

EFNEP Youth Group Checklist
Grades 6th- 8th

Name _____ Date _____

This is not a test. There are no wrong answers. Please answer the questions for yourself. Circle the answer that best describes you. For these questions, think about how you usually do things.

	0	1	2	3	4
1. Yesterday, how many times did you eat vegetables, not counting French fries? Include cooked vegetables, canned vegetables and salads. If you ate two different vegetables in a meal or a snack, count them as two times.	None	1 time	2 times	3 times	4+ times
2. Yesterday, how many times did you eat fruit, not counting juice? Include fresh, frozen, canned, and dried fruits. If you ate two different fruits in a meal or a snack, count them as two times.	None	1 time	2 times	3 times	4+ times
3. Yesterday, how many times did you drink nonfat or 1% low-fat milk? Include low-fat chocolate or flavored milk, and low-fat milk on cereal.	None	1 time	2 times	3 times	4+ times
4. 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	1 time	2 times	3 times	
5. When you eat grain products, how often do you eat whole grains, like brown rice instead of white rice, whole grain bread instead of white bread and whole grain cereals?	Never	Once in a while	Sometimes	Most of the time	Always
6. When you eat out at a restaurant or fast food place, how often do you make healthy choices when deciding what to eat?	Never	Once in a while	Sometimes	Most of the time	Always

	0	1	2	3	4	5	6	7
7. During the past seven days, how many days were you physically active for at least one hour?	0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days
	1	2	3	4	5			
8. During the past seven days, how often were you so active that your heart beat fast and you breathed hard most of the time?	Never	1 time last week	2 times last week	3 times last week	4 or more times last week			
9. How many hours a day do you spend watching TV or movies, playing electronic games or using a computer for something that is not school work?	1 hour or less	2 hours	3 hours	4 hours	5 hours or more hours			
10. How often do you wash your hands before eating? Think about eating at school or at home.	Never	Once in a while	Sometimes	Most of the time	Always			
11. How often do you wash vegetables and fruits before eating them?	Never	Once in a while	Sometimes	Most of the time	Always			
12. When you take foods out of the refrigerator, how often do you put them back within two hours?	Never	Once in a while	Sometimes	Most of the time	Always			
13. How confident are you in using measuring cups and measuring spoons?	Not confident	Confident	Somewhat confident	Totally confident				
14. How confident are you in following directions in a recipe?	Not confident	Confident	Somewhat confident	Totally confident				

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

FCS-382
09/07/18