



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.

This material was funded through a joint agreement among the USDA/FNS, CDSS CalFresh Healthy Living Section, UC Davis and the UC Cooperative Extension (UCCE). . These institutions are equal opportunity providers and employers. CalFresh Food provides assistance to low-income households and can help buy nutritious foods for better health. For information, call 1-877-847-3663.

Hunger Attack! Feed Your Appetite, Protect Your Wallet

PRE-TEST

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:

Check the box that best matches your answer. You will not be graded and all your answers will be kept private.

1. Yesterday, how many times did you...

	Number of Times				
	0	1	2	3	4 or More
A. eat vegetables, not counting French fries? Include cooked vegetables, raw vegetables, and salads. Count each type of vegetable separately, like if you ate a salad with lettuce and tomato = 2 times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. eat fruit, not counting fruit juice? Include fresh, frozen, canned, and dried fruits. Count each type of fruit <u>separately</u> , like if you ate a mango pineapple fruit cup = 2 times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. drink milk (nonfat, 1% low-fat milk, chocolate or flavored) and/or ate food made with milk like cereal, yogurt, smoothies, cereal, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. drink sweetened drinks like soda, fruit-flavored drinks, sports drinks, energy drinks, and vitamin water? Do not include 100% fruit juice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How often do you...

	Never	Seldom	Sometimes	Often	Always
A. choose to eat whole grain products, like 100% whole wheat bread or brown rice vs. white bread or white rice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. choose low-fat foods when eating out, like low-fat dressing, plain baked potato, or grilled chicken?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. wash your hands before eating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. wash fruits and vegetables before eating them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. check the expiration date before eating or drinking foods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. help your family by using store coupons, going to a food pantry, or finding other free or low-cost food resources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. What do you know?

	True	False
A. Snacks are cheapest at convenience stores.	<input type="checkbox"/>	<input type="checkbox"/>
B. Snacks can be healthy and inexpensive.	<input type="checkbox"/>	<input type="checkbox"/>
C. Food from a vending machine costs more than food from most other sources.	<input type="checkbox"/>	<input type="checkbox"/>
D. A good time to go grocery shopping is after you have eaten.	<input type="checkbox"/>	<input type="checkbox"/>
E. Food displayed at the end of the aisle is always on sale.	<input type="checkbox"/>	<input type="checkbox"/>
F. Food displayed on the bottom shelves usually costs more than food at eye-level.	<input type="checkbox"/>	<input type="checkbox"/>
G. Making food at home is usually cheaper than buying food out.	<input type="checkbox"/>	<input type="checkbox"/>

4. How often do you...

	Never	Seldom	Sometimes	Often	Always
A. use coupons at the grocery store?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. buy snacks at the movies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. use vending machines to buy beverages or food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. buy from food cart at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. track how much you spend on food each week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. use coupons at restaurants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. join a frequent buyers club at your favorite restaurants or coffee houses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. look for special offers at the places you like to eat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. How often do you...

	Never	Seldom	Sometimes	Often	Always
A. keep track of what you eat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. share a meal with a friend instead of buying two individual meals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. drink water with a meal instead of buying a beverage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. carry snacks so you don't have to buy them while you're away from home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. worry about too much fat and sugar in your food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ABOUT YOU

A) How old are you? _____ years

E) Do you worry about having enough food to eat?

Yes No

B) What grade are you in? _____ grade

C) What is your gender?

Female Male

D) Are you (Check one or more):

- Asian
- Native American
- Black or African American
- White

F) Hispanic?

Yes No

For Office Use Only

Classroom #:

School/Site Name:

County:





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E. worry about too much fat and sugar in your food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Thinking of "Hunger Attack", write down 3 or more words that come to mind.

7. After finishing, what are some things you learned?

8. How do you plan to use the things you learned?

9. Did you make any changes in your daily food and food buying choices?

10. Do you worry about having enough food to eat?

Yes No

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