Apex Benefits | Monumental Kids Movement

PRESENTED BY INDIANA UNIVERSITY INDIANAPOLIS

PRE-NUTRITION, MENTAL HEALTH & PHYSICAL ACTIVITY SURVEY

Respond to each question below by circling your answer.

Please choose only one answer per question.

NAME: _____ **DATE:** _____

1. Please circle one for your gender:

- Male
- Female
- Other
- Prefer not to say

2. What is your ethnicity?

- Hispanic or Latino or Spanish origins
- Not Hispanic or Latino or Spanish origins

3. What is your race?

- American Indian or Alaska Native
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Asian
- White
- Other
- Multiracial

4. What grade are you in?

- Kindergarten
- 1st Grade
- 2nd Grade
- 3rd Grade
- 4th Grade
- 5th Grade
- 6th Grade
- 7th Grade
- 8th Grade
- Other

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Please return survey when complete.

5. Overall how would you rate your physical health? (Circle one.)

» Excellent ---- Average ---- Somewhat Poor ---- Poor ---- Not Sure

6. Overall how would you rate your mental health? (Circle one.)

» Excellent ---- Average ---- Somewhat Poor ---- Poor ---- Not Sure

7. When was the last time you felt really happy?

» Today
» A few days ago
» A few weeks ago
» A few months ago
» I do not remember

8. During the past 4 weeks, has your mental health stopped you from being able to do school work?

» Yes
» No
» Not Sure

9. During the past 7 days, how often have you talked positively to yourself?

» I talked positiely to myself every day
» I talked positively to myself at least 4 days last week
» I talked positively to myself at least 1 day last week
» I don't remember talking positively to myself

10. I have multiple strategies for reducing stress and improving my mental wellbeing.

» Yes - I have strategies
» No - I do not have strategies
» Not Sure

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11. Do you know which organ or tissue CANNOT be donated to save or heal another person?

- » Kidney
- » Brain
- » Bone
- » Liver

12. During the past 7 days, on how many days were you physically active for a total of at least 30 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.)

- » 0 to 1 days
- » 2 to 3 days
- » 4 to 5 days
- » 5 to 7 days

13. Do you feel better after exercising?

- » Yes
- » No
- » Sometimes

14. During the past 7 days, how often did you sleep more than 8 hours?

- » I did not sleep more than 8 hours any day
- » I slept more than 8 hours 1 to 3 days
- » I slept more than 8 hours 4 to 7 days

15. During the past 7 days, how often did you eat fresh fruit? (Do not count fruit juice.)

- » 1-3 times
- » 4-7 times
- » I did not eat any fresh fruit last week

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Please return survey when complete

16. During the past 7 days, how often did you eat fresh vegetables?

- 1-3 times
- 4-7 times
- I did not eat any fresh vegetables last week

17. During the past 7 days, how often did you eat breakfast?

- 1-3 times
- 4-7 times
- I did not eat breakfast last week

18. During the past 7 days, how many times did you drink milk? (You can count milk you drank from a cup or glass, from a carton, or in your cereal.)

- 1-3 times
- 4-7 times
- I did not drink milk last week