





3rd-5th Grade EFNEP Survey

Youth Name: _____ Date: _____ Grade: _____

| | |
|---|--|
|  | <p>1. In the past week, I drank fruit-flavored drinks or sports drinks ...</p> <ul style="list-style-type: none"><input type="radio"/> (1) Never<input type="radio"/> (2) 1-3 days<input type="radio"/> (3) 4-6 days<input type="radio"/> (4) About once a day<input type="radio"/> (5) 2 or more times a day |
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| | |
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|  | <p>2. In the past week, I drank soda or pop ...</p> <ul style="list-style-type: none"><input type="radio"/> (1) Never<input type="radio"/> (2) 1-3 days<input type="radio"/> (3) 4-6 days<input type="radio"/> (4) About once a day<input type="radio"/> (5) 2 or more times a day |
|--|---|

| | |
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|  | <p>3. In the past week, I ate vegetables ...</p> <ul style="list-style-type: none"><input type="radio"/> (1) Never<input type="radio"/> (2) 1-3 days<input type="radio"/> (3) 4-6 days<input type="radio"/> (4) About once a day<input type="radio"/> (5) 2 or more times a day |
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|  | <p>4. In the past week, I ate <u>vegetables as a snack</u> ...</p> <ul style="list-style-type: none"><input type="radio"/> (1) Never<input type="radio"/> (2) 1-3 days<input type="radio"/> (3) 4-6 days<input type="radio"/> (4) About once a day<input type="radio"/> (5) 2 or more times a day |
|---|--|



5. In the past week, I ate fruit as a snack ...

- (1) Never
- (2) 1-3 days
- (3) 4-6 days
- (4) About once a day
- (5) 2 or more times a day



6. In the past week, I ate vegetables at lunch ...

- (1) Never
- (2) 1-3 days
- (3) 4-6 days
- (4) Every day



7. When I am offered a new food, I will try it ...

- (1) Never or almost never
- (2) Sometimes
- (3) Most of the time
- (4) Always or almost always

| Nutrition Facts | |
|--------------------------------|------------|
| About 8 servings per container | |
| Serving size 6 crackers (28g) | |
| Amount per serving | |
| Calories | 110 |
| % Daily Value* | |
| Total Fat 2.5g | 3% |
| Saturated Fat 0g | 0% |
| Trans Fat 0g | |
| Polyunsaturated Fat 0.5g | |
| Monounsaturated Fat 1g | |
| Cholesterol 0mg | 0% |
| Sodium 150mg | 7% |

8. I read Nutrition Facts labels ...

- (1) Never or almost never
- (2) Sometimes
- (3) Most of the time
- (4) Always or almost always



9. I wash fruits and vegetables before I eat them ...

- (1) Never or almost never
- (2) Sometimes
- (3) Most of the time
- (4) Always or almost always
- (N/A) Someone else does this for me



10. When I make myself something to eat, I put cold foods back in the refrigerator right away ...

- (1) Never or almost never
- (2) Sometimes
- (3) Most of the time
- (4) Always or almost always
- (N/A) Someone else does this for me



11. Before I eat or touch food, I wash my hands with warm water and soap for at least 20 seconds ...

- (1) Never or almost never
- (2) Sometimes
- (3) Most of the time
- (4) Always or almost always



12. In the past week, I did physical activities ...

- (1) Not at all
- (2) 1-2 days
- (3) 3-4 days (or some days)
- (4) 5-6 days (or most days)
- (5) 7 days (every day)



13. In the past week, for how long did you usually do physical activities?

- (1) Less than 15 minutes a day
- (2) About 15 minutes a day
- (3) About 30 minutes a day
- (4) About an hour a day
- (5) More than an hour a day



14. In the past week, when I was not doing homework, I used a computer, TV, smartphone, tablet or played video games ...

- (1) Less than 1 hour a day
- (2) 1-2 hours a day
- (3) 3-4 hours a day
- (4) 5-6 hours a day
- (5) 7 or more hours a day

Shaded area office use ONLY:

| For County Staff Use: | For LRSO Staff Use: |
|--|-----------------------------|
| P.A. Name: _____ | Youth Group ID#: _____ |
| Youth Group Name: _____ | Individual Youth ID#: _____ |
| Entry <input type="checkbox"/> Exit <input type="checkbox"/> | |