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 U.S. Department of Agriculture Food Stamp Program, an equal opportunity provider and employer, through the *Network for a Healthy California*.

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?	O	O	O
2. Do most of your friends eat fruit every day?	O	O	O
3. Does your best friend eat fruit everyday?	O	O	O
4. Do most of your friends like to eat vegetables?	O	O	O
5. Do most of your friends eat vegetables every day?	O	O	O
6. Does your best friend eat vegetables everyday?	O	O	O

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?	O	O	O	O	O
8. How often do your parents eat vegetables?	O	O	O	O	O

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	O	O	O	O	O
10. ask someone in my family to buy my favorite fruit or vegetable	O	O	O	O	O
11. go shopping with my family for my favorite fruit or vegetable	O	O	O	O	O
12. pick out my favorite fruit or vegetable at the store and put it in the shopping basket	O	O	O	O	O
13. ask someone in my family to make my favorite vegetable dish for dinner	O	O	O	O	O
14. ask someone in my family to serve my favorite fruit at dinner	O	O	O	O	O
15. ask someone in my family to have fruits and fruit juices out where I can reach them	O	O	O	O	O
16. ask someone in my family to have vegetables cut up out where I can reach them	O	O	O	O	O

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.	O	O	O
18. I will get sick more often if I don't eat fruits and vegetables.	O	O	O
19. Eating fruits and vegetables will help me grow.	O	O	O
20. I will have healthier skin if I eat fruits and vegetables.	O	O	O
21. If I eat fruits and vegetables, I will have stronger eyes.	O	O	O
22. If I eat fruits or vegetables at breakfast, I will be able to think better in class.	O	O	O
23. Eating fruits and vegetables will keep me from getting cavities.	O	O	O

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	O	O	O
25. … that vegetables are healthy	O	O	O
26. …that vegetables taste good	O	O	O
27. …to eat vegetables every day	O	O	O
28. …that fruit is good for you	O	O	O
29. …that fruit is healthy	O	O	O
30. …that fruit tastes good	O	O	O
31. …to eat fruit every day	O	O	O

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 <u>home</u> do you have fruits to eat?
    - O Never
    - O Sometimes
    - O Always
    - O I don't know

33. At your <u>home</u> do you have vegetables to eat?
    - O Never
    - O Sometimes
    - O Always
    - O 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.

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

35. Yesterday, did you eat fruit?

    ***Do not count* fruit juice.**

    O No, I didn't eat any fruit yesterday.
    O Yes, I ate fruit 1 time yesterday.
    O Yes, I ate fruit 2 times yesterday.
    O 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.

    O No, I didn't drink any fruit juice yesterday.
    O Yes, I drank fruit juice 1 time yesterday.
    O Yes, I drank fruit juice 2 times yesterday.
    O 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)

O 4th grade O 7th grade O 10th grade
O 5th grade O 8th grade O 11th grade
O 6th grade O 9th grade O 12th grade

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

O 8 years old O 12 years old O 16 years old
O 9 years old O 13 years old O 17 years old
O 10 years old O 14 years old O 18 years old
O 11 years old O 15 years old

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

O Boy
O Girl

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

O American Indian or Alaska Native
O Asian
O Black or African American
O Hispanic or Latino including Mexican
O Native Hawaiian or Other Pacific Islander
O White/Caucasian
O 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 minutes per day?							
O 0 days	O 1 Day	O 2 Days	O 3 Days	O 4 Days	O 5 Days	O 6 Days	O 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?							
O 0 days	O 1 Day	O 2 Days	O 3 Days	O 4 Days	O 5 Days	O 6 Days	O 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……		O	O	O	O
Dried Plums ….		O	O	O	O
Green Beans…….		O	O	O	O
Kiwifruit.....		O	O	O	O
Mandarins ……		O	O	O	O
Melons ……..		O	O	O	O
Persimmons…...		O	O	O	O
Salad Greens…..		O	O	O	O
Spinach……..		O	O	O	O
Sweet Potatoes…		O	O	O	O

Knowledge - Optional

In this section, 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. O True O False O Don't know
2. Fruits and vegetables that are high in Vitamin A are _____ in color. O Red and white O Blue and light brown O Yellow-orange and dark green O Brown and purple O I don't know
3. Almost all fruits and vegetables contain a lot vitamins and _____. O Protein O Fiber O Cholesterol O Fat O Don't know
4. Which of the following fruits and vegetables are grown in California: O Spinach O Apples O Pears O 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. O True O False O Don't know