

CREATE BETTER HEALTH HIGH SCHOOL

Use at the beginning of the **first** class of a series for **9th- 12th grades** in **FY 2025**.

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 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.

3. 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

4. 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

5. 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

6. In the past week, how many days did you exercise for at least 60 minutes?

(This 60 minutes could be all at once or a few minutes at a time).

- 0 1 2 3 4 5 6 7

| 7. 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. | Never | Rarely | Sometimes | Often | Always |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 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"/> |

8. What do you hope to get out of attending Create Better Health classes?

For Office Use Only

Ambassador Name: _____ **Lesson:** _____

Location: _____

