





## 3rd-5th Grade EFNEP Survey

Youth Name: \_\_\_\_\_ Date: \_\_\_\_\_ Grade: \_\_\_\_\_

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

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

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

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



**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	
<b>Calories</b>	<b>110</b>
% 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:**

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