Eating and Activity Tool for Students

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Parts of this survey were adapted from the School Physical Activity and Nutrition Project (SPAN – University of Texas, Austin). For source information about individual survey questions, contact Nutrition Policy Institute, Amanda Linares, amlinares@ucanr.edu.

To be completed by LHD or school site

Site Name or PEARS Site ID: ____________________
Classroom (teacher): ________________________
ID number: ______________

Date: ______________

Pre or Post:  O Pre-test
             O Post-test

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.

1. How old are you?
   O 7
   O 8
   O 9
   O 10
   O 11
   O 12
   O 13
   O 14
   O 15
   O 16
   O 17
   O 18
   O 19

2. What grade are you in?
   O 4th
   O 5th
   O 6th
   O 7th
   O 8th
   O 9th
   O 10th
   O 11th
   O 12th

3. Are you a boy or a girl?
   O Boy
   O Girl
   O I don’t want to answer

4. How do you describe yourself?
   Choose all the boxes (□) that best describe you.
   □ American Indian or Alaska Native
   □ Asian
   □ Black or African American
   □ Latino or Hispanic (Mexican, Salvadoran, Guatemalan, etc.)
   □ Native Hawaiian or other Pacific Islander
   □ White
   □ Other: ______________________________
5. Did you attend school **yesterday**?
   - Yes
   - No

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

6. Yesterday, for breakfast:
   - I ate the **school breakfast**
   - I did not eat the school breakfast

7. Yesterday, for lunch:
   - I ate the **school lunch**
   - I did not eat the school lunch

8. Yesterday, did you eat any **starchy vegetables**?
   - **Do not count** French fries, fried potatoes, potato chips or any other type of chips.
   - No, I didn’t eat any of the foods listed above yesterday.
   - Yes, I ate one of these foods **1 time** yesterday.
   - Yes, I ate one of these foods **2 times** yesterday.
   - Yes, I ate one of these foods **3 or more times** yesterday.

9. Yesterday, did you eat any **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.

10. Yesterday, did you eat **salad made with lettuce**, or any **green vegetables**?
    - 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.

11. Yesterday, did you eat any **other vegetables**?
    - No, I didn’t eat any of the foods listed above yesterday.
    - Yes, I ate one of these foods **1 time** yesterday.
    - Yes, I ate one of these foods **2 times** yesterday.
    - Yes, I ate one of these foods **3 or more times** yesterday.

Examples:

- Starchy vegetables: potatoes, corn, peas
- Orange vegetables: carrots, squash, or sweet potatoes
- Green vegetables: spinach, green beans, broccoli, or other greens
- Other vegetables: peppers, tomatoes, zucchini, asparagus, cabbage, cauliflower, cucumbers, mushrooms, eggplant, celery, artichokes
12. Yesterday, did you eat beans? 
*Do not count* green beans.

- **O** No, I didn’t eat any beans yesterday.
- **O** Yes, I ate beans **1 time** yesterday.
- **O** Yes, I ate beans **2 times** yesterday.
- **O** Yes, I ate beans **3 or more times** yesterday.

*Examples: pinto beans, baked beans, kidney beans, refried beans, pork and beans*

13. Yesterday, did you eat fruit? Fruits are all fresh, frozen, canned or dried fruits.
*Do not count* fruit juice.

- **O** No, I didn’t eat any fruit yesterday.
- **O** Yes, I ate fruit **1 time** yesterday.
- **O** Yes, I ate fruit **2 times** yesterday.
- **O** Yes, I ate fruit **3 times** yesterday.
- **O** Yes, I ate fruit **4 times** yesterday.
- **O** Yes, I ate fruit **5 or more times** yesterday.

*Examples: apples, oranges, bananas, grapes, berries, peaches*

14. Yesterday, did you drink fruit juice? Fruit juice is a drink that is **100% juice**.
*Do not count* punch, sports drinks, or other fruit-flavored drinks.

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

*Examples: orange juice, apple juice, grape juice*

15. Yesterday, did you drink any diet sodas or diet soft drinks?

- **O** No, I didn’t drink any diet sodas or diet soft drinks yesterday.
- **O** Yes, I drank diet sodas or diet soft drinks **1 time** yesterday.
- **O** Yes, I drank diet sodas or diet soft drinks **2 times** yesterday.
- **O** Yes, I drank diet sodas or diet soft drinks **3 or more times** yesterday.

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

16. Yesterday, did you drink any punch, sports drink, or other fruit-flavored drinks? 
*Do not count* 100% fruit juice.

- **O** No, I didn’t drink any of these drinks yesterday.
- **O** Yes, I drank one of these drinks **1 time** yesterday.
- **O** Yes, I drank one of these drinks **2 times** yesterday.
- **O** Yes, I drank one of these drinks **3 or more times** yesterday.

*Examples: sports drink, orange juice, grape juice, lemonade*
17. Yesterday, did you drink any regular sodas or soft drinks?  
   **Do not count** diet soda.
   - O No, I didn’t drink any regular (not diet) sodas or soft drinks yesterday.
   - O Yes, I drank regular (not diet) sodas or soft drinks 1 time yesterday.
   - O Yes, I drank regular (not diet) sodas or soft drinks 2 times yesterday.
   - O Yes, I drank regular (not diet) sodas or soft drinks 3 or more times yesterday.

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

19. Yesterday, did you drink a cup, bottle, or can of coffee, tea, iced tea, or a coffee drink with sugar?  
   **Do not count** energy drinks.
   - O No, I didn’t drink any coffee or tea with sugar yesterday.
   - O Yes, I drank coffee or tea with sugar 1 time yesterday.
   - O Yes, I drank coffee or tea with sugar 2 times yesterday.
   - O Yes, I drank coffee or tea with sugar 3 or more times yesterday.

20. Yesterday, did you drink any kind of flavored milk?
    - O No, I didn’t drink flavored milk yesterday.
    - O Yes, I drank flavored milk 1 time yesterday.
    - O Yes, I drank flavored milk 2 times yesterday.
    - O Yes, I drank flavored milk 3 or more times yesterday.

21. Yesterday, did you drink a bottle or glass of water?  
   **Count** sparkling water or any other water drink that has 0 calories.
   - O No, I didn’t drink any water yesterday.
   - O Yes, I drank water 1 time yesterday.
   - O Yes, I drank water 2 times yesterday.
   - O Yes, I drank water 3 or more times yesterday.
The next questions are about your physical activity.

22. **Last week**, on which days were you physically active for a total of **at least 60 minutes per day**?

   **Choose an answer for each day.**

   Monday  □ Yes  □ No
   Tuesday □ Yes  □ No
   Wednesday □ Yes  □ No
   Thursday □ Yes  □ No
   Friday   □ Yes  □ No
   Saturday □ Yes  □ No
   Sunday   □ Yes  □ No

   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.

   **Examples:** basketball, soccer, running or jogging, fast dancing, swimming laps, tennis, fast bicycling, or similar aerobic activities.

23. **Last week,** on which days did you attend school?

   **Choose an answer for each day.**

   Monday  □ Yes  □ No
   Tuesday □ Yes  □ No
   Wednesday □ Yes  □ No
   Thursday □ Yes  □ No
   Friday   □ Yes  □ No

24. **Last week,** on which days did you have PE?

   **Choose an answer for each day.**

   Monday  □ Yes  □ No
   Tuesday □ Yes  □ No
   Wednesday □ Yes  □ No
   Thursday □ Yes  □ No
   Friday   □ Yes  □ No

25. **Last week,** when you had PE, **how much time** did you spend doing physical activities like:

   - Sports
   - Dancing
   - Physically active games
   - Other activities that got your body moving

   □ Most or all of the class time
   □ About half of the class time
   □ Less than half of the class time
   □ I did not have a physical activity class like PE last week