CREATE BETTER HEALTH TEENS

6TH-8TH GRADE WORKSHEET





Name:	Grade:				
Please answer the following questions by circling your answer.					
Please circle only one answer in each row.					

1. I eat vegetables	Never or almost never	Some days	Most days	Every day
2. I eat fruit	Never or almost never	Some days	Most days	Every day
3. I choose healthy snacks	Never or almost never	Some days	Most days	Every day
4. I eat breakfast	Never or almost never	Some days	Most days	Every day
5. I do physical activities	Never or almost never	Some days	Most days	Every day
6. Being active is fun	I do not agree	I'm not sure		I agree
7. Being active is good for me	I do not agree	I'm not sure		I agree

8. Will you ask your family to buy your favorite fruit or vegetable?	No	Maybe	Yes
9. Will you ask your family to buy bone-building dairy foods like milk, yogurt, and cheese?	No	Maybe	Yes
10. Will you ask your family to buy whole-grain foods like whole-wheat bread or popcorn?	No	Maybe	Yes

For Ambassador Use Only:	
Youth ID:	Select one: O Pre-survey O Post-survey
Grade: Date:	



