

About ½ cup

About 1 cup

More than 1 cup

9. Over the last month, how often did you eat **vegetable soups**? Include tomato soup, gazpacho, beef with vegetable soup, minestrone soup, and other soups made with vegetables.

Never
(Go to Question 10)

1-3 times last month

1-2 times per week

3-4 times per week

5-6 times per week

1 time per day

2 times per day

3 times per day

4 times per day

5 or more times per day

9a. Each time you ate **vegetable soup**, how much did you usually eat?

Less than 1 cup

1 to 2 cups

2 to 3 cups

More than 3 cups

10. Over the last month, how often did you eat **mixtures that included vegetables**? Count such foods as sandwiches, casseroles, stews, stir-fry, omelets, and tacos.

Never

1-3 times last month

1-2 times per week

3-4 times per week

5-6 times per week

1 time per day

2 times per day

3 times per day

4 times per day

5 or more times per day

NCI By Meal Screener (Thompson, et al.)

- Think about what you usually ate last month.
- Please think about all the fruits and vegetables that you ate last month. Include those that were:
 - raw and cooked,
 - eaten as snacks and at meals,
 - eaten at home and away from home (restaurants, friends, take-out), and
 - eaten alone and mixed with other foods
- Report how many times per month, week, or day you ate each food, and if you ate it, how much you usually had.
- If you mark "Never" for a question, follow the "Go to" instruction.
- Choose the best answer for each question. Mark only one response for each question.

1. Over the last month, how many times per month, week, or day did you drink **100% fruit juice** such as orange, apple, grape, or grapefruit juice? **Do not count** fruit drinks like Kool-Aid, lemonade, Hi-C, cranberry juice drink, Tang, and Twister. Include juice you drank at all mealtimes and between meals.

- | | | | | | | | | | |
|---|--|---|---|---|--|--|--|--|--|
| 1 <input type="checkbox"/>
Never
(Go to
question
2) | 2 <input type="checkbox"/>
1-3 times
Last
month | 3 <input type="checkbox"/>
1-2 times
per week | 4 <input type="checkbox"/>
3-4 times
per week | 5 <input type="checkbox"/>
5-6 times
per week | 6 <input type="checkbox"/>
1 times
per day | 7 <input type="checkbox"/>
2 times
per day | 8 <input type="checkbox"/>
3 times
per day | 9 <input type="checkbox"/>
4 times
per day | 10 <input type="checkbox"/>
5 or more
times
per day |
|---|--|---|---|---|--|--|--|--|--|

1a. Each time you drank **100% juice**, how much did you usually drink?

- | | | | |
|---|--|--|---|
| 1 <input type="checkbox"/>
Less than $\frac{3}{4}$ cup
(less than 6 ounces) | 2 <input type="checkbox"/>
$\frac{3}{4}$ to 1 $\frac{1}{4}$ cup
(6 to 10 ounces) | 3 <input type="checkbox"/>
1 $\frac{1}{4}$ to 2 cups
(10 to 16 ounces) | 4 <input type="checkbox"/>
More than 2 cups
(more than 16 ounces) |
|---|--|--|---|

2. Over the last month, how often did you eat **lettuce salad (with or without other vegetables)**?

- | | | | | | | | | | |
|----------------------------|-----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--------------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> | 9 <input type="checkbox"/> | 10 <input type="checkbox"/> |
| Never | 1-3 times last month | 1-2 times per week | 3-4 times per week | 5-6 times per week | 1 times per day | 2 times per day | 3 times per day | 4 times per day | 5 or more times per day |

2a. Each time you ate lettuce salad, how much did you usually eat?

- | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| About ½ cup | About 1 cup | About 2 cups | More than 2 cups |

3. Over the last month, how often did you eat **French fries or fried potatoes**?

- | | | | | | | | | | |
|----------------------------|-----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--------------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> | 9 <input type="checkbox"/> | 10 <input type="checkbox"/> |
| Never | 1-3 times last month | 1-2 times per week | 3-4 times per week | 5-6 times per week | 1 times per day | 2 times per day | 3 times per day | 4 times per day | 5 or more times per day |

3a. Each time you ate **French fries or fried potatoes**, how much did you usually eat?

- | | | | |
|--|------------------------------------|-------------------------------------|--|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Small order or less (About 1 cup or less) | Medium order (About 2 cups) | Large order (About 1 ½ cups) | Super Size order or more (About 3 cups or more) |

4. Over the last month, how often did you eat **other white potatoes**? Count **baked, boiled, and mashed potatoes, potato salad, and white potatoes that were not fried.**

- | | | | | | | | | | |
|----------------------------|-----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--------------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> | 9 <input type="checkbox"/> | 10 <input type="checkbox"/> |
| Never | 1-3 times last month | 1-2 times per week | 3-4 times per week | 5-6 times per week | 1 times per day | 2 times per day | 3 times per day | 4 times per day | 5 or more times per day |

4a. Each time you ate **these potatoes**, how much did you usually eat?

1
1 small potato or less
(½ cup or less)

2
1 medium potato
(½ to 1 cup)

3
1 large potato
(1 to 1½ cups)

4
2 medium potatoes or more
(1½ cups or more)

5. Over the last month, how often did you eat **cooked dried beans**? Count **baked beans, bean soup, refried beans, pork and beans and other bean dishes**.

1
Never

2
1-3 times
last month

3
1-2 times
per week

4
3-4 times
per week

5
5-6 times
per week

6
1 times
per day

7
2 times
per day

8
3 times
per day

9
4 times
per day

10
5 or more
times
per day

5a. Each time you ate **these beans**, how much did you usually eat?

1
Less than ½ cup

2
½ to 1cup

3
1 to 1½ cups

4
More than 1½ cups

Now, divide your waking hours into three time periods:

- MORNING
- LUNCHTIME AND AFTERNOON
- SUPPERTIME AND EVENING

Please think about the foods you ate during each of those time periods over the last month.

MORNING

6. Think about all the foods you ate at your morning meal and snacks over the last month. On how many days did you eat **fruit** for your morning meal or morning snacks? Count any kind of fruit—fresh, canned, and frozen. **Do not count** juices.

1
Never

2
1-3 times
last month

3
1-2 times
per week

4
3-4 times
per week

5
5-6 times
per week

6
1 times
per day

7
2 times
per day

8
3 times
per day

9
4 times
per day

10
5 or more
times
per day

6a. When you ate **fruit** in the morning, what is the **total** amount of **fruit** that you usually ate in a morning?

1
Less than 1 medium fruit

2
1 medium fruit

3
2 medium fruits

4
More than 2 medium fruits

- OR -

1
Less than ½ cup

2
About ½ cup

3
About 1 cup

4
More than 1 cup

7. Think about all the foods you ate at your morning meal and morning snacks. On how many days did you eat **vegetables** for your morning meal or morning snacks?

DO NOT COUNT:

- Lettuce salads
- White potatoes
- Cooked dried beans
- Vegetables in mixtures, such as in sandwiches, omelets, casseroles, Mexican dishes, stews, stir-fry,
- Rice

COUNT:

- All other vegetables — raw, cooked, canned, and frozen

1
Never
(Go to question 8)

2
1-3 days
last month

3
1-2 days
per week

4
3-4 days
per week

5
5-6 days
per week

6
Every
day

7a. When you ate **vegetables** in the morning, what is the **total** amount of **vegetables** that you usually ate in a morning?

1
Less than ½ cup

2
½ to 1 cup

3
1 to 2 cups

4
More than 2 cups

LUNCHTIME AND AFTERNOON

8. Think about all the foods you ate at lunchtime and for your afternoon snacks last month. On how many days did you eat **fruit** at lunchtime or for your afternoon snacks? Count any kind of fruit — fresh, canned, and frozen. **Do not count** juices.

- | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| Never | 1-3 days | 1-2 days | 3-4 days | 5-6 days | Every |
| (Go to question 8) | last month | per week | per week | per week | day |

8a. When you ate **fruit** at lunchtime or for your afternoon snacks, what is the **total** amount of **fruit** that you usually ate then?

- | | | | |
|---------------------------------|----------------------------|----------------------------|----------------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Less than 1 medium fruit | 1 medium fruit | 2 medium fruits | More than 2 medium fruits |

- OR -

- | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Less than ½ cup | About ½ cup | About 1 cup | More than 1 cup |

9. Think about all the foods you ate at lunchtime and for your afternoon snacks. On how many days did you eat **vegetables** at lunchtime or for your afternoon snacks?

- DO NOT COUNT:**
- Lettuce salads
 - White potatoes
 - Cooked dried beans
 - Vegetables in mixtures, such as in sandwiches, omelets, casseroles,
 - Rice
- COUNT:**
- All other vegetables —raw, cooked, canned, and frozen

- | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| Never | 1-3 days | 1-2 days | 3-4 days | 5-6 days | Every |
| (Go to question 8) | last month | per week | per week | per week | day |

9a. When you ate **vegetables** at lunchtime or for your afternoon snacks, what is the **total** amount of **vegetables** that you usually ate then?

1
Less than ½ cup

2
½ to 1 cup

3
1 to 2 cups

4
More than 2 cups

SUPPERTIME AND EVENING

10. Think about all the foods you ate at supper and for your evening snacks last month. On how many days did you eat **fruit** at supper or for your evening snacks? Count any kind of fruit —fresh, canned, and frozen. **Do not count** juices.

1
Never
(Go to question 8)

2
1-3 days
last month

3
1-2 days
per week

4
3-4 days
per week

5
5-6 days
per week

6
Every
day

10a. When you ate fruit at supper or for your evening snacks, what is the total amount of fruit that you usually ate then?

1
Less than 1 medium fruit

2
1 medium fruit

3
2 medium fruits

4
More than 2 medium fruits

- OR -

1
Less than ½ cup

2
About ½ cup

3
About 1 cup

4
More than 1 cup

11. Think about all the foods you ate at supper and for your evening snacks. On how many days did you eat **vegetables** at supper or for your evening snacks?

- DO NOT COUNT:**
- Lettuce salads
 - White potatoes
 - Cooked dried beans
 - Vegetables in mixtures, such as in sandwiches, omelets, casseroles,
 - Rice
- COUNT:**
- All other vegetables —raw, cooked, canned, and frozen

- | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| Never | 1-3 days | 1-2 days | 3-4 days | 5-6 days | Every |
| (Go to question 8) | last month | per week | per week | per week | day |

11a. When you ate **vegetables** at supper or for your evening snacks, what is the **total** amount of **vegetables** that you usually ate

- | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Less than ½ cup | ½ to 1 cup | 1 to 2 cups | More than 2 cups |

These last few questions ask about how often you ate particular foods at any time of the day.

12. Over the last month, how often did you eat **tomato sauce**? Include tomato sauce on pasta or macaroni, rice, pizza and other dishes.

- | | | | | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> | 9 <input type="checkbox"/> | 10 <input type="checkbox"/> |
| Never | 1-3 times | 1-2 times | 3-4 times | 5-6 times | 1 times | 2 times | 3 times | 4 times | 5 or more |
| | last month | per week | per week | per week | per day | per day | per day | per day | times |
| | | | | | | | | | per day |

12a. Each time you ate tomato sauce, how much did you usually eat?

1
Less than ½ cup

2
About ½ cup

3
About 1 cup

4
More than 1 cup

13. Over the last month, how often did you eat **vegetable soups**? Include tomato soup, gazpacho, and beef with rice?

1
Never

2
1-3 times
last month

3
1-2 times
per week

4
3-4 times
per week

5
5-6 times
per week

6
1 times
per day

7
2 times
per day

8
3 times
per day

9
4 times
per day

10
5 or more
times
per day

13a. When you ate **vegetable soup**, how much did you usually eat?

1
Less than 1 cup

2
1 to 2 cups

3
2 to 3 cups

4
More than 3 cups

14. Over the last month, how often did you eat **mixtures that included vegetables**? Count such foods as sandwiches, casseroles, stews, stir-fry, omelets, and tacos.

1
Never

2
1-3 times
last month

3
1-2 times
per week

4
3-4 times
per week

5
5-6 times
per week

6
1 times
per day

7
2 times
per day

8
3 times
per day

9
4 times
per day

10
5 or more
times
per day

Fruit and Vegetable Module (BRFSS)

These questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods you eat. Include all foods you eat, both at home and away from home.

1. How often do you drink fruit juices such as orange, grapefruit, or tomato?

- | | | | |
|--------------------------|-----------|--------------------------|---------------------|
| <input type="checkbox"/> | Per day | <input type="checkbox"/> | Never |
| <input type="checkbox"/> | Per week | <input type="checkbox"/> | Don't know/Not sure |
| <input type="checkbox"/> | Per month | | |
| <input type="checkbox"/> | Per year | | |

2. Not counting juice, how often do you eat fruit?

- | | | | |
|--------------------------|-----------|--------------------------|---------------------|
| <input type="checkbox"/> | Per day | <input type="checkbox"/> | Never |
| <input type="checkbox"/> | Per week | <input type="checkbox"/> | Don't know/Not sure |
| <input type="checkbox"/> | Per month | | |
| <input type="checkbox"/> | Per year | | |

3. How often do you eat green salad?

- | | | | |
|--------------------------|-----------|--------------------------|---------------------|
| <input type="checkbox"/> | Per day | <input type="checkbox"/> | Never |
| <input type="checkbox"/> | Per week | <input type="checkbox"/> | Don't know/Not sure |
| <input type="checkbox"/> | Per month | | |
| <input type="checkbox"/> | Per year | | |

4. How often do you eat potatoes not including French fries, fried potatoes, or potato chips?

- | | | | |
|--------------------------|-----------|--------------------------|---------------------|
| <input type="checkbox"/> | Per day | <input type="checkbox"/> | Never |
| <input type="checkbox"/> | Per week | <input type="checkbox"/> | Don't know/Not sure |
| <input type="checkbox"/> | Per month | | |
| <input type="checkbox"/> | Per year | | |

5. How often do you eat carrots?

- | | | | |
|--------------------------|-----------|--------------------------|---------------------|
| <input type="checkbox"/> | Per day | <input type="checkbox"/> | Never |
| <input type="checkbox"/> | Per week | <input type="checkbox"/> | Don't know/Not sure |
| <input type="checkbox"/> | Per month | | |
| <input type="checkbox"/> | Per year | | |

6. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (Example: A serving of vegetables at both lunch and dinner would be two servings.)

- | | | | |
|--------------------------|-----------|--------------------------|---------------------|
| <input type="checkbox"/> | Per day | <input type="checkbox"/> | Never |
| <input type="checkbox"/> | Per week | <input type="checkbox"/> | Don't know/Not sure |
| <input type="checkbox"/> | Per month | | |
| <input type="checkbox"/> | Per year | | |

Measures of Consumption for Children

Target behavior

Fruit and vegetable consumption

What is measured?

The following section includes six surveys that measure fruit and vegetable consumption:

The 17-item Day in the Life Questionnaire (DILQ) measures number of times fruits and vegetables were eaten on the previous day as well as physical activity involvement, TV viewing and transportation to and from school. The survey was validated by Edmunds, et al. (2002) and is appropriate for third graders. Coding instructions can be provided with the survey. Marin Department of Public Health submitted a version of the survey into Spanish, which is also available upon request.

The Youth Risk Behavior Survey (YRBS) has a six question fruit and vegetable component. Participants report the number of times in the past seven days that they consumed fruit, juices, vegetables, salads, potatoes, and carrots. Data should be analyzed to approximate the number of times per day that the participant ate fruits and vegetables.

The Food Recognition Form (Cullen et al. 2003) is a modified recall of the foods that were eaten at breakfast, lunch, dinner, and during snacks on the previous day. Participants are given a list of food items and can check them if they ate them for meals or snacks.

The following section includes “What Kids Are Eating Now” (Block Dietary Data Systems) and a Kids Fruit/Vegetable Screener© (Block Dietary Data Systems). *These surveys should not be used without permission from the authors. The fee for each form is \$0.95 and \$0.90 each, respectively, plus shipping and handling. Administration fees for the paper and pencil versions of these surveys vary depending on type of questionnaire and batch size (\$4.75 to \$7.00 or \$3.00 to \$4.00 per questionnaire, respectively. For more information, visit www@nutritionquest.com.*

NO NETWORK ENDORSEMENT INTENDED

Who is the target audience?

DILQ: 3rd through 5th graders

YRBS: Teenagers in grades 9-12, roughly between the ages of 14 and 18

Food Recognition Form: Girls 9-12 years

Block Kids Questionnaire© - What Kids Are Eating Now: Children & teens 8-17 years

Block Kids Fruit/Vegetable Screener©: Children ages 8 to 13.

How to use the surveys

None of these should be modified. Choose a survey with questions that most closely match your intervention goals and one in which participants are

likely to report eating more fruits and vegetables after the intervention than they did before. To use the Block Questionnaires please visit www.nutritionquest.com

References

Edmunds LD, Ziebland S. Development and validation of the Day in the Life Questionnaire (DILQ) as a measure of fruit and vegetable questionnaire for 7-9 year olds. *Health Educ Res.* 2002 Apr;17(2):211-20.

Cullen K, Bartholomew L. Validity of a 1-day food recognition form to measure fruit and vegetable consumption in 9-12 year old girls. Poster Presentation: American Dietetic Association Food and Nutrition Conference and Expo. 2003.

Youth Risk Behavior Surveillance System. 2005 State and Local Standard High School Questionnaire.

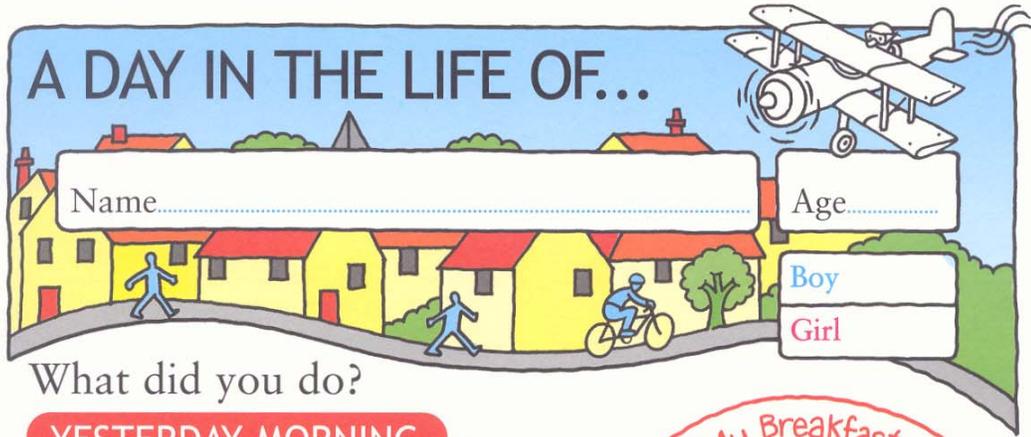
<http://www.cdc.gov/nccdphp/dash/yrbs/2003/questionnaire.htm>

Block Kids Questionnaire© - What Kids Are Eating Now. Block Dietary Data Systems, Berkeley, CA [online] Available: www.nutritionquest.com.

Block Kids Fruit/Vegetable Screener©. Block Dietary Data Systems, Berkeley, CA [online] Available: www.nutritionquest.com.

The Day in the Life Questionnaire

For a complete version of the DILQ please e-mail Andrew Bellow (Andrew.Bellow@cdph.ca.gov).



What did you do?

YESTERDAY MORNING

1 Did you have something to eat and drink for breakfast? (What did you have?)

.....

.....

.....drink.....

Draw your breakfast here

My Breakfast

2 Did you watch television yesterday morning?

Yes No

3 Did you eat or drink anything on the way to school? (What did you have?)

.....

.....

.....

4 How did you travel to school yesterday morning?



walk



cycle



by bus



by car

Fruit and Vegetable Consumption Survey (YRBS)

1. During the past 7 days, how many times did you drink **100% fruit juices** such as orange juice, apple juice, or grape juice? (Do **not** count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)
 - A I did not drink 100% fruit juice during the past 7 days
 - B 1 to 3 times during the past 7 days
 - C 4 to 6 times during the past 7 days
 - D 1 time per day
 - E 2 times per day
 - F 3 times per day
 - G 4 or more times per day

2. During the past 7 days, how many times did you eat **fruit**? (Do **not** count fruit juice.)
 - A I did not eat fruit during the past 7 days
 - B 1 to 3 times during the past 7 days
 - C 4 to 6 times during the past 7 days
 - D 1 time per day
 - E 2 times per day
 - F 3 times per day
 - G 4 or more times per day

3. During the past 7 days, how many times did you eat **green salad**?
 - A I did not eat green salad during the past 7 days
 - B 1 to 3 times during the past 7 days
 - C 4 to 6 times during the past 7 days
 - D 1 time per day
 - E 2 times per day
 - F 3 times per day
 - G 4 or more times per day

4. During the past 7 days, how many times did you eat **potatoes**? (Do **not** count french fries, fried potatoes, or potato chips.)
 - A I did not eat potatoes during the past 7 days
 - B 1 to 3 times during the past 7 days
 - C 4 to 6 times during the past 7 days
 - D 1 time per day
 - E 2 times per day
 - F 3 times per day
 - G 4 or more times per day

5. During the past 7 days, how many times did you eat **carrots**?
- A I did not eat carrots during the past 7 days
 - B 1 to 3 times during the past 7 days
 - C 4 to 6 times during the past 7 days
 - D 1 time per day
 - E 2 times per day
 - F 3 times per day
 - G 4 or more times per day
6. During the past 7 days, how many times did you eat **other vegetables**? (Do **not** count green salad, potatoes, or carrots.)
- A I did not eat other vegetables during the past 7 days
 - B 1 to 3 times during the past 7 days
 - C 4 to 6 times during the past 7 days
 - D 1 time per day
 - E 2 times per day
 - F 3 times per day
 - G 4 or more times per day

Food Recognition Form (Cullen, et al.)

Directions: Mark each food you ate at lunch, supper and snacks for the last 24 hours.

LUNCH	SUPPER	SNACKS
<input type="checkbox"/> Buy		
<input type="checkbox"/> Take		

Protein Foods

Beef, Pork, Ham	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
Chicken, Fish	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
Pizza	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
Lasagna	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
Spaghetti and Meat sauce	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
Tacos, Enchiladas	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
Tuna fish, Cheese, Egg	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
Hamburger, Hot dog	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
Peanut butter sandwich	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
Lunch meat, bologna	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
Beans, black-eyed peas	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>

Breads & Grains

Noodles, macaroni, rice	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
Biscuits, cornbread	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
Bread, buns	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
Tortillas	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>

Vegetables

Corn	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
Mixed Vegetables	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
Green Beans	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
Broccoli	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
Peas	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
Carrots	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
Tomatoes	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
Celery	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
Lettuce, tossed salad	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
Squash, Zucchini	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
French fries, tater tots	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
Potatoes: mashed, baked	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>

Spinach	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>

Fruits

Apples, applesauce	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
Bananas	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
Berries or cherries	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
Grapes	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
Oranges or grapefruit	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
Peaches	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
Melon	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
Pears	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
Kiwifruit, mango	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
Raisins	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>

Chips

Potato Chips, corn chips	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
Nachos, Nuts	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
Pretzels, Popcorn, Crackers	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>

Sweets & Desserts

Cookies, Granola Bar	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
Cake, cupcakes, pie	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
Donuts, sweet rolls	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
Candy (pieces, bar)	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
Pudding, jello	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
Ice cream, popsicle	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>

Drinks

Milk, low-fat white or chocolate	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
Milk, regular white or chocolate	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
Iced tea	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
Soft drink	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
Fruit drink, Kool-aid, drink box	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
Fruit juice _____	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>

Coffee	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
Water	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
Hot Chocolate	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>

Other

Butter	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
Margarine	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
Jam or Jelly	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
Sugar	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
Salad Dressing	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>

BREAKFAST

Drinks

Orange juice	<input type="checkbox"/>
Apple juice	<input type="checkbox"/>
Other juice	<input type="checkbox"/>
Milk, low fat	<input type="checkbox"/>
Milk, regular	<input type="checkbox"/>
Coffee, Tea	<input type="checkbox"/>
Other _____	<input type="checkbox"/>

Cereals

Hot cereal (oatmeal, grits)	<input type="checkbox"/>
Cold cereal _____	<input type="checkbox"/>

Breads

Toast or bread	<input type="checkbox"/>
Biscuits	<input type="checkbox"/>
Muffins	<input type="checkbox"/>
Donuts, sweet rolls	<input type="checkbox"/>
Pop tarts	<input type="checkbox"/>
French toast	<input type="checkbox"/>
Pancakes	<input type="checkbox"/>
Waffles	<input type="checkbox"/>

Protein Foods

Eggs	<input type="checkbox"/>
Sausage	<input type="checkbox"/>

Bacon	<input type="checkbox"/>
Cheese	<input type="checkbox"/>
Peanut butter	<input type="checkbox"/>
Other_____	<input type="checkbox"/>

Sample questions from the Kids Fruit/Vegetable Screener©

(Contact Block Dietary Data Systems- www.nutritionquest.com)

Teacher's last name: _____ State where you live: _____ Your school's zip code: _____

Are you: Female Male Today's date: _____

How old are you? 1 2 3 4 5 6 7 8 9 10

What grade are you in? K 1 2 3 4 5 6 7 8 9 10

Fruits and Vegetables you ate yesterday

Instructions

1. Think about all of the foods that you ate **yesterday!**
2. Fill in the circle next to the foods you ate yesterday.

* **Remember** to think about the fruits and vegetables you ate at home, at school, after school, at a friend's house, or out at a restaurant.

* **Remember** to include fresh fruits and vegetables, and fruits and vegetables from a can or a jar. Vegetables in soups count too!

BREAKFAST

Did you eat or drink any of these **YESTERDAY MORNING, before or at school?**

	How much of it did you eat?				
	Didn't have any of it	A little	About 1/2 of it	Most of it	All of it
Piece of fruit, like banana or apple	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Canned fruit like fruit cocktail, fruit cup, or applesauce	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other fruit, like grapes, strawberries, melon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Raisins, fruit roll-ups, or dried fruit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Real fruit juice, like orange juice, apple juice or grape juice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fried potatoes, French fries, tater tots or hash browns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vegetable juice like tomato juice or V-8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE DO NOT WRITE IN THIS AREA

SERIAL

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Availability Surveys

Target behavior

Increasing fruit and vegetable consumption

What is being measured?

Availability of fruits and vegetables is one factor known to influence fruit and vegetable intake (Cullen, et al., 2003). The first survey measures availability of fruits, juices, and vegetables at school. The second survey looks at availability of these items at home.

Who is the target audience?

Adults: The first survey that measures availability of fruits and vegetables at school is for adult school staff. The second survey measures availability of fruits and vegetables at home and has been validated with parents of 4th-6th grade students.

How to use the surveys

The survey by the *Network for a Healthy California* has not been validated and may be modified. This includes the ten most commonly consumed fruits and vegetables in California per the CalCHEEPS survey (2004).

The validity of the instrument by Hearn, et al. (1998) was assessed by comparing interviewer observed shelf inventories with shelf inventories reported by parents of 4th – 6th graders. The Cohen kappa was statistically significant ($p < .05$) indicating agreement between the two measures. Cullen, et al. (2001) found high (.83) internal consistency and somewhat low (.40) test-retest reliability of an adapted version of this survey with 238 4th-6th graders. Fruits, vegetables and/or juices may be added to the list.

References

Network for a Healthy California. (2003) Availability of fruit and vegetables in the school environment. Unpublished

Hearn DH, Baranowski T, Baranowski J, Doyle C, Smith M, Lin LS, Resnicow K. Environmental Influences on Dietary Behavior Among Children: Availability and Accessibility of Fruits and Vegetables Enable Consumption. *Journal of Health Education* 1998; 29(1): 26-32.

Cullen KW, Baranowski T, et al. Availability, accessibility, and preferences for fruit, 100% fruit juice, and vegetables influence children's dietary behavior. *Health Educ Behav* 2003; 30(5): 615-26.

Keihner, AJ, Garbolino T, & Hudes M. (2004). Findings from the 1999 California Children's Healthy Eating and Exercise Practices Survey: Intervention implications and Campaign evaluation. Sacramento, CA: California Department of Health Services.

Availability Survey – Fruit, Juice & Vegetables at School (Network)

Are the following fruits available in the school? If 'Yes', check the appropriate box(es) to indicate where or when.					
Please check <input type="checkbox"/> all that apply					
	School Breakfast	School Lunch	After School Snack Program	A La Carte	Vending
Apples	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Orange Juice	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Apple Juice	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Bananas	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Oranges	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Strawberries	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Fruit juice	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Applesauce	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Peaches	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Are the following vegetables available in the school? If 'Yes', check the appropriate box(es) to indicate where or when.					
Please check <input type="checkbox"/> all that apply					
	School Breakfast	School Lunch	After School Program	A La Carte	Vending
Carrots	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Corn	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Potatoes (not fried)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Green Salad	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Tomato sauce	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Green beans	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Broccoli	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Peas	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Tomatoes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Lettuce	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Availability Survey – Fruit, Juice & Vegetables At Home (Hearn, et al.)

Did you have each FRUIT in your home during the past week? It may have been fresh, frozen, canned, or dried.		
Please check <input checked="" type="checkbox"/> all that apply		
	Yes	No
Apples	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Applesauce	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Bananas	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Cantaloupe or melon	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Fruit salad	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Grapes	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Oranges	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Peaches	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Strawberry	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Watermelon	1 <input type="checkbox"/>	2 <input type="checkbox"/>

Did you have each VEGETABLE in your home during the past week? It may have been fresh, frozen, canned, or dried.		
Please check <input checked="" type="checkbox"/> all that apply		
	Yes	No
Broccoli	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Carrots	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Cauliflower	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Celery	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Corn	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Greens	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Lettuce	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Peas	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Potatoes (not French fries)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Tomatoes	1 <input type="checkbox"/>	2 <input type="checkbox"/>

Did you have each fruit juice in your home during the past week?

It may have been fresh, frozen, canned, or dried.

Please check all that apply

	Yes	No
Apple	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Grape	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Orange	1 <input type="checkbox"/>	2 <input type="checkbox"/>

Five a Day Power Play! Survey

Target behavior

Fruit and vegetable consumption and physical activity

What is being measured?

This survey includes scales that measure children's outcome expectations for eating fruit and vegetables, peer norms, self-efficacy for asking, choosing and eating fruit and vegetables, self-efficacy for support seeking and barriers to physical activity and outcome expectations for physical activity. The survey also includes questions related to knowledge of fruit and vegetables and physical activity behavior. Items related to these last two factors have not been tested for validity and reliability.

Who is the target audience?

Children ages 9 to 11

How to use the surveys

The *Network for a Healthy California* developed this survey to evaluate the impact of the *California Children's 5 a Day-Power Play! Campaign*, a statewide social marketing campaign developed prior to 2005 to encourage 9- to 11-year-old children to eat at least five servings of fruits and vegetables and be active for 60 minutes every day. Some sections are scales (sections II, IV, V, VI, and VII) that have been validated and should not be changed. The others may be refined to match the intervention.

- Section I: general knowledge about fruits and vegetables and beliefs about the recommended number of servings (not a scale)
- Section II: outcome expectations of what will happen if fruits and vegetables are eaten (Baranowski 2000)
- Section III: peer norms (not validated)
- Section IV: self-efficacy for eating fruits and vegetables (Baronowski 2000).
- Section IV: self-efficacy for asking and shopping for fruit and vegetables (adapted from Baranowski 2000)
- Section V: general knowledge about physical activity and beliefs about recommendations. (not a scale)
- Sections VI: self-efficacy related to support seeking for and barriers to physical activity (Saunders 1997)
- Sections VII: beliefs and outcome expectations for being physically active (adapted from Saunders 1997)

The scales should not be modified. They may be administered separately to measure the specific factors targeted by your intervention or administered on different days. For example, the sections related to fruit and vegetables could be administered on one day and the sections on physical activity on another.

References

Baranowski T, Davis M, Resnicow K, Baranowski J, Doyle C, Smith M, Lin L, Wang DT. Gimme 5 fruit and vegetables for fun and health: Outcome Evaluation. *Health Education & Behavior* 2000; 27(1):96-111.

Network for a Healthy California. (2005) Five a Day Power Play! Pre-Post Impact Survey. Unpublished.

Saunders R P, Pate R, Felton G, Dowda M, Weinrich M, Ward D, Parsons M, & Baranowski T. Development of questionnaires to measure psychosocial influences on children's physical activity. *Preventive Med* 1997; 26, 241-247.

Five a Day Power Play! Survey

We want to know what you think about fruits and vegetables. There are no right or wrong answers, just your opinion. Please choose the answer that best describes what you think.

I. FRUITS AND VEGETABLES	Please choose your answer.	
	False	True
1. Eating fruits and vegetables protects you from diseases.	F	T
2. Fruits and vegetables are high in fat and sugar.	F	T
3. Most of the vitamin C we get comes from fruits and vegetables.	F	T
4. Have you visited the web site called mypyramid (www.mypyramid.gov)	No	Yes

We want to know what you think will happen if you eat fruits and vegetables every day. There are no right or wrong answers, just your opinion. Please choose the answer that best describes how much you disagree or agree with each sentence below.

II. FRUITS AND VEGETABLES (IF I EAT)	Please choose your answer.				
If I eat fruits and vegetables every day...	I disagree very much	I disagree a little	I am not sure	I agree a little	I agree very much
5. I will become stronger	A	B	C	D	E
6. my friends will start eating them too	A	B	C	D	E
7. I will have stronger eyes	A	B	C	D	E
8. I will have a nicer smile	A	B	C	D	E
9. my friends will not come to my house to eat	A	B	C	D	E
10. I will be healthier	A	B	C	D	E
11. I will think better in class	A	B	C	D	E
12. it will keep me from getting fat	A	B	C	D	E
13. I will have more energy	A	B	C	D	E
14. my friends will make fun of me	A	B	C	D	E
15. I will have less energy than if I eat a candy bar	A	B	C	D	E
16. my family will be proud of me	A	B	C	D	E
17. I will not enjoy eating that meal or snack	A	B	C	D	E

III. FRUITS AND VEGETABLES (DISAGREE OR AGREE)	Please circle your answer.		
How much do you disagree or agree with the following statements?	Disagree	Not Sure	Agree
18. Most kids my age think that eating 3 -5 cups of fruits and vegetables each day is a good thing to do	A	B	C
19. Most kids my age think that eating 1½ -2 cups of fruit and juice each day is a good thing to do	A	B	C
20. Most kids my age think that eating 1½ - 3 servings of vegetables each day is a good thing to do	A	B	C

We want to know how sure you are that you can do things to eat more fruits and vegetables. There are no right or wrong answers, just your opinion. Please choose the answer that best describes how much you disagree or agree with each sentence below.

IV. FRUITS AND VEGETABLES (I THINK)	Please circle your answer.				
	I disagree very much	I disagree a little	I am not sure	I agree a little	I agree very much
21. I think I can write my favorite fruit or vegetable on the family's shopping list	A	B	C	D	E
22. I think I can ask someone in my family to buy my favorite fruit or vegetable	A	B	C	D	E
23. I think I can go shopping with my family for my favorite fruit or vegetable	A	B	C	D	E
24. I think I can pick out my favorite fruit or vegetable at the store and put it in the shopping basket	A	B	C	D	E
25. I think I can ask someone in my family to make my favorite vegetable dish for dinner	A	B	C	D	E
26. I think I can ask someone in my family to serve my favorite fruit at dinner	A	B	C	D	E
27. I think I can ask someone in my family to have fruits and fruit juices out where I can reach them	A	B	C	D	E
28. I think I can ask someone in my family to have cut up vegetables out where I can reach them	A	B	C	D	E

We want to know what you think about physical activity. Remember that physical activity can be any play, game, sport, or exercise that gets you moving and breathing harder. There is no right or wrong answer, just your opinion.

V. PHYSICAL ACTIVITY	Please circle your answer.	
	False	True
29. Moderate physical activity makes you breathe hard and sweat (Example: running).	F	T
30. How many minutes of physical activity do you think elementary school students should get each day to be healthy? A. At least 15 minutes each day B. At least 30 minutes each day C. At least 60 minutes each day D. At least 90 minutes each day E. Don't know		
31. Why is physical activity good for kids? A. Helps keep you from getting sick B. Helps you pay attention in school C. Builds healthy bones and muscles to keep you strong D. Gives you more energy E. All of the above		
32. Which of the following choices does not count as physical activity? A. Taking a dog on a walk B. Shooting a basketball C. Playing a board game (Example: Monopoly) D. Playing tag at the park with a friend E. Going on a bike ride		

Please choose either “No” or “Yes” for each of the sentences below. “No” means that you do not agree with the sentence. “Yes” means that you agree with the sentence. Remember that physical activity can be any play, game, sport, or exercise that gets you moving and breathing harder.

VI. PHYSICAL ACTIVITY (I THINK)	Please circle your answer.	
	No	Yes
33. I think I can be physically active most days after school	N	Y
34. I think I can ask my parent or other adult to do physically active things with me	N	Y
35. I think I can ask my parent or other adult to sign me up for a sport, dance, or other physical activity	N	Y
36. I think I can be physically active even if it is very hot or cold outside	N	Y
37. I think I can ask my best friend to be physically active with me	N	Y
38. I think I can ask my parent or other adult to get me the equipment I need to be physically active	N	Y
39. I think I can ask my parent or other adult to take me to a physical activity or sport practice	N	Y
40. I think I can be physically active even if I have a lot of homework	N	Y
41. I think I have the skills I need to be physically active	N	Y
42. I think I can be physically active no matter how busy my day is	N	Y
43. I think I can be physically active no matter how tired I may feel	N	Y
44. I am physically active	N	Y

VII. PHYSICAL ACTIVITY (IT WOULD)	Please circle your answer.	
	No	Yes
If I were to be physically active most days...		
45. it would make me get hurt	N	Y
46. it would help me be healthy	N	Y
47. it would help me control my weight	N	Y
48. it would make me tired	N	Y
49. it would give me energy	N	Y
50. it would make me embarrassed in front of others	N	Y
51. it would be fun	N	Y
52. it would get or keep me in shape	N	Y
53. it would be boring	N	Y
54. it would make me better in sports	N	Y

Harvest of the Month Survey

Target behavior

Fruit and vegetable consumption

What is being measured?

The HOTM survey was developed using questions from various sources. The items were compiled to measure change in fruit and vegetable consumption and three factors that influence it. These factors included knowledge, food preferences, and self-efficacy.

Questions one through five measure knowledge. They were developed by a group of *Network* funded contractors from Orange County, CA that reviewed the HOTM materials and identified the essential pieces of knowledge that they felt students should gain after participating in the intervention. These questions were reviewed by the Research and Evaluation Unit of the Cancer Prevention and Nutrition Section of the CA Dept of Health Services.

Question six measures food preferences. These questions were adapted from a survey developed by Cullen, et al. The *Network's* contractors may modify the list of fruit and vegetables so it includes the items they feature when implementing the intervention. The list may include more fruit and vegetables than those featured in HOTM.

Questions 7-11 measure self-efficacy for eating. They were developed by Baranowski, et al.¹ to assess a child's confidence that they can eat fruit and vegetables at breakfast, lunch, for snacks and at dinner. Analysis:

Questions 12-14 provide a measure of consumption. They were taken from the California Healthy Kids Survey Middle School Questionnaire, Module A, Core, Questions A15, A17, and A18.

Who is the target audience?

Children in 4th and 5th grades

How to use the surveys

Harvest of the Month (HOTM) is an intervention designed to increase fruit and vegetable consumption among low-income populations. It was developed by the *Network for a Healthy California (Network)* for agencies contracted to promote fruit and vegetable consumption throughout the state.

For knowledge, the correct answers should be added to get a summary score, which will range between 0 and 5. The correct answers are marked with a "1".

There are several ways to analyze change in the summary scores for preferences. The *Network* conducts two methods and only includes items featured in the intervention. The first answers the question: Did respondents become familiar with fruits or vegetables that were previously unknown to them? This analysis would capture

¹ Baranowski T, Davis M, Resnicow K, Baranowski J, Doyle C, Smith M, Lin L, Wang DT. Gimme 5 fruit and vegetables for fun and health: Outcome Evaluation. *Health Education & Behavior* 2000; 27(1):96-111.

change in the proportion of respondents who move from “I don’t know what this is” to “I don’t like it”, “I like it a little” or “I like it a lot”. A McNemar test is appropriate for this analysis.

The second question is: Did preferences change for those who knew what the item was? This analysis excludes those individuals who reported, at pretest, not knowing what the item was. The rationale is that those who cannot identify an item do not have a preference for it. A paired t-test is used to capture movement within the three preference responses.

For self-efficacy, conduct a paired-t-test on summary scores for the subscales and all scales together. The results for consumption, expressed as number of times, should be reported separately for each question and for all questions combined.

References

Cullen K, Baranowski T, et al. Availability, accessibility, and preferences for fruit, 100% fruit juice, and vegetables influence children’s dietary behavior. *Health Educ Behav* 2003; 30(5): 615-26.

Baranowski T, Davis M, Resnicow K, Baranowski J, Doyle C, Smith M, Lin L, Wang DT. Gimme 5 fruit and vegetables for fun and health: Outcome Evaluation. *Health Education & Behavior* 2000; 27(1):96-111.



Harvest of the Month

Harvest of the Month Survey

Fall 2006

Prepared by

the Research and Evaluation Unit

of the *Network for a Healthy California*

Confidentiality information to be explained to students

We would like for you to complete this survey. You may 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 identification number. They will only be used for reports.

We want you to tell us what you know about healthful eating.

Please bubble your answer ●

1. Eating fruits and vegetables can help lower your chances of getting heart disease or cancer.

- True
- False
- Don't know

2. Fruits and vegetables that are high in Vitamin A are _____ in color.

- Red and white
- Blue and light brown
- Yellow-orange and dark green
- Brown and purple
- I don't know

3. Almost all fruits and vegetables contain a lot of vitamins and _____.

- Protein
- Fiber
- Cholesterol
- Fat
- Don't know

4. Which of the following fruits and vegetables are grown in California:

- Spinach
- Apples
- Pears
- All of the above

5. Fruits and vegetables, like apples and pears, are best when eaten with the peel because that is where most of the fiber and antioxidants are.

- True
- False
- Don't know

6. How much do you like these fruits and vegetables? Please bubble your answer ●

	I do not like this 	I like this a little 	I like this a lot 	I don't know what this is 
Acorn Squash.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asparagus.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avocados.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beets.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Broccoli.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cabbage.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carrots.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cherries.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooked Greens.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corn.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dried Plum.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grapefruit.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Green Beans.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mandarins (Tangerines)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Melons.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mushrooms.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peas.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peppers.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Persimmons.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plums.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Potatoes.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pumpkins.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Radishes.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salad Greens.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spinach.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sweet Potatoes.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tomatoes.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Zucchini.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Please bubble your answer ●				
7. For breakfast, I think I can...	I disagree very much 	I disagree a little 	I am not sure 	I agree a little 	I agree very much 
A. drink a glass of my favorite juice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. add fruit to my cereal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. For lunch at school, I think I can...	I disagree very much 	I disagree a little 	I am not sure 	I agree a little 	I agree very much 
A. eat a vegetable that's served	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. eat a fruit that's served	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. For lunch at home I think I can...	I disagree very much 	I disagree a little 	I am not sure 	I agree a little 	I agree very much 
A. eat carrot or celery sticks instead of chips	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. eat my favorite fruit instead of my usual dessert	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. For a snack I think I can choose...	I disagree very much 	I disagree a little 	I am not sure 	I agree a little 	I agree very much 
A. my favorite fruit instead of my favorite cookie	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. my favorite fruit instead of my favorite candy bar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. my favorite raw vegetable instead of my favorite cookie	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. my favorite raw vegetable instead of my favorite candy bar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. my favorite raw vegetable instead of chips	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	I disagree very much 	I disagree a little 	I am not sure 	I agree a little 	I agree very much 
11. For dinner I think I can....					
A. eat a serving of vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. eat my favorite fruit instead of my usual dessert	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the past 24 hours (yesterday), how many times did you... (please circle the number of times)						
12. Drink 100% fruit juices , such as orange, apple or grape?	0	1	2	3	4	5 or more
13. Eat fruit ? (Do not count fruit juice.)	0	1	2	3	4	5 or more
14. Eat vegetables ? (Include salads and non-fried potatoes.)	0	1	2	3	4	5 or more

15. How old are you?

_____ Years

16. Are you Boy
 Girl

17. How do you describe yourself? (You may fill-out more than one)

- Latino, Hispanic
- Black, African American
- White
- American Indian, Alaskan Native
- Asian, Pacific Islander
- Other

Nutrition Education Survey

This Nutrition Education Survey (NES) was developed to assess the impact of nutrition education delivered to food stamp eligible persons. The NES is a modular tool that contractors can customize to fit the specific nutrition education activities delivered as part of their SOW. It has sets of questions that will capture change in perceived peer behavior, perceived parental support, self-efficacy, outcome expectations, socialization-encouragement, access, consumption, physical activity, knowledge and preferences.

Questions 1-6 were adapted from Vereecken et al. (2005) to measure perceived peer behavior. The original survey was validated with 11-12 year olds in Belgium and the current version was adapted by the University of CA Los Angeles for students in the Los Angeles Unified School District. The original questions were changed to reduce the number of response categories and make the language appropriate for CA students. For example, the original survey included the question: How often does your best friend consume fruit? The response categories were: never, less than once a week, once a week, 2-4 days/week, 5-6 days/week, once a day, every day and every day, more than once. The adapted question reads: Does your best friend eat fruit everyday? There are three response categories: Yes, No, I don't know.

Questions 7 and 8 measure the child's perceived parental support (Vereecken, 2005). The original survey had four questions that measure this. For example: How often does your father eat fruit? Response categories were: never, less than once a week, once a week, 2-4 days/week, 5-6 days/week, once a day, every day and every day, more than once; don't have or see mother/father. The NES has two questions including: How often do your parents eat fruit? Response categories: never, a few days of the week, most days of the week, every day.

Questions 9-16 were taken from a study (Baranowski et al., 2000) of the Gimme 5 intervention and measure self-efficacy for asking and shopping for fruit and vegetables. These were validated with data from a three year outcome evaluation of 3rd-5th graders.

Questions 17-23 measure outcome expectations and were adapted from items developed by Reynolds et al. (2002) for 4th graders. The original 12-item scale was reduced to eight items to be more consistent with the content of HOTM. In Reynolds' original study, the questions were validated data were collected over a three year period from students at the end of their 3rd grade and beginning of their 5th.

Questions 24-31 measure socialization-encouragement. These were changed from parents on the original survey (Vereecken et al., 2005) to teachers. These will help gauge the influence of teachers on students.

Questions 32-33 These questions measure students' report of daily access to fruit and vegetables in the home. These were adapted from Hearn's work (1993) with 4th and 5th graders.

Questions 34-36 measure consumption. They were validated by Hoelscher et al. (2003) with 8th graders as part of the School and Physical Activity Nutrition Project (SPAN). Thiagarajah (2006) reported moderate to good reliability with 4th graders.

Questions 37-40 Capture demographic characteristics. These can be used for analysis by gender, age, ethnicity and grade level and reporting to USDA.

Physical activity - Optional

Prochaska et al. (2001) validated the 2-item PACE Survey with 12 year olds to determine the number of days children were active for at least 60 minutes. The response categories range from zero days to seven days.

Preferences - Optional

The items included on the preferences list, adapted from Domel's (1993), work with 4th and 5th graders were selected at random as an example of what might be included in that section of the survey. This section may be modified to measure change in the items featured or gauge the preferences of other fruit and vegetables.

When choosing the items to include it's important to remember that the HOTM Cycle I items (apples, pears, kiwifruit, sweet potatoes, oranges, broccoli, spinach, carrots, strawberries, salad greens, grapes and green beans) are well liked and well known, leaving little room for improvement. Given the high scores this section may not be a good measure of success. However, it might provide really interesting information about a group's actual preferences and familiarity for certain items, even if they are not featured in an intervention.

Knowledge - Optional

Finally, the knowledge questions are optional. Many of the nutrition education activities do not naturally address the five knowledge questions included on the survey and consequently they are not a good measure of success. Additionally, since they are not as strongly correlated to fruit and vegetable consumption as the other factors the survey space may be better used to measure change in factor more strongly associated with behavior change.

References

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Write your **Identification Number** here: _____

Nutrition Education Survey

NES

2007-08

Prepared by
the Research and Evaluation Unit
of the *Network for a Healthy California*

Confidentiality information to be explained to students

We would like for you to complete this survey. You may 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 identification number. They will only be used for reports.



Funded by the USDA's Food Stamp Program through the California Department of Public Health's Network for a Healthy California (in italic). These institutions are equal opportunity providers and employers.



Directions: This is a survey to find out about what you know, like, think and do about healthy eating and fruits and vegetables. Fill in the bubble (O) of the one best answer for each question. Do NOT write your name anywhere on this survey.

The questions in this section ask what your friends think about eating vegetables and fruit. Please bubble in one answer to each question.

	Yes	No	I don't know
1. Do most of your friends like to eat fruit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Do most of your friends eat fruit every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Does your best friend eat fruit everyday?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Do most of your friends like to eat vegetables?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Do most of your friends eat vegetables every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Does your best friend eat vegetables everyday?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The questions in this next section ask how often your parents eat fruit and vegetables. Please bubble in one answer to each question.

	Never	A few days a week	Most days a week	Every day	I don't know
7. How often do your parents eat fruit?	<input type="radio"/>				
8. How often do your parents eat vegetables?	<input type="radio"/>				

The questions in this next section ask how sure you are that you can ask and shop for fruit and vegetables. Please bubble in one answer to each question.

How sure are you that you can:	I disagree very much	I disagree a little	I am not sure	I agree a little	I agree very much
9. write my favorite fruit or vegetable on the family's shopping list	○	○	○	○	○
10. ask someone in my family to buy my favorite fruit or vegetable	○	○	○	○	○
11. go shopping with my family for my favorite fruit or vegetable	○	○	○	○	○
12. pick out my favorite fruit or vegetable at the store and put it in the shopping basket	○	○	○	○	○
13. ask someone in my family to make my favorite vegetable dish for dinner	○	○	○	○	○
14. ask someone in my family to serve my favorite fruit at dinner	○	○	○	○	○
15. ask someone in my family to have fruits and fruit juices out where I can reach them	○	○	○	○	○
16. ask someone in my family to have vegetables cut up out where I can reach them	○	○	○	○	○

The questions in this section are about what you think will happen if you eat fruit and vegetables. Tell us how much do you agree or disagree with the following statements? Please bubble in one answer for each question.

	Disagree	Not Sure	Agree
17. I will have more energy for playing (sports, recess or after school) if I eat fruits and vegetables.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I will get sick more often if I don't eat fruits and vegetables.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Eating fruits and vegetables will help me grow.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I will have healthier skin if I eat fruits and vegetables.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. If I eat fruits and vegetables, I will have stronger eyes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. If I eat fruits or vegetables at breakfast, I will be able to think better in class.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Eating fruits and vegetables will keep me from getting cavities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The questions in this next section ask what your teacher tells you about eating fruit and vegetables. Please bubble in one answer to each question.

Does your teacher tell you...	Yes	No	I don't know
24. ... that vegetables are good for you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. ... that vegetables are healthy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. ...that vegetables taste good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. ...to eat vegetables every day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. ...that fruit is good for you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. ...that fruit is healthy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. ...that fruit tastes good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. ...to eat fruit every day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The questions in this next section ask why you may or may not eat fruits and vegetables. Please fill in one answer for each question.

32. At your home do you have fruits to eat?

- Never
- Sometimes
- Always
- I don't know

33. At your home do you have vegetables to eat?

- Never
- Sometimes
- Always
- I don't know

The next set of questions is about how much you eat. (Please bubble your answer)

34. Yesterday, did you eat any vegetables?

Vegetables are all cooked and uncooked vegetables; salads; and boiled, baked and mashed potatoes.

Do not count French fries or chips.

- No, I didn't eat any vegetables yesterday.
- Yes, I ate vegetables 1 time yesterday.
- Yes, I ate vegetables 2 times yesterday.
- Yes, I ate vegetables 3 or more times yesterday.

35. Yesterday, did you eat fruit?

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 or more times yesterday.

36. Yesterday, did you drink fruit juice?

Fruit juice is a 100% juice drink like orange juice, apple juice, or grape juice.

Do not count punch, Kool-Aid®, sports drinks and 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.

The last few questions are about you. Please bubble one answer for each question.

37. What grade are you in? (Fill in one answer)

- | | | |
|---|---|--|
| <input type="radio"/> 4 th grade | <input type="radio"/> 7 th grade | <input type="radio"/> 10 th grade |
| <input type="radio"/> 5 th grade | <input type="radio"/> 8 th grade | <input type="radio"/> 11 th grade |
| <input type="radio"/> 6 th grade | <input type="radio"/> 9 th grade | <input type="radio"/> 12 th grade |

38. How old are you? (Fill in one answer)

- | | | |
|------------------------------------|------------------------------------|------------------------------------|
| <input type="radio"/> 8 years old | <input type="radio"/> 12 years old | <input type="radio"/> 16 years old |
| <input type="radio"/> 9 years old | <input type="radio"/> 13 years old | <input type="radio"/> 17 years old |
| <input type="radio"/> 10 years old | <input type="radio"/> 14 years old | <input type="radio"/> 18 years old |
| <input type="radio"/> 11 years old | <input type="radio"/> 15 years old | |

39. Are you a boy or a girl? (Fill in one answer)

- Boy
- Girl

40. How would you describe yourself? (Fill in all that apply to you)

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino including Mexican
- Native Hawaiian or Other Pacific Islander
- White/Caucasian
- Other (_____)

Physical activity - Optional

Now we want to know how active you are. Add up all the time you spend in physical activity each day (don't include your physical education or gym class). Please bubble one answer for each question.

Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time.

Physical activity can be done in sports, playing with friends, or walking to school.

Some examples of **physical activity** are running, brisk walking, and rollerblading.

41. Over the past 7 days, on how many days were you physically active for a total of at least 60 <u>minutes</u> per day?							
<input type="radio"/> 0 days	<input type="radio"/> 1 Day	<input type="radio"/> 2 Days	<input type="radio"/> 3 Days	<input type="radio"/> 4 Days	<input type="radio"/> 5 Days	<input type="radio"/> 6 Days	<input type="radio"/> 7 Days

42. Over a typical or usual week, on how many days are you physically active for a total of at least 60 minutes per day?							
<input type="radio"/> 0 days	<input type="radio"/> 1 Day	<input type="radio"/> 2 Days	<input type="radio"/> 3 Days	<input type="radio"/> 4 Days	<input type="radio"/> 5 Days	<input type="radio"/> 6 Days	<input type="radio"/> 7 Days

Preferences - Optional

Now we want to know how much you like some foods. (Please bubble in your answer)

How much do you like these fruits and vegetables?		I like this a lot 	I like this a little 	I do not like this 	I don't know what this is 
Asparagus.....		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dried Plums		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Green Beans.....		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kiwifruit.....		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mandarins		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Melons		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Persimmons.....		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salad Greens.....		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spinach.....		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sweet Potatoes...		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Knowledge - Optional

In this section, we want you to tell us what you know about healthful eating.

Please bubble your answer

<p>1. Eating fruits and vegetables can help lower your chances of getting heart disease or cancer.</p> <p><input type="radio"/> True</p> <p><input type="radio"/> False</p> <p><input type="radio"/> Don't know</p>
<p>2. Fruits and vegetables that are high in Vitamin A are _____ in color.</p> <p><input type="radio"/> Red and white</p> <p><input type="radio"/> Blue and light brown</p> <p><input type="radio"/> Yellow-orange and dark green</p> <p><input type="radio"/> Brown and purple</p> <p><input type="radio"/> I don't know</p>
<p>3. Almost all fruits and vegetables contain a lot vitamins and _____.</p> <p><input type="radio"/> Protein</p> <p><input type="radio"/> Fiber</p> <p><input type="radio"/> Cholesterol</p> <p><input type="radio"/> Fat</p> <p><input type="radio"/> Don't know</p>
<p>4. Which of the following fruits and vegetables are grown in California:</p> <p><input type="radio"/> Spinach</p> <p><input type="radio"/> Apples</p> <p><input type="radio"/> Pears</p> <p><input type="radio"/> All of the above</p>
<p>5. Fruits and vegetables, like apples and pears, are best when eaten with the peel because that is where most of the fiber and antioxidants are.</p> <p><input type="radio"/> True</p> <p><input type="radio"/> False</p> <p><input type="radio"/> Don't know</p>

Food Preferences Survey

Target behavior

Fruit and vegetable consumption

What is being measured?

The factor of food preferences is strongly linked to fruit and vegetable consumption (Domel, 1993) (Baxter, 2002). Researchers have found that it takes about eight exposures to a new food for a child to develop a preference for it. The survey that follows is comprised of a sample list of fruits, juices and vegetables. Monterey Department of Public Health contributed the Spanish version of the survey.

Who is the target audience?

Children and adults: The survey was originally validated for use with third and fourth grade students. However, it may be used with adults served by *Network* contractors.

How to use the surveys

The list of fruit and vegetables may be modified. The *Network* recommends that LIAs list the fruit and vegetables featured in the intervention and a few others to identify some that the target audience does not like or with which they are unfamiliar. The latter items can be used as targets for a subsequent intervention to increase preferences for a greater variety of items.

The list should not include apples, grapes, kiwi, oranges, peaches, pears or strawberries. The results from the 2005-06 evaluation showed that a group of over 700 students, primarily 4th and 5th graders, were familiar with those items and liked them a lot. This would leave little room for improvement or change.

There are several ways to analyze change in the summary scores for preferences. The *Network* conducts two methods and only includes items featured in the intervention. The first answers the question: Did respondents become familiar with fruits or vegetables that were previously unknown to them? This analysis would capture change in the proportion of respondents who move from “I don’t know what this is” to “I don’t like it”, “I like it a little” or “I like it a lot”. A McNemar test is appropriate for this analysis.

The second question is: Did preferences change for those who knew what the item was? This analysis excludes those individuals who reported, at pretest, not knowing what the item was. The rationale is that those who cannot identify an item do not have a preference for it. A paired t-test is used to capture movement within the three preference responses.

References

Cullen K, Baranowski T, et al. Availability, accessibility, and preferences for fruit, 100% fruit juice, and vegetables influence children's dietary behavior. *Health Educ Behav* 2003; 30(5): 615-26.

Domel, S. B., T. Baranowski, et al. (1993). "Measuring fruit and vegetable preferences among 4th- and 5th-grade students." *Prev Med* 22(6): 866-79.

Baxter, S. D. and W. O. Thompson (2002). "Fourth-grade children's consumption of fruit and vegetable items available as part of school lunches is closely related to preferences." *J Nutr Educ Behav* 34(3): 166-71.

How much do you like these fruits and vegetables? Please bubble your answer ●

	I do not like this 	I like this a little 	I like this a lot 	I don't know what this is 
Acorn Squash.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asparagus.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avocados.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beets.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Broccoli.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cabbage.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carrots.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cherries.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooked Greens.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corn.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dried Plum.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grapefruit.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Green Beans.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mandarins (Tangerines)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Melons.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mushrooms.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nectarines.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Onions.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peas.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peppers.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Persimmons.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plums.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Potatoes.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pumpkins.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Radishes.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salad Greens.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spinach.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sweet Potatoes.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tomatoes.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Zucchini.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Food Preference Survey

Grade/Grado: 4th ²

Teacher/Maestro/a:

Student ID/Numero de Identificación: _____

Food Preference Survey – Fruits and Vegetables		Encuesta de Frutas Y Verduras		
How much do you like these fruits and vegetables? Please check <input checked="" type="checkbox"/> your answer				
¿Cuánto te gusta la fruta y verdura? Por favor marca tu respuesta con una <input checked="" type="checkbox"/>				
Fruits and Vegetables	I don't know what this is  No sé que es esto	I do not like this  No me gusta	I like this a little  Me gusta un poco	I like this a lot  Me gusta mucho
Frutas y Verduras				
 Banana/Plátano	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Broccoli/Brocoli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Cabbage/Repollo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Carrot/Zanahoria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Green bean/Ejote	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Mushroom/Hongo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Nectarine/Nectarina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Orange/Naranja	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Peach/Durazno	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Pear/Pera	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Plum/Ciruela	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Strawberry/Fresa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Tomato/Tomate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Watermelon/Sandia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Zucchini/Calabacita	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are there other fruits that you really like? Yes → what kind?

¿Hay otras frutas que te gustan mucho? Sí → ¿qué tipo?

Are there other vegetables that you really like? Yes → what kind?

¿Hay otros vegetales que te gustan mucho? Sí → ¿qué tipo?

² Monterey County Health Department

Food Security Surveys

Target behavior

Use of Nutrition Assistance Programs

What is the behavior being measured?

Food insecurity, food stamp utilization, and use of other food assistance programs.

Who is the target audience?

Adults only

How to use the USDA survey – User Notes (from the website referenced below)

(1) Response Options: For interview surveys, DK (“don’t know”) and “Refused” are blind responses - that is, they are not presented as response options, but marked if volunteered. For self-administered surveys, DK is presented as a response option.

(2) Screeners: The two levels of screener are provided for survey administrators wishing to reduce respondent burden for households not manifesting: (a) *any* level of food insecurity (1st-level screener); or (b) any signs of *hunger* (2nd-level screener).

To further reduce burden for higher-income respondents, a preliminary screener may be constructed using Q1 along with a household income measure. Households with income above twice the poverty threshold, AND who respond <1> to Q1 may be skipped to the end of the module and classified as food secure. Use of this preliminary screener reduces total burden in a survey with many higher-income households, and the cost, in terms of accuracy in identifying food insecure households, is not great. However, research has shown that a small proportion of the higher-income households screened out by this procedure will register food insecurity if administered the full module. If Q1 is not needed for research purposes, a preferred strategy is to omit Q1 and administer Stage 1 of the module to all households. Administration time for Stage 1 is very nearly the same as administration time for the preliminary USDA food sufficiency question/screener.

(3) 30-Day Reference Period: The questionnaire items may be modified to a 30-day reference period by changing the “last 12-month” references to “last 30 days.” In this case, items 8a, 12a, and 14a must be changed to read as follows:

8a/12a/14a [IF YES ABOVE, ASK] In the last 30 days, how many days did this happen?

_____ days

[] DK

(4) Food-Security/Hunger Scale: Questions 2-16 provide a complete, validated set of food-insecurity/hunger indicator variables for use in: (1) scaled measurement of the severity of household food insecurity and hunger; (2) classification of households by severity level of food insecurity and hunger; and (3) comparison of food-insecurity and hunger prevalence with national benchmark data. To request guidance materials for calculating these measures, contact the U.S. Department of Agriculture, Food and Nutrition Service, Office of Analysis, Nutrition, and Evaluation, Alexandria, VA (703-305-2125), or the U.S. Department of Agriculture, Economic Research Service, Washington, DC (202-694-5433).

Items 1-6 of the California Women’s Health Survey Food Adequacy Module were validated as a short scale. They may be used alone or in conjunction with the other questions.

The Short Form of the 12-month Food Security Scale contains six questions that can be used to measure “food secure,” “food secure without hunger” and “food secure with hunger” in situations when time does not permit use of the 18-item survey. Keenen, et al. (2001) note that the scale does not accurately assess very severe food insecurity in children but does gauge risk of child hunger.

References

USDA items:

Blumberg SJ, Bialostosky K, Hamilton WL, Briefel RR. The Effectiveness of a Short Form of the Household Food Security Scale. *Am J Public Health* 1999; 89: 1231-1234.

Available at:

http://www.ers.usda.gov/Briefing/FoodSecurity/surveytools/FS_SHORT.doc
USDA 2000 Guide to Measuring Household Food Security –
<http://www.ers.usda.gov/briefing/foodsecurity/surveytools/core0699.doc>

CWHS items:

Keenan DP, Olson C, Hersey JC, Parmer SM. Measures of food insecurity/ security. *J Nutr Educ Behav* 2001; 33 Suppl 1:S049-58.

Food-Security/Hunger Core Module

3-STAGE DESIGN, WITH SCREENERS

USDA, Food and Nutrition Service and Economic Research Service –
6/23/99

Transition into Module (administered to all households): These next questions are about the food eaten in your household in the last 12 months, since (current month) of last year and whether you were able to afford the food you need.

USDA Food Sufficiency Question/Screeners: Questions 1, 1a, 1b (Optional, these questions are not used to calculate the food-security/hunger scale. Question 1 may be used in conjunction with income as a preliminary screener to reduce respondent burden for high income households).

1. [IF ONE PERSON IN HOUSEHOLD, USE "I" IN PARENTHETICALS, OTHERWISE, USE "WE."]

Which of these statements best describes the food eaten in your household in the last 12 months: --enough of the kinds of food (I/we) want to eat; --enough, but not always the kinds of food (I/we) want; --sometimes not enough to eat; or, --often not enough to eat?

- [1] Enough of the kinds of food we want to eat (SKIP 1a and 1b)
- [2] Enough but not always the kinds of food we want (SKIP 1a)
- [3] Sometimes not enough to eat [SKIP 1b]
- [4] Often not enough [SKIP 1b]
- [] DK or Refused (SKIP 1a and 1b)

- 1a. [IF OPTION 3 OR 4 SELECTED, ASK] Here are some reasons why people don't always have enough to eat. For each one, please tell me if that is a reason why YOU don't always have enough to eat. [READ LIST. MARK ALL THAT APPLY.]

YES	NO	DK	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not enough money for food
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not enough time for shopping or cooking
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Too hard to get to the store
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	On a diet
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No working stove available
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not able to cook or eat because of health problems

- 1b. [IF OPTION 2 SELECTED, ASK] Here are some reasons why people don't always have the quality or variety of food they want. For each one, please tell me if that is a reason why YOU don't always have the kinds of food you want to eat. [READ LIST. MARK ALL THAT APPLY.]

YES	NO	DK	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not enough money for food
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kinds of food (I/we) want not available
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not enough time for shopping or cooking
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Too hard to get to the store
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	On a special diet

Stage 1: Questions 2-6 (asked of all households; begin scale items).

[IF SINGLE ADULT IN HOUSEHOLD, USE "I," "MY," AND "YOU" IN PARENTHEICALS; OTHERWISE, USE "WE," "OUR," AND "YOUR HOUSEHOLD."]

2. Now I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for (you/your household) in the last 12 months, that is, since last (name of current month).

The first statement is "(I/We) worried whether (my/our) food would run out before (I/we) got money to buy more." Was that often true, sometimes true, or never true for (you/your household) in the last 12 months?

- Often true
- Sometimes true
- Never true
- DK or Refused

3. "The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

- Often true
- Sometimes true
- Never true
- DK or Refused

4. "(I/we) couldn't afford to eat balanced meals." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

- Often true
- Sometimes true
- Never true
- DK or Refused

[IF CHILDREN UNDER 18 IN HOUSEHOLD, ASK Q5 - 6; OTHERWISE SKIP TO 1st-Level Screen.]

5. "(I/we) relied on only a few kinds of low-cost food to feed (my/our) child/the children) because (I was/we were) running out of money to buy food." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

- Often true
- Sometimes true
- Never true
- DK or Refused

6. "(I/We) couldn't feed (my/our) child/the children) a balanced meal, because (I/we) couldn't afford that." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

- Often true
- Sometimes true
- Never true
- DK or Refused

1st-level Screen (screener for Stage 2): If affirmative response to any one of Questions 2-6 (i.e., "often true" or "sometimes true"), OR, response [3] or [4] to Question 1 (if administered), then continue to Stage 2; otherwise, skip to end.

Stage 2: Questions 7-11 (asked of hh's passing the 1st-level Screen: estimated 40% of hh's \leq 185% Poverty; 5.5% of hh's > 185% Poverty; 19% of all households).

[IF CHILDREN UNDER 18 IN HOUSEHOLD, ASK Q7; OTHERWISE SKIP TO Q8]

7. "(My/Our child was/The children were) not eating enough because (I/we) just couldn't afford enough food." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

- Often true
- Sometimes true
- Never true
- DK or Refused

8. In the last 12 months, since last (name of current month), did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?

- Yes
- No (Skip 8a)
- DK (Skip 8a)

8a. [IF YES ABOVE, ASK] How often did this happen---almost every month, some months but not every month, or in only 1 or 2 months?

- Almost every month
- Some months but not every month
- Only 1 or 2 months
- DK

9. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

- Yes
- No
- DK

10. In the last 12 months, were you every hungry but didn't eat because you couldn't afford enough food?

- Yes
- No
- DK

11. In the last 12 months, did you lose weight because you didn't have enough money for food?

- Yes
- No
- DK

2nd-level Screen (screener for Stage 3): If affirmative response to any one of Questions 7 through 11, then continue to Stage 3; otherwise, skip to end.

Stage 3: Questions 12-16 (asked of hh's passing the 2nd-level Screen: estimated 7-8% of hh's < 185% Poverty; 1-1.5% of hh's > 185% Poverty; 3-4% of all hh's).

12. In the last 12 months, did (you/you or other adults in your household) ever not eat for a whole day because there wasn't enough money for food?

- Yes
- No (Skip 12a)
- DK (Skip 12a)

12a. [IF YES ABOVE, ASK] How often did this happen---almost every month, some months but not every month, or in only 1 or 2 months?

- Almost every month
- Some months but not every month
- Only 1 or 2 months
- DK

[IF CHILDREN UNDER 18 IN HOUSEHOLD, ASK 13-16; OTHERWISE SKIP TO END.]

13. The next questions are about children living in the household who are under 18 years old. In the last 12 months, since (current month) of last year, did you ever cut the size of (your child's/any of the children's) meals because there wasn't enough money for food?

- Yes
- No
- DK

14. In the last 12 months, did (CHILD'S NAME/any of the children) ever skip meals because there wasn't enough money for food?

- Yes
- No (Skip 14a)
- DK (Skip 14a)

14a. [IF YES ABOVE ASK] How often did this happen---almost every month, some months but not every month, or in only 1 or 2 months?

- Almost every month
- Some months but not every month
- Only 1 or 2 months
- DK

15. In the last 12 months, (was your child/ were the children) ever hungry but you just couldn't afford more food?

- Yes
- No
- DK

16. In the last 12 months, did (your child/any of the children) ever not eat for a whole day because there wasn't enough money for food?

Yes

No

DK

END OF FOOD-SECURITY/HUNGER CORE MODULE

California Women's Health Survey Food Adequacy Module

I'm going to read you a few statements that people have made about their food situation. For these statements, please tell me whether the statement was **OFTEN** true, **SOMETIMES** true, or **NEVER** true for you in the last 12 months. (That is, since **MONTH** of last year)

Ask all women

1a. The food that I bought just didn't last, and I didn't have money to get more.

TRUE FALSE

1b. Was that **OFTEN, **SOMETIMES**, or **NEVER** true for you in the last 12 months?**

- 1. Often
- 2. Sometimes, or
- 3. Never true
- 7. Don't know / Not sure
- 9. Refused

2. I couldn't afford to eat balanced meals. Was that **OFTEN, **SOMETIMES**, or **NEVER** true for you in the last 12 months?**

- 1. Often
- 2. Sometimes, or
- 3. Never true
- 7. Don't know / Not sure
- 9. Refused

3. In the last 12 months, did you ever cut the size of your meals or skip meals because there wasn't enough money for food?

- 1. Yes
- 2. No
- 7. Don't know / Not sure
- 9. Refused

4. How often did this happen? Was it almost every month, some months but not every month, or, only in one or two months in the last 12 months?

- 1. Almost every month
- 2. Some months, but not every month
- 3. Only in one or two months
- 7. Don't know / Not sure

9. Refused
5. **In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?**
1. Yes
 2. No
 7. Don't know / Not sure
 9. Refused
6. **In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?**
1. Yes
 2. No
 7. Don't know / Not sure
 9. Refused
7. **During the last 12 months, did you ever eat less than you wanted or not eat at all so that some other member of your household would have enough to eat?**
1. Yes
 2. No
 7. Don't know / Not sure
 9. Refused
8. **During the last 12 months, have you or others in your household delayed getting medical treatment or filling prescriptions in order to buy food?**
1. Yes
 2. No
 7. Don't know / Not sure
 9. Refused
9. **In the last twelve months, have you APPLIED FOR food stamps?**
1. Yes
 2. No
 7. Don't know / Not sure
 9. Refused

10. In the past 12 months, were you denied food stamps?

- 1. Yes
- 2. No
- 7. Don't know / Not sure
- 9. Refused

11. In the last twelve months, have you RECEIVED and USED food stamps or an Advantage Card?

- 1. Yes (Go to Q12)
- 2. No (Go to Q13)
- 7. Don't know / Not sure (Go to Q13)
- 9. Refused (Go to Q13)

Ask if yes to question 11

12. In an average month, how many days do food stamps last in your household?

- Less than 7 (< 1 week)
- 7 to 13 days (1-2 weeks)
- 14 to 20 days (2-3 weeks)
- 21-27 days (3-4 weeks)
- 28 – 30 days (all month)
- 77. Don't know / Not sure (Go to 15)
- 99. Refused (Go to 15)

13. What is the main reason you are not currently receiving food stamps?

- 1. Was denied (see 10 above)
- 2. Don't need them
- 3. Don't think I'm eligible
- 4. Don't know how to get them
- 5. Too hard to apply
- 6. Don't want government help
- 7. Worried about my citizenship status or being a "public charge"
- 8. Too embarrassed to use them
- 9. Didn't think about it
- 10. Didn't qualify
- 11. Didn't know about them
- 12. Other (describe) _____
- 77. Don't know / Not sure
- 99. Refused

In the last 12 months, have you or anyone in your household received food assistance from any of the following sources? For each one, please tell me if you received food from the source named.

	YES	NO	Don't know	Refused
14. WIC (coupons/vouchers)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 9
15. Emergency food banks, food pantry, soup kitchen	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 9
16. Meals served at a food kitchen/community site	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 9
17. Senior meal site or home-delivered meals (1%)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 9
18. Free or reduced price school breakfast	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 9
19. Free or reduced price school lunch	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 9
20. The Summer meal program	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 9

21. Would you say you have enough to eat?

- 1. Always
- 2. Most of the time
- 3. Sometimes
- 4. Rarely or never
- 7. Don't know / Not sure
- 9. Refused

Short Form of the 12-month Food Security Scale - Questionnaire

These next questions are about the food eaten in your household in the last 12 months and whether you were able to afford the food you need.

- 1 (54). I'm going to read you two statements that people have made about their food situation. Please tell me whether the statement was **OFTEN**, **SOMETIMES**, or **NEVER** true for (you/you or the other members of your household) in the last 12 months.

The first statement is, "The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

- (1) Often true
 - (2) Sometimes true
 - (3) Never true
- (D, R)
-

- 2 (55). "(I/we) couldn't afford to eat balanced meals." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

- (1) Often true
 - (2) Sometimes true
 - (3) Never true
- (D, R)
-

- 3 (24). In the last 12 months, since (date 12 months ago) did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?

- (1) Yes
 - (2) No (GO TO 5)
- (D, R) (GO TO 5)
-

- 4 (25). **[Ask only if # 3 = YES]** How often did this happen---almost every month, some months but not every month, or in only 1 or 2 months?

- (1) Almost every month
 - (2) Some months but not every month
 - (3) Only 1 or 2 months
- (D, R)
(X) Question not asked because of negative or missing response to question 3
-

- 5 (32). In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

- (1) Yes
 - (2) No
- (D, R)
-

6 (35). In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

- (1) Yes
- (2) No
- (D, R)

Knowledge, Awareness & Beliefs Surveys

Target behavior

Fruit and vegetable consumption

What is being measured?

Knowledge is a factor related to behavior change but not sufficient by itself. The *Network* requires any contractor measuring knowledge to also measure some other factor. The following surveys measure knowledge, beliefs and awareness related to fruit and vegetable intake.

The two surveys that follow have been adapted from other surveys focusing on general knowledge about nutrition and fruit and vegetable consumption. The first three items of the general knowledge survey were developed by Hoelscher, et al. (2004). Items 4-7 were used in a tool developed by Reynolds, et al. (2002) in the “High 5” intervention. The second survey is adapted from an instrument used by a *Network* contractor, the Hawthorne Unified School District (Russell, 2004). While this tool has not been validated, it may be helpful to other contractors implementing school-based interventions.

The survey created by Townsend and Kaiser contains 13 items that related to fruit and vegetable consumption such as perceived benefits, control and dietary quality; self-efficacy, and readiness to eat more fruits and vegetables.

Who is the target audience?

General Knowledge Survey: 4th - 11th grades

Hawthorne Unified School District Student Knowledge Survey items: 3rd-5th grades

How to use the surveys

The surveys may be modified (questions added or removed) to cover topics addressed by the intervention. Choose the survey that has questions similar to the content of the intervention. Also, consider the audience you target with your intervention and the one for which the survey items were developed. The correct answers should be added to get a summary score, which will range between 0 and the total number of questions. The correct answers are marked with a “1” and incorrect responses are marked with a “0”.

References

Russell, S. 2004. Validity and Reliability of a Knowledge survey for Hawthorne Unified School District. Unpublished.

Hoelscher D, Day RS, Lee ES, Frankowski RF, Kelder SH, Ward JL, Scheurer ME.

Measuring the prevalence of overweight in Texas school children. *American Journal of Public Health* 2004; 94: 1002-1008.

Reynolds K, Yaroch A, et al. Testing mediating variables in a school-based nutrition intervention program. *Health Psychol* 2002; 21(1): 51-60.

Townsend MS, Kaiser LL. Development of an evaluation tool to assess psychosocial indicators of fruit and vegetable intake for two federal programs. *J Nutrition Education & Behavior*. 2005; 37: 170-184.

Townsend MS, Kaiser LL. Brief tool is sensitive to fruit and vegetable intervention in low-income communities. *J American Dietetic Assoc*. In press.

General Knowledge (Reynolds, Hoelscher)

We want you to tell us what you know about healthful eating.

Please check your answer

1. What you eat can make a difference in your chances of getting heart disease or cancer.

- 1 True
- 2 False
- 3 Don't know

2. People who are overweight are more likely to have health problems than people who are not overweight.

- 1 True
- 2 False
- 3 Don't know

3. People who are underweight are more likely to have health problems than people who are who not underweight.

- 1 True
- 2 False
- 3 Don't know

4. Which of these would be the best example of a SHORT-TERM Goal to help you begin to eat more fruits and vegetables?

- 1 Eat fruit or drink juice every day for breakfast and lunch
- 2 Try to eat more fruits and vegetables
- 3 Drink juice at breakfast 3 days this week
- 4 Don't know

5. Which of these would be the LOWEST Fat sandwich choice?

- 1 Cheeseburger
- 2 Tuna salad sandwich with mayonnaise
- 3 Plain grilled chicken breast sandwich
- 4 Don't know

6. Which of these would be the best way to add a fruit or vegetable to your meal at a fast food restaurant?

- 1 Add a tomato slice to your hamburger
- 2 Order apple pie for dessert
- 3 Order a large serving of French fries
- 4 Order a side of salad
- 5 Don't know

7. Which of these is the HEALTHIEST way to eat potatoes?

- 1 Potato salad
- 2 French fries
- 3 Baked potato without toppings like butter
- 4 Don't know

Hawthorne Unified School District (Russell)

Student Knowledge Survey

Directions: This is a survey to find out what you know. Circle the letter of the one best answer.

1. Fruits and vegetables contain vitamins and _____.
 - a. protein
 - b. fiber
 - c. cholesterol
 - d. fat
 - e. I don't know

2. Fruits and vegetables that are high in Vitamin A are _____ in color.
 - a. red and white
 - b. blue and light brown
 - c. yellow-orange and dark green
 - d. brown and purple
 - e. I don't know

3. Which ONE of these foods is a healthy snack?
 - a. Ice cream
 - b. Potato chips
 - c. Fresh fruit
 - d. Fruit Roll-ups
 - e. I don't know

4. The healthiest juice to buy has _____ on the label.
 - a. 100% fruit juice
 - b. contains fruit juice
 - c. 100% fruit punch
 - d. tastes great
 - e. I don't know

5. A fruit salad will be higher in Vitamin C if you add _____ to it.
 - a. apples
 - b. grapes
 - c. bananas
 - d. oranges
 - e. I don't know

Fruit and Vegetable Inventory

Full survey available from <http://townsendlab.ucdavis.edu/>



Date / /

Pre-test
Post-test

- | | Agree | Agree or Disagree | Disagree | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. I feel that I am helping my body by eating more fruits and vegetables. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | |
| 2. I may develop health problems if I do not eat fruit and vegetables. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | |
| | Agree | Agree or Disagree | Disagree | | |
| 3. I feel that I can eat fruit or vegetables as snacks. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | |
| 4. buy more vegetables the next time I shop. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | |
| 5. plan meals or snacks with more fruit during the next week. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | |
| 6. eat two or more servings of vegetables at dinner. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | |
| 7. plan meals with more vegetables during the next week. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | |
| 8. add extra vegetables to casseroles and stews. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | |
| | Excellent | Very good | Good | Fair | Poor |
| 9. How would you describe your diet? | <input type="radio"/> |

1 of 2

Norms Surveys for Children

Target behavior

Increasing fruit and vegetable consumption

What is being measured?

Family, peer and social norms are factors that influence an individual at the interpersonal level. The surveys that follow have questions designed to capture shifts in a social network's expectation of its member's behavior. Small changes at levels such as this can have large changes on group behavior. The surveys below have been used to measure three types of norms: peer, social and family.

Who is the target audience?

Children 9-11 years

How to use the surveys

These surveys were adapted from surveys that referred to servings instead of cups. They have not been validated with the new wording. To choose the survey that is right for your program, look at the areas of norms that are targeted by each survey. You want to be able to show that the intervention produced a change in these norms. Choose a survey with questions that most closely match your intervention goals and one in which the students are most likely to answer "Disagree" or "Not Important" before the intervention and "Agree" or "A Very Good Thing" after the intervention. When analyzing this data the responses should be added to get a summary score for each participant.

References

Baranowski T, Davis M, Resnicow K, Baranowski J, Doyle C, Smith M, Lin L, Wang DT. Gimme 5 fruit and vegetables for fun and health: Outcome Evaluation. *Health Education & Behavior* 2000; 27(1):96-111.

Reynolds K, Yaroch A, et al. Testing mediating variables in a school-based nutrition intervention program. *Health Psychol* 2002; 21(1): 51-60.

Peer Norms (Reynolds, et al.)

How much do you agree or disagree with the following statements?	(Please check <input checked="" type="checkbox"/> your answer)		
	Disagree	Uncertain	Agree
18. Most kids my age think that eating 3 -5 cups of fruits and vegetables each day is a good thing to do	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
19. Most kids my age think that eating 1½ -2 cups of fruit and juice each day is a good thing to do	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
20. Most kids my age think that eating 1½ - 3 cups of vegetables each day is a good thing to do	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

Social Norms (Baranowski, et al.)

What do others think of eating fruits and vegetables?	(Please check <input checked="" type="checkbox"/> your answer)			
	A very good thing	A good thing	Not important	I don't know
1. Most people in my family think that eating 1½ -2 cups of fruit or juice each day is...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
2. Most people in my family think that eating 1½ - 3 cups of vegetables each day is...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
3. Most kids my age think that eating 1½ -2 cups of fruit or juice each day is...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4. Most kids my age think that eating 1½ - 3 cups of vegetables each day is...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

Family Norms (Reynolds, et al.)

What do you think of the following statements?	(Please check <input type="checkbox"/> your answer)		
	Disagree	Uncertain	Agree
1. Most people in my family think that eating 3-5 cups of fruits and vegetables each day is a good thing for me to do.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
2. Most people in my family think that eating 1½ -2 cups of fruit and juice each day is a good thing for me to do.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
3. Most people in my family think that eating 1½ -3 cups of vegetables each day is a good thing for me to do.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

Outcome Expectations Surveys for Children

Target behavior

Increasing fruit and vegetable consumption

What is being measured?

Outcome expectations are a way to measure what individuals perceive will happen if they eat fruits and vegetables.

Who is the target audience?

Children

How to use the surveys

The surveys have been validated and should not be modified. To choose the survey that is right for your program, look at the areas of outcome expectations that are targeted by each survey. Choose a survey with questions that most closely match your intervention focus and one in which the students would most likely answer “Disagree” to statements about the positive outcomes of eating fruits and vegetables before the intervention and “Agree” to positive outcomes about eating fruits and vegetables after the intervention. Questions 1, 5, 11 and 13 of the Baranowski survey need to be reverse coded because the desired answers are on the low end of the scale.

References

Baranowski T, Davis M, Resnicow K, Baranowski J, Doyle C, Smith M, Lin L, Wang DT. Gimme 5 fruit and vegetables for fun and health: Outcome Evaluation. *Health Education & Behavior* 2000; 27(1):96-111.

Reynolds K, Yaroch A, et al. Testing mediating variables in a school-based nutrition intervention program. *Health Psychol* 2002; 21(1): 51-60.

Outcome Expectations for Eating FVs (Reynolds, et al.)

How much do you agree or disagree with the following statements?	Please check <input checked="" type="checkbox"/> your answer		
	Disagree	Not Sure	Agree
1. Eating fruits and vegetables will make me smarter.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
2. I will be better at sports if I eat fruits and vegetables.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
3. I will get sick more often if I don't eat fruits and vegetables.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
4. Eating fruits and vegetables will help me grow.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
5. I will have healthier skin if I eat fruits and vegetables.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
6. Eating fruits and vegetables will keep me from getting cancer.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
7. If I eat fruits and vegetables, my family will be proud of me.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
8. Eating fruits and vegetables will help me see better at night.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
9. If I eat fruits or vegetables at breakfast, I will be able to think better in class.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
10. Drinking juice will give me quick energy.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
11. Eating fruits and vegetables will keep me from getting cavities.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
12. If I eat fruits and vegetables, I won't get fat.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

Outcome Expectations for Eating FVs (Baranowski, et al.)

If I eat fruits and vegetables every day...	Please check <input checked="" type="checkbox"/> your answer				
	I disagree very much	I disagree a little	I am not sure	I agree a little	I agree very much
A. my friends will make fun of me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. it will keep me from getting fat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. my family will be proud of me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. I will have a prettier smile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. my friends will not come to my house to eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. my friends will start eating them too	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. I will be healthier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. I will have more energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. I will have stronger eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. I will become stronger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. I have less energy than if I eat a candy bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. I will think better in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. I will not enjoy eating that meal or snack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Self-Efficacy Surveys for Children

Target behavior

Fruit and vegetable consumption

What is being measured?

The surveys that follow measure different areas of self-efficacy. The first looks at self-efficacy related to asking for and preparing fruits and vegetables. The second survey looks at self-efficacy for eating more fruits and vegetables at different meals and snacks. The third asks questions about self-efficacy for asking and shopping for fruits and vegetables. East Los Angeles College submitted a version of the self-efficacy for eating, asking and preparing fruits and vegetables survey in Spanish which is included following the English version.

Who is the target audience?

Children

How to use the surveys

The surveys have been adapted from validated tools and should not be modified. To choose the survey that is right for your program, look at the areas of self-efficacy that are targeted by each survey. Choose a survey with questions that most closely match your intervention objectives and one in which the students would most likely answer “Not Sure” or “I’m Sure I Cannot” before the intervention and “Very Sure” or “I am Sure I Can” after the intervention. To analyze the data, conduct a paired t-test on summary scores for the subscales and all scales together.

References

Baranowski T, Davis M, Resnicow K, Baranowski J, Doyle C, Smith M, Lin L, Wang DT. Gimme 5 fruit and vegetables for fun and health: Outcome Evaluation. *Health Education & Behavior* 2000; 27(1):96-111.

Reynolds K, Yaroch A, et al. Testing mediating variables in a school-based nutrition intervention program. *Health Psychol* 2002; 21(1): 51-60.

Self-Efficacy Survey – Eating, Asking, Preparing FVs (Reynolds, et al.)

How sure are you that you can:	Please check <input checked="" type="checkbox"/> your answer		
	Not Sure	I Think So	Very Sure
1. eat fruits I like (such as bananas or raisins) at breakfast	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
2. eat vegetables I like (such as green peppers or tomatoes) at breakfast	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
3. drink a glass of my favorite juice (such as orange juice or apple juice) with my breakfast	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
4. eat fruits I like (such as applesauce or fruit cocktail) at lunch	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
5. eat vegetables I like (such as salad or a plain baked potato) at lunch	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
6. drink a glass of my favorite juice (such as grape juice or V-8 juice) with my lunch	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
7. eat fruits I like (such as apples or oranges) for dessert at dinner	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
8. eat vegetables I like (such as corn or beans) at dinner	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
9. drink a glass of my favorite juice (such as tomato juice or orange juice) with my dinner	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
10. snack on fruits I like (such as grapes or bananas) instead of on foods like cake or cookies	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
11. snack on vegetables I like (such as carrot or celery sticks) instead of on foods like potato or corn chips	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
12. drink a glass of my favorite juice (such as apple juice or grape juice) with my snack	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
13. ask my mom or dad to buy fruit for snacks	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
14. ask my mom or dad to fix my favorite vegetable dishes at dinner	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
15. ask my mom or dad to keep 100% juice in the refrigerator	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
16. help my mom or dad fix a fruit or vegetable snack	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
17. cook a vegetable (like corn-on-the-cob) for dinner	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

Exámen de Eficacia Propia–Comiendo, Preguntando, Preparando Frutas y Vegetales

How sure are you that you can: <i>Que tan seguro/a estas que tu puedes:</i>	Please check <input checked="" type="checkbox"/> your answer <i>Por favor, marque <input checked="" type="checkbox"/> tu respuesta</i>		
	Not Sure <i>No Seguro/a</i>	I Think So <i>Creo que sí</i>	Very Sure <i>Muy Seguro/a</i>
1. Eat fruits I like at breakfast. <i>Comer las frutas que me gusto en el desayuno.</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
2. Eat vegetables I like at breakfast. <i>Comer los vegetales que me gusto en el desayuno.</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
3. Drink a glass of my favorite juice with my breakfast. <i>Beber un vaso de mi jugo favorito con mi desayuno.</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
4. Eat fruits I like at lunch. <i>Comer las frutas que me gusto en el almuerzo.</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
5. Eat vegetables I like at lunch. <i>Comer los vegetales que me gusto en el almuerzo.</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
6. Drink a glass of my favorite juice with my lunch. <i>Beber un vaso de mi jugo favorito con mi almuerzo.</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
7. Eat fruits I like for dessert at dinner. <i>Comer las frutas que me gusto para el postre de la cena.</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
8. Eat vegetables I like at dinner. <i>Comer los vegetales que me gusto en la cena.</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
9. Drink a glass of my favorite juice with my dinner. <i>Beber un vaso de mi jugo favorito con mi cena.</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
10. Snack on fruits I like. <i>Comer bocadillos de las frutas que me gusto.</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
11. Snack on vegetables I like instead of on foods like potato or corn chips. <i>Comer bocadillos de los vegetales que me gusto en vez de bocadillos de comidas como papitas o totopos.</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
12. Drink a glass of my favorite juice with my snack. <i>Beber un vaso de mi jugo favorito con mi bocadillo.</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
13. Ask my mom or dad to buy fruit for snacks. <i>Pedir a mi mamá o a mi papá para comprar frutas para bocadillos.</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
14. Ask my mom or dad to fix my favorite vegetable dishes at dinner. <i>Pedir que mi mamá o mi papá fije mis platos vegetales favoritos para la cena.</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
15. Ask my mom or dad to keep 100% juice in the refrigerator. <i>Pedir que mi mamá o mi papá mantengan cien por ciento jugo en la refrigeradora.</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
16. Help my mom or dad fix a fruit or vegetable snack. <i>Ayudar a mi mamá o a mi papá a fijar una fruta o un vegetal para mi bocadillo.</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
17. Cook a vegetable for dinner. <i>Cocinar un vegetal para la cena.</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

Self-Efficacy Survey - Eating FVs (Baranowski, et al.)

How sure are you that you can:	Please check <input checked="" type="checkbox"/> your answer				
1. For breakfast, I think I can...	I disagree very much	I disagree a little	I am not sure	I agree a little	I agree very much
A. drink a glass of my favorite juice	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
B. add fruit to my cereal	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
2. For lunch at school, I think I can...	I disagree very much	I disagree a little	I am not sure	I agree a little	I agree very much
A. eat a vegetable that's served	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
B. eat a fruit that's served	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3. For lunch at home I think I can...	I disagree very much	I disagree a little	I am not sure	I agree a little	I agree very much
A. Eat carrot or celery sticks instead of chips	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
B. Eat my favorite fruit instead of my usual dessert	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4. For a snack I think I can choose...	I disagree very much	I disagree a little	I am not sure	I agree a little	I agree very much
A. my favorite fruit instead of my favorite cookie	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
B. my favorite fruit instead of my favorite candy bar	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
C. my favorite raw vegetable with dip instead of my favorite cookie	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
D. my favorite raw vegetable with dip instead of my favorite candy bar	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
E. my favorite raw vegetable with dip instead of chips	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
5. For dinner I think I can....	I disagree very much	I disagree a little	I am not sure	I agree a little	I agree very much
A. eat a big serving of vegetables	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
B. eat my favorite fruit instead of my usual dessert	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Self-Efficacy Survey - Asking and Shopping for FVs (Baranowski, et al.)

	Please check <input checked="" type="checkbox"/> your answer				
How sure are you that you can:	I disagree very much	I disagree a little	I am not sure	I agree a little	I agree very much
1. write my favorite fruit or vegetable on the family's shopping list	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
2. ask someone in my family to buy my favorite fruit or vegetable	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3. go shopping with my family for my favorite fruit or vegetable	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4. pick out my favorite fruit or vegetable at the store and put it in the shopping basket	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
5. ask someone in my family to make my favorite vegetable dish for dinner	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
6. ask someone in my family to serve my favorite fruit at dinner	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
7. ask someone in my family to have fruits and fruit juices out where I can reach them	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
8. ask someone in my family to have vegetables cut up out where I can reach them	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

PHYSICAL ACTIVITY TOOLS



Physical Activity Surveys for Adults

Target behavior

Physical activity

What is being measured?

The first survey is part of Module 4 of the CDC's Behavior Risk Factor Surveillance System. It is a 7-item survey designed to detect changes in moderate to vigorous activity. Remington and colleagues provide background on the BRFSS.

The second survey is the Block Adult Physical Activity Screener©. ***This should not be used without permission from the authors. To administer the paper and pencil version of this survey the fees are: Screener forms at \$0.50 each; scanning and analysis at \$2.25 per survey; and shipping and handling costs. (For more information, visit www.nutritionquest.com or call (510) 704-8514.)***

NO NETWORK ENDORSEMENT INTENDED

The third survey, the 7-day Physical Activity Recall (PAR), is a structured interview that measures a person's time spent engaging in physical activity over a seven day period. It covers different levels of physical activity intensity such as aerobic exercise, work-related activities, gardening, walking, recreation, and leisure-time activities. The PAR, developed by Sallis, et al. (1985) for the Stanford Five-City Project, has been used with adult populations for several projects including the San Diego Family Health Project and Project GRAD. It appears to be most appropriate for men between the ages of 18 and 69, coed college students, male and female 11th grade students; and is marginally suitable for 8th grade students. A study by Taylor, et al. (1984) using a sample of men between the ages of 34 and 69 showed significant correlations between a weekend activity log and two PAR activities (moderate = 0.70; hard/very hard = 0.66). With a population of men between the ages of 18 and 31, Dishman et al. (1988) obtained a correlation of 0.83 between the PAR and a past year activity log. In the same study, among a sample of co-ed college students the PAR also correlated with a 7-day activity log (0.71).

Studies also suggest that the PAR performs better in measuring physical activity in the very hard intensity categories. Sallis, et al. (1993) examined the association between the PAR's very hard activity level with heart rate monitoring time periods among 5th, 8th, and 11th grade students. Significant correlations were highest at the 11th grade level (0.72), and moderately high among students in the eighth grade (0.45). Hayden-Wade and colleagues (2003) later validated this instrument against TriTrac-R3D

accelerometer data. The highest correlations were obtained between accelerometer data and the PAR at the very hard physical activity level, administered by telephone (0.78) or in person (0.74). Full citations for other PAR validation studies can be found in Sarkin, et al. (1997).

Who is the target audience?

First two surveys: Adults

PAR: Men ages 18 to 69; college students, 8th and 11th grade students.

How to use the surveys

The surveys have been validated and should not be modified. You may want to use these surveys if your intervention targets increasing physical activity among adults and you expect them to report engaging in more of these physical activities after the intervention. The PAR is administered as an interview following a standard format; complete instructions can be found in the Project GRAD Seven-Day PAR Interviewers' Manual at <http://www.drjamesallis.sdsu.edu/sevendayparprotocol.pdf>.

References

First two surveys:

Behavior Risk Factor Surveillance System. (2002) Module 4 Physical Activity. [Online] Available: <http://www.cdc.gov/brfss/questionnaires/pdf-ques/2002brfss.pdf>.

Block Adult Physical Activity Screener. Block Dietary Data Systems, Berkeley, CA [online] Available: www.nutritionquest.com.

Remington PL, Smith MY, Williamson DF, Anda RF, Gentry EM, Hogelin GC. Design, characteristics and usefulness of state-based Behavioral Risk Factor Surveillance: 1981-1987. *Public Health Rep.* 1988; 103: 366-375

PAR:

Dishman, RK and Steinhardt, M. Reliability and concurrent validity for a 7-day recall of physical activity in college students. *Med Sci Sports Exerc* 1998; 20:14-25.

Hayden-Wade HA, Coleman KJ et al. Validation of the telephone and in-person interview versions of the 7-day PAR. *Med Sci Sports Exerc* 2003; 35(5): 801-809.

Sallis JF, Haskell W, and Wood, P et al. Physical activity assessment methodology in the Five-City Project. *Am. J. Epidemiol* 1985; 121: 91-106.

Sallis JF, Buono MJ, Roby JJ, Micale FG, and Nelson, JA. Seven-day recall and other physical activity self reports in children and adolescents. *Med Sci Sports Exerc* 1993; 25:99-108.

Sarkin J, Campbell J, and Gros L, et al. Project Grad Seven-Day Physical Activity Recall Interviewers' Manual. *Med Sci Sports Exerc* 1997; 29(Suppl.): S89-103. [online]. Available: <http://www.drjamessallis.sdsu.edu/sevendayparprotocol.pdf>.

Taylor CB, Coffey T, Berra K, Iaffaldano R, Casey K, and Haskell WL. Seven-day activity and self-report compared to a direct measure of physical activity. *Am. J. Epidemiol* 1978; 120:818-824.

Physical Activity Survey (BRFSS)

Please check your answer

**1. When you are at work, which of the following best describe what you do?
Would you say:**

- 1 Mostly sitting or standing
- 2 Mostly walking or
- 3 Mostly heavy labor or physically demanding work
- 4 Don't know/Not sure
- 5 Refused

We are interested in two types of physical activity: VIGOROUS and MODERATE.

VIGOROUS activities cause large increases in breathing or heart rate while MODERATE activities cause small increases in breathing or heart rate.

Now, thinking about the moderate physical activities you do in a usual week when you are not working, do you do MODERATE activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes small increases in breathing or heart rate?

- 1 Yes
- 2 No (Go to Question 5)
- 3 Don't know/Not sure (Go to Question 5)

How many days per week do you do these moderate activities for at least 10 minutes at a time?

_____ Days per week

On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

____ : ____ Hours and minutes per day

Now thinking about the vigorous physical activities you do in a usual week when you are not working, do you do VIGOROUS for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?

- 1 Yes
- 2 No (Stop)
- 3 Don't know/Not sure (Stop)

How many days per week do you do these vigorous activities for at least 10 minutes at a time?

_____ Days per week

On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

_____ Hours and minutes per day

Sample questions from Adult Physical Activity Screener

(Block Dietary Data Systems – www.nutritionquest.com)

ID NUMBER

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

AGE

0	1
2	3
4	5
6	7
8	9
0	1
2	3
4	5
6	7
8	9

SEX

Male
 Female

WEIGHT (pounds)

0	1	2
3	4	5
6	7	8
9	0	1
2	3	4
5	6	7
8	9	0
1	2	3
4	5	6
7	8	9
0	1	2
3	4	5
6	7	8
9	0	1

Physical Activity Survey

Please use a pencil.

.....

	HOW OFTEN IN THE PAST YEAR						HOW MUCH TIME ON THOSE DAYS			
	RARELY OR NEVER	A FEW TIMES A MONTH	ONCE OR TWICE A WEEK	3-4 TIMES A WEEK	5-6 TIMES A WEEK	ALMOST EVERY DAY	LESS THAN 30 MINUTES	30-60 MINUTES	1-2 HOURS	3 OR MORE HOURS
Cooking, shopping, light cleaning like doing laundry or dusting, or running errands.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Slow walking like walking the dog, or <u>light</u> work around the house like watering.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work on the job involving standing, like store clerk, or work involving driving (like truck driver).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taking care of children (feeding, dressing), or moderate housework like sweeping, mopping, cleaning the tub.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weeding, raking, mowing the lawn, or light house repairs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brisk walking, dancing, hunting or fishing, golf (NOT using a golf cart), or 'friendly' outdoor games like softball.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Factory work, mechanic, restaurant work, or work involving walking, like mail carrier.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Construction, painting, feeding livestock, or homecare like caring for an animal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7-Day Physical Activity Recall (Sallis, et al.)

7-Day Physical Activity Recall SSN _____

PAR#: 1 2 3 4 5 6 7 Participant _____

Interviewer _____ Today is _____ Today's Date _____

1. Were you employed in the last seven days? 0. No (Skip to Q#4) 1. Yes

2. How many days of the last seven did you work? _____ days

3. How many total hours did you work in the last seven days? _____ hours last week

4. What two days do you consider your weekend days? _____

(mark days below with a squiggle)

WORKSHEET **DAYS**

		1	2	3	4	5	6	7
SLEEP		1 _	2 _	3 _	4 _	5 _	6 _	7 _
M O R N I N G	Moderate							
	Hard							
	Very Hard							
A F T E R N O O N	Moderate							
	Hard							
	Very Hard							
E V E N I N G	Moderate							
	Hard							
	Very Hard							
Total Min Per Day	Strength:							
	Flexibility:							

<p>4a. Compared to your physical activity over the past 3 months, was last week's physical activity more, less, or about the same?</p> <p>1. More 2. Less 3. About the same</p>	<p>6. Do you think this was a valid PAR Interview?</p> <p>1. Yes 0. No If NO, go to the back and explain.</p>
<p>5. Were there any problems with the PAR interview?</p> <p>0. No 1. Yes If YES, go to the back and explain.</p>	<p>7. Were there any special circumstances concerning this PAR ?</p> <p>0. No 1. Yes, If YES, what were they?(circle)</p> <p>1. Injury all week 2. Illness all week 3. Illness part week 4. Injury part week 5. Pregnancy 6. Other:</p>

7-Day Physical Activity Recall

SSN _____

Worksheet Key: An asterisk (*) denotes a work-related activity. A squiggly line through a column (day) denotes a weekend day.	Rounding: 10-22 min.=.25 23-37 min.=.50 38-52 min.=.75	53-1:07 hr/min. =1.0 1:08-1:22 hr/min.=1.25
--	---	--

5. Explain why there were problems with this PAR interview:

6. If PAR interview was not valid, why was it not valid?

7. Please list below any activities reported by the subject which you do not know how to classify.

8. Please provide any other comments you may have.

Physical Activity Surveys for Children and Teens

Target behavior

Physical activity

What is being measured?

These three surveys measure physical activity behavior, not a factor. The first survey that follows is the Block Kids Physical Activity Screener®, a brief instrument designed to assess physical activity in children from sports, school, work and play. The second survey, the physical activity section of the Youth Risk Behavior Survey (YRBS), has been used to assess physical activity among high school students.

The third survey (PACE +) assesses the number of days adolescents have accumulated 60 minutes of moderate to vigorous physical activity during the past seven days of a typical week. This survey was validated by Prochaska and Sallis (2001) among students with a mean age of 12.1 years. The correlation between the composite average survey scores and accelerometer data was 0.40. The tool performed better for boys (0.42) than for girls (0.32) but correlations were still low.

Who is the target audience?

Kids Physical Activity Screener: Children ages 8-17

YRBS Survey: High school students 9th – 12th grade, roughly between ages 14 and 18

PACE +: Adolescents

How to use the surveys

The surveys have been validated and should not be modified. You want to be able to show that the intervention produced a change in physical activity. Choose the survey that is the best match with your intervention goals and target audience. You may want to use these surveys if your intervention targets increasing physical activity among children, adolescents, or teens and you expect them to report engaging in more of these physical activities after the intervention than they do before the intervention.

The Kids Physical Activity Screener® is the property of Block Dietary Data Systems, Berkeley, CA. ***This should not be used without permission from the authors. To administer the paper and pencil version of this survey the fees are: screener forms at \$0.50 each; scanning and analysis at \$2.25 per survey; and shipping and handling costs. (For more information, visit www.nutritionquest.com or call (510) 704-8514.)***

NO NETWORK ENDORSEMENT INTENDED

References

First two surveys:

Block Kids Physical Activity Screener©. Block Dietary Data Systems, Berkeley, CA [online] Available: www.nutritionquest.com.

Youth Risk Behavior Surveillance System 2003 State and Local Standard High School Questionnaire.

<http://www.cdc.gov/nccdphp/dash/yrbs/2003/questionnaire.htm>

PACE +:

Council for Physical Education for Children. Physical activity for children: a statement of guidelines. Reston, VA: National Association for Sport and Physical Education (NASPE); 1998.

Biddle S, Sallis J, Cavill N, eds. Young and active? Young people and health-enhancing physical activity – evidence and implications. London, England: Health Education Authority; 1998.

Prochaska, JJ, Sallis JF, et al. A physical activity screening measure for use with adolescents in primary care. Arch Pediatr Adolesc Med 2001; 155(5): 554-9

Kids Physical Activity Screener

(Block Dietary Data Systems www.nutritionquest.com)

ID NUMBER

0	1	2	3	4	5	6	7	8	9

AGE

0	1
2	3
4	5
6	7
8	9

SEX

Male
 Female

WEIGHT (pounds)

0	1	2
3	4	5
6	7	8
9		

Physical Activity Survey

Please use a pencil.

Think about the last 7 days. **HOW MANY DAYS** did you do the things listed below?

	HOW MANY DAYS IN THE PAST 7 DAYS?						HOW MUCH TIME ON THOSE DAYS			
	NEVER	1 DAY	2 DAYS	3-4 DAYS	5-6 DAYS	EVERY DAY	LESS THAN 30 MINUTES	30-60 MINUTES	1-2 HOURS	3 OR MORE HOURS
Walking to school, walking the dog, or walking in the mall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doing chores inside the house, like cleaning, sweeping, cooking, babysitting, or taking care of younger kids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doing chores outside like gardening, mowing the lawn, raking, or shoveling light snow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Part time work outside the house like washing dishes in a restaurant, bagging groceries, painting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Activities like dancing, drill team, marching band, or playing games with your friends like tag, hide-and-seek or hopscotch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other activities you do for fun, like riding a bike with your friends, skating, jumping rope, dodge/kick ball, sledding, or hiking, camping, or golfing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Basketball, soccer, football, gymnastics, volleyball, baseball, softball, hockey, tennis, skiing, or snowboarding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Physical Activity Survey (YRBS)

Please check your answer

1. On how many of the past 7 days did you exercise or participate in physical activity for at least 20 minutes that made you sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities?

- 1 0 days
- 2 1 day
- 3 2 days
- 4 3 days
- 5 4 days
- 6 5 days
- 7 6 days
- 8 7 days

2. On how many of the past 7 days did you participate in physical activity for at least 30 minutes that did not make you sweat or breathe hard, such as fast walking, slow bicycling, skating, pushing a lawn mower, or mopping floors?

- 1 0 days
- 2 1 day
- 3 2 days
- 4 3 days
- 5 4 days
- 6 5 days
- 7 6 days
- 8 7 days

3. On how many of the past 7 days did you do exercises to strengthen or tone your muscles, such as push-ups, sit-ups, or weight lifting?

- 1 0 days
- 2 1 day
- 3 2 days
- 4 3 days
- 5 4 days
- 6 5 days
- 7 6 days
- 8 7 days

4. On an average school day, how many hours do you watch TV?

- 1 I do not watch TV on an average school day
- 2 Less than 1 hour per day
- 3 1 hour per day
- 4 2 hours per day
- 5 3 hours per day
- 6 4 hours per day
- 7 5 or more hours per day

5. In an average week when you are in school, on how many days do you go to physical education (PE) classes?

- 1 0 days
- 2 1 day
- 3 2 days
- 4 3 days
- 5 4 days
- 6 5 days

6. During an average physical education (PE) class, how many minutes do you spend actually exercising or playing sports?

- 1 I do not take PE
- 2 Less than 10 minutes
- 3 10 to 20 minutes
- 4 21 to 30 minutes
- 5 31 to 40 minutes
- 6 41 to 50 minutes
- 7 51 to 60 minutes
- 8 More than 60 minutes

7. During the past 12 months, on how many sports teams did you play?
(Include any teams run by your school or community groups.)

- 1 0 teams
- 2 1 team
- 3 2 teams
- 4 3 or more teams

Physical Activity Preferences for Children and Adults

Target behavior

Increasing physical activity

What is being measured?

The factor of physical activity preferences is strongly linked to physical activity behavior. The survey that follows is comprised of a sample list of physical activities that includes both examples that children probably are familiar with and others that may be new to children.

Who is the target audience?

Children and adults: The survey was adapted from an instrument developed by Sherwood, et al. (2003).

How to use the surveys

The list of activities may be modified to include those targeted by a particular intervention. The *Network* recommends that LIAs list several activities to identify some that the target audience does not like or with which it is unfamiliar. The choices that are unfamiliar or are disliked can be used as targets for an intervention.

References

Sherwood N, Story M, Neumark-Sztainer D, Adkins S, Davis M. Development and implementation of a visual card sorting technique for assessing food and activity preferences and patterns in African American girls. *J of the American Dietetic Association* 2003; 103: 1473-1479.

Physical Activity Preferences Survey (Sherwood, et al.)

How much do you like these physical activities? Please check <input checked="" type="checkbox"/> your answer	I do not like this 	I like this a little 	I like this a lot 	I don't know what this is 
Water play (swimming pool, lake)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arts and crafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer games, video games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bicycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Games such as chase, tag, hopscotch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listen to music, play an instrument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jump rope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skateboarding, skating, rollerblading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climb on playground equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watch T.V., videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play board games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor play, climb trees, hide & seek	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swim laps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talk on the phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dancing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indoor chores: mopping, sweeping, vacuuming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor chores: mowing, raking, gardening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Football	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise like push-ups, sit-ups and jumping jacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baseball/ softball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basketball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weight lifting, strength training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Racket sports: badminton, tennis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yoga	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hiking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Martial arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gymnastics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homework, reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volleyball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soccer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are there other physical activities that you really like?

Yes → what kind? _____

Self Efficacy for Physical Activity Survey for Adults

Target behavior

Increase physical activity.

What is being measured?

Below is a list of things people might do while trying to increase or continue regular exercise. The survey includes questions about exercises like running, swimming, brisk walking, bicycle riding, or aerobics classes.

Who is the target audience?

Adults

How to use the surveys

The survey has been validated and should not be modified. You want to be able to show that the intervention produced a change in self efficacy for increasing physical activity. If your intervention is focused on increasing self efficacy for physical activity among adults, you may want to use this survey. Choose this survey if you expect the participants to answer “I Know I Cannot” to most questions before the intervention and “I Know I Can” to most questions after the intervention.

References

Sallis JF, Pinski RB, Grossman RM, Patterson TL and Nader PR. The development of self-efficacy scales for health-related diet and exercise behaviors. Health Education Research 1988; 3, 283-292

Self-Efficacy for Physical Activity Survey (Sallis, et al.)

Whether you exercise or not, please rate how confident you are that you could really motivate yourself to do things like these consistently, <i>for at least six months.</i>	I Know I Cannot	Maybe I Can		I Know I Can		Does Not Apply
	1	2	3	4	5	6
1. Get up early, even on weekends, to exercise.	<input type="checkbox"/>					
2. Stick to your exercise program after a long, tiring day at work.	<input type="checkbox"/>					
3. Exercise even though you are feeling depressed.	<input type="checkbox"/>					
4. Set aside time for a physical activity program; that is, walking, jogging swimming, biking, or other continuous activities for at least 30 minutes, 3 times per week	<input type="checkbox"/>					
5. Continue to exercise with others even though they seem too fast or too slow for you.	<input type="checkbox"/>					
6. Stick to your exercise program when undergoing a stressful life change (e.g., divorce, death in the family, moving).	<input type="checkbox"/>					
7. Attend a party only after exercising.	<input type="checkbox"/>					
8. Stick to your exercise program when your family is demanding more time from you.	<input type="checkbox"/>					
9. Stick to your exercise program when you have household chores to do.	<input type="checkbox"/>					
10. Stick to your exercise program even when you have excessive demands at work.	<input type="checkbox"/>					
11. Stick to your exercise program when social obligations are very time consuming.	<input type="checkbox"/>					
12. Read or study less in order to exercise more.	<input type="checkbox"/>					

Social Support for Physical Activity Survey for Adults

Target behavior

Increasing physical activity

What is being measured?

It is not easy to change behavior. One factor that is most likely to effect change in behavior is support from peers, family and friends. The following survey measures support from family and friends for increasing physical activity.

Who is the target audience?

Adults

How to use the surveys

This survey has been validated and should not be modified. You want to be able to show that the intervention produced a change in social support for physical activity. If your intervention is focused on helping adults learn how to increase their social support, you may want to use this survey. Choose this survey if you expect the participant to answer 1 (None) to most positive questions about support for physical activity before the intervention and 5 (Very Often) to most positive questions after the intervention.

References

Sallis JF, Grossman RM, Pinski RB, Patterson TL, and Nader PR. The Development of Scales to Measure Social Support For Diet and Exercise Behaviors. Preventive Medicine 1987; 16, 825-836.

Social Support From Family & Friends for Physical Activity Survey (Sallis, et al.)

Please write *one* number from the following rating scale in each space

1 none	2 rarely	3 A few times	4 often	5 Very often	8 Does not apply
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During the past three months, my family (or members of my household) or friends

		Family	Friends
1	exercised with me.	A_____	B_____
2	offered to exercise with me.	A_____	B_____
3	gave me helpful reminders to exercise ("Are you going to exercise tonight?").	A_____	B_____
4	gave me encouragement. to stick with my exercise program.	A_____	B_____
5	changed their schedule so we could exercise together.	A_____	B_____
6	discussed exercise with me.	A_____	B_____
7	complained about the time I spend exercising.	A_____	B_____
8	criticized me or made fun of me for exercising.	A_____	B_____
9	gave me rewards for exercising (bought me something or gave me something I like).	A_____	B_____
10	planned for exercise on recreational outings.	A_____	B_____
11	helped plan activities around my exercise.	A_____	B_____
12	asked me for ideas on how they can get more exercise.	A_____	B_____
13	talked about how much they like to exercise.	A_____	B_____

Demographic Information

How old are you? _____
Years

Are you (check a box)?
1 Male
2 Female

How do you describe yourself?
1 Latino/Hispanic
2 Black/African American
3 White
4 American-Indian/Alaskan Native
5 Asian/Pacific Islander
6 Other
Specify _____



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