



Eating and Activity Tool for Students (EATS)

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Parts of this survey were adapted from the School Physical Activity and Nutrition Project (SPAN – University of Texas, Austin). For source information about individual survey questions, contact Nutrition Policy Institute, Amanda Linares, amlinares@ucanr.edu.

To be completed by LHD or school site

Site Name or PEARS Site ID: _____

Classroom (teacher): _____

Directions: This is a survey about what you eat and drink and your physical activity. For each question, either fill in the bubble (O) of the one best answer, or the box (□) for each true answer.

Date: _____

ID number: _____

1. How old are you?

- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14

2. What grade are you in?

- 4th
- 5th

3. Are you a boy or a girl?

- Boy
- Girl
- I don't want to answer

4. How do you describe yourself?

Choose all the boxes (□) that best describe you.

- American Indian or Alaska Native
- Asian
- Black or African American
- Latino or Hispanic (Mexican, Salvadoran, Guatemalan, etc.)
- Native Hawaiian or other Pacific Islander
- White
- Other: _____

5. How did you attend school yesterday?

- In person
- Distance learning
- In person and distance learning
- I did not attend school yesterday in person or by distance learning

The next questions are about **what you ate or drank yesterday**.

6. For lunch yesterday...

- I ate the school lunch at school
- I ate the school lunch at home
- I did not eat the school lunch

7. For breakfast yesterday...

- I ate the school breakfast at school
- I ate the school breakfast at home
- I did not eat the school breakfast

8. Yesterday, did you eat any potatoes, corn, or peas?
Do not count French fries or chips 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.



9. Yesterday, did you eat any orange vegetables like:

- Carrots
- Sweet potatoes
- Squash
- Other orange vegetables

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



10. Yesterday, did you eat any salad or green vegetables like:

- Salad made with lettuce
- Spinach
- Broccoli
- Collard greens
- Green beans
- 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.



11. Yesterday, did you eat any other vegetables like:

- Peppers
- Cucumbers
- Tomatoes
- Mushrooms
- Zucchini
- Eggplant
- Artichokes
- Asparagus
- Celery
- Cauliflower
- Cabbage
- Other vegetables



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

12. Yesterday, did you eat any beans like:

- Pinto beans Refried beans
Baked beans Other beans
Do not count green beans.



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

13. Yesterday, did you eat any fruit like:

- Fresh fruit Canned fruit
Frozen fruit Dried fruit
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 times yesterday.
 Yes, I ate fruit 4 times yesterday.
 Yes, I ate fruit 5 or more times yesterday.

14. Yesterday, did you drink any 100% fruit juice like:

- Orange juice Grape juice
Apple juice Other 100% juice
Do not count punch, sports drinks, or other fruit-flavored drinks.



- No, I didn't drink any fruit juice yesterday.
 Yes, I drank fruit juice 1 time yesterday.
 Yes, I drank fruit juice 2 times yesterday.
 Yes, I drank fruit juice 3 or more times yesterday.

15. Yesterday, did you eat any French fries or chips like:

- Tortilla chips Cheese puffs
Potato chips Other chips



- No, I didn't eat any French fries or chips yesterday.
 Yes, I ate French fries or chips 1 time yesterday.
 Yes, I ate French fries or chips 2 times yesterday.
 Yes, I ate French fries or chips 3 or more times yesterday.

16. Yesterday, did you drink any diet soda like:

- Diet cola Diet root beer
Diet lemon-lime soda Other diet soda



- No, I didn't drink any diet soda yesterday.
 Yes, I drank diet soda 1 time yesterday.
 Yes, I drank diet soda 2 times yesterday.
 Yes, I drank diet soda 3 or more times yesterday.

For the questions below, **do not include** any diet or unsweetened drinks.

17. Yesterday, did you drink any fruit drinks like:

- Punch Sweetened vitamin water
Agua fresca Lemonade
Other fruit-flavored drinks

Do not count 100% fruit juice.

- No, I didn't drink any fruit drinks yesterday.
 Yes, I drank fruit drinks 1 time yesterday.
 Yes, I drank fruit drinks 2 times yesterday.
 Yes, I drank fruit drinks 3 or more times yesterday.



18. Yesterday, did you drink any sports drinks?

- No, I didn't drink any sports drinks yesterday.
 Yes, I drank sports drinks 1 time yesterday.
 Yes, I drank sports drinks 2 times yesterday.
 Yes, I drank sports drinks 3 or more times yesterday.



19. Yesterday, did you drink any regular soda like:

- Cola Root beer
Lemon-lime soda Other regular (non-diet) soda

- No, I didn't drink any regular soda yesterday.
 Yes, I drank regular soda 1 time yesterday.
 Yes, I drank regular soda 2 times yesterday.
 Yes, I drank regular soda 3 or more times yesterday.



20. Yesterday, did you drink any energy drinks?

- No, I didn't drink any energy drinks yesterday.
 Yes, I drank energy drinks 1 time yesterday.
 Yes, I drank energy drinks 2 times yesterday.
 Yes, I drank energy drinks 3 or more times yesterday.



21. Yesterday, did you drink any sweetened coffee or tea drinks like:

- Frappé Chai
Milk or Boba tea Other sweetened coffee or tea drinks

Do not include unsweetened coffee or tea.

- No, I didn't drink any sweetened coffee or tea drinks yesterday.
 Yes, I drank sweetened coffee or tea drinks 1 time yesterday.
 Yes, I drank sweetened coffee or tea drinks 2 times yesterday.
 Yes, I drank sweetened coffee or tea drinks 3 or more times yesterday.



22. Yesterday, did you drink any flavored milk or milk-type drinks like:

- | | |
|---|---------------------|
| Chocolate or strawberry milk | Yogurt drinks |
| Flavored rice, almond, or soymilk | Horchata |
| Hot chocolate | Sweetened smoothies |
| Other flavored milk or milk-type drinks | |



- No, I didn't drink any flavored milk or milk-type drinks yesterday.
- Yes, I drank flavored milk or milk-type drinks 1 time yesterday.
- Yes, I drank flavored milk or milk-type drinks 2 times yesterday.
- Yes, I drank flavored milk or milk-type drinks 3 or more times yesterday.

23. Yesterday, did you drink any water like:

- | | |
|-------------------------|-----------------------------|
| Tap water | Unsweetened sparkling water |
| Bottled water | Water from a fountain |
| Other unsweetened water | |



- No, I didn't drink any water yesterday.
- Yes, I drank water 1 time yesterday.
- Yes, I drank water 2 times yesterday.
- Yes, I drank water 3 or more times yesterday.

The next questions are about your **physical activity**.

24. Last week, on which days were you physically active for a total of at least 60 minutes (1 hour) per day?

Add up all the time you spent in any kind of physical activity that made your heart beat fast and made you breathe hard. Examples: basketball, soccer, running or jogging, dancing, swimming, tennis, or bicycling.

Choose all that apply.

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday
- I did not do any exercise last week that made my heart beat fast for at least 60 minutes



25. Last week, on which days did you attend school in person?

Choose all that apply.

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- I did not attend school in person last week

26. Last week...

- I had recess **every day** I was at school
- I had recess **some days** I was at school
- I did not have recess at school
- I did not have school in person

27. Last week, when I had recess at school, I did physical activities like:

- Sports Playing actively with friends
- Physically active games Other activities that got your body moving

- Most** of the time
- Some** of the time
- None** of the time
- I did not have recess last week
- I did not have school in person last week



The next two questions ask about any physical activity classes like PE that you had during school last week. Include classes that you had at school or as part of distance learning. **Do not include activities outside of school like dance class, sports leagues, or martial arts.**

**28. Last week, when did you have a physical activity class like PE?
(At school or as part of distance learning).**

Choose all that apply.

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- I did not have a physical activity class like PE last week

29. Last week, when you had a physical activity class like PE, how much time did you spend doing physical activities like:

- Sports Dancing
- Physically active games Other activities that got your body moving

- Less than half** of the class time
- About half** of the class time
- Most or all** of the class time
- I did not have a physical activity class like PE last week



**This is the end of the survey.
Thank you!**