

OK5210

Parent Survey – Date: _____



Maintaining a healthy and active lifestyle is our hope for all who participate in our programs. We realize how difficult it is to do all the right things all the time and recognize the questions below only reflect a small portion of the challenges that face us every day.

(NAME OF THE PROGRAM) will include opportunities for your child to learn about health behaviors that can positively impact their long-term health, as well as yours:

- 5 or more fruits and vegetables per day
- 2 hours or less of screen time per day
- 1 hour of physical activity per day
- 0 sugar sweetened beverages per day

However, your feedback to the **questions below** will be very helpful as we help inspire children and families to make healthy choices on a daily basis.

	True	False
• I/my child eats 5 or more servings of fruits and vegetables most days	<input type="checkbox"/>	<input type="checkbox"/>
• I /my child eats breakfast every day	<input type="checkbox"/>	<input type="checkbox"/>
• I/my child eats dinner at the table with the family at least 2 times per week	<input type="checkbox"/>	<input type="checkbox"/>
• I/my child watches TV, videos or plays computer games less than 2 hours per day	<input type="checkbox"/>	<input type="checkbox"/>
• I/my child does not have a TV in the bedroom	<input type="checkbox"/>	<input type="checkbox"/>
• I/my child has a cell phone/smart phone and I limit their time per day	<input type="checkbox"/>	<input type="checkbox"/>
• I/my child participates in some type of physical activity in or outside of school at least 1 hour every day	<input type="checkbox"/>	<input type="checkbox"/>
• I/my child does not regularly drink juice, soda or sugar sweetened beverages	<input type="checkbox"/>	<input type="checkbox"/>
• I/my child drinks non-flavored skim/nonfat milk or 1% rather than 2% or whole milk	<input type="checkbox"/>	<input type="checkbox"/>

On a scale of 0 (not ready) to 10 (very ready), **how ready are you to consider making a change in one or more of the areas listed below** (please circle the number that best represents how ready you are).

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

5	2	1	0
Eat at least 5 servings of fruits and vegetables on most days. Limit 100% fruit juice.	Reduce screen time to 2 hours or less every day.	Participate in at least 1 hour or more of moderate or vigorous physical activity every day	Restrict soda and sugar sweetened sports and fruit drinks.
<ul style="list-style-type: none"> ✓ Try one new vegetable or fruit each week. ✓ Choose a vegetable with dip for a snack. ✓ Add fruit to my cereal. ✓ Eat 2 or more family meals together each week. ✓ Eat breakfast. 	<ul style="list-style-type: none"> ✓ Turn off the TV during mealtime. ✓ Set time limits on screen time for the whole family. ✓ Make one day a week “Turn off the TV Day” in your home. ✓ Be a role model—limit parent screen time. ✓ Encourage kids to read. 	<ul style="list-style-type: none"> ✓ Wear a pedometer and set a goal for the number of steps I take each day. ✓ Take the stairs whenever possible. ✓ Get outside and explore as a family. ✓ Allow kids to choose the activities they love the most. 	<ul style="list-style-type: none"> ✓ Be a role model—choose sugar-free beverages. ✓ Try not to keep sugar-sweetened beverages around the house. ✓ Add fresh fruit or cucumber slices to water for added flavor. ✓ Limit sports drinks.



OK 5210

Student Pre-Test Survey

1. On a scale of 1 to 5, rate your activity level. (1=not active, 5=very active)

1 2 3 4 5

2. Which of the following is your favorite physical play activity?

- a.) Playing tag
- b.) Playing a sport (football, soccer, basketball, etc)
- c.) Skating/Skateboarding
- d.) Riding your bike
- e.) Other

3. On a daily basis, how much physical play do you think you should get?

- a.) 0-15 minutes
- b.) 30 minutes or less
- c.) 30-60 minutes
- d.) More than 60 minutes

4. On a daily basis, in how much physical play do you partake?

- a.) Little to no activity
- b.) Less than 15 minutes
- c.) 15-45 minutes
- d.) More than 60 minutes

5. Please list three activities in which you participate that are located outdoors:

- 1. _____
- 2. _____
- 3. _____

6. On a daily basis, how much total time do you think you spend using or watching TV, iPads, tablets, gaming systems, smart phones, etc.?

- a.) None
- b.) 30 minutes or less
- c.) 30-60 minutes
- d.) More than 60 minutes

7. How often do you pick screen time over physical play?

- a.) Never
- b.) Sometimes
- c.) Most of the time
- d.) All of the time

8. On a scale of 1 to 5, rate your eating habits. (1=poor and 5=excellent)

1 2 3 4 5

9. Which of the following is your favorite...

A. Vegetable?

- a.) Broccoli
- b.) Peas
- c.) Carrots
- d.) Green beans
- e.) Other

B. Fruit?

- a.) Banana
- b.) Apple
- c.) Orange
- d.) Pineapple
- e.) Other

10. On a daily basis, how many servings of fruits and vegetables do you consume?

- a.) None
- b.) 2-3 servings
- c.) 3-4 servings
- d.) 5 or more servings

11. Which of the following has more sugar (based on 12 ounces—the size of a can of soda)?

- a.) Gatorade
- b.) Iced Tea
- c.) Orange juice
- d.) Dr. Pepper



12. On a daily basis, how many sugary beverages do you consume?

- a.) None
- b.) 1-2 drinks
- c.) 2-3 drinks

d.) 3 or more drinks

13. How important is it to you that you sustain a healthy lifestyle?

- a.) Not at all
- b.) Somewhat important
- c.) Moderately important
- d.) Very important

14. What would help you in living a healthier lifestyle?

15. How likely is it that you will continue these healthy behaviors?

- a.) Not likely
- b.) Somewhat likely
- c.) Very likely
- d.) Completely likely

16. How do you think you will continue these healthy behaviors:

A.) With your family?

B.) With your friends?



OK 5210

Student Post-Test Survey

1. On a scale of 1 to 5, rate your activity level. (1=not active, 5=very active)

1 2 3 4 5

2. Which of the following is your favorite physical play activity?

- f.) Playing tag
- g.) Playing a sport (football, soccer, basketball, etc)
- h.) Skating/Skateboarding
- i.) Riding your bike
- j.) Other

3. On a daily basis, how much physical play do you think you should get?

- e.) 0-15 minutes
- f.) 30 minutes or less
- g.) 30-60 minutes
- h.) More than 60 minutes

4. On a daily basis, in how much physical play do you partake?

- e.) Little to no activity
- f.) Less than 15 minutes
- g.) 15-45 minutes
- h.) More than 60 minutes

5. Please list three activities in which you participate that are located outdoors:

- 4. _____
- 5. _____
- 6. _____

6. On a daily basis, how much total time do you think you spend using or watching TV, iPads, tablets, gaming systems, smart phones, etc.?

- e.) None
- f.) 30 minutes or less
- g.) 30-60 minutes
- h.) More than 60 minutes

7. How often do you pick screen time over physical play?

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- g.) Most of the time
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- a.) Broccoli
- b.) Peas
- c.) Carrots
- d.) Green beans
- e.) Other

D. Fruit?

- a.) Banana
- b.) Apple
- c.) Orange
- d.) Pineapple
- e.) Other

10. On a daily basis, how many servings of fruits and vegetables do you consume?

- e.) None
- f.) 2-3 servings
- g.) 3-4 servings
- h.) 5 or more servings

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