



MARKING INSTRUCTIONS

CORRECT: ● INCORRECT: ☑ ☒ ☓ ☔

Foods and Nutrition Program

For each of the topics listed below, in the LEFT column, mark the ONE number that best reflects your LEVEL OF UNDERSTANDING before participating in the Foods and Nutrition Program. Then, in the RIGHT column, mark the ONE number that best reflects your LEVEL OF UNDERSTANDING after participating in the Foods and Nutrition Program.

LEVEL OF UNDERSTANDING

Poor Average Good Excellent
1 2 3 4

Level of Understanding	BEFORE the Program				AFTER the Program			
	1	2	3	4	1	2	3	4
I understand the nutrients found in carbohydrates.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I understand the nutrients found in fats.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I understand the nutrients found in proteins.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I understand the nutrients found in vitamins.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I understand the nutrients found in minerals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I understand the nutrients found in water.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I understand that I can get calcium from drinking milk.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

BEHAVIOR CHANGES

For the following behaviors, mark the circle that describes you as a result of participating in the Foods and Nutrition Program.

Behavior Change	Yes	No	Unsure
I will eat 3-6 ounces of grains each day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will eat less chips, candy, and/or cookies as after-school snacks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will not eat junk food as a meal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will not drink alcohol.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will not take drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will not use tobacco.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I plan to play outside more instead of playing video games or watching TV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will eat more fruits.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will drink more milk products.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



