

# CREATE BETTER HEALTH HIGH SCHOOL

9th-12th Grade **POST** Worksheet.



Please take a few minutes to answer the following questions. All responses are confidential, and there are no right or wrong answers to any questions in this survey. The information you provide will help us improve our program and be accountable to SNAP-Ed funders.

## 1. Write your initials, birth month (2-digit), and birth day (2-digit) below.

For example, if your name were John Doe and your birthdate were May 1, you would write:

First letter of first name: J First letter of last name: D Birth month: 05 Birth day: 01

First letter of first name: \_\_\_\_\_ First letter of last name: \_\_\_\_\_ Birth month: \_\_\_\_\_ Birth day: \_\_\_\_\_

## 2. How likely are you to recommend Create Better Health classes to others?

- Very likely       Likely       Neither likely or unlikely       Unlikely       Very unlikely

## 3. How many Create Better Health (SNAP-Ed) classes have you attended this year? (including this one)

- 1       2       3       4       5       6       7       8 or more

For the following questions, consider what you have done during the past 30 days and select the best answer to describe what you typically do.

## 4. How many times a day do you eat fruit?

(Include fresh, frozen, dried and canned. Do not include juice.)

- I rarely eat fruit       Less than 1 time a day (couple times a week)       1 time a day  
 2 times a day       3 times a day       4 or more times a day

## 5. How many times a day do you eat vegetables?

(Include fresh, frozen, dried and canned. Do not count french fries or potato chips.)

- I rarely eat vegetables       Less than 1 time a day (couple times a week)       1 time a day  
 2 times a day       3 times a day       4 or more times a day

## 6. How often do you drink regular soda (not diet), sweet tea, sugar-sweetened fruit drinks (such as lemonade), sports drinks, or punch?

- Never       1 time a week       2-3 times a week       4-6 times a week  
 1 time a day       2 times a day       3 times a day       4 or more times a day

## 7. How often do you make small changes on purpose to be more active?

(Include things like walking instead of driving, moving around instead of sitting while watching TV, etc.)

- Never       Rarely       Sometimes       Often       Always

**8. In the past week, how many days did you exercise for at least 30 minutes?**

*(This 30 minutes could be all at once or a few minutes at a time).*

- 0     
  1     
  2     
  3     
  4     
  5     
  6     
  7

<b>9. The next section has statements people have made about what they do. Choose the option that best fits what you have done over the last 30 days.</b>	<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Often</b>	<b>Always</b>
I choose a variety of foods based on MyPlate recommendations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I use the nutrition facts label to make food choices.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I follow USDA food safety recommendations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I adjust meals to use foods I already have at home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**10. What do you think will make it difficult for you to follow MyPlate recommendations for nutrition and physical activity? Select all that apply.**

- It is hard to find all food groups from MyPlate.
- It is hard to find safe places to exercise.
- The convenience and marketing of less healthy food options.
- It is difficult to know what food to choose when shopping.
- It is difficult to know how to prepare healthy food.
- It will not be difficult to follow MyPlate recommendations.
- Other, please describe: \_\_\_\_\_

**11. Please select the following options that best represent you.**

<b>Gender</b>	<b>Age</b>	<b>Ethnicity</b>	<b>Race (select all that apply)</b>
<input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Non-binary <input type="radio"/> Prefer not to respond <input type="radio"/> Gender not listed	<input type="radio"/> 14-17 years <input type="radio"/> 18+ years <input type="radio"/> Prefer not to respond	<input type="radio"/> Hispanic <input type="radio"/> Non-Hispanic <input type="radio"/> Prefer not to respond	<input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Asian <input type="radio"/> Black/African American <input type="radio"/> Native Hawaiian or other Pacific Islander <input type="radio"/> White <input type="radio"/> Prefer not to respond



**For Office Use Only**

**Ambassador Name:** \_\_\_\_\_ **Lesson:** \_\_\_\_\_

**Location:** \_\_\_\_\_

