

# Introduction

Because you are taking part in this program that is funded by the soda tax, we would like to ask a few questions to help us understand how the soda tax funds are making a difference in the community.

You will be asked to complete the survey two times- once at the start and again at the completion of the program. We will be collecting your name as part of the survey. However, once you have completed the survey the second time and your two surveys are matched together, your name will be removed. Your name will not be available to persons analyzing the survey data.

Name: \_\_\_\_\_

DRAFT

DRAFT

# SDDT Funding Initiative: Draft Nutrition Focus Pre/Post Survey

1. Program/Organization: \_\_\_\_\_

2. Date: \_\_\_\_\_

3. On how many days have you attended this workshop/class/event?

- This is my first time     
  2-4 times     
  5-10 times     
  11-20 times     
  21+ times

The following questions are about the food situation in your household **in the last 30 days**. Your household is considered you and the people whom you share food, buy food, or make meals with on a regular basis.

4. “We **worried whether our food would run out before we got money to buy more.**” Was that often, sometimes, or never true for your household in the last 30 days?

- Often true     
  Sometimes true     
  Never true     
  Don't know or refuse to answer

5. “**The food that we bought just didn't last, and we didn't have money to get more.**” Was that often, sometimes or never true for your household in the last 30 days?

- Often true     
  Sometimes true     
  Never true     
  Don't know or refuse to answer

6. Please answer **ALL** of the questions in the table:

	I did not eat any in the past week	1-3 times in the past week	4-6 times in the past week	1 time per day	2 times per day	3 times per day
6a. DURING THE PAST WEEK, how many times did you drink regular SODA or pop like Coke, Pepsi, Sprite, Dr. Pepper, or other regular soda?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6b. DURING THE PAST WEEK, how many times did you drink ENERGY DRINKS like Rockstar, Red Bull, or other energy drinks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6c. DURING THE PAST WEEK, how many times did you drink SPORTS DRINKS like Gatorade, Powerade, or other sports drinks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6d. DURING THE PAST WEEK, how many times did you drink SWEETENED FRUIT DRINKS and TEAS like Capri Sun, Sunny D, Arizona Tea, Kool-Aid, or other sweetened fruit drinks or teas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6e. DURING THE PAST WEEK, how many times did you drink any WATER that was not sweetened like tap water, filtered water, bottled water, sparkling water, or carbonated water.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Do you agree or disagree with the following statement, “Tap water is safe for me to drink.”

- Strongly agree     
  Agree     
  Neither agree nor disagree     
  Disagree     
  Strongly disagree

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8. Please answer **ALL** of the questions in the table:

	I did not eat any in the past week	1-3 times in the past week	4-6 times in the past week	1 time per day	2 times per day	3 times per day
8a. <b>DURING THE PAST WEEK, how many times did you drink 100% PURE FRUIT JUICE?</b> (like orange, apple, grape, or other 100% fruit juice) (DON'T COUNT fruit-flavored drinks with added sugar like Capri Sun, Sunny D, or other fruit-flavored drinks.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8b. <b>DURING THE PAST WEEK, how many times did you eat FRUIT?</b> (Fruit includes apples, bananas, oranges, melon, or any other fruit. DON'T COUNT juices.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8c. <b>DURING THE PAST WEEK, how many times did you eat GREEN SALAD with lettuce and with or without other vegetables?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8e. <b>DURING THE PAST WEEK, how many times did you eat COOKED BEANS, like refried beans, baked beans, pinto beans, black beans, or other cooked beans?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8f. <b>DURING THE PAST WEEK, how many times did you eat POTATOES that are baked, boiled, mashed, or potatoes used in soups and stews?</b> (DON'T COUNT French fries)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8g. <b>DURING THE PAST WEEK, how many times did you eat VEGETABLES that are not deep-fried?</b> (These are vegetables like carrots, broccoli, collards, green beans, corn, or other vegetables that are raw, boiled, broiled, baked, grilled, stir-fried, or microwaved.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. In the past week, on how many days have you done a total of 30 minutes or more of physical activity, which was enough to raise your breathing rate. This may include sport, exercise, and brisk walking or cycling for recreation or to get to and from places, but should not include housework or physical activity that may be part of your job.

- 0 days: I did not do 30 minutes or more of physical activity this past week
  1
  2
  3
  4
  5
  6
  7 days: I did 30 minutes or more of physical activity every day for the past week

10. Would you say that in general your health is?

- excellent
  very good
  good
  fair
  poor

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11. What is your Age?

- 15-17 years   
  18-24 years   
  25-44 years   
  45-64 years   
  65-74 years   
  75+ years

12. With which ethnicities do you identify? Do you most identify with one ethnicity in particular?"

	I identify as... (select up to 4)	My primary ethnicity is... (select up to 1)
Black/African American	<input type="checkbox"/>	<input type="checkbox"/>
Asian (any not listed)	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>
Vietnamese	<input type="checkbox"/>	<input type="checkbox"/>
Japanese	<input type="checkbox"/>	<input type="checkbox"/>
Filipinx	<input type="checkbox"/>	<input type="checkbox"/>
Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>
Native American (any not listed)	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/Alaska Native (United States)	<input type="checkbox"/>	<input type="checkbox"/>
First Nation (Canada)	<input type="checkbox"/>	<input type="checkbox"/>
Native/Indígena from Mexico, Central or South America	<input type="checkbox"/>	<input type="checkbox"/>
Latinx	<input type="checkbox"/>	<input type="checkbox"/>
Middle Eastern	<input type="checkbox"/>	<input type="checkbox"/>
White	<input type="checkbox"/>	<input type="checkbox"/>
Specify Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Decline to state	<input type="checkbox"/>	<input type="checkbox"/>

13. What is your gender? (Check one that best describes your current gender identity.)

- Female                     
  Trans Female                     
  Not listed, please specify: \_\_\_\_\_  
 Male                             
  Trans Male

14a. Including yourself, how many persons 18 years and older are in your household? \_\_\_\_\_

14b. Including yourself, how many persons younger than 18 are in your household? \_\_\_\_\_

15. What was **your total household income** before taxes during the past 12 months?

- Less than \$25,000                     
  \$50,000 to \$74,999                     
  \$150,000 or more  
 \$25,000 to \$34,999                     
  \$75,000 to \$99,999                     
  Don't Know/Decline to  
 \$35,000 to \$49,999                     
  \$100,000 to \$149,999                     
 state

[Alt Question for 14-15] Are you currently a resident of public housing or living in subsidized housing?

- Yes   
  No