Insights from an Evaluation of a Healthy Living Project

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A case study about three approaches to evaluate a 4-H Healthy Living Project is presented and discussed. The new *Healthalicious Cooking* curriculum focuses on hands-on cooking and physical activities as vehicles to promote a healthy lifestyle. To evaluate the program, the youth completed: (1) a nutrition behavior and knowledge survey; (2) a food photo journal; and (3) a "Quick Write" (QW) reflection activity. The program resulted in limited yet positive changes in knowledge and behavior, but further development of evaluation methods based on qualitative findings will guide future efforts. This paper addresses the uses and limitations of these different methods.

Over the past three decades, childhood obesity has emerged as a serious health problem, particularly in some minority groups. Among 6-11 year olds in 2007-08, Mexican American boys and African American girls had the highest rates of overweight or obesity, at 44.0% and 38.9% respectively, with the overall national rate at 35.5% (Ogden, Carroll, Curtin, Lamb, & Flegal, 2010). In recognition of the severity and implications of childhood obesity, First Lady Michelle Obama has adopted a national initiative to combat this problem, entitled "Let's Move" (Office of the First Lady, 2010) (www.letsmove.gov).

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Childhood obesity results from an imbalance of energy intake and expenditure and is influenced by genetic, behavioral, and environmental factors. In the face of a genetic predisposition to obesity, environmental factors may either enhance or reduce the genetic effects on obesity (Bouchard, 2009). In the Avon Longitudinal Study, the intake of an energy-dense, low fiber, high fat diet at ages five to seven years was associated with greater odds of excess adiposity at age nine (Johnson, Mander, Jones, Emmett, & Jebb, 2008). Some factors that are potentially modifiable by afterschool and school-based interventions include food and beverage intake, physical activity, and adult-child interactions around food. A meta-analysis of seven school-based nutrition intervention programs, including a study from California, reported a net relative increase (intervention minus control group change) of 18% in fruit and vegetable consumption (Howerton, et al., 2007). However, the effects on reducing childhood obesity were not evaluated in that study. A two-year follow-up of a childhood obesity prevention program in Australia reported positive outcomes from a relatively simple approach that attempted to reduce sweetened beverage consumption and increase fruit and vegetable intake and physical activity (Taylor, et al., 2007). Positive outcomes included reduced consumption of sweetened beverages, greater fruit intake, and, among intervention children who were not initially overweight, a lower mean body mass index z-score. However, a meta-analysis of 18 school-based physical activity interventions found no

significant effect on improving body mass index of participants (Harris, Kuramoto, Schulzer, & Retallack, 2009). The authors suggest that obesity prevention in children may require multiple intervention components. For example, both dietary and physical activity should be incorporated to be successful in reducing or preventing obesity.

Nutrition interventions that target youth only–but not their families–may also have limited impact (Hyland, Stacy, Adamson, & Moynihan, 2006). In the treatment of childhood obesity, family-centered approaches have mutual benefits for children and parents. A 10-year follow-up of a randomized controlled trial found that overweight children, treated in a parent and child program, maintained a healthier weight status than those who participated independently without their parents, or the controls who received no intervention (Epstein, 1996). Even though family-centered programs may be conducted primarily to treat the children, research shows that parents also reduce their risk of cardiovascular disease after participating in these programs (Golan, Weizman, & Fainaru, 1999). A randomly controlled clinical trial found that fathers of obese children significantly reduced body weight, fasting glucose and triglycerides at a 12 month follow-up after participating in a child obesity treatment program, compared to fathers whose children were treated by a child-centered approach.

In a 2006 report, the Institute of Medicine (IOM) recommended that childhood obesity prevention should include efforts at the family and community levels, as well as at the school, industry, and government levels (Koplan & the Institute of Medicine (U.S.) Committee on Progress in Preventing Childhood Obesity, 2007). It was also stressed that efforts to improve nutritional behavior evaluation methods should be strengthened on all fronts to assess the progress of prevention efforts and possibly refine or improve intervention strategies.

Many different evaluation methods have been used to measure how effective a nutrition education program is at producing desired outcomes (Contento, Randell, & Basch, 2002). The use of questionnaires to measure changes in knowledge is the most commonly utilized evaluation method, particularly in school-aged children. This approach is based on the premise that a change in knowledge will lead to changes in attitude and then in behavior. This premise has been questioned, leading to more theory-driven approaches to nutrition education that help educators understand what works to change behaviors and why. Using a theory-driven approach often requires measuring change in psychosocial variables such as self-efficacy and perceived social support that mediate behavior change. For a short-term intervention, assessing changes in knowledge and psychosocial variables may be most appropriate. However, many stakeholders demand evidence of impact on at least dietary behaviors, if not documented physiologic and/or anthropometric changes. To assess dietary behavior, 24 hour recalls, direct observation (i.e., plate waste studies), self-reported food frequency questionnaires, and diet records are commonly used. Contento and colleagues emphasize the importance of choosing evaluation methods that are appropriate for the objectives, duration and intensity of the program, as well as the audience.

The 4-H Healthy Living Project

The *4-H Healthy Living Mission Mandate Update* published in 2009 called for programming that would address America's critical health issues by improving nutrition and physical activity of program participants. The importance of evidence-based programs for greater effectiveness was stressed in this call. The purpose of this paper is to examine the uses and limitations of three approaches to evaluating a 4-H Youth Development nutrition and healthy living project. This nutrition and healthy living project included nutrition education, physical activity, and food preparation skill-building to enable youth to develop healthier lifestyle habits. Research has shown that consumption of high-fat foods and sweetened beverages and eating food away from the home are associated with obesity (Ritchie et al., 2007) . Our nutrition and healthy living project, based on the Social Cognitive Theory (Baranowski, Perry, & Parcel, 2002), was designed to reinforce and build upon nutrition education that these students may be receiving in their regular classrooms by providing

specific skill building in food preparation and menu planning. Parents and guardians were also invited to celebrate the successes with their children at the last session. Since we were conducting a pilot study, we included two quantitative evaluation methods to measure knowledge and behavior change through pre-post tests, a food photo journal, and a qualitative method to capture psychosocial variables that may play a role in mediating behavior change.

METHOD

Program Description

The University of California Cooperative Extension (UCCE) Health Promotion workgroup developed a healthy lifestyle curriculum for families with school-aged children. This project, funded by a University of California Core Issues Grant, examined the effectiveness of two delivery methods on a healthy lifestyle intervention for youth. The protocol for the study was approved by the UC Davis Institutional Review Board. Parents signed informed consent forms. Specifically, we examined whether a family-based approach (youth-adult) produces more favorable outcomes than a youth-only approach. The program was offered to eight groups in two California counties, one urban (Contra Costa County) and one rural (Amador County), and each group was randomly assigned as youth/adult or youth–only. In the youth/adult group, at least one parent of each youth was asked to attend the six classes. All parents in both groups were invited to the final celebration class. The participants were recruited through the 4-H Youth Development Program, schools, community organizations, and by newspaper announcements. The classes included children aged 6-14 years (mean=9.9 years) and their family members. The volunteer participants attended six weekly sessions that were each two hours in length. Session activities included a physically active game, hands-on cooking, shared mealtime, a nutrition activity, and a "Quick Write" (QW) reflection (see Table 1).

Program Evaluation

Youth participants (n=82) (Table 2) completed a four item survey evaluating personal nutrition behaviors at the first and last (sixth) sessions; some later participants filled out a modified, 9-item survey with additional knowledge questions. At least six weeks elapsed between the pre- and post- surveys. These questions were compiled and adapted from extension tools used elsewhere in the state and nation (California Department of Education, 2001; Jensen et al., 2004). Youth were also asked to complete

TABLE 1
Nutrition Messages and Sample Activities from Healthalicious Cooking

Lesson	*Nutrition Messages*	*Cooking Activity*
1	Food Safety: Youth learn how to wash hands properly and why it is important to wash them after using the bathroom and before handling food or eating.	Pizza with vegetable toppings and whole wheat crust
2	MyPyramid: Youth learn about MyPyramid through a grocery bag sorting activity and why it is important to eat a variety of foods each day.	Stir-fry with chicken, vegetables, and brown rice
3	Whole Grains: Youth learn how to identify whole grains and why it is important to eat them.	Scrambled eggs with whole grain English muffins
4	Colorful Fruits and Vegetables: Youth learn how to use color to choose fruits and vegetables and why it is important to eat a wide variety of fruits and vegetables.	Healthy version of soft tacos
5	Menu Planning: Youth learn how to plan a balanced meal using MyPyramid. This meal is prepared at the very last class.	Spaghetti, salad and fruit
6	Celebration: At the last session, the youth prepare a meal that was planned at lesson 5 and share it with their families. During the meal, they engage in a conversation starter activity designed to make family meals more enjoyable.	Meal that was planned at lesson 5

All of the lessons also include an active game, such as badminton, jump-roping, or hula hoops, to reinforce the role of physical activity in promoting health, reflection, and other activities that are used to support behavior change.

a food photo journal at home for one week at the beginning (week 1) and end of the project (after the 5th lesson). This involved asking the youth to use a disposable camera to photograph their evening meals and briefly write about it in a log. The last activity in each session was to complete a QW reflection. This involved briefly writing five things that they liked, learned, and/or noticed during the session.

Data Analysis

Pre-post differences in the survey responses were analyzed using Analysis of Variance (ANOVA) at the 95% confidence level using SAS® software, (Version 9.2, 2008, SAS Institute Inc, Cary, NC). A nutrition graduate student examined the photographs for a change in the presence (whether or not vegetables were included) and variety (how many different types) of vegetables during the evening meal. Vegetables were coded in accordance with the MyPyramid classifications (USDA, 2005). It was noted how many different vegetables were present in each meal and a paired t-test was used at the 95% confidence level to assess differences between the first and last sessions. The presence and variety of vegetables at dinner was also analyzed to determine how well the values correlated with the responses to the questions on the survey (see Table 3 and 4 for exact questions.)

Using a constant comparative analysis approach (Corbin & Strauss, 2008), three observers, in addition to the graduate student, coded and sorted the QWs into categories. NVivo® software (Version 8, 2008, QSR International Pty. Ltd.) was used to assist in coding and sorting the data. Agreement between each observer and the graduate student was calculated. Within each category, the graduate student noted the frequency of mentioning items and emerging themes.

RESULTS

Pre-post Surveys

Both groups, youth-only and youth/adult, had similar characteristics at baseline (Table 2). There were 10 youth who did not complete the classes and/or fill out a post-survey, but were included in the analysis as intent to treat (that is, their post-scores were set equal to their pre-scores). More children in the youth/adult classes reported having helped plan or prepare a meal in the past week compared to the youth-only group (p=0.027). However, the two groups were not similar at baseline in this behavior; specifically, there was more room for improvement in the youth-adult group. For all other variables, no differences in youth nutrition knowledge and behavior change were found between the two methods of program delivery. Therefore, the data for the two groups were combined

TABLE 2
Youth Characteristics

	All Youth (n=82)	*Youth Only (n=44)*	*Youth-Adult (n= 38)*	*p-value**
Gender % (n) Female	74.4 (61)	72.7 (32)	76.3 (29)	0.71
Age (mean ± S.D.)	9.9 ± 2.5	10.2 ± 2.5	9.6 ± 2.4	0.39
Grade (mean ± S.D.)	4.6 ± 2.5	4.8 ± 2.5	4.3 ± 2.5	0.42
Ethnicity/Race % (n)	NA	NA	NA	0.85
White/non-Hispanic	64.6 (53)	70.5 (31)	57.9 (22)	NA
Latino/Hispanic	13.4 (11)	11.4 (5)	15.8 (6)	NA
African American	1.2 (1)	0	2.6 (1)	NA
Asian American	9.8 (8)	2.3 (1)	18.4 (7)	NA
American Indian	1.2 (1)	2.3 (1)	0	NA
Other	9.8 (8)	13.6 (6)	5.3 (2)	NA

*Mantel-Haenszel Chi-square for categorical and *t*-test for continuous variables to assess for differences between groups

TABLE 3
Overall Change in Behaviors of Participating Youth (mean±S.D.) (n=82)

Survey questions	*Pre*	*Post*	*p-value**
a) I always have milk with dinner: 5=strongly agree; 4=agree; 3=Neither agree nor disagree; 2=disagree; 1=strongly disagree	2.97 ± 1.46	3.22 ± 1.38	.15
b) I always eat vegetables at dinner: 5=strongly agree; 4=agree; 3=Neither agree nor disagree; 2=disagree; 1=strongly disagree	3.70 ± 1.20	3.88 ± 0.92	.18
c) I always eat at least one fruit every day: 5=strongly agree; 4=agree; 3=Neither agree nor disagree; 2=disagree; 1=strongly disagree	4.24 ± 1.01	4.39 ± 0.87	.35
d) I drink soda pop (any type) or Gatorade every day: 1=strongly agree; 2=agree; 3=Neither agree nor disagree; 4=disagree; 5=strongly disagree	3.34 ± 1.11	3.59 ± 1.16	.03

*Significance level examining pre-post differences using ANOVA controlling for household bias

and pre-post changes are shown in Table 3 and 4. Among all youth, there were significant changes in their ability to identify whole grains correctly and in their consumption of soda or Gatorade (Tables 3 and 4).

Food Photo Journals

The data from the food photo journal regarding vegetable presence was inconclusive. No change was found in the presence and variety between the first and last sessions, nor was any correlation found between the presence and variety of vegetables and the self-reported intake of vegetables at dinner. Only 15 (18.3%) of the youth actually took pictures during both time periods, while another 19 (23.2%) took pictures during only one of the weeks, leaving 48 (58.5%) who did not take any pictures.

Quick Write (QW) Qualitative Feedback

Analysis of the QWs showed good agreement of coding between the different observers (Table 5). The comments of what was most memorable to the youth, briefly presented in Table 6, showed that the youth especially enjoyed cooking and eating the foods, participating in the nutrition and physical activities, and, more generally, just being with other kids in a fun setting.

DISCUSSION

The pre-post survey and food photo journal approaches were able to document few outcomes in this pilot study. Although the questions were the same as those used in other nutrition education

TABLE 4
Change in Knowledge of Participating Youth (mean ± S.D.) (n=43)

Survey Question	*Pre*	*Post*	*p-value**
6) Which of the following is not a whole grain? popcorn, whole wheat bread, white rice, or oatmeal? 0 = incorrectly answered; 1=correctly answered (white rice)	0.03 ± 0.17	0.56 ± 0.63	.001
8) When making your own snacks at home, what are some good rules? wash hands with soap before starting; use a cutting board while cutting or slicing fruit; choose fruits and vegetables more often; all of the above; 0=incorrectly answered; 1=correctly answered (all of the above)	0.61 ± 0.49	0.70 ± 0.46	.27
9) Which of the following is an example of being physically active? Check all that apply. 1=correctly chose all activities; 0=incorrectly chose activites; correct: (walking to school, riding a bike, skateboarding, soccer practice, Wii playing); incorrect: (taking a nap, watching TV, riding in a car)	0.50 ± 0.51	0.53 ± 0.50	.75
10) Which is a healthy goal? try a new vegetable; play soccer for at least 60 minutes several days a week; drink water instead of soda; all of the above 0=incorrectly answered;1=correctly answered (all of the above)	0.76 ± 0.44	0.85 ± 0.36	.26

These questions were added after the study began and therefore only asked of a subset of youth. *Significance level examining pre-post differences using ANOVA controlling for household bias. (all of the above)

TABLE 5
Inter-Observer Coding Agreement of Quick Write Comments

Class Section		# of Comments	# Agreed	Percent Agreement
Contra Costa	1	115	109	94.8
	2	230	221	96.1
	3	257	224	87.4
	4	89	78	87.6
Amador	1	58	51	87.9
	2	321	286	89.1
	4b	NA	NA	NA
	5	124	96	77.4
Totals		1194	1065	89.2

programs in the state, they may be less effective in capturing change in the 4-H club population than in low-income children reached through school delivery methods. Since the level of nutrition knowledge and behavior appeared nearly optimal at baseline, there was little room for improvement. The food photo journal did not provide very usable data very likely due to the inadequacy of instructions given to participants and inferior cameras. The results from the QWs suggested that both approaches may have overlooked other important outcomes.

The questions in Table 4, most of which have been used to evaluate nutrition education in California before, had mixed results. Question 5, related to the identification of whole grains, was very specific and well-tied to the curriculum. Since the youth had very limited knowledge of whole grains at baseline, it is not surprising that they showed increased ability to identify whole grains correctly. However, the other questions failed to be good measures of change with this group. At baseline, question 7 was answered correctly by 61% of the participants, demonstrating that it was too easy for this sample. With a 76% correct response rate at baseline, question 9 had similar indications of a high level of knowledge prior to participating in the classes. Question 8 asked about physical activities that were not included in the curriculum and may have been otherwise confusing. This question might have been more useful if it had included physical activities that were actually done in class, such as jump-roping, badminton, and hula hooping.

Though knowledge changes may lead to and/or cause changes in behavior, this is not always the case, and direct measurements of changed behaviors are needed (Contento, Randell, & Basch, 2002.). The reduction in sweetened beverage intake that was seen might be expected due to the emphasis on choosing healthier beverages and snacks that are part of food groups on the MyPyramid. Additionally, milk was served during meals at each of the lessons, further reinforcing intake of non-sweetened beverages.

Most children self-reported near optimal fruit, vegetable, and dairy intake at baseline, leaving very little room for improvement. It is possible that intake of fruits, vegetables, and dairy increased, but the instrument that was used was not sensitive enough to capture such changes above high intake levels. However, even if a more sensitive instrument had been used, a six-week intervention and evaluation period may not be long enough for true behavior change to occur. There is some evidence from Oklahoma Cooperative Extension that eight cooking classes over a two-month period may be sufficient to detect an increase in self-reported fruit and vegetable intake among both youth and adult participants (Brown & Hermann, 2005). Even with better instruments, more emphasis on applying the new skills learned through a cooking class in the home setting may be needed to achieve a change in fruit and vegetable consumption (Cullen, Watson, Zakeri, Baranowski, & Baranowski, 2007).

Another way that we tried to capture behavior change was by looking at the pictures of the participants' dinner meals. Since the lessons emphasized eating more vegetables, we specifically looked for changes in the presence of vegetables at dinner. Other researchers who used survey tools among 4th-6th graders have reported a significant relationship between eating a vegetable at dinner and overall vegetable consumption (Sandeno, Wolf, Drake, & Reicks, 2000). The reason for lack of such a correlation in this study may not only be due to lack of sensitivity of the survey instrument used here, but also the quantity and quality of photographs. Not enough instruction was given to the children on how

TABLE 6
Themes from "Quick Writes", with Most Frequently Mentioned Themes

	Liked/Enjoyed	*Learned or New*
Eating Foods	Pizza, Parfait and Spaghetti	Jicama, Whole wheat breads/pizza crust and Brown rice
Cooking Foods	Cutting/chopping fruits/vegetables, Making scrambled eggs and Flipping quesadillas	Making recipes, Cutting/chopping & knife/kitchen safety and Using cooking equipment/utensils
Health Activity	"Eating the rainbow", Grocery bag sorting and Glow-in-the-dark hand washing	Hand washing, Whole grains and Importance of "Eating the Rainbow"
Physical Activity	Jump rope, Hula hooping and Badminton	Jump rope, Badminton and Hula hooping

to take pictures of their dinner meals, as evidenced by numerous inconsistencies among the pictures. Many of them were blurry and inadequately lit. There was also little incentive for the children to participate in this part of the research because it was often just seen as extra work, although some participants enjoyed taking pictures of their food, as indicated by comments in the QWs. For this method to yield better data in the future, more instruction must be given to the children about how to take pictures of their food and how to use a food journal. Providing better digital cameras instead of disposable cameras would produce higher quality pictures for many reasons. Pictures taken with digital cameras can be immediately viewed and retaken if needed. Digital photos with automatic time and date stamping also help confirm the foods were consumed during the time period of interest. The indicators used to measure change should also be taken into consideration. We examined the variety of vegetables present at each meal, but with better quality pictures and a brief food journal, it would be possible to quantify the servings of the MyPyramid food group (Martin, et al., 2009). A measure of overall food group adequacy would be a better indicator of dietary patterns than strictly focusing on the vegetable group alone.

The qualitative data can be used to develop better evaluation tools to capture changes that may result from the curriculum, including behavior changes. Similar to how qualitative feedback from focus groups done during pilot testing can be used to help develop content and/or delivery of a program, insights as to what is most salient in the participants' mind after each class session can help indicate and influence perhaps more long-term or pronounced outcomes. For instance, there were a large number of QW comments on increased knowledge from the hand washing activity, as seen in Table 6 and 7, but there were no questions to measure change in hand washing behavior or knowledge.

TABLE 7
Selected Quick Write Comments Related to (a) Eating Food, (b) Cooking Food, (c) Health Activity, and (d) Physical Activity

(a) *Eating Food*
"I liked dinner because we made dinner."
"Whole wheat crust is actually really good."

(b) *Cooking Food*
"I learned that you have to be very careful in a kitchen."
"I saw people putting zucchini on their pizza I thought that was weird, but they told me to try it and I did and it was really good."
"I learned that germs are very hard to get off and that cooking takes a lot of responsibility. Now I can cook with my Mom and Grandma. I was very proud of my cheesy pizza."

(c) *Health Activity*
"I learned how to wash my hands better."
"I had fun organizing the grains and finding out about the different types."

(d) *Physical Activity*
"The badminton was hard at first but I got a whole lot better."
"I liked playing jump rope because I could teach a lot of different songs."
"I learned how to run in and out of a jump rope."

This could be assessed by a pre-post question asking whether the children wash their hands before handling or eating foods. Extension programs have documented improvement in food safety behaviors among youth and adults participating in cooking classes (Brown & Hermann, 2005). A knowledge question might be included to ask about whether rinsing hands in cold water is enough to remove germs, a topic that was explicitly covered. Other comments suggest that additional outcomes could be captured, including: how much the kids like cooking; self-efficacy in cooking/using cooking utensils; interest in trying new foods; and whether activities done in class (cooking/shopping, cleaning, physical activity, etc.) lead to changes in home behaviors.

Some other behavior changes related to social themes were also observed in the QWs. There were numerous comments about enjoying interacting with other youth in the class, including cooking with, playing with, learning from and just being with others. It was also clear from certain comments that participants felt more self-confident around cooking and doing physical activities as a result of the class. For instance, some youth wrote: "The badminton was hard at first but I got a whole lot better," "I am getting better at the jump rope," and "I am a surprisingly good cook." Other cooking programs among youth have also documented positive changes in perceived cooking ability and skills (Beets, Swanger, Wilcox, & Cardinal, 2007; Hyland, Stacy, Adamson, & Moynihan, 2006). However, in this study, there were a few specific comments showing disappointment related to recipes not being chosen during the meal planning activity. For example, "My recipe did not get chosen," and "My recipe lost."

CONCLUSION

Healthy Living projects focusing on nutrition and physical activity have the potential to prevent childhood obesity, but more comprehensive evaluation is necessary to document and ensure behavioral changes are happening. Results from the pre-post surveys reinforce the need to tailor instruments to the target population and curriculum to yield useful outcome measures of the desired knowledge and behaviors. The food photo journal method shows potential to overcome limitations of traditional dietary behavior methods, but needs to be further developed and tested. The Quick Write reflection provides qualitative data that can capture important themes relating to knowledge, behavior, and social factors such as self-efficacy. These approaches complement each other by evaluating different aspects and can be used in improving evidence-based nutrition education and intervention programs.

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Appendix A: Four-Item Survey

Name _____

1. How old are you? ____

2. What is your grade? ____

3. Are you : boy ___ girl ___

4. Which groups do you consider yourself to be? (Check all that apply.)

____ White/non-Hispanic
____ Latino/Hispanic
____ African-American
____ Asian-American
____ American Indian
____ Other _____

5. The following statements are about the foods and beverages you eat and drink. Think about last week and pick the best answer. (Choose one.)

(a) I always have milk with dinner:
___ Strongly agree
___ Agree
___ Neither agree nor disagree
___ Disagree
___ Strongly disagree

(b) I always eat vegetables at dinner:
___ Strongly agree
___ Agree
___ Neither agree nor disagree
___ Disagree
___ Strongly disagree

(c) I always eat at least one fruit every day:
___ Strongly agree
___ Agree
___ Neither agree nor disagree
___ Disagree
___ Strongly disagree

(d) I drink soda pop (any type) or Gatorade every day:
___ Strongly agree
___ Agree
___ Neither agree nor disagree
___ Disagree
___ Strongly disagree

Appendix B: Nine-Item Survey

Name _____

1. How old are you? ____

2. What is your grade? ____

3. Are you : boy ___ girl ___

4. Which groups do you consider yourself to be? (Check all that apply.)

____ White/non-Hispanic
____ Latino/Hispanic
____ African-American
____ Asian-American
____ American Indian
____ Other _____

5. The following statements are about the foods and beverages you eat and drink. Think about last week and pick the best answer. (Choose one.)

(a) I always have milk with dinner:
___ Strongly agree
___ Agree
___ Neither agree nor disagree
___ Disagree
___ Strongly disagree

(b) I always eat vegetables at dinner:
___ Strongly agree
___ Agree
___ Neither agree nor disagree
___ Disagree
___ Strongly disagree

(c) I always eat at least one fruit every day:
___ Strongly agree
___ Agree
___ Neither agree nor disagree
___ Disagree
___ Strongly disagree

(d) I drink soda pop (any type) or Gatorade every day:
___ Strongly agree
___ Agree
___ Neither agree nor disagree
___ Disagree
___ Strongly disagree

6. Which of the following is not a whole grain?
___ Popcorn
___ Whole wheat bread
___ White rice
___ Oatmeal

7. Did you help plan or prepare a meal last week?
   ___ Yes
   ___ No

8. When making your own snacks at home, what are some good rules?
   ___ Wash hands with soap and water before starting
   ___ Use a cutting board while cutting or slicing food
   ___ Choose fruits and vegetables more often
   ___ All of the above

9. Which of the following is an example of being physically active? Check all that apply.
   ___ Walking to school
   ___ Riding a bike
   ___ Taking a nap
   ___ Skateboarding
   ___ Soccer practice
   ___ Wii playing
   ___ Watching TV
   ___ Riding in a car

10. Which is a healthy goal?
   ___ Try a new vegetable
   ___ Play soccer for at least 60 minutes several days a week
   ___ Drink water instead of soda
   ___ All of the above