

## Food Attitudes and Behaviors: Youth

The goal of this survey is to learn about your knowledge and opinion on different foods and what foods you like to eat.

Your participation in this survey is completely up to you, and your answers will be kept private. The information you provide will be used to improve our programming. This survey should take 5-10 minutes to complete.

*This survey was adapted from Lassetter, J. H., Macintosh, C. I., Williams, M., Driessnack, M., Ray, G., Wisco, J. J. (2017) Psychometric testing of the healthy eating and physical activity self-efficacy questionnaire and the healthy eating and physical activity behavior recall questionnaire for children. J Spec Pediatr Nurs 23, 2; Sandvik, C, Gjestad, R, Brug, J et al. (2007) The application of a social cognition model in explaining fruit intake in Austrian, Norwegian and Spanish schoolchildren using structural equation modelling. Int J Behav Nutr Phys Act 4, 57; and Knowledge, Attitudes, and Consumption Behavior Survey. (2013) Wisconsin Farm to School Evaluation; by the CUNY Urban Food Policy Institute.*

For each statement below, put an "X" in the box that best shows how much you personally agree.

	I agree...			
	A lot	A little	Not very much	Not at all
1. Eating fruit every day makes me feel good.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I like to taste new fruits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Eating vegetables every day makes me feel good.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I like to taste new vegetables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Imagine a meal with a hotdog in a bun and a glass of milk. What food group is missing? Please check one.

- Dairy
- Fruits and vegetables
- Meat
- Grains

6. Why do I need to eat different kinds of foods? Please check one.

- I can get a lot of the SAME nutrients
- I can get many DIFFERENT nutrients
- I don't need to eat different kinds of food
- I don't know

7. Think about everything you ate or drank yesterday. Remember what you had for breakfast, lunch, dinner, after school, while watching TV, and at bedtime.

	Did you eat it or drink it yesterday?		How much did you eat?		
	Yes	No	A little	Some	A lot
Apples, bananas, or oranges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other fruit, like strawberries or grapes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French fries, hash browns, tater tots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lettuce or spinach salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetables, like corn, peas, carrots, green beans, or broccoli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beans, including in burritos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For each statement below, put an "X" in the box that best describes your answer.

- |                                                                           | Agree                    | Disagree                 | Not<br>sure              |
|---------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 8. It is difficult for me to eat fruits and vegetables every day.         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. If I decide to eat fruits and vegetables every day, I can do it.       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. I will eat healthy even when my friends eat food that is not healthy. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**11. During the last month, how often did you drink sugar sweetened soda or other sweetened drinks like sweetened iced tea, sports drinks, fruit punch or other fruit-flavored drinks? Do NOT include diet soda, sugar free drinks, or 100% juice. One drink of soda would equal a 12 ounce can, bottle or glass.**

- Never
- 1-2 times last month
- 1-2 times per week
- 3-6 times per week
- 1 time per day
- 2+ times per day