

If you have any questions about the survey, just ask us!



Dear Student,

Hello! We are CalFresh Healthy Living, University of California (UC). Our program teaches young people about healthy eating and physical activity habits. Our goal is to help students stay healthy. Our program is funded by USDA. The program is free to your school or community.

To find out how well our lessons work, we ask that you complete this survey. However, completing the survey is totally voluntary. *Voluntary* means you can agree or not agree to complete it. It is up to you. You may also skip questions you do not want to answer. But, we hope that you will answer all of them. Any information about who you are will be kept secret. We will not share your name or id number.

Name of your local CalFresh Healthy Living, UC educator: ______Phone number: _____

You may also contact our CalFresh Healthy Living, UC State Director: Kamaljeet Khaira, University of California at Davis, 1632 DaVinci Court, Room #31, Davis CA 95618 (530) 752-0555

If you have any concerns or complaints about our CalFresh Healthy Living, UC evaluation, you may also contact the Institutional Review Board, University of California at Davis at (916) 703-9151, from 8:00 a.m. to 5:00 p.m., Monday through Friday, or by writing to the Institutional Review Board, CTSC Bldg., Suite 1400, Rm. 1429, 2921 Stockton Blvd., Sacramento, California 95817.





Eating and Activity Tool for Students (EATS)

ounty:					
chool N	Name:				
ate:		☐ Pre ☐ Post *ENG		LISH VERSION*	
Directi	ons: This is a survey about w	vhat you eat and d	Irink		of <u>your</u> ne ne ATH
and your physical activity. For each que bubble (0) of the <u>one</u> best answer, or answer.		•		Student ID:	First letter of your FIRST name First letter of your LAST name LAST name Birth MONTH Birth DAY
	nt Information (O			O 13 O 14 O 15	O 16 O 17 O 18
	What grade are you in?	O 4 th O 5 th O	6 th O 7 th O 8	8 th O 9 th O 10 th O	11 th O 12 th
3.	Are you a boy or a girl?	O Boy O Girl	O Other C	Don't want to answ	ver
4.	 4. How do you describe yourself? Fill in all boxes (□) that describe you. □ American Indian or Alaska Native 				
	Asian				
	☐ Black or African A	merican			
	☐ Mexican Americar	n, Latino, or Hispar	nic		
	☐ Native Hawaiian o	r other Pacific Isla	nder		
	☐ White				
	Other:				

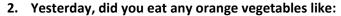


Eating and Activity Tool for Students (EATS)

Fruits and Vegetables

The next questions are about what you ate or drank yesterday.

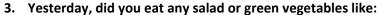
- 1. Yesterday, did you eat any potatoes, corn, or peas? <u>Do not count</u> French fries or chips or sweet potatoes.
- O No, I didn't eat any of these vegetables yesterday.
- **O** Yes, I ate these vegetables **1 time** yesterday.
- **O** Yes, I ate these vegetables **2 times** yesterday.
- **O** Yes, I ate these vegetables **3 or more times** yesterday.



Carrots Sweet potatoes

Squash Other orange vegetables

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



Salad made with lettuce

Spinach Broccoli Collard Greens Green Beans

Other Greens

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

4. Yesterday, did you eat any other vegetables like:

Peppers Cucumbers
Tomatoes Mushrooms
Zucchini Eggplant
Artichokes Asparagus
Celery Cauliflower
Cabbage Other vegetables

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

















Eating and Activity Tool for Students (EATS)

5. Yesterday, did you eat any beans like:

Pinto beans Refried beans
Baked beans Other beans

Do not count green beans.

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

6. Yesterday, did you eat any fruit like:

Fresh fruit Canned fruit Frozen fruit Dried 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 times yesterday.
- O Yes, I ate fruit 4 times yesterday.
- **O** Yes, I ate fruit **5 or more times** yesterday.

7. Yesterday, did you drink any 100% fruit juice like:

Orange juice Grape juice
Apple juice Other 100% juice

<u>Do not count</u> punch, Kool-Aid®, sports drinks, or 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.

8. Yesterday, did you eat any French fries or chips like:

Cheetos® Tortilla chips Potato chips Other chips

- O No, I didn't eat any French fries or chips yesterday.
- **O** Yes, I ate French fries or chips **1 time** yesterday.
- O Yes, I ate French fries or chips 2 times yesterday.
- O Yes, I ate French fries or chips 3 or more times yesterday.















