

Childhood Obesity Survey

Your views on the quality and effectiveness of Extension programs are extremely important. Please take a few minutes to tell us about your thoughts upon completing this program. Your answers will help us better meet your needs. Please **do not write your name on this form** so that your responses are anonymous.

Please answer each question below by **shading** in a bubble. Thank you!

MARKING INSTRUCTIONS

CORRECT:  INCORRECT:    

As a result of this program . . .

1. Do you think Nutrition and Physical Activity are important for good health and well-being? Yes No
2. Are you more aware about the need to have a healthy lifestyle? Yes No
3. Will you eat meals that include a variety of foods from MyPlate? Yes No
4. Will you pay attention to portion sizes? Yes No
5. Will you increase your fruit and vegetable consumption? Yes No
6. Will you read labels when making decisions about food purchases? Yes No
7. Will you increase your physical activity? Yes No
8. Are you more aware of the types of appropriate physical activity? Yes No
9. Are you more aware of the effects of stress? Yes No
10. Are you more aware of the types of chronic diseases that can be prevented through improved eating habits and increasing physical activity? Yes No
11. You are: Female Male
12. Your age: 6 7 8 9 10 11 12 13 14 15 16 17 18
13. Your grade: 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th
14. How do you describe yourself? (*select one only*)
 African American (non-Hispanic) Hispanic White (non-Hispanic) Multi-Racial
 Asian American Native American Other
15. What did you like most about this activity?