

UNIVERSITY OF CALIFORNIA



cal fresh Nutrition Education

Dear Student,

Hello! We are the University of California CalFresh Program (UC CalFresh). 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 UC CalFresh educator: _____

Phone number: _____

You may also contact our UC CalFresh State Director:

Kamaljeet Khaira, University of California at Davis, One Shields Ave, Davis CA 95616
(530) 752-0555

If you have any concerns or complaints about our UC CalFresh Nutrition 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.

**UC CalFresh <or other locally used name>
Youth Healthy Living Survey [PRE]ⁱ**

First letter of your FIRST name	First letter of your LAST name	Birth MONTH	Birth DAY
-------------------------------------------	------------------------------------------	--------------------	------------------

Program Site: _____

County: _____ Date: _____

Student ID:

A-Z	A-Z	01-12	01-31
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section I: Healthy Choices

1. **Please indicate how hard it would be to complete the following actions.** (Select one response in each row by marking the appropriate box ☒.)

How hard would it be for you to...	<i>Not hard at all</i>	<i>A little hard</i>	<i>Very hard</i>
Eat fruit for a snack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat vegetables for a snack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choose water instead of soda pop or Kool-Aid when you are thirsty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drink 1% or skim milk instead of 2% or whole milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choose a small instead of a large order of French fries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat smaller servings of high-fat foods like French fries, chips, snack cakes, cookies, or ice cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat a low-fat snack like pretzels instead of chips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drink less soda pop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drink less of other sugary drinks like fruit punch, sports/energy drinks, sweetened teas/coffees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. **Please indicate how often you do each of the following:** (Select one response in each row by marking the appropriate box ☒.)

	<i>Never or Almost Never</i>	<i>Some Days</i>	<i>Most Days</i>	<i>Every Day</i>
I eat vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I eat fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I choose healthy snacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I eat breakfast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do physical activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section II: Physical Activity

3. Please tell us how often you complete the following tasks. (Select one response in each row by marking the appropriate box ☒.)

Tell us about you...	<i>Never</i>	<i>Sometimes</i>	<i>Usually</i>	<i>Always</i>
I do moderate physical activities like walking, helping around the house, raking leaves, or using the stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I exercise 60 minutes every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please indicate your agreement with the following statements: (Select one response in each row by marking the appropriate box ☒.)

	<i>I do not agree</i>	<i>I'm not sure</i>	<i>I agree</i>
Being active is fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being active is good for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical activity will help me stay fit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section III: Family and Food – Optional

5. Please rate your responses to the following questions about your family: (Select one response in each row by marking the appropriate box ☒.)

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>
I encourage my family to eat meals together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<i>No</i>	<i>Maybe</i>	<i>Yes</i>
Will you ask your family to buy your favorite fruit or vegetable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you ask family your family to buy non-fat or 1% milk instead of regular whole milk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you ask your family to have fruits in a place like a refrigerator or bowl on the table where you can reach them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you ask your family to have cut-up vegetables in the refrigerator where you can reach them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section IV: Youth Development - Optional

6. **Please indicate how often you do each of the following:** (Select one response in each row by marking the appropriate box ☒.)

	<i>Never</i>	<i>Sometimes</i>	<i>Usually</i>	<i>Always</i>
I use information to make decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I set goals for myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take responsibility for my actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I listen well to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am respectful of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have the confidence to speak in front of groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can work things out when others don't agree with me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I work well with other youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. **Please indicate your agreement with the following statements:** (Select one response in each row by marking the appropriate box ☒.)

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>
I am comfortable making my own decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a plan for reaching my goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can explain my decisions to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can work successfully with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am connected to adults who are not my parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am someone who wants to help others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>
I like to work with others to solve problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have talents I can offer to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I learned things that helped me make a difference in my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I helped with a project that made a difference in my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section V: Tell us about you

Please select the responses that best describes you.

8. What grade are you in?

_____ Grade

9. Which of the following best describes your gender? (Mark one box)

- Female
- Male

10. Which of the following best describe your ethnicity? (Mark one box)

- Hispanic or Latino
- Not Hispanic or Latino

11. Which of the following best describe your race? (Mark each box that applies to you.)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

THANK YOU!

ⁱ Source: Adapted from the 4-H Healthy Living and Youth Development Common Measures – 4th-7th Grade

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A-Z	A-Z	01-12	01-31
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Program Site: _____

County: _____ Date: _____

Student ID:

Section I: Healthy Choices

1. **Please indicate how hard it would be to complete the following actions.** (Select one response in each row by marking the appropriate box ☒.)

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Eat fruit for a snack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat vegetables for a snack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choose water instead of soda pop or Kool-Aid when you are thirsty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drink 1% or skim milk instead of 2% or whole milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choose a small instead of a large order of French fries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat smaller servings of high-fat foods like French fries, chips, snack cakes, cookies, or ice cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat a low-fat snack like pretzels instead of chips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drink less soda pop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drink less of other sugary drinks like fruit punch, sports/energy drinks, sweetened teas/coffees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<i>Never or Almost Never</i>	<i>Some Days</i>	<i>Most Days</i>	<i>Every Day</i>
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I eat fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I choose healthy snacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I eat breakfast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do physical activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section II: Physical Activity

3. **Please tell us how often you complete the following tasks.** (Select one response in each row by marking the appropriate box ☒.)

Tell us about you...	<i>Never</i>	<i>Sometimes</i>	<i>Usually</i>	<i>Always</i>
I do moderate physical activities like walking, helping around the house, raking leaves, or using the stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I exercise 60 minutes every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. **Please indicate your agreement with the following statements:** (Select one response in each row by marking the appropriate box ☒.)

	<i>I do not agree</i>	<i>I'm not sure</i>	<i>I agree</i>
Being active is fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being active is good for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical activity will help me stay fit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. **Please indicate to what extent you agree or disagree that your experience in this UC CalFresh Program <or other locally used name> (Program) has resulted in the following outcomes.** (Select one response in each row by marking the appropriate box ☒.)

As a result of participating in the Program...	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>	<i>Not Applicable to my Program Experience</i>
I learned the foods that I should eat every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I learned what makes up a balanced diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I learned why it is important for me to eat a healthy diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I learned how to make healthy food choices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. **Please indicate to what extent you agree or disagree that your experience in this Program has resulted in the following outcomes.** (Select one response in each row by marking the appropriate box ☒.)

As a result of participating in the Program I now take the following actions...	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>	<i>Not Applicable to my Program Experience</i>
I eat more fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I eat more whole grains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I eat less junk foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I drink more water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section III: Family and Food – Optional

7. **Because of participating in this Program:** (Select one response in each row by marking the appropriate box ☒.)

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>
I encourage my family to eat meals together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My family has purchased healthier foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My family has prepared healthier foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My family has prepared meals together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I learned skills for buying food on a budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I taught my family skills for shopping on a budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I learned cooking skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I used cooking skills to prepare food at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<i>No</i>	<i>Maybe</i>	<i>Yes</i>
Will you ask your family to buy your favorite fruit or vegetable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you ask family your family to buy non-fat or 1% milk instead of regular whole milk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you ask your family to have fruits in a place like a refrigerator or bowl on the table where you can reach them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you ask your family to have cut-up vegetables in the refrigerator where you can reach them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section IV: Youth Development – Optional

8. **Please indicate how often you do each of the following:** (Select one response in each row by marking the appropriate box ☒.)

	<i>Never</i>	<i>Sometimes</i>	<i>Usually</i>	<i>Always</i>
I use information to make decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I set goals for myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take responsibility for my actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I listen well to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am respectful of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have the confidence to speak in front of groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can work things out when others don't agree with me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I work well with other youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Please indicate your agreement with the following statements: (Select one response in each row by marking the appropriate box ☒.)

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>
I am comfortable making my own decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a plan for reaching my goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can explain my decisions to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can work successfully with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am connected to adults who are not my parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am someone who wants to help others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to work with others to solve problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have talents I can offer to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I learned things that helped me make a difference in my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I helped with a project that made a difference in my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section V: Tell us about you

Please select the responses that best describes you.

10. What grade are you in?

4th 5th 6th 7th 8th Other: _____

11. Which of the following best describes your gender? (Mark one box ☒.)

- Female
 Male

12. Which of the following best describe your race? (Mark each box ☒ that applies to you.)

- American Indian or Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

13. Which of the following best describe your ethnicity? (Mark one box ☒.)

- Hispanic or Latino
- Not Hispanic or Latino

Section III: Tell us about your UC CalFresh experience

Please select the responses that best describe you.

14. How many years have you been participating in the UC CalFresh Program? (Mark one box ☒.)

- This is my first year
- This is my second year
- Three or more years

15. Which one of the following best describes how many hours you typically spend in UC CalFresh Program/projects each week? (Mark one box ☒.)

- Less than one hour
- Between one and three hours
- More than three hours

Optional

1. What did you like most about the UC CalFresh lessons?

2. How have you used in your life what you have learned in the UC CalFresh lessons?

3. What parts of the UC CalFresh Program <or other locally used name> could be better?

THANK YOU!

¹ Source: Adapted from the 4-H Healthy Living and Youth Development Common Measures – 4th-7th Grade