



YOUTH FOOD AND PHYSICAL ACTIVITY

1. How old are you?

☐ 10 or younger ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 or older

2. What grade are you in? If it is summer break, which grade will you be starting in the fall?

☐ 3rd ☐ 4th ☐ 5th ☐ 6th ☐ 7th ☐ 8th ☐ 9th ☐ 10th ☐ 11th ☐ 12th

3. Which of the following best describes you?

<input type="radio"/> Asian	<input type="radio"/> Native Hawaiian / Other Pacific Islander
<input type="radio"/> Black or African American	<input type="radio"/> White or Caucasian
<input type="radio"/> Hispanic or Latino	<input type="radio"/> More than one race
<input type="radio"/> Native American	<input type="radio"/> I don't know

4. Which of the following best describes your gender? ☐ Male ☐ Female ☐ I do not want to say

5. Which one of the following describes you best for the last 7 days?

Read all five statements before deciding on the one answer that describes you.

☐ All or most of my free time was spent doing things that involve little physical effort

☐ I sometimes (1 — 2 times last week) did physical things in my free time
(e.g. played sports, went running, swimming, bike riding, did aerobics)

☐ I often (3 — 4 times last week) did physical things in my free time

☐ quite often (5 — 6 times last week) did physical things in my free time

☐ I very often (7 or more times last week) did physical things in my free time

6. Yesterday, how many times did you eat vegetables, not counting French fries?

Include cooked vegetables, canned vegetables and salads. If you ate 2 different vegetables in a meal or snack, count them as 2 times.

☐ None ☐ One ☐ Two ☐ Three ☐ Four or more

7. Yesterday, how many times did you eat fruit, not counting juice?

Include fresh, frozen, canned, and dried fruits. If you ate 2 different fruits in a meal or snack, count them as 2 times.

☐ None ☐ One ☐ Two ☐ Three ☐ Four or more



8. **Yesterday**, how many times did you drink sweetened drinks like soda, fruit-flavored drinks, sports drinks, energy drinks and vitamin water? Do not include 100% fruit juice.

☐ None ☐ One ☐ Two ☐ Three ☐ Four or more

9. **On an average school day**, how many hours do you watch TV, play electronic games or use a computer for something that is not school work? (Count time spent on things such as Xbox, Playstation, Ipad or other tablet, smartphone, texting, Youtube, Instagram, Facebook or other social media.)

☐ I do not watch TV or play video/computer games or use a computer for something that is not school work

☐ Less than 1 hour per day ☐ 3 hours per day

☐ 1 hour per day ☐ 4 hours per day

☐ 2 hours per day ☐ 5 or more hours per day

10. **In general**, how would you say your health is?

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

11. Your **first** name starts with a . . .

☐ A
☐ B
☐ C
☐ D
☐ E
☐ F
☐ G
☐ H
☐ I
☐ J
☐ K
☐ L
☐ M
☐ N
☐ O
☐ P
☐ Q
☐ R
☐ S
☐ T
☐ U
☐ V
☐ W
☐ X
☐ Y
☐ Z

12. Your **last** name starts with a . . .

☐ A
☐ B
☐ C
☐ D
☐ E
☐ F
☐ G
☐ H
☐ I
☐ J
☐ K
☐ L
☐ M
☐ N
☐ O
☐ P
☐ Q
☐ R
☐ S
☐ T
☐ U
☐ V
☐ W
☐ X
☐ Y
☐ Z

13. You were born on which month?

☐ January
☐ February
☐ March
☐ April
☐ May
☐ June
☐ July
☐ August
☐ September
☐ October
☐ November
☐ December

Thank you!

