

Site Code: _____

Participant ID: _____



Health Champions

Post-survey



The following questions ask about foods and meals you eat, and what you know about nutrition and physical activity. This is not a test. We want to learn about what teens your age eat and know about nutrition and physical activity.

The answers you give will be kept private. No one will ever know what you say unless you tell them. Your name will not be connected with your answers. Please be honest with your answers.

Name: _____ Date: _____

School or organization: _____

What is your date of birth? (MM/DD/YY) _____

Are you male or female? _____ Male _____ Female

How do you describe yourself?

_____ White

_____ Black or African American

_____ Hispanic or Latino

_____ Asian or Pacific Islander

_____ American Indian or Alaskan Native

_____ Other

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Questions 1-6: Circle the correct answer.

1. What is the best way to determine if someone is overweight?

- A. By looking at them
- B. By their clothes size
- C. By measuring their weight
- D. By calculating their Body Mass Index (BMI)

2. When reading a food label, the main ingredient is listed LAST. (Circle One)

True False

3. An overweight or obese person is more likely to develop heart disease, diabetes, certain cancers, high blood pressure, high cholesterol, and other health conditions later in life. (Circle One)

True False

4. How many *minutes* of moderate to vigorous physical activity are recommended each day for teens?

- A. none B. 30 C. 60 D. 90 E. 120

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5. How many *servings* of fruits are recommended by the USDA each day for teens 14-18 years of age? *One serving size is ½ cup of fruit or fruit juice.*

- A. 0 B. 1-2 C. 3-4 D. 5-6

6. How many *servings* of vegetables are recommended each day for teens 14-18 years of age? *One serving size is ½ cup raw or cooked vegetables/vegetable juice and 1 cup salad greens.*

- A. 0 B. 1-2 C. 3-4 D. 5-6

Question 7-8: Please circle the number that best describes how you feel about each item.

Use the following scale: 1=Strongly Disagree, 2=Disagree, 3=Agree, 4=Strongly Agree

7. Someone I know encourages me to eat fruits and vegetables.

Strongly Disagree 1 2 3 4 Strongly Agree

8. Someone I know encourages me to be physically active.

Strongly Disagree 1 2 3 4 Strongly Agree

Questions 9-18: If you wanted to, how likely are you to do the following? (Circle One)

Use the following scale: 1=Very Unlikely, 2=Unlikely, 3=Likely, 4=Very Likely

9. Cut down on junk food when you're at school or hanging out with friends.

Very Unlikely 1 2 3 4 Very Likely

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10. Cut down on junk food when you're at home.

Very Unlikely 1 2 3 4 Very Likely

11. Eat more fruits and vegetables when you're at school or hanging out with friends.

Very Unlikely 1 2 3 4 Very Likely

12. Eat more fruits and vegetables when you're at home.

Very Unlikely 1 2 3 4 Very Likely

13. Remove skin from chicken (and not eat the skin).

Very Unlikely 1 2 3 4 Very Likely

14. Drink low or non-fat milk instead of whole milk.

Very Unlikely 1 2 3 4 Very Likely

15. Eat baked, broiled, or steamed food instead of fried foods.

Very Unlikely 1 2 3 4 Very Likely

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16. Ask your school to make changes in school policy such as making school lunches more nutritious?

Very Unlikely 1 2 3 4 Very Likely

17. Ask your parents to buy healthier foods.

Very Unlikely 1 2 3 4 Very Likely

18. Get at least 1 hour of moderate to vigorous physical activity every day.

Very Unlikely 1 2 3 4 Very Likely

Questions 19-24: The next 6 questions are about the foods you usually eat or drink.

Circle one answer for each question.

19. Do you eat fruit or vegetables as snacks?

A. Never B. Sometimes C. Often D. Always

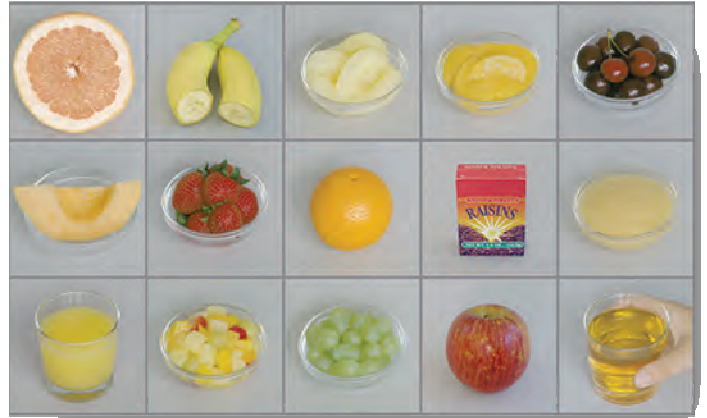


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20. How many servings of fruit do you eat each day?

One serving size is ½ cup of fruit.

_____ Servings/Day



21. Do you eat more than one kind of **fruit** each day?

- A. Never B. Sometimes C. Often D. Always



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22. Do you eat more than one kind of **vegetable** each day?

- A. Never B. Sometimes C. Often D. Always



23. How many servings of vegetables do you eat each day?

One serving size is ½ cup raw or cooked vegetables/vegetable juice and 1 cup for salad greens.

_____ Servings/Day



24. Do you eat two or more vegetables at your main meal?

- A. Never B. Sometimes C. Often D. Always



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Question 25-26: The next two questions are about the moderate to vigorous physical activity that you do in a usual week.

25. How often do you usually do 20 minutes of **vigorous** physical activity?

(for example, activities that make you sweat or breathe hard such as jogging, heavy lifting, aerobics, or fast bicycling)

A. 3 or more times/week B. 1-2 times/week C. None

26. How often do you usually do 30 minutes of **moderate** physical activity?

(for example, activities that increase your heart rate or make you breathe harder than normal such as mowing the lawn, carrying light loads, bicycling at a regular pace, or playing doubles tennis)

A. 5 or more times/week B. 3-4 times/week C. 1-2 times/week D. None

Questions 27-29: If I eat fruits and vegetables everyday...

Use the following scale: 1=Strongly Disagree, 2=Disagree, 3=Agree, 4=Strongly Agree

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27. I will be healthier.

Strongly Disagree 1 2 3 4 Strongly Agree

28. It may prevent me from becoming overweight or obese.

Strongly Disagree 1 2 3 4 Strongly Agree

29. I will have more energy.

Strongly Disagree 1 2 3 4 Strongly Agree

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Post-program Assessment

1. I liked the Health Champions Program

Strongly Disagree 1 2 3 4 Strongly Agree

2. I would recommend the Health Champions Program to a friend.

Strongly Disagree 1 2 3 4 Strongly Agree

Questions 3-6: I am confident...

3. I can make more healthy choices in my life.

Strongly Disagree 1 2 3 4 Strongly Agree

4. I can be more physically active.

Strongly Disagree 1 2 3 4 Strongly Agree

5. I can decrease the amount of soda/sugary drinks or high-fat foods I eat.

Strongly Disagree 1 2 3 4 Strongly Agree

6. I can advocate for healthy food and physical activity in my community.

Strongly Disagree 1 2 3 4 Strongly Agree

7. What would you change about the Health Champions Program?
