

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.

Teen Teacher Survey [Retrospective]¹

Program Site: _____ County: _____ Date: _____

Section I: Nutrition Knowledge

1. Please indicate to what extent you agree or disagree that your experience in the UC CalFresh Program <or other local 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"/>

Section II: Food Choices

2. 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 think about what foods my body needs during the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I make healthy food choices whenever I can	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I match my food intake to the number of calories I need to eat each day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I encourage my family to eat meals together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. 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 less soda	<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"/>

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

	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</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 use cooking skills to prepare food at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I wash my hands frequently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please select the response that best describes you.

5. **My family eats at least one meal a day together.**

- Yes
- No

Section III: Physical Activity

Please select the responses that best describes you.

6. **During the past 7 days, how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time) (Mark one box ☒.)**
- | | |
|---------------------------------|---------------------------------|
| <input type="checkbox"/> 0 days | <input type="checkbox"/> 4 days |
| <input type="checkbox"/> 1 day | <input type="checkbox"/> 5 days |
| <input type="checkbox"/> 2 days | <input type="checkbox"/> 6 days |
| <input type="checkbox"/> 3 days | <input type="checkbox"/> 7 days |
7. **On an average school day, how many hours do you spend watching television, playing video games, looking at a computer, smart phone or tablet for something that is not for school? (Mark one box ☒.)**
- I do not watch television or play video games or computer games or use a computer for something that is not school work
 - Less than one hour per day
 - 2 hours per day
 - 3 hours per day
 - 4 hours per day
 - 5 or more hours per day

Section IV: Engagement and Understanding

8. **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 ☒.)**

Because of this Program...	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
I can make a difference in my community through community service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can apply knowledge in ways that solve “real life” problems through community service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I gained skills through serving my community that will help me in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I taught others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I acted as a mentor to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am more confident in helping others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am more confident in myself overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Please indicate how likely you are to complete the following outcomes. (Select one response in each row by marking the appropriate box ☐.)

Because of my experience in this Program...	<i>Definitely</i>	<i>Maybe</i>	<i>Probably Not</i>	<i>Definitely Not</i>
I am encouraged to volunteer more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am interested in a career that helps others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am interested in pursuing in a health-related career	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section V: Leadership Skills

10. For each of the following statements, rate your ability to perform each skill. In the left-hand columns, indicate your ability BEFORE the Program. In the right-hand columns, indicate your ability NOW. (Select one response in each side by marking the appropriate box ☐.)

	BEFORE				AFTER			
	<i>Excellent Ability</i>	<i>Good Ability</i>	<i>Some Ability</i>	<i>No Ability</i>	<i>Excellent Ability</i>	<i>Good Ability</i>	<i>Some Ability</i>	<i>No Ability</i>
I can lead group discussions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can work as a team member.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can speak before a group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can see things objectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can plan programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can teach others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Please rate your level of agreement with each of the following statements related to your experience as teen teacher in this program.

During the Program	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
There were dedicated adults who supported me as a teen teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was provided with a curriculum to follow as I taught in this program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I received training on how to be a teen teacher before the program began	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I received ongoing training and support throughout the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The program made sure I had everything I needed to be successful as a teen teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I received recognition and reward for my teaching efforts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During the Program	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
I participated in team-building with other teen teachers in the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt "set-up" for success by adults running the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I received feedback on how well I was doing as a teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Please rate how you felt **BEFORE** the Program and then **AFTER** the Program. (Select one response in each row by marking the appropriate box ☒.)

BEFORE THE PROGRAM	<i>Strongly Agree</i>	<i>Agree</i>	<i>Not Sure</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
I had experienced a successful youth–adult partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AFTER THE PROGRAM	<i>Strongly Agree</i>	<i>Agree</i>	<i>Not Sure</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
I had experienced a successful youth–adult partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. **What was the most important skill you developed as a teen teacher?**

14. **Do you feel differently about your ability as a teacher or mentor to younger youth since you participated in this program? If so, describe how you feel differently.**

15. **What was the best part of participating as a teen teacher or mentor in this program?**

16. **What could be done to make your experience as a teen teacher even better?**

Section VI: Tell us about you

Please select the responses that best describes you.

17. What grade are you in?

_____ Grade

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

- Female
- Male

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

- Hispanic or Latino
- Not Hispanic or Latino

20. 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

Section VI: Tell us about your UC CalFresh Program (or other locally used name) experience

Please select the responses that best describes you.

21. How many years have you been participating? (Mark one box)

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

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

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

THANK YOU!

ⁱ Source: 4-H Healthy Living Common Measures