Hello! We want to learn about what kids like you eat. So, we need you to answer a few questions. This is not a test. There are no wrong answers. Just be as honest as you can. We won't tell anyone what you say.

1. Do you ever eat fruit for lunch? Check 1 box.
   - Always or almost always
   - Sometimes
   - Never or almost never

2. Do you ever eat vegetables for lunch? Check 1 box.
   - Always or almost always
   - Sometimes
   - Never or almost never

3. Did you eat any vegetables yesterday? Check 1 box. Include cooked or raw vegetables, baked or mashed potatoes, and salads. Do NOT count French fries and potato chips.
   - No, I did not eat any vegetables
   - Yes, I ate vegetables 1 time
   - Yes, I ate vegetables 2 times
   - Yes, I ate vegetables 3 or more times

4. Did you eat any fruits yesterday? Check 1 box. Do not count fruit juice.
   - No, I did not eat any fruits
   - Yes, I ate fruits 1 time
   - Yes, I ate fruits 2 times
   - Yes, I ate fruits 3 or more times

5. Did you drink any 100% fruit juice yesterday? Check 1 box. Fruit juice can be orange juice, apple juice, or grape juice. Do not count fruit punch, sports drinks, Kool-Aid, or other fruit-flavored drinks.
   - No, I did not drink any fruit juice
   - Yes, I drank fruit juice 1 time
   - Yes, I drank fruit juice 2 times
   - Yes, I drank fruit juice 3 or more times

6. How many days did you eat vegetables last week? Check 1 box. Do not count French fries and potato chips.
   - I did not eat vegetables any day last week
   - I ate vegetables 1-3 days last week
   - I ate vegetables 4-6 days last week
   - I ate vegetables every day last week

7. How many days did you eat fruit last week? Check 1 box. Do not count fruit juice.
   - I did not eat fruit any day last week
   - I ate fruit 1-3 days last week
   - I ate fruit 4-6 days last week
   - I ate fruit every day last week

8. I can choose to eat fruits and vegetables in the school cafeteria if I want.
   - Yes, I can
   - Maybe I can
   - No, I can’t

9. I can prepare my favorite fruits and vegetables at home if I want.
   - Yes, I can
   - Maybe I can
   - No, I can’t

10. During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.) Check 1 box.
    - 0 days
    - 1 day
    - 2 days
    - 3 days
    - 4 days
    - 5 days
    - 6 days
    - 7 days

11. On how many of the past 7 days did you do something physically active for at least 20 minutes that made you sweat and breathe hard. Examples are playing basketball or soccer, running, swimming, biking, dancing, and jumping rope. Check 1 box.
    - 0 days
    - 1 day
    - 2 days
    - 3 days
    - 4 days
    - 5 days
    - 6 days
    - 7 days

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12. **Tell us how you feel about the foods below. Fill in 1 circle for each food.**

- ☺ means, "I like this food **a lot**"
- ☺☺ means, "I like this food **a little**"
- ☼ means, "I **don’t like** this food"
- ☹ means, "I have not tried this food"

<table>
<thead>
<tr>
<th>FOOD</th>
<th>Like a lot</th>
<th>Like a little</th>
<th>Don’t like</th>
<th>Have not tried</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apples</td>
<td>☺</td>
<td>☺☺</td>
<td>☼</td>
<td>☹</td>
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<tr>
<td>Bananas</td>
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<td>Berries</td>
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<td>Broccoli</td>
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<td>Cantaloupe</td>
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<td>Carrots</td>
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<td>Cauliflower</td>
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<td>Cucumbers</td>
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<td>Grapes</td>
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<td>Green beans</td>
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<td>Oranges</td>
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<td>Peas</td>
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<td>Peaches and nectarines</td>
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<tr>
<td>Pears</td>
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<td>Spinach</td>
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<td>Squash and zucchini</td>
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<td>Tomatoes</td>
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<td>Yams and sweet potatoes</td>
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<tr>
<td>Milk (fat-free and low-fat)</td>
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<td>Yogurt (fat-free and low-fat)</td>
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<td>Brown (wheat) bread</td>
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<td>Brown rice</td>
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<td>Oatmeal</td>
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<tr>
<td>Whole grain cereal (Flakes, O’s, Mini Wheats)</td>
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<td>☺☺</td>
<td>☼</td>
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</tbody>
</table>

You did it! Thank you for your help!