





## Learn, Grow, Eat & Go!

Welcome to our *Learn, Grow, Eat & GO!* program. Before we begin, we would like to ask a few questions about what you eat, how you are active, and if you help grow vegetables. This is a survey, not a test. There are no right or wrong answers. You will not be graded on this survey. Please bubble-in your answers.

1. We want to know what you think about the following vegetables.

Do you like to eat . . . ?	I have never had it	No 	Yes 
a. Corn (maíz o elote)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Cauliflower (coliflor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Lettuce (lechuga)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Carrots (zanahorias)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Celery (apio)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Spinach (espinaca)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. White potatoes (papas blancas)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Collard greens (hojas verdes de berza)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Sweet potatoes (camotes o batatas)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Radishes (rábanos)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you like to eat . . . ?	I have never had it	No 	Yes 
k. Cabbage (repollo)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Swiss chard (acelga)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Tomatoes (tomates)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Broccoli (brócoli)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Beets (betabeles o remolachas)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Bell peppers (pimientos)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. Squash (calabaza)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. Green beans (ejotes o habitueles verdes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s. Sugar snap peas (guisantes chinos)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
t. Bok choy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Think about the activities you did yesterday...

- a. Yesterday, did you do any moderate or vigorous physical activities for about 30 minutes (about the time it takes to watch a cartoon) DURING THE DAY? (Count in school and out of school activities) Examples are: basketball, running or jogging, fast dancing, swimming laps, tennis, fast bicycling, soccer, jumping ropes, trampoline, hockey, fast skating, or rollerblading.
- Yes    No
- b. Yesterday, how many hours did you sit watching TV, DVDs, or movies, playing on the computer, or playing video games AWAY FROM SCHOOL?
- I didn't spend any time watching TV or playing video games or computer yesterday
- Less than 1 hour
- 1-2 hours
- 2-4 hours
- More than 4 hours

3. For each question, pick which you would rather have.

- a. If I could choose, I would rather drink...  Fruit juice   -OR-    Water
- b. If I could choose, I would rather drink...  Soda   -OR-    Fruit juice
- c. If I could choose, I would rather drink...  Water   -OR-    Sport drink

4. Yesterday, did you eat any orange vegetables like carrots, squash or sweet potatoes?

- No, I didn't eat any of these vegetables yesterday.
- Yes, I ate these vegetables 1 time yesterday.
- Yes, I ate these vegetables 2 times yesterday.
- Yes, I ate these vegetables 3 or more times yesterday.



5. Yesterday, did you eat a salad made with lettuce, or any green vegetables like spinach, collard greens, Swiss chard, green beans, sugar snap peas, broccoli, or other greens?

- No, I didn't eat any salad or green vegetables yesterday.
- Yes, I ate salad or green vegetables 1 time yesterday.
- Yes, I ate salad or green vegetables 2 times yesterday.
- Yes, I ate salad or green vegetables 3 or more times yesterday.

<b>MARKING INSTRUCTIONS</b>	
CORRECT:	<input type="radio"/>
INCORRECT:	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>

6. Yesterday, did you eat any beans like pinto, garbanzo or kidney beans?

- No, I didn't eat any of these beans yesterday.
- Yes, I ate these beans 1 time yesterday.
- Yes, I ate these beans 2 times yesterday.
- Yes, I ate these beans 3 or more times yesterday.

7. Yesterday, did you eat any other vegetables like tomatoes, asparagus, red cabbage, cauliflower, cucumbers, mushrooms, green or red bell peppers, eggplant, or celery?

- No, I didn't eat any of these vegetables yesterday.
- Yes, I ate these vegetables 1 time yesterday.
- Yes, I ate these vegetables 2 times yesterday.
- Yes, I ate these vegetables 3 or more times yesterday.

8. Yesterday, did you eat fruit? Fruits are all fresh, frozen, canned or dried fruits. DO NOT COUNT fruit juice.

- No, I didn't eat any fruit yesterday
- Yes, I ate fruit 1 time yesterday
- Yes, I ate fruit 2 times yesterday
- Yes, I ate fruit 3 or more times yesterday

9. Tell us which of the following activities you have done in the last year with your family.

Have you...	Yes	No
a. planned a vegetable garden with members of your family?	<input type="radio"/>	<input type="radio"/>
b. planted seeds or plants in a vegetable garden or container with members of your family?	<input type="radio"/>	<input type="radio"/>
c. picked vegetables from a garden with members of your family?	<input type="radio"/>	<input type="radio"/>
d. tasted vegetables from a garden with members of your family?	<input type="radio"/>	<input type="radio"/>
e. pulled weeds or watered plants in a vegetable garden with members of your family?	<input type="radio"/>	<input type="radio"/>

10. If you have gardened in a vegetable garden with members of your family, do you enjoy it?  I have never gardened  Yes  No

11. Please tell us about yourself . . .

a. Are you a boy or girl?  Boy  Girl

b. How old are you?  7 years  8 years  9 years  10 years  11 years  12 years

c. Your race or ethnicity is . . .  American Indian or Alaskan Native  Hispanic  
 Asian  White  
 Black or African American  Other (please describe) \_\_\_\_\_

