

# CalFresh Healthy Living Adult Survey

Pre

Date \_\_\_\_\_

PEARS Program Activity ID \_\_\_\_\_  
 (Your educator will provide you with this ID number)

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

First letter of <u>your</u> FIRST name	First letter of <u>your</u> LAST name	Birth MONTH	Birth DAY
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These questions are about the ways you plan and fix food. Think about how you usually do things.

Choose one answer for each question.

1.



Do you drink fruit drinks, sport drinks or punch?

- |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| no                    | yes, sometimes        | yes, often            | yes, everyday         |

2.



Do you drink regular soda?

- |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| no                    | yes, sometimes        | yes, often            | yes, everyday         |

3. Fruit: How much do you eat each day?



none

1/2 cup



1 cup

1 1/2 cups



2 cups

2 1/2 cups



3 cups or more

4. Vegetables: How much do you eat each day?



none

1/2 cup



1 cup

1 1/2 cups



2 cups

2 1/2 cups



3 cups or more

5.



Do you eat more than one kind of fruit each day?

no

yes,  
sometimes

yes,  
often

yes,  
always

6.



Do you eat more than one kind of vegetable each day?

no

yes,  
sometimes

yes,  
often

yes,  
always

7.



Do you use this label when food shopping?

no

yes,  
sometimes

yes,  
often

yes,  
always

8.



Do you run out of food before the end of the month?

no

yes,  
sometimes

yes,  
often

yes,  
always

The next questions are about **physical activities** you do. Please mark the response that **best** describes how you **usually** do things.

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9. In the past week, how many days did you exercise for at least 30 minutes?  
*This includes things like jogging, playing soccer, and doing fitness or dance classes, or exercise videos. This 30 minutes could be all at once or 10 minutes or more at a time.*  
*Do not include housework, taking care of your kids, or walking from place to place.*



- |                              |                              |
|------------------------------|------------------------------|
| <input type="radio"/> 0 days | <input type="radio"/> 4 days |
| <input type="radio"/> 1 day  | <input type="radio"/> 5 days |
| <input type="radio"/> 2 days | <input type="radio"/> 6 days |
| <input type="radio"/> 3 days | <input type="radio"/> 7 days |
- 

10. In the past week, how many days did you do workouts to build and strengthen your muscles?  
*This includes things like lifting weights and doing push-ups, sit-ups or planks.*



- |                              |                              |
|------------------------------|------------------------------|
| <input type="radio"/> 0 days | <input type="radio"/> 4 days |
| <input type="radio"/> 1 day  | <input type="radio"/> 5 days |
| <input type="radio"/> 2 days | <input type="radio"/> 6 days |
| <input type="radio"/> 3 days | <input type="radio"/> 7 days |
- 

11. How often do you make small changes on purpose to be more active?  
*This includes things like walking instead of driving, getting off the bus one stop early, doing a few minutes of exercise, or moving around instead of sitting while watching TV.*



- |   |
|---|
| <input type="radio"/> Never                             |
| <input type="radio"/> Rarely (about 20% of the time)    |
| <input type="radio"/> Sometimes (about 40% of the time) |
| <input type="radio"/> Often (about 60% of the time)     |
| <input type="radio"/> Usually (about 80% of the time)   |
| <input type="radio"/> Always                            |

**The next questions are about you and your life.**

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12. During the past month, where did your household shop for food?

Select all that apply. All options not online refer to in-store.

- Online, grocery or other store
  - Supermarket/large grocery store like Safeway or Vons
  - Small grocery store (3 or fewer cash registers)
  - Warehouse or wholesale club store like Costco or Sam's Club
  - Discount department store like Target or Walmart
  - Convenience or corner store like 7-11 or MiniMart
  - Farmers' market
  - Produce store or vegetable stand
  - Food bank, pantry, or other charitable organization
- 

13. Over the past year, have any of your children (18 years old and under) attended any of the following?

Select all that apply.

- I have no children 18 and under
  - Public school (K-12)
  - Before and/or after school program **at their school**
  - Before and/or after school program **not at their school**
  - Early care and education (ECE) program in **someone's home**
  - Early care and education (ECE) program in a **childcare center**
  - Early care and education (ECE) program at a **school**
- 

14. What is your home zip code?

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15. Select the answer that best describes your age:

- 18-59 years
  - 60-75 years
  - 76 years and over
  - Prefer not to respond
- 

16. Select the answer that best describes your gender:

- Male
  - Female
  - Non-binary
  - Gender not listed
  - Prefer not to respond
- 

17. Select the answer that best describes your ethnicity:

- Hispanic/Latino
  - NOT Hispanic/Latino
  - Prefer not to respond
- 

18. Select all answers that apply to your race:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Prefer not to respond