

Today's Date: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Your Grade: \_\_\_\_\_

Please circle **only one** answer for each question.

<b>A</b>	1. On most days, I eat <b>vegetables</b> ...	0 times a day	1 time a day	2 times a day	3 or more times a day
	2. On most days, I eat <b>fruit</b> ...	0 times a day	1 time a day	2 times a day	3 or more times a day
	3. On a normal day, do you eat more than one <b>kind</b> of vegetable?			Yes	No
	4. On a normal day, do you eat more than one <b>kind</b> of fruit?			Yes	No

<b>B</b>	5. I drink sugary drinks, like soda or sports drinks...	Never	1 time a week	2 times a week	3 or more times a week
	6. On most days, I drink water...	Never	1 time a day	2 times a day	3 or more times a day

<b>C</b>	7. During the past week, I did <b>physical activity</b> (like playing tag or soccer, or roller skating) for a total of least 60 minutes on this many days...	0 days	1-3 days	4-6 days	Every day (all 7 days)
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Educators select one:

☐

Pre

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Post