



| MARKING INSTRUCTIONS | | |
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| CORRECT: | INCORRECT: 🧭 🔯 🖨 😷 | |

Balancing Food & Play

We would like to know how much you know about nutrition and physical activity. This is a survey, not a test. You will not be graded on this survey. Please fill in the correct answer.

| 1. | How many minutes a day should a child your age be pre- exercises like running, jogging, walking fast, bike riding that makes you breathe harder and your heart beat fas | , swimming, dancing, skating, or any other activity |
|----|--|---|
| | O 30 minutes (1/2 hour) | |
| | O 60 minutes (1 hour) | |
| | O 90 minutes (1 ½ hour) | |
| | O 120 minutes (2 hours) | |
| | | |
| 2. | Children your age should have no more than how many watching TV/video movies, playing video games or on the state of the s | |
| | O 1 hour | () |
| | O 2 hours | 16 |
| | O 3 hours | |
| | O 4 hours | |
| 3. | Food groups on MyPyramid are: | |
| | O Meat, milk and bread | |
| | O Breakfast, lunch, dinner and snacks | |
| | O Meat, vegetables, potatoes and milk | |
| | O Grains, vegetables, fruits, milk, meat & beans | |
| | | |
| 4. | Examples of nutrients are: | |
| | O Water, protein, fats, carbohydrates, vitamins and | l minerals |
| | O Breakfast, lunch and dinner | |
| | O Fruits and vegetables | |
| | O Grains, vegetables, fruits, milk, meat & beans | |
| 5. | How many cups of vegetables do children your age new uncooked vegetables; salads; and boiled, baked and m | |
| | O 1/2 cup | |
| | O 1 cup | OFFICE USE ONLY |
| | O 2 cups | |
| | O 2 ½ cups | |
| | | |
| | | |



| 6. | How much of your dinner plate should be filled with vegetables or fruits and vegetables? |
|-----|--|
| | O None |
| | O 1/4 |
| | O 1/3 |
| | O 1/2 |
| 7. | How many teaspoons of sugar are in a can of regular (not diet) soda? |
| | O 2 teaspoons |
| | O 6 teaspoons |
| | O 10 teaspoons |
| | O 15 teaspoons |
| 8. | How often do you eat vegetables each day? |
| | O Always |
| | O Almost always |
| | O Sometimes |
| | O Almost never |
| | O Never |
| 9. | How often do you eat fruit each day? |
| | O Always |
| | O Almost always |
| | O Sometimes |
| | O Almost never |
| | O Never |
| 10. | How often do you have milk with dinner? |
| | O Always |
| | O Almost always |
| | O Sometimes |
| | O Almost never |
| | O Never |
| 11. | How often do you eat dinner as a family? |
| | O Always |
| | O Almost always |
| | O Sometimes |
| | O Almost never |
| | O Never |



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| 12. Ho | ow often do you | ı get at least 60 minute | s (1 hour) of physical | l activity each day? | |
|--------|------------------------------------|----------------------------|---|---------------------------|---------------------------|
| | O Always | O Almost always | O Sometimes | O Almost never | O Never |
| | | | | | |
| 13. Ho | _ | u drink regular (not diet) | • | | |
| | O Always | O Almost always | O Sometimes | O Almost never | O Never |
| 14. Ho | w often do you | have 2 hours or less o | f screen time each d | ay? | |
| | O Always | O Almost always | O Sometimes | O Almost never | O Never |
| 15. Ye | sterday, did yo | u eat any vegetables? (| Do not count French | fries or chips.) | |
| | | eat any vegetables ye | • | | |
| | O Yes, I ate v | vegetables 1 time yeste | erday. | | |
| | | vegetables 2 times yes | • | | |
| | O Yes, I ate | vegetables 3 or more ti | mes yesterday. | () | |
| | esterday, did yo ade with milk. | ou drink any kind of milk | Count chocolate of the country of | or other flavored milk, r | milk on cereal, or drinks |
| | O No, I didn' | t drink any milk yesterd | lay. | 160 | |
| | O Yes, I drai | nk milk 1 time yesterda | у. | | |
| | O Yes, I drai | nk milk 2 times yesterd | ay. | | |
| | O Yes, I drai | nk milk 3 or more times | yesterday. | | |
| 17. Ye | esterday, did yo | ou have screen time aw | ay from school? | | |
| | O No, I didn' | t have any screen time | yesterday. | | |
| | O Yes, I had | 1 hour or less of scree | n time yesterday. | | |
| | O Yes, I had | 2 hours of screen time | yesterday. | | |
| | O Yes, I had | 3 hours of screen time | yesterday. | | |
| | O Yes, I had | 4 or more hours of scr | een time yesterday. | | |
| 18. Y | esterday, did y | ou have any physical a | ctivity? | | |
| | O No, I didn' | t have any physical act | ivity yesterday. | | |
| | O Yes, I had | 30 minutes or less (1/2 | 2 hour or less) of phy | sical activity yesterday | '. |
| | O Yes, I had | 60 minutes (1 hour) of | physical activity yest | terday. | |
| | O Yes, I had | 90 minutes (1 1/2 hou | rs) of physical activity | yesterday. | |
| | O Yes, I had | 120 minutes or more (| 2 hours or more) of p | physical activity yestero | day. |
| 19. Y | esterday, did y | ou drink any regular (n | ot diet) soda? | | |
| | O No, I didn | 't drink any regular sod | a yesterday. | | |
| | O Yes – I dr | ank regular soda 1 time | e yesterday. | | |
| | O Yes – I dr | ank regular soda 2 time | es vesterdav | | |

O Yes - I drank regular soda 3 or more times yesterday.



| 20. \ | What did you like most about Balancing Food & Play? |
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| 21. | Name one NEW thing you learned from the Balancing Food & Play lessons. |
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| 22. | What changes have you made since starting Balancing Food & Play? |
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| 23. | What changes has your family made since you started Balancing Food & Play? |
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