



Family Nutrition Education Programs

Nutrition education survey, Grades 3-5

Instructions: Circle the answer that best applies to you. There are no right or wrong answers.

I eat vegetables . . .	Never or almost never	Some days	Most days	Every day
I eat fruit . . .	Never or almost never	Some days	Most days	Every day
I choose healthy snacks . . .	Never or almost never	Some days	Most days	Every day
I eat breakfast . . .	Never or almost never	Some days	Most days	Every day
I do physical activities like walking to school, helping around the house, using the stairs or walking the dog . . .	Never or almost never	Some days	Most days	Every day

Being active is fun.	I do not agree	I'm not sure	I agree
Being active every day is good for me.	I do not agree	I'm not sure	I agree

A pizza was left out of the refrigerator all night. What should you do?	Eat the pizza	Smell the pizza and then decide if it's okay to eat.	Put the pizza in the refrigerator	Don't eat the pizza
---	---------------	--	-----------------------------------	---------------------

Over →

Circle the answer that best applies to you.

I wash my hands before making something to eat.	Almost never	Sometimes	Most of the time	Always
---	--------------	-----------	------------------	--------

Will you ask your family to buy your favorite fruit or vegetable?	No	Maybe	Yes
Will you ask your family to buy non-fat or 1% milk instead of regular whole milk?	No	Maybe	Yes
Will you ask your family to have fruits in a place like the refrigerator or a bowl on the table where you can reach them?	No	Maybe	Yes
Will you ask your family to have cut-up vegetables in the refrigerator where you can reach them?	No	Maybe	Yes

What grade are you in?	Third grade	Fourth grade	Fifth grade
------------------------	-------------	--------------	-------------

Funded in part by USDA's SNAP
 Running out of money for food? Contact your local Food Stamp office, or go to www.dss.mo.gov/fsd/fstamp
 For more information call MU Extension's Show-Me Nutrition Line at 1-888-515-0016



<i>For office use only</i>	
NPA: _____	Code number: _____
County: _____	Administered: <input type="checkbox"/> Pretest
Date completed: _____	<input type="checkbox"/> Posttest