Dear Student,

Hello! We are the Nutrition Policy Institute, and we help to understand whether the CalFresh Healthy Living program works. CalFresh Healthy Living teaches young people about healthy eating and physical activity, with the goal of helping students stay healthy. Our program is funded by the USDA and run by the California Department of Public Health. The program is free to your school. To find out how well our lessons work, we ask that you complete this survey. However, completing the survey is 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!

If you have questions or concerns, you may contact Nutrition Policy Institute’s survey coordinator:

Amanda Linares
Nutrition Policy Institute
University of California Agriculture and Natural Resources
1111 Franklin Street, Oakland CA 94607
(916) 200-5188

If you have any concerns or complaints about the survey, you may contact:

California Health and Human Services Agency,
Committee for the Protection of Human Subjects
1215 O Street, 11th Floor, Sacramento, CA 95814
(916) 651-5599
To be completed by LHD or school site
School Name: _____________________________
PEARS Site ID: ____________________________
Classroom (teacher): _______________________
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. What grade are you in?
   O 4th O 9th
   O 5th O 10th
   O 6th O 11th
   O 7th O 12th
   O 8th

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

3. What is your gender?
   O Male
   O Female
   O Non-binary
   O Gender not listed
   O I don't want to answer

4. How do you describe yourself?
   Choose all the boxes (☐) that best describe you.
   ☐ American Indian or Alaskan 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?
   O Yes
   O No
The next questions are about what you ate and drank yesterday.

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

7. Yesterday, for lunch:
   O I ate the school lunch
   O 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.
   O No, I didn’t eat any of the foods listed above yesterday.
   O Yes, I ate one of these foods 1 time yesterday.
   O Yes, I ate one of these foods 2 times yesterday.
   O Yes, I ate one of these foods 3 or more times yesterday.

9. Yesterday, did you eat any orange vegetables?
   Examples: carrots, squash, or sweet potatoes
   O No, I didn’t eat any orange vegetables yesterday.
   O Yes, I ate orange vegetables 1 time yesterday.
   O Yes, I ate orange vegetables 2 times yesterday.
   O Yes, I ate orange vegetables 3 or more times yesterday.

10. Yesterday, did you eat salad made with lettuce, or any green vegetables?
    Examples: spinach, green beans, broccoli, or other greens
    O No, I didn’t eat any salad or green vegetables yesterday.
    O Yes, I ate salad or green vegetables 1 time yesterday.
    O Yes, I ate salad or green vegetables 2 times yesterday.
    O Yes, I ate salad or green vegetables 3 or more times yesterday.

11. Yesterday, did you eat any other vegetables?
    Examples: peppers, tomatoes, zucchini, asparagus, cabbage, cauliflower, cucumbers, mushrooms, eggplant, celery, artichokes
    O No, I didn’t eat any of the foods listed above yesterday.
    O Yes, I ate one of these foods 1 time yesterday.
    O Yes, I ate one of these foods 2 times yesterday.
    O Yes, I ate one of these foods 3 or more times yesterday.

12. Yesterday, did you eat beans?
    Do not count green beans.
    Examples: pinto beans, baked beans, kidney beans, refried beans, pork and 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.
13. Yesterday, did you eat fruit? Fruits are all fresh, frozen, canned or dried fruits. 
   **Do not count** fruit juice.
   - **No**, I didn’t eat any fruit yesterday.
   - Yes, I ate fruit 1 time yesterday.
   - Yes, I ate fruit 2 times yesterday.
   - Yes, I ate fruit 3 times yesterday.
   - Yes, I ate fruit 4 times yesterday.
   - Yes, I ate fruit 5 or more times yesterday.

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

15. Yesterday, did you drink any *diet sodas* or diet soft drinks?
   - **No**, I didn’t drink any *diet* sodas or *diet* soft drinks yesterday.
   - Yes, I drank *diet* sodas or *diet* soft drinks 1 time yesterday.
   - Yes, I drank *diet* sodas or *diet* soft drinks 2 times yesterday.
   - 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.
   - **No**, I didn’t drink any of these drinks yesterday.
   - Yes, I drank one of these drinks 1 time yesterday.
   - Yes, I drank one of these drinks 2 times yesterday.
   - Yes, I drank one of these drinks 3 or more times yesterday.

17. Yesterday, did you drink any *regular sodas* or soft drinks? 
   **Do not count** diet soda.
   - **No**, I didn’t drink any *regular* (not diet) sodas or soft drinks yesterday.
   - Yes, I drank *regular* (not diet) sodas or soft drinks 1 time yesterday.
   - Yes, I drank *regular* (not diet) sodas or soft drinks 2 times yesterday.
   - 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.**

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<thead>
<tr>
<th>Day</th>
<th>Yes</th>
<th>No</th>
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The next two questions ask about any physical activity classes like PE that you had during school last week. **Do not include activities outside of school like dance class, sports leagues, or martial arts.**

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

**Choose an answer for each day.**

<table>
<thead>
<tr>
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<tbody>
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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