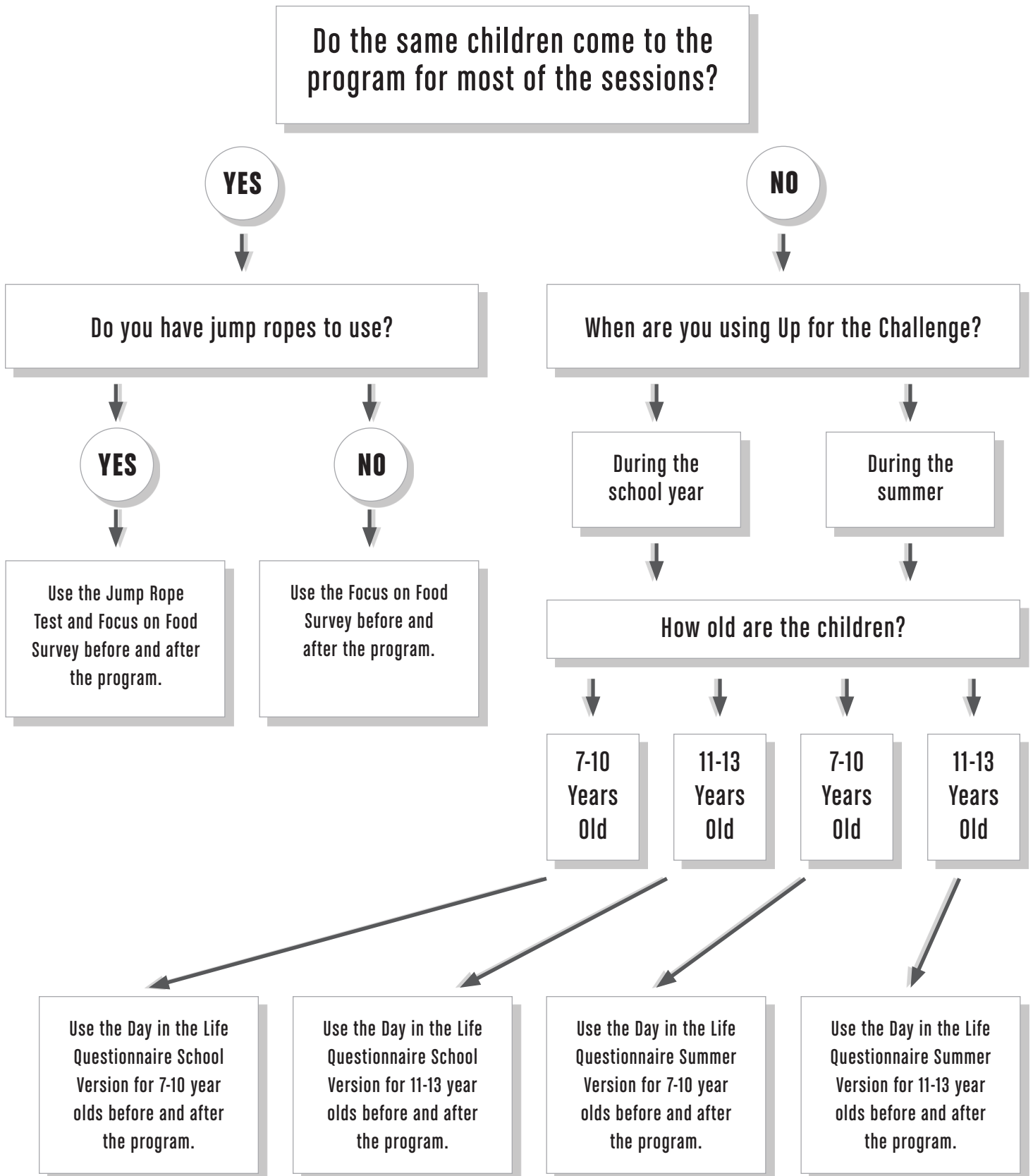


Up for the Challenge Evaluation Guidelines

If you wish to evaluate children's nutrition and physical activity behaviors before and after the Up for the Challenge program, there are several options. Use the decision tree to choose your evaluation tools. Remember, you can also use these tools to see what topics you may want to include when selecting Up for the Challenge lessons. If you plan to match tools to look at behaviors before and after the program, be sure to carefully record children's names on the tools.



First Name: _____ Last Name Initial Only: _____ Age: _____ I am a: Girl Boy


FOCUS ON FOOD

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

You're almost done, just a couple more.





































































































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 **don't like** this food"

 means, "I like this food **a little**"

 means, "I **have not tried** this food"

FOOD	Like a lot	Like a little	Don't like	Have not tried
Apples				
Bananas				
Berries				
Broccoli				
Cantaloupe				
Carrots				
Cauliflower				
Corn				
Cucumbers				
Grapes				
Green beans				
Oranges				
Peas				
Peaches and nectarines				
Pears				
Spinach				
Squash and zucchini				
Tomatoes				
Yams and sweet potatoes				
Milk (fat-free and low-fat)				
Yogurt (fat-free and low-fat)				
Brown (wheat) bread				
Brown rice				
Oatmeal				
Whole grain cereal (Flakes, O's, Mini Wheats)				

You did it! Thank you for your help!

A DAY IN THE LIFE OF...

Name _____

Age _____

Are you a **Boy** or **Girl**?

(circle one please)

What did you do **YESTERDAY MORNING**?



Hi! I just want to know a little more about you. There are no right or wrong answers.

1. What time did you wake up yesterday morning?

2. Did you have something to eat or drink for breakfast yesterday? **Yes** or **No** (circle one please)

What did you have? Draw your breakfast here:



Food

Drink



3. Did you watch TV yesterday? **Yes** or **No** (circle one please)



In the morning: _____
(how many minutes?)

during the day: _____
(how many minutes?)

in the evening: _____
(how many minutes?)

4. Did you play any video or computer games yesterday? **Yes** or **No** (circle one please)

In the morning: _____
(how many minutes?)

during the day: _____
(how many minutes?)

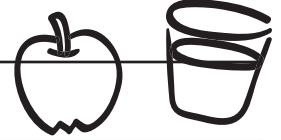
in the evening: _____
(how many minutes?)

5. How did you get to school yesterday morning?

walk / bike / by bus / by car (circle one please)



What did you do **YESTERDAY AT SCHOOL?**



6. Did you have anything to eat or drink at snack time? **Yes** or **No** (circle one please)

What did you have?

7. What did you have to eat and drink for lunch yesterday?

What did you have? Draw your lunch here:



Food

Drink

8. Did your class have recess yesterday? **Yes** or **No** (circle one please)



9. If so, what did you do at recess yesterday?

sit / stand / walk / run / play a sport / play a game / I didn't do anything

(circle one please)

What did you do **AFTER SCHOOL YESTERDAY?**

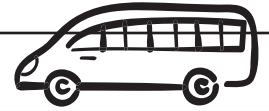
10. After school yesterday, did you go home or go to an afterschool activity? **Yes** or **No**

(circle one please)

tutoring / scouts / sports or a sport / band Or did you do something else?



11. How did you get home or to your afterschool activity yesterday?



walk / bike / by bus / by car (circle one please)

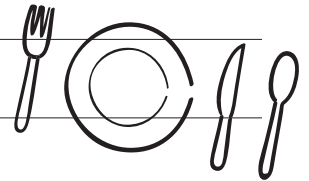
12. Did you eat anything **BETWEEN** lunch and dinner? Yes or No (circle one please)

What did you have?

13. Did you play outside yesterday **AFTER** school? Yes or No (circle one please)

What did you play? Please name game, sport or other activity.

14. What did you have to eat for dinner yesterday?



What did you have? Draw your dinner here:



Food

Drink

15. Did you do anything else **AFTER** dinner yesterday? Yes or No (circle one please)

What did you do?

16. Did you have anything to eat or drink **AFTER** dinner? Yes or No (circle one please)



What did you have?

17. Circle the type of activity you did most yesterday: sit / stand / walk / run

(circle one please)

18. What time did you go to bed last night?



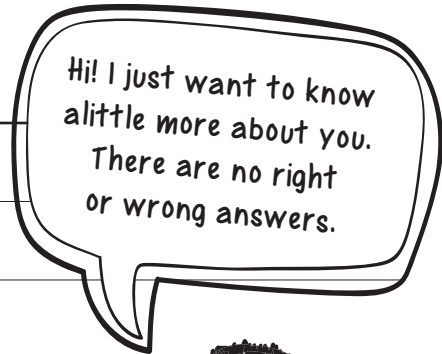
A DAY IN THE LIFE OF...

Name _____

Age _____

Are you a **Boy** or **Girl**?

(circle one please)



What did you do **YESTERDAY MORNING**?

1. What time did you wake up yesterday morning?

2. What did you do when you woke up yesterday morning?

3. Did you have something to eat or drink for breakfast yesterday? **Yes** or **No** (circle one please)

What did you have? Draw your breakfast here:



Food

Drink



4. Did you go anywhere yesterday morning? Where? **Yes** or **No** (circle one please)

5. Did you have anything to eat or drink **AFTER** breakfast? **Yes** or **No** (circle one please)

What did you have?

6. Did you watch TV yesterday? **Yes** or **No** (circle one please)



In the **morning**: _____ during the **day**: _____ in the **evening**: _____
(how many minutes?) (how many minutes?) (how many minutes?)

7. Did you play any video or computer games yesterday? **Yes** or **No** (circle one please)

In the **morning**: _____ during the **day**: _____ in the **evening**: _____
(how many minutes?) (how many minutes?) (how many minutes?)

What did you do **YESTERDAY DURING THE DAY?**



8. What did you have to eat and drink for lunch yesterday?

What did you have? Draw your lunch here:



Food

Drink

9. Did you go anywhere yesterday during the day -- like to a friend or family member's house, the library, daycare, camp, or any activity? **Yes** or **No** (circle one please)

Where did you go? What did you do?



10. If you went somewhere, how did you get there?

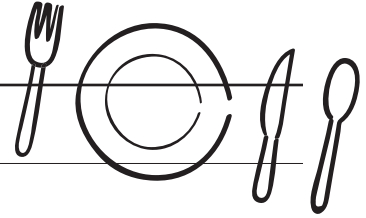
walk / bike / take a bus / take a car / I didn't go anywhere (circle one please)

11. Did you play outside yesterday during the day? **Yes** or **No** (circle one please)

What did you do?



What did you do **LAST NIGHT**?



12. What did you have to eat for dinner yesterday?



What did you have? Draw your dinner here:

Food

Drink

13. Did you do anything else **AFTER** dinner yesterday? **Yes** or **No** (circle one please)

What did you do?

14. Did you have anything to eat or drink **AFTER** dinner? **Yes** or **No** (circle one please)



What did you have?

15. Circle the type of activity you did most yesterday: **sit** / **stand** / **walk** / **run**

(circle one please)

16. What time did you go to bed last night?



A DAY IN THE LIFE OF...

Hi! I just want to know a little more about you. There are no right or wrong answers.

Name	Age
------	-----

Are you a **Boy** or **Girl**? (circle one please)

WHAT DID YOU DO YESTERDAY MORNING?

1. What time did you wake up yesterday morning? ⌚

2. Did you have something to eat or drink for breakfast yesterday? **Yes** or **No** (circle one please)

What did you have? Food

Drink



3. Did you watch TV yesterday? **Yes** or **No** (circle one please)



in the morning:

during the day:

in the evening:

(how many minutes?)

(how many minutes?)

(how many minutes?)

4. Did you play any video or computer games? **Yes** or **No** (circle one please)

in the morning:

during the day:

in the evening:

(how many minutes?)

(how many minutes?)

(how many minutes?)

5. What else did you do between waking up and going to school yesterday morning?

6. How did you get to school yesterday morning? **walk** / **bike** / **by bus** / **by car** (circle one please)

WHAT DID YOU DO YESTERDAY AT SCHOOL?

7. Did you have anything for a snack before lunch time? **Yes** or **No** *(circle one please)*



What did you have?



8. Did you have PE yesterday? **Yes** or **No** *(circle one please)*

What did you do?

For how long?

9. Did you have something to eat or drink for lunch yesterday? **Yes** or **No** *(circle one please)*



What did you have? Food

Drink



10. Besides eating, did you do anything else during your lunch time?

WHAT DID YOU DO AFTER SCHOOL YESTERDAY?

11. How did you get home after school or to your afterschool activity yesterday?		
walk / bike / by bus / by car (circle one please)		
12. Did you eat or drink anything between lunch and dinner? Yes or No (circle one please)		
What did you have?		
13. After school yesterday, what did you do?		
Did you go home or go to a club / scouts / band / a sport / other _____		
(circle one please)		
14. Did you play outside yesterday after school? Yes or No (circle one please)		
What did you play the most? Please name game, sport or other activity		
15. Did you have something to eat or drink for dinner yesterday? Yes or No (circle one please)		
What did you have? Food	Drink	
		
		
		
16. Did you do anything else after dinner yesterday? Yes or No (circle one please)		
What did you do? 		
		
17. Did you have anything to eat or drink after dinner? Yes or No (circle one please)		
What did you have?		
18. What time did you go to bed last night? 		

A DAY IN THE LIFE OF...

Hi! I just want to know a little more about you. There are no right or wrong answers.

Name	Age
------	-----

Are you a **Boy** or **Girl**? *(circle one please)*

WHAT DID YOU DO YESTERDAY MORNING?

1. What time did you wake up yesterday morning? ⌚

2. What did you do when you woke up yesterday morning?

3. Did you have something to eat or drink for breakfast yesterday? **Yes** or **No** *(circle one please)*

What did you have? Food

Drink



4. Did you go anywhere yesterday morning? Where? **Yes** or **No** *(circle one please)*



5. Did you have anything to eat or drink after breakfast? **Yes** or **No** *(circle one please)*

What did you have?

6. Did you watch TV yesterday? **Yes** or **No** *(circle one please)*

in the morning: _____ during the day: _____ in the evening: _____
(how many minutes?) (how many minutes?) (how many minutes?)

7. Did you play any video or computer games? **Yes** or **No** *(circle one please)*

in the morning: _____ during the day: _____ in the evening: _____
(how many minutes?) (how many minutes?) (how many minutes?)

WHAT DID YOU DO YESTERDAY DURING THE DAY?

8. Did you have something to eat or drink for lunch yesterday? **Yes** or **No** *(circle one please)*



What did you have? Food

Drink



9. Did you go anywhere yesterday during the day? **Yes** or **No** *(circle one please)*

Where did you go?

What did you do?

10. If you went somewhere, how did you get there?

walk / bike / by bus / by car / I didn't go anywhere *(circle one please)*

11. Did you play outside yesterday during the day? **Yes** or **No** *(circle one please)*

What did you do?

WHAT DID YOU DO LAST NIGHT?

12. Did you have something to eat or drink for dinner yesterday? **Yes** or **No** (circle one please)



What did you have? Food

Drink



13. Did you do anything else after dinner yesterday? **Yes** or **No** (circle one please)

What did you do? 

14. Did you have anything to eat or drink after dinner? **Yes** or **No** (circle one please)



What did you have?



15. Circle the type of activity you did most yesterday: **sit** / **stand** / **walk** / **run** (circle one please)

16. What time did you go to bed last night? 

Thank You!