## Eating for a Stronger, Healthier You

## Participant PRE-Survey

Please answer the questions below before you complete Eating for a Stronger, Healthier You experience.

1. What is your name? $\qquad$
2. What is today's date? __ _ _ / ---MM DD YYYY
3. What should you fill half your plate with when you eat a meal? Please circle the one best answer.
a. Fruits and vegetables
b. Grains (pasta, rice, bread)
c. Protein (meat, beans)
d. Dairy
e. None of the above.
4. How many servings of vegetables should you have each day? Please circle the one best answer.
a. 1
b. 2
c. 3
d. 4
e. 5
5. Please circle the option that best describes if you think you will complete each listed activity over the next month:

| a. Try a new fruit | No way I will do <br> this! | I might do this | I will probably <br> do this | I will <br> definitely <br> this! |
| ---: | :---: | :---: | :---: | :---: |
| b. Try a new vegetable | No way I will do <br> this! | I might do this | I will probably <br> do this | I will <br> definitely do <br> this! |
| c. Make a healthy snack <br> or meal on my own | No way I will do <br> this! | I might do this | I will probably <br> do this | I will <br> definitely do <br> this! |

## Eating for a Stronger, Healthier You

## Participant POST-Survey

Please answer the questions below after you complete Eating for a Stronger, Healthier You experience.

1. What is your name? $\qquad$
2. What should you fill half your plate with when you eat a meal? Please circle the one best answer.
a. Fruits and vegetables
b. Grains (pasta, rice, bread)
c. Protein (meat, beans)
d. Dairy
e. None of the above.
3. How many servings of vegetables should you have each day? Please circle the one best answer.
a. 1
b. 2
c. 3
d. 4
e. 5
4. Please circle the option that best describes if you think you will complete each listed activity over the next month:

| a. Try a new fruit | No way I will do <br> this! | I might do this | I will probably <br> do this | I will <br> definitely do <br> this! |
| ---: | :---: | :---: | :---: | :---: |
| b. Try a new vegetable | No way I will do <br> this! | I might do this | I will probably <br> do this | I will <br> definitely <br> this! |
| c. Make a healthy snack <br> or meal on my own | No way I will do <br> this! | I might do this | I will probably <br> do this | I will <br> definitely do <br> this! |

5. Please circle the option that best describes what you thought of today's educational experience.

