



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.

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

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)

County: _____

School Name: _____

Date: _____

Pre

Post

ENGLISH VERSION

Directions: This is a survey about what you eat and drink and your physical activity. For each question, either fill in the bubble (O) of the one best answer, or the box (□) for each true answer.

First letter of your FIRST name	First letter of your LAST name	Birth MONTH	Birth DAY
A-Z	A-Z	01-12	01-31
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Student ID:

Student Information (Only complete for Pre-Survey)

- How old are you? 8 9 10 11 12 13 14 15 16 17 18
- What grade are you in? 4th 5th 6th 7th 8th 9th 10th 11th 12th
- Are you a boy or a girl? Boy Girl Other Don't want to answer
- How do you describe yourself? Fill in all boxes (□) that describe you.
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Mexican American, Latino, or Hispanic
 - Native Hawaiian or other Pacific Islander
 - White
 - Other: _____

Fruits and Vegetables

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

1. Yesterday, did you eat any potatoes, corn, or peas?
Do not count French fries or chips or sweet potatoes.



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

2. Yesterday, did you eat any orange vegetables like:

Carrots *Sweet potatoes*
Squash *Other orange vegetables*



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

3. Yesterday, did you eat any salad or green vegetables like:

Salad made with lettuce
Spinach *Broccoli*
Collard Greens *Green Beans*
Other Greens



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



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

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

- 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 times** yesterday.
- Yes, I ate fruit **4 times** yesterday.
- 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*

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



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

- Cheetos®* *Tortilla chips*
- Potato chips* *Other chips*

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



Eating and Activity Tool for Students (EATS)

Sweetened Beverages

1. Yesterday, did you drink any diet soda like:

Diet Pepsi® Diet 7-Up®
Coke Zero® Other diet soda

- No, I didn't drink any diet soda yesterday.
- Yes, I drank diet soda **1 time** yesterday.
- Yes, I drank diet soda **2 times** yesterday.
- Yes, I drank diet soda **3 or more times** yesterday.



For the questions below, **do not include any diet or unsweetened drinks.**

2. Yesterday, did you drink any fruit drinks like:

Capri Sun® Vitamin Water®
Kool-Aid® Agua fresca
Lemonade SunnyD®
Other fruit-flavored drinks

Do not count 100% fruit juice.

- No, I didn't drink any fruit drinks yesterday.
- Yes, I drank fruit drinks **1 time** yesterday.
- Yes, I drank fruit drinks **2 times** yesterday.
- Yes, I drank fruit drinks **3 or more times** yesterday.



3. Yesterday, did you drink any sports drinks like:

Gatorade®
Powerade®
Other sports drinks

- No, I didn't drink any sports drinks yesterday.
- Yes, I drank sports drinks **1 time** yesterday.
- Yes, I drank sports drinks **2 times** yesterday.
- Yes, I drank sports drinks **3 or more times** yesterday.



4. Yesterday, did you drink any regular soda like:

Coke® Mountain Dew®
Pepsi® Jarritos®
Root beer Other regular (non-diet) soda

- No, I didn't drink any regular soda yesterday.
- Yes, I drank regular soda **1 time** yesterday.
- Yes, I drank regular soda **2 times** yesterday.
- Yes, I drank regular soda **3 or more times** yesterday.



Eating and Activity Tool for Students (EATS)

5. Yesterday, did you drink any energy drinks like:

- Rockstar®* *Full Throttle®*
- Red Bull®* *Other energy drinks*
- Monster®*

- No, I didn't drink any energy drinks yesterday.
- Yes, I drank energy drinks **1 time** yesterday.
- Yes, I drank energy drinks **2 times** yesterday.
- Yes, I drank energy drinks **3 or more times** yesterday.



6. Yesterday, did you drink any sweetened coffee or tea drinks like:

- Frappuccino®* *Arizona® tea*
- Chai* *Milk or Boba tea*
- Other sweetened coffee or tea drinks*

Do not include unsweetened coffee or tea.

- No, I didn't drink any sweetened coffee or tea drinks yesterday.
- Yes, I drank sweetened coffee or tea drinks **1 time** yesterday.
- Yes, I drank sweetened coffee or tea drinks **2 times** yesterday.
- Yes, I drank sweetened coffee or tea drinks **3 or more times** yesterday.



7. Yesterday, did you drink any flavored milk or milk-type drinks like:

- Chocolate or strawberry milk* *Horchata*
- Flavored rice, almond, or soy milk* *Hot chocolate*
- Yogurt drinks* *Sweetened smoothies*
- Other flavored milk or milk-type drinks*

- No, I didn't drink any flavored milk or milk-type drinks yesterday.
- Yes, I drank flavored milk or milk-type drinks **1 time** yesterday.
- Yes, I drank flavored milk or milk-type drinks **2 times** yesterday.
- Yes, I drank flavored milk or milk-type drinks **3 or more times** yesterday.



Water

8. Yesterday, did you drink any water like:

- Tap water* *Unsweetened sparkling water*
- Bottled water* *Other unsweetened water*
- Water from a water fountain*

- No, I didn't drink water yesterday.
- Yes, I drank water **1 time** yesterday.
- Yes, I drank water **2 times** yesterday.
- Yes, I drank water **3 or more times** yesterday.

