

Network / HealthCorps Program Survey for NYC Schools

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This survey was adapted from the School Physical Activity and Nutrition Project (SPAN – University of Texas) and the Fruits and Veggies More Matters[®] Consumption Survey (Arizona Nutrition Network)

by the Research and Evaluation Section
of the *Network for a Healthy California* and the Research Team at *HealthCorps*.

Confidentiality information to be explained to students

We would like for you to complete this survey. You may 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 identification number. They will only be used for reports.

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Directions: This is a survey to find out about what you know, like, think and do about healthy eating. Fill in the bubble (O) of the one best answer for each question. Do NOT write your name anywhere on this survey.

1. How old are you? (A) 13 (B) 14 (C) 15 (D) 16 (E) 17 (F) 18 (G) 19 (H) 20

2. Are you a boy or a girl? (A) Boy (B) Girl

3. Yesterday, did you eat cheese by itself or on your food? Count cheese on pizza or in dishes such as tacos, enchiladas, sandwiches, cheeseburgers, or macaroni and cheese.

- (A) No, I didn't eat cheese yesterday.
- (B) Yes, I ate cheese 1 time yesterday.
- (C) Yes, I ate cheese 2 times yesterday.
- (D) Yes, I ate cheese 3 or more times yesterday.

4. Yesterday, did you drink any kind of milk? Count chocolate or other flavored milk, milk on cereal, or drinks made with milk.

- (A) No, I didn't drink any milk yesterday.
- (B) Yes, I drank milk 1 time yesterday.
- (C) Yes, I drank milk 2 times yesterday.
- (D) Yes, I drank milk 3 or more times yesterday.

5. Yesterday, did you eat yogurt or cottage cheese or drink a yogurt drink? *Do not count* frozen yogurt.

- (A) No, I didn't eat any of these foods yesterday.
- (B) Yes, I ate one of these foods 1 time yesterday.
- (C) Yes, I ate one of these foods 2 times yesterday.
- (D) Yes, I ate one of these foods 3 or more times yesterday.

6. Yesterday, did you eat any hot or cold cereal?

- (A) No, I didn't eat any cereal yesterday.
- (B) Yes, I ate cereal 1 time yesterday.
- (C) Yes, I ate cereal 2 times yesterday.
- (D) Yes, I ate cereal 3 or more times yesterday.

7. Yesterday, did you eat French fries or chips? Chips are potato chips, tortilla chips, corn chips, or other snack chips.

- (A) No, I didn't eat any French fries or chips yesterday.
- (B) Yes, I ate French fries or chips 1 time yesterday.
- (C) Yes, I ate French fries or chips 2 times yesterday.
- (D) Yes, I ate French fries or chips 3 or more times yesterday.

8. During the past 7 days, how many times did you drink **100% fruit juices** such as orange juice, apple juice, or grape juice? (Do not count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)

- (A) I did not drink 100% fruit juice during the past 7 days
- (B) 1 to 3 times during the past 7 days
- (C) 4 to 6 times during the past 7 days
- (D) 1 time per day
- (E) 2 times per day
- (F) 3 times per day
- (G) 4 or more times per day

9. During the past 7 days, how many times did you eat **fruit**? (Do **not** count fruit juice.)

- (A) I did not eat fruit during the past 7 days
- (B) 1 to 3 times during the past 7 days
- (C) 4 to 6 times during the past 7 days
- (D) 1 time per day
- (E) 2 times per day
- (F) 3 times per day
- (G) 4 or more times per day

10. During the past 7 days, how many times did you eat **green salad**?

- (A) I did not eat green salad during the past 7 days
- (B) 1 to 3 times during the past 7 days
- (C) 4 to 6 times during the past 7 days
- (D) 1 time per day
- (E) 2 times per day
- (F) 3 times per day
- (G) 4 or more times per day

11. During the past 7 days, how many times did you eat **potatoes**? (Do **not** count french fries, fried potatoes, or potato chips.)

- (A) I did not eat potatoes during the past 7 days
- (B) 1 to 3 times during the past 7 days
- (C) 4 to 6 times during the past 7 days
- (D) 1 time per day
- (E) 2 times per day
- (F) 3 times per day
- (G) 4 or more times per day

12. During the past 7 days, how many times did you eat **carrots**?
- (A) I did not eat carrots during the past 7 days
 - (B) 1 to 3 times during the past 7 days
 - (C) 4 to 6 times during the past 7 days
 - (D) 1 time per day
 - (E) 2 times per day
 - (F) 3 times per day
 - (G) 4 or more times per day
13. During the past 7 days, how many times did you eat **other vegetables**? (Do **not** count green salad, potatoes, or carrots.)
- (A) I did not eat other vegetables during the past 7 days
 - (B) 1 to 3 times during the past 7 days
 - (C) 4 to 6 times during the past 7 days
 - (D) 1 time per day
 - (E) 2 times per day
 - (F) 3 times per day
 - (G) 4 or more times per day
14. Yesterday, did you drink any water, such as from a glass, a bottle, or a water fountain?
- (A) No, I didn't drink any water yesterday.
 - (B) Yes, I drank water 1 time yesterday.
 - (C) Yes, I drank water 2 times yesterday.
 - (D) Yes, I drank water 3 times yesterday.
 - (E) Yes, I drank water 4 times yesterday.
 - (F) Yes, I drank water 5 or more times yesterday.
15. Yesterday, did you drink any punch, sports drinks or other fruit-flavored drinks? Do not count 100% fruit juice or diet drinks.
- (A) No, I didn't drink any of these drinks yesterday.
 - (B) Yes, I drank one of these drinks 1 time yesterday.
 - (C) Yes, I drank one of these drinks 2 times yesterday.
 - (D) Yes, I drank one of these drinks 3 or more times yesterday.
16. Yesterday, did you drink any *regular* (not diet) sodas or soft drinks?
- (A) No, I didn't drink any *regular* (not diet) sodas or soft drinks yesterday.
 - (B) Yes, I drank *regular* (not diet) sodas or soft drinks 1 time yesterday.
 - (C) Yes, I drank *regular* (not diet) sodas or soft drinks 2 times yesterday.
 - (D) Yes, I drank *regular* (not diet) sodas or soft drinks 3 or more times yesterday.
17. Yesterday, did you eat sweet rolls, doughnuts, cookies, brownies, pies, or cake?
- (A) No, I didn't eat any of these foods yesterday.
 - (B) Yes, I ate one of these foods 1 time yesterday.
 - (C) Yes, I ate one of these foods 2 times yesterday.
 - (D) Yes, I ate one of these foods 3 or more times yesterday.

18. Yesterday, did you eat breakfast?
 (A) Yes
 (B) No

The questions in this next section ask why you may or may not eat fruits and vegetables.
 Please fill in one answer for each question.

19. I like to try new fruits.
 (A) Almost always or always
 (B) Sometimes
 (C) Almost never or never

20. I like to try new vegetables.
 (A) Almost always or always
 (B) Sometimes
 (C) Almost never or never

21. At your home do you have fruits to eat?
 (A) Never
 (B) Sometimes
 (C) Always
 (D) I don't know

22. At your home do you have vegetables to eat?
 (A) Never
 (B) Sometimes
 (C) Always
 (D) I don't know

The questions in this next section ask how often your parents eat fruit and vegetables.
 Please bubble in one answer to each question.

	Never	A few days a week	Most days a week	Every day	I don't know
23. How often do your parents eat fruit?	(A)	(B)	(C)	(D)	(E)
24. How often do your parents eat vegetables?	(A)	(B)	(C)	(D)	(E)

25. Below, check the days you exercised or took part in physical activity that made your heart beat fast and made you breathe hard for *at least 60 minutes*?

Examples are: basketball, soccer, running or jogging, fast dancing, swimming, bicycling, jumping rope, trampoline, hockey, fast skating, or rollerblading.

- (A) I didn't do any exercise last week that made my heart beat fast for 60 minutes
- (B) Monday
- (C) Tuesday
- (D) Wednesday
- (E) Thursday
- (F) Friday
- (G) Saturday
- (H) Sunday

26. Below, check the days you played outdoors for at least 30 minutes?

Do not count outdoor play during school hours.

- (A) I didn't play outdoors last week.
- (B) Monday
- (C) Tuesday
- (D) Wednesday
- (E) Thursday
- (F) Friday
- (G) Saturday
- (H) Sunday

The questions in this next section ask about your familiarity with nutrition concepts.

27. What information can you **NOT** find on a nutrition label?

- (A) The number of serving sizes
- (B) The ingredients within the food item
- (C) How much of a food item an individual should consume
- (D) How much Vitamin C is in one serving

28. How do you determine the total amount of calories in a soda?

- (A) It is simply the number of calories stated next to "calories" on the nutrition label
- (B) Add the number of calories to the grams of carbohydrates
- (C) Multiply the number of calories "per serving" by the number of servings "per container"
- (D) Add the number of calories "per serving" to the number of servings "per container"

29. What determines how many servings you should have of a given food item?

- (A) Your height, age, gender, level of physical activity
- (B) The full contents of a food package is the correct serving size
- (C) You should only have one serving of a food item each day
- (D) How fast you can run

30. What are the three macronutrients that your body needs to survive?
- (A) Carbohydrates, fat, sugar
 - (B) Fat, protein, calcium
 - (C) Carbohydrates, protein, fat
 - (D) Carbohydrates, sugar, water
31. Which food items are **NOT** good sources of Protein?
- (A) Beans, nuts, chicken
 - (B) Oranges, white bread, grapes
 - (C) Spinach, tofu, fish
 - (D) Yogurt, turkey, whole grains
32. What are positive ways to reduce portion size?
- (A) Skip meals
 - (B) Use smaller plates
 - (C) Eat little to no carbohydrates
 - (D) Fasting
33. Which of the following 20-ounce drinks are arranged from low to highest sugar content?
- (A) Vitamin water, Water, Gatorade
 - (B) Gatorade, Diet Coke, Snapple Lemon Iced Tea
 - (C) Diet Coke, Vitamin Water, Arizona Green Tea
 - (D) Water, Coke, Diet Coke

The questions in this next section ask about your familiarity with mental health concepts.

34. How does technology (cell phones, computers, TVs, etc.) affect our sleep?
- (A) It exhausts our brains so that we can fall asleep sooner
 - (B) It gives off light that reminds our brain that we should be awake, so that we don't fall asleep
 - (C) It has no effect on sleep
 - (D) As long as you are using it while sitting up, you will be able to go to sleep normally
35. Positive methods for stress reduction do **NOT** include:
- (A) Prioritizing your schedule
 - (B) Procrastinating
 - (C) Exercise
 - (D) Sleeping
36. Which of the following is an example of an optimistic thought?
- (A) I'm not going to study because I know I will never pass that exam.
 - (B) I'm too tired to study tonight.
 - (C) I don't need to study, because I passed the last exam.
 - (D) I don't know if I will pass the exam, but I know I have a better chance to get a good grade if I study than if I don't.

37. What is **NOT** a positive way to deal with a situation that makes you angry?
- (A) Use “I-statements” when explaining how you feel to someone you are frustrated with
 - (B) Go for a long walk around the neighborhood
 - (C) Write out a long letter explaining why you are angry
 - (D) Tell the person why they were wrong
38. The characteristic that does **NOT** describe a person with strong self-esteem is:
- (A) The ability to make positive relationships
 - (B) The ability to keep trying despite a difficult situation
 - (C) The ability to ignore guilt and to blame others
 - (D) The ability to practice insightful understanding of people and situations

The questions in this next section ask about your familiarity with physical activity concepts.

39. What is the average recommended amount of time a teenager should workout **each day**?
- (A) 10 minutes
 - (B) 30 minutes
 - (C) 1 hour
 - (D) 1 ½ hours
40. Which of the following is **NOT** a leg muscle?
- (A) Deltoids
 - (B) Quadriceps
 - (C) Hamstrings
 - (D) Calves
41. When you complete exercises like crunches or planks, what body region are you working?
- (A) Upper body
 - (B) Core
 - (C) Lower body
 - (D) Extremities
42. Exercise can improve your life in all of the following areas **EXCEPT**:
- (A) It can alter chemicals in your brain to make you happier
 - (B) It can help you grow taller
 - (C) It increases your concentration
 - (D) It gives you more energy

43. Which exercise type is **INCORRECTLY** matched with a description?

- (A) Cardiovascular exercise increases your heart rate, quickens your breath and delivers oxygen to all your body parts
- (B) Stamina determines the distance you can run before you physically can't run anymore
- (C) Weight Resistance training helps build muscle and burns calories, then fat
- (D) Flexibility reduces risk of injury during exercise and increases circulation throughout the body and ease of joint movement

44. What is the result if you eat more calories than your body burns through exercise?

- (A) You lose weight
- (B) You stay the same
- (C) You gain weight
- (D) You gain muscle mass

The questions in this next section ask about your hope and well-being.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
45. I value and respect my mind and body.	(A)	(B)	(C)	(D)	(E)
46. I have at least one goal that I want to accomplish	(A)	(B)	(C)	(D)	(E)
47. I know how to deal with anger and sadness	(A)	(B)	(C)	(D)	(E)
48. Most nights, I go to sleep feeling happy about how and who I spent my day with.	(A)	(B)	(C)	(D)	(E)
49. I feel excited about my future after I graduate high school.	(A)	(B)	(C)	(D)	(E)

Thank you.