

## **Attachment D2 – Post-Test Survey Instruments for Students Grades 1 – 6**

*Prepared by*

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*Prepared for*

JMH Education

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**OMB BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0524. The time to complete this information collection is estimated as 17 minutes, including the time for reviewing instructions and completing the information.

### Survey for Students in Grades 1 and 2

*[To be read and guided by classroom teacher]*

**Directions:** *The following questions ask about the food you eat. There is no right or wrong answer, so please be honest.*

#### 1. Yesterday, did you eat any vegetables?



- a \_\_\_ No, I didn't eat any vegetables
- b \_\_\_ Yes, I ate vegetables 1 time yesterday
- c \_\_\_ Yes, I ate vegetables 2 times yesterday
- d \_\_\_ Yes, I ate vegetables 3 times yesterday

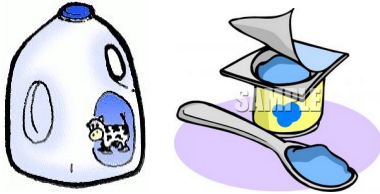
#### 2. Yesterday, did you eat any fruit? *(This does not include fruit juice)*



- a \_\_\_ No, I didn't eat any fruit
- b \_\_\_ Yes, I ate fruit 1 time yesterday
- c \_\_\_ Yes, I ate fruit 2 times yesterday
- d \_\_\_ Yes, I ate fruit 3 times yesterday

**3. Yesterday, did you drink any milk or eat any yogurt?**

- a. \_\_\_ No, I didn't eat or drink any milk or yogurt
- b. \_\_\_ Yes, I drank milk or ate yogurt 1 time yesterday
- c. \_\_\_ Yes, I drank milk or ate yogurt 2 time yesterday
- d. \_\_\_ Yes, I drank milk or ate yogurt 3 time yesterday



**4. Yesterday, did you drink any soda, lemonade, fruit punch, or sports drinks?**



- a. \_\_\_ No, I didn't drink any of these drinks
- b. \_\_\_ Yes, I drank 1 of those drinks yesterday
- c. \_\_\_ Yes, I drank 2 of those drinks yesterday
- d. \_\_\_ Yes, I drank 3 of those drinks yesterday

**4. Yesterday, did you eat any sweet foods such as cake, cookies, or candy?**



- a. \_\_\_ No, I didn't eat any sweets
- b. \_\_\_ Yes, I ate sweets 1 time yesterday
- c. \_\_\_ Yes, I ate sweets 2 times yesterday
- d. \_\_\_ Yes, I ate sweets 3 times yesterday

5. Yesterday I played, rode my bike or walked for a total of one hour.

a. Yes \_\_\_\_\_

b. No \_\_\_\_\_



6. Put a  around the foods that are in the Vegetable Group.



White Bread



Carrot



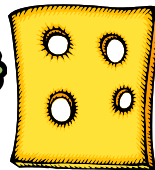
Banana



Kale



Grapes



Cheese



Peas

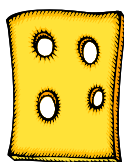
7. Put a  around the foods that are Whole Grains in the Grains Group.



White Bread



Oatmeal



Cheese



Peas



Pop Corn



Banana



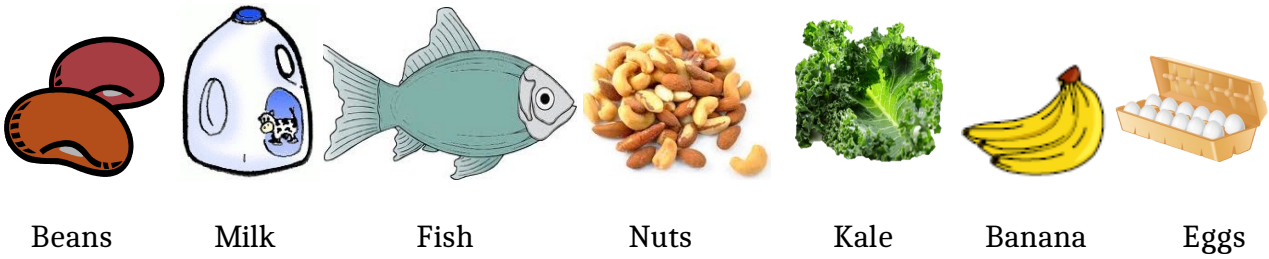
Whole Wheat Bread

8. Put a  around the foods that are in the Fruit Group.

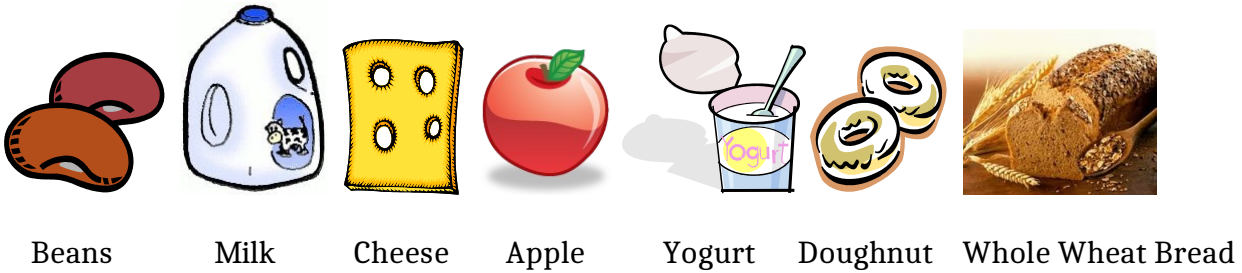


Corn      Orange      Raisins      Apple      Chicken      Blueberries      Whole Wheat Bread

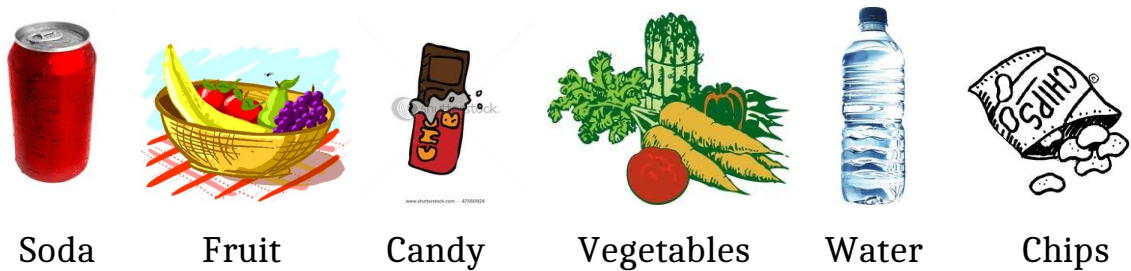
9. Put a circle around the foods that are in the Protein Foods Group.



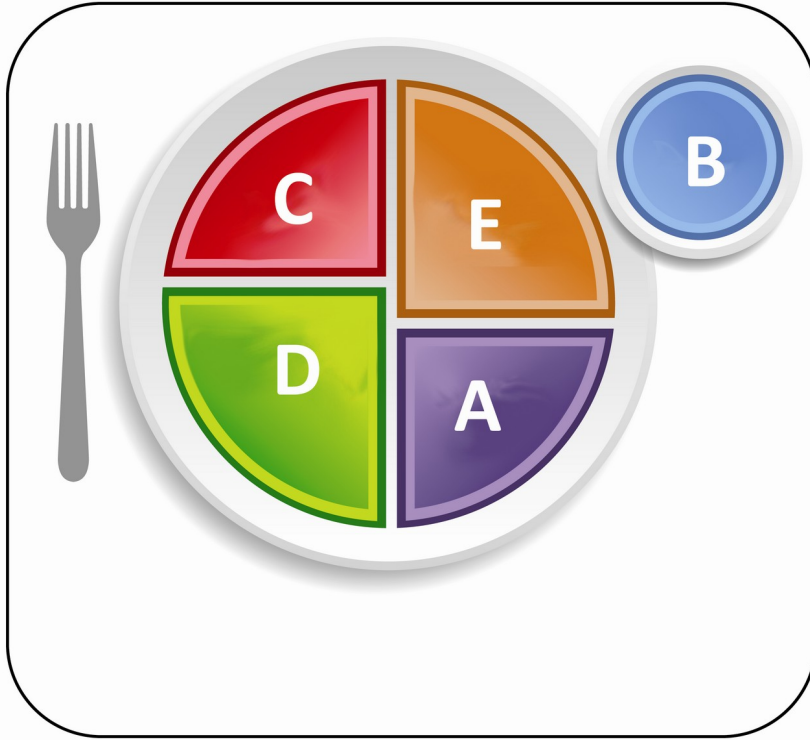
10. Put a circle around the foods that are in the Dairy Group.



11. To help you eat smart to play hard, what foods are the best choices?



**12. Please write the letter (A,B,C,D,E) to match the plate section with the right food group:**

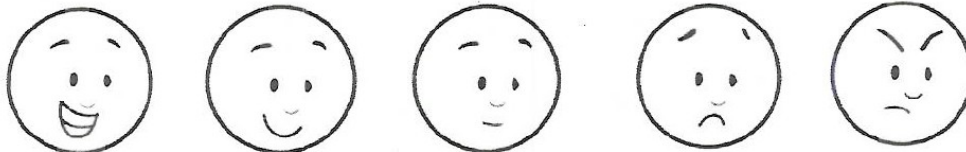


- Grains \_\_\_\_\_
- Vegetables \_\_\_\_\_
- Fruits \_\_\_\_\_
- Dairy \_\_\_\_\_
- Protein Foods \_\_\_\_\_

**13. In the last month, have you talked about healthy eating habits with your family?**

- Yes
- No

**14. How do you feel about eating vegetables?**



- Awesome!
- Good
- I don't mind
- Not very excited.
- Unhappy

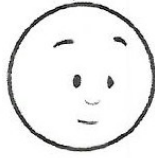
**15. How do you feel about eating fruits?**



Awesome!



Good



I don't mind



Not very excited.



Unhappy

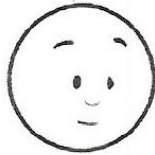
**16. How did the nutrition lessons make you feel?**



Awesome!



Good



I don't mind



Not very excited.



Unhappy

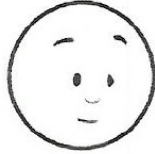
**17. How much did you enjoy the nutrition (or MyPlate) songs?**



Awesome!



Good



I don't mind



Not very excited.



Unhappy

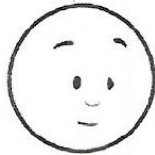
**18. How much did you enjoy Plate-0?**



Awesome!



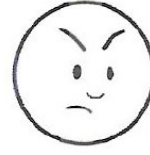
Good



I don't mind



Not very excited.



Unhappy

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### Survey for Students in Grades 3 and 4

*[To be read and guided by classroom teacher]*

**Directions:** *The following questions ask about foods and about exercise and activity level. There is no right or wrong answer, so please be honest.*

**1. Yesterday, did you eat any vegetables?**

- a  No, I didn't eat any vegetables
- b  Yes, I ate vegetables 1 time yesterday
- c  Yes, I ate vegetables 2 times yesterday
- d  Yes, I ate vegetables 3 times yesterday

**2. Yesterday, did you eat any fruit? (This does not include fruit juice)**

- a  No, I didn't eat any fruit
- b  Yes, I ate fruit 1 time yesterday
- c  Yes, I ate fruit 2 times yesterday
- d  Yes, I ate fruit 3 times yesterday

**3. Yesterday, did you eat any whole grains like whole wheat bread, brown rice or whole grain cereal?**

- a  No, I didn't eat any foods made from grain
- b  Yes, I ate whole grain foods made from grain 1 time yesterday
- c  Yes, I ate whole grain foods made from grain 2 times yesterday
- d  Yes, I ate whole grain foods made from grain 3 times yesterday

**4. Yesterday, did you drink any milk or eat any yogurt?**

- a  No, I didn't eat or drink any dairy products
- b  Yes, I drank milk or ate yogurt 1 time yesterday
- c  Yes, I drank milk or ate yogurt 2 time yesterday
- d  Yes, I drank milk or ate yogurt 3 time yesterday

**5. Yesterday, did you eat any sweets, like cookies, candy, cake or brownies?**

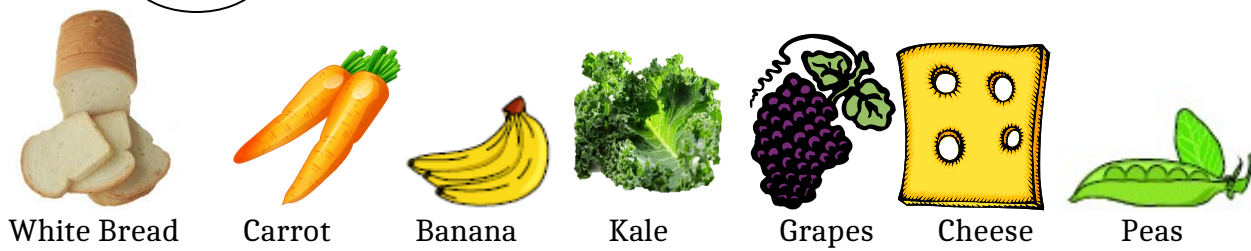
- a  No, I didn't eat any sweets
- b  Yes, I ate sweets 1 time yesterday
- c  Yes, I ate sweets 2 times yesterday
- d  Yes, I ate sweets 3 times yesterday



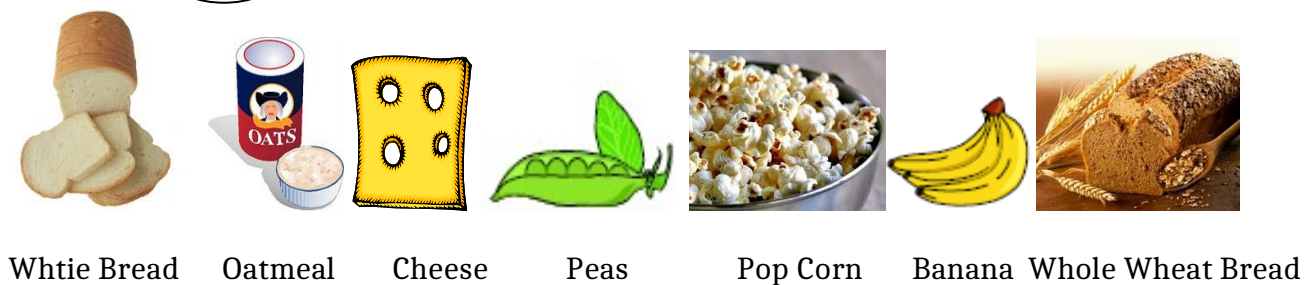
6. Yesterday, how much time did you spend doing something active like playing a sport, dancing, riding a bike, running or walking?

- a. \_\_\_ I spent less than 15 minutes doing these things
- b. \_\_\_ I spent more than 15 minutes
- c. \_\_\_ I spent more than 30 minutes
- d. \_\_\_ I spent more than 45 minutes
- e. \_\_\_ I spent more than an hour

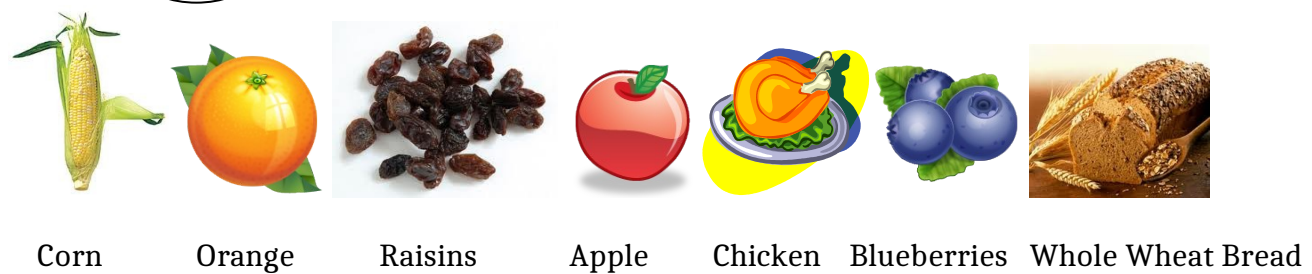
7. Put a **circle** around the foods that are in the Vegetable Group.



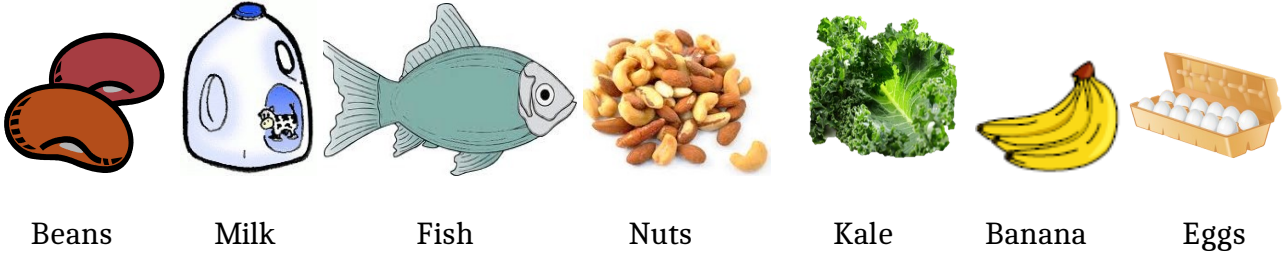
8. Put a **circle** around the foods that are Whole Grains in the Grains Group.



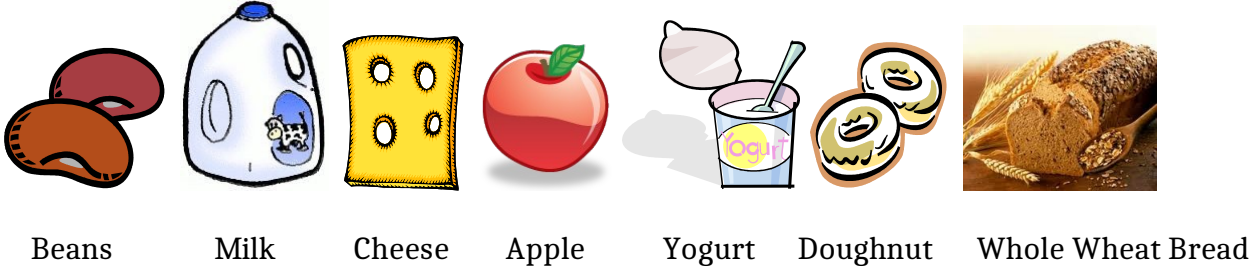
9. Put a **circle** around the foods that are in the Fruit Group.



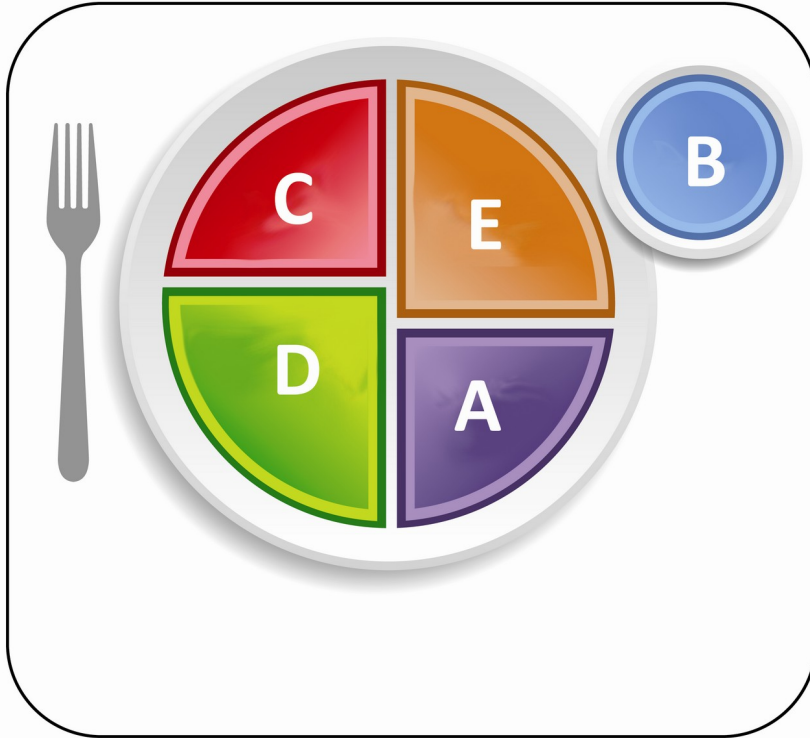
10. Put a  circle around the foods that are in the Protein Foods Group.



11. Put a  circle around the foods that are in the Dairy Group.



12. Please write the letter (A,B,C,D,E) to match the plate section with the right food group:



Grains \_\_\_\_\_  
Vegetables \_\_\_\_\_  
Fruits \_\_\_\_\_  
Dairy \_\_\_\_\_  
Protein Foods \_\_\_\_\_

13. What is the name of the picture above? \_\_\_\_\_

14. In the last month, have you talked about healthy eating habits with your family?

\_\_\_Yes

\_\_\_No

15. Please put a check next to the statements below that you agree with:

- a) *True/False* - It's important to eat fruits and vegetables that are different colors during the week.
- b) *True/False* - Low-fat (1%) or fat-free milk and yogurt help build strong bones.
- c) *True/False* - Eating a healthy breakfast helps you learn and be your best.
- d) *True/False* - White rice is a whole grain.

16. Think about the nutrition lessons you have been doing over the last few weeks. Name 3 things you liked about the lessons?

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Site: \_\_\_\_\_  
Date: \_\_\_\_\_

OMB Control #0584-0524  
Expiration Date: 04/30/2013

**17. If you could make them better for other students like you, what changes would you make? List 3 changes.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**18. Name 3 things you learned from the lessons that you didn't know before.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**19. How much did you like the songs from the lessons?**

- I Liked it a lot
- I Liked it a little
- I didn't like it very much
- I didn't like it at all

**20. How much did you like the Plate-O charater?**

- I Liked it a lot
- I Liked it a little
- I didn't like it very much
- I didn't like it at all

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### **Survey for Students in Grades 5 and 6**

*[To be read and guided by classroom teacher]*

**Directions:** *The following questions ask about foods and about exercise and activity level. There is no right or wrong answer, so please be honest.*

**1. Yesterday, did you eat any vegetables?**

- a  No, I didn't eat any vegetables
- b  Yes, I ate vegetables 1 time yesterday
- c  Yes, I ate vegetables 2 times yesterday
- d  Yes, I ate vegetables 3 times yesterday

**2. Yesterday, did you eat any fruit? (This does not include fruit juice )**

- a  No, I didn't eat any fruit
- b  Yes, I ate fruit 1 time yesterday
- c  Yes, I ate fruit 2 times yesterday
- d  Yes, I ate fruit 3 times yesterday

**3. Yesterday, did you eat any whole grains like whole wheat bread, brown rice or whole grain cereal?**

- a  No, I didn't eat any foods made from whole grains
- b  Yes, I ate foods made from whole grains 1 time yesterday
- c  Yes, I ate foods made from whole grains 2 times yesterday
- d  Yes, I ate foods made from whole grains 3 times yesterday

**4. Yesterday, did you drink any milk or eat any yogurt?**

- a  No, I didn't eat or drink any milk or yogurt
- b  Yes, I drank milk or ate yogurt 1 time yesterday
- c  Yes, I drank milk or ate yogurt 2 times yesterday
- d  Yes, I drank milk or ate yogurt 3 times yesterday

**5. Yesterday, did you eat any sweets, like cookies, candy, cake or brownies?**

- a  No, I didn't eat any sweets
- b  Yes, I ate sweets 1 time yesterday
- c  Yes, I ate sweets 2 times yesterday
- d  Yes, I ate sweets 3 times yesterday

**6. Yesterday, did you eat any of the following foods that were high in salt (sodium)?  
(hot dogs, bacon, sausage cheesy foods like pizza, luncheon/deli meats, frozen dinners, or salty snacks like pretzels or chips)**

- a \_\_\_ No, I didn't eat any foods that were high in salt (sodium)
- b \_\_\_ Yes, I ate foods that were high in salt (sodium) 1 time yesterday
- c \_\_\_ Yes, I ate foods that were high in salt (sodium) 2 times yesterday
- d \_\_\_ Yes, I ate foods that were high in salt (sodium) 3 times yesterday

**7 Yesterday, how much time did you spend doing something active like playing a sport, dancing, riding a bike, running or walking?**

- a \_\_\_ I spent less than 15 minutes doing these things
- b \_\_\_ I spent more than 15 minutes
- c \_\_\_ I spent more than 30 minutes
- d \_\_\_ I spent more than 45 minutes
- e \_\_\_ I spent more than an hour

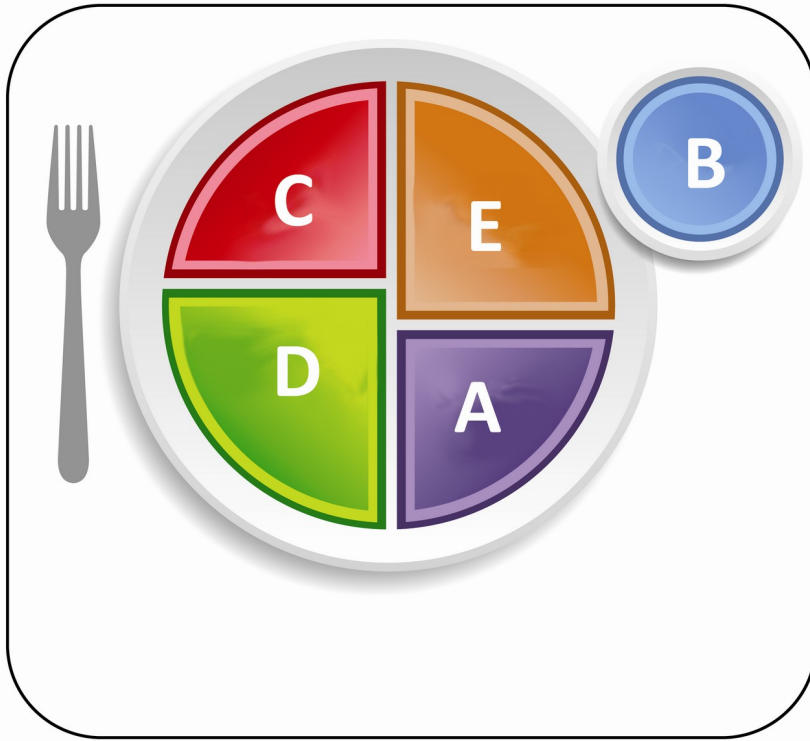
**8. Please answer whether the following statements are True or False:**

- a) *True/False* - It's important to eat fruits and vegetables that are different colors during the week.
- b) *True/False* - Low-fat (1%) or fat-free milk and yogurt help build strong bones.
- c) *True/False* - Eating a healthy breakfast helps you learn and be your best.
- d) *True/False* - White rice is a whole grain.

**9. Please name the six main nutrients?**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_

10. Please write the letter (A,B,C,D,E) to match the plate section with the right food group:



- Grains \_\_\_\_\_
- Vegetables \_\_\_\_\_
- Fruits \_\_\_\_\_
- Dairy \_\_\_\_\_
- Protein Foods \_\_\_\_\_

11. What is the name of the picture above? \_\_\_\_\_

12. In the last month, have you talked about eating healthy foods with your family?

- \_\_\_Yes
- \_\_\_No

**Chocolate Chip Cookies**

<b>Nutrition Facts</b>	
Serving Size 3 cookies (36g) Servings Per Container 18	
<b>Amount Per Serving</b>	
<b>Calories 170</b>	<b>Calories from Fat 70</b>
% Daily Value*	
<b>Total Fat 8g</b>	<b>12%</b>
Saturated Fat 2.5g	<b>12%</b>
Trans Fat 1.5g	
<b>Cholesterol 5mg</b>	<b>0%</b>
<b>Sodium 125mg</b>	<b>5%</b>
<b>Total Carbohydrate 23g</b>	<b>8%</b>
Dietary Fiber 1g	<b>0%</b>
Sugars 14g	
<b>Protein 1g</b>	
Vitamin A 0%	• Vitamin C 0%
Calcium 0%	• Iron 4%

\* Percent Daily Values are based on a 2,000 calorie diet.

**Cheese Flavored Crackers**

<b>Nutrition Facts</b>	
Serving Size about 3 crackers (30g) Servings Per Container 19	
<b>Amount Per Serving</b>	
<b>Calories 120</b>	<b>Calories from Fat 80</b>
% Daily Value*	
<b>Total Fat 9g</b>	<b>14%</b>
Saturated Fat 6g	<b>30%</b>
Trans Fat 0.5g	
<b>Cholesterol 25mg</b>	<b>8%</b>
<b>Sodium 250mg</b>	<b>10%</b>
<b>Total Carbohydrate 8g</b>	<b>3%</b>
Dietary Fiber 0g	<b>0%</b>
Sugars 1g	
<b>Protein 3g</b>	
Vitamin A 4%	• Vitamin C 0%
Calcium 8%	• Iron 4%

\*Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs:

	Calories:	2,000	2,500
Total Fat	Less than	65g	80g
Saturated Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g

Calories per gram:  
 Fat 9 • Carbohydrate 4 • Protein 4

**Potato Chips**

<b>Nutrition Facts</b>	
Serving Size 1 bag 7 oz 198g (198 g)	
<b>Amount Per Serving</b>	
<b>Calories 972</b>	<b>Calories from Fat 558</b>
% Daily Value*	
<b>Total Fat 64g</b>	<b>99%</b>
Saturated Fat 16g	<b>80%</b>
Trans Fat	
<b>Cholesterol 0mg</b>	<b>0%</b>
<b>Sodium 1485mg</b>	<b>62%</b>
<b>Total Carbohydrate 105g</b>	<b>35%</b>
Dietary Fiber 9g	<b>35%</b>
Sugars	
<b>Protein 15g</b>	
Vitamin A 9%	• Vitamin C 112%
Calcium 10%	• Iron 21%

\*Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.

**Yogurt**

<b>Nutrition Facts</b>	
Serving Size 1 cup (245g) Servings Per Container about 4	
<b>Amount Per Serving</b>	
<b>Calories 170</b>	<b>Calories from Fat 100</b>
% Daily Value*	
<b>Total Fat 11g</b>	<b>16%</b>
Saturated Fat 7g	<b>36%</b>
Trans Fat 0g	
<b>Cholesterol 35mg</b>	<b>12%</b>
<b>Sodium 140mg</b>	<b>6%</b>
<b>Total Carbohydrate 11g</b>	<b>4%</b>
Dietary Fiber 0g	<b>0%</b>
Sugars 10g	
<b>Protein 8g</b>	
Vitamin A 6%	Vitamin C 0%
Calcium 30%	Iron 0%

\*Percent Daily Values are based on a 2,000 calorie diet. Your Daily Values may be higher or lower depending on your calorie needs.

	Calories:	2,000	2,500
Total Fat	Less than	65g	80g
Sat Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g

Calories per gram:  
 Fat 9      Carbohydrate 4      Protein 4

Please look over the nutrition labels above and complete the following fill in the blanks:



Site: \_\_\_\_\_  
Date: \_\_\_\_\_

OMB Control #0584-0524  
Expiration Date: 04/30/2013

**13. Please use the lines above to label which food group each snack belongs to.**

**14. Which snack has the most sodium per serving size? \_\_\_\_\_.**

**15. Which snacks has the most calcium per serving size? \_\_\_\_\_.**

**16. Which snack do you think is the healthiest? [please mention at least 2 reasons you think it's a healthier option]**

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