



# Kids' Activity and Nutrition Questionnaire

1. How old are you?

- 8                       11                       14
- 9                         12                       15
- 10                       13

2. What grade are you in?

- 3rd                       5th                       7th
- 4th                       6th                       8th

3. Are you a boy or girl?

- Girl                       Boy

4. **Yesterday**, did you eat any **white** macaroni, noodles, bread, tortillas, or rice?



- No.** I did not eat any of these foods yesterday.
- Yes.** I ate one of these foods **1 time** yesterday.
- Yes.** I ate one of these foods **2 times** yesterday.
- Yes.** I ate one of these foods **3 times** yesterday.
- Yes.** I ate one of these foods **4 times** yesterday.
- Yes.** I ate one of these foods **5 or more times** yesterday.

5. **Yesterday**, did you eat any **dark or whole grain** macaroni, noodles, bread, tortillas, or rice?



- No.** I did not eat any of these foods yesterday.
- Yes.** I ate one of these foods **1 time** yesterday.
- Yes.** I ate one of these foods **2 times** yesterday.
- Yes.** I ate one of these foods **3 times** yesterday.
- Yes.** I ate one of these foods **4 times** yesterday.
- Yes.** I ate one of these foods **5 or more times** yesterday.

6. What type of milk do you drink **most of the time**? Choose only one. Do not use cap color to pick the type of milk you drink.



- Whole milk
- 2% reduced fat milk
- 1% (low fat) or fat free milk
- Soy, almond, rice, or other milk
- I never drink milk.
- I don't know.

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7. **Yesterday**, did you eat or drink any **milk, yogurt, or cheese**? You can count flavored milk, soy milk, and drinks made with yogurt.



- No.** I did not eat any of these foods yesterday.
- Yes.** I had milk, yogurt or cheese **1 time** yesterday.
- Yes.** I had milk, yogurt or cheese **2 times** yesterday.
- Yes.** I had milk, yogurt or cheese **3 times** yesterday.
- Yes.** I had milk, yogurt or cheese **4 times** yesterday.
- Yes.** I had milk, yogurt or cheese **5 or more times** yesterday.

8. Did you eat any vegetables **yesterday**? You **can** count mashed potatoes and beans. **Do not** count french fries or chips.



- No.** I did not eat any vegetables yesterday.
- Yes.** I ate vegetables **1 time** yesterday.
- Yes.** I ate vegetables **2 times** yesterday.
- Yes.** I ate vegetables **3 times** yesterday.
- Yes.** I ate vegetables **4 times** yesterday.
- Yes.** I ate vegetables **5 or more times** yesterday.

9. **Yesterday**, did you eat any fruit? You **can** count all fresh, frozen, canned or dried fruits. **Do not** count fruit juice.



- No.** I did not eat any fruit.
- Yes.** I ate fruit **1 time** yesterday.
- Yes.** I ate fruit **2 times** yesterday.
- Yes.** I ate fruit **3 times** yesterday.
- Yes.** I ate fruit **4 times** yesterday.
- Yes.** I ate fruit **5 or more times** yesterday.

10. **Yesterday** did you eat any fish, eggs, nuts or peanut butter?



- No.** I did not eat any of these foods yesterday.
- Yes.** I ate one of these foods **1 time** yesterday.
- Yes.** I ate one of these foods **2 times** yesterday.
- Yes.** I ate one of these foods **3 times** yesterday.
- Yes.** I ate one of these foods **4 times** yesterday.
- Yes.** I ate one of these foods **5 or more times** yesterday.

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11. **Yesterday**, did you drink any regular (not diet) soda, sports drink, juice box, or other sugary drink? Do not count 100% fruit juice.



- No. I did not drink any of these drinks yesterday.
- Yes. I had a drink like this **1 time** yesterday.
- Yes. I had a drink like this **2 times** yesterday.
- Yes. I had a drink like this **3 times** yesterday.
- Yes. I had a drink like this **4 times** yesterday.
- Yes. I had a drink like this **5 or more times** yesterday.

12. **Yesterday**, did you drink any water?



- No. I did not drink water yesterday.
- Yes. I drank water **1 time** yesterday.
- Yes. I drank water **2 times** yesterday.
- Yes. I drank water **3 times** yesterday.
- Yes. I drank water **4 times** yesterday.
- Yes. I drank water **5 times** yesterday.
- Yes. I drank water **6 times** yesterday.
- Yes. I drank water **7 times** yesterday.
- Yes. I drank water **8 or more times** yesterday.

13. How many hours did you watch TV when you were **NOT in school yesterday**?



- I did not watch TV yesterday.
- Less than one hour
- 1 hour
- 2 hours
- 3 hours
- 4 hours
- 5 hours
- 6 hours or more

14. How many hours did you use a computer, phone, or tablet or play video games when you were **NOT in school yesterday**?



- I did not use these things or play video games yesterday.
- Less than one hour
- 1 hour
- 2 hours
- 3 hours
- 4 hours
- 5 hours
- 6 hours or more

# Kids' Activity and Nutrition Questionnaire



15. What physical activities did you do **last week**? Physical activity makes your heart beat fast and makes you breathe hard. It includes PE, basketball, soccer, running around, dancing, other sports, exercise, or similar activities. *All of the kids in the pictures above are doing physical activities.*

BUBBLE IN ALL OF THE DAYS THAT YOU WERE ACTIVE LAST WEEK.

I was active **before school** on these days last week. Do *not* include team sports.

Monday       Tuesday       Wednesday       Thursday       Friday

I was active **during recess at school** on these days last week.

Monday       Tuesday       Wednesday       Thursday       Friday

I was active **during PE at school** on these days last week.

Monday       Tuesday       Wednesday       Thursday       Friday

I was active **after school** on these days last week. Do *not* include team sports.

Monday       Tuesday       Wednesday       Thursday       Friday

I played a **team sport** on these days last week.

Monday       Tuesday       Wednesday       Thursday       Friday

I was active **during the weekend** on these days last week.

Saturday       Sunday

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16. How much of your plate at meals should be **fruits and vegetables**?



- None
- Some
- About half
- Most
- All
- I don't know.

17. How much of the grains that most kids eat should be made with **whole grains**?  
*Grains are foods like bread, cereal, rice, and noodles.*



- None
- Some
- About half
- Most
- All
- I don't know.

18. What type of **milk** should most kids drink most of the time?



- Whole milk
- 2% reduced fat milk
- 1% (low fat) or fat free milk, or soy milk with added calcium
- I don't know.

19. How many minutes of **physical activity** or exercise should most kids get each day?



- 15 minutes or less
- 30 minutes
- 45 minutes
- 60 minutes (1 hour)
- I don't know.

# Kids' Activity and Nutrition Questionnaire

20. How do you feel about **eating fruit**?

- I really like to eat fruit
- I kind of like to eat fruit.
- I don't like to eat fruit.
- I really don't like to eat fruit.
- I'm not sure if I like to eat fruit.

21. How do you feel about **eating vegetables**?

- I really like to eat vegetables.
- I kind of like to eat vegetables.
- I don't like to eat vegetables.
- I really don't like to eat vegetables.
- I'm not sure if I like to eat vegetables.

22. How do you feel about **eating foods made with whole grains**, like brown rice or dark bread?

- I really like to eat whole grain foods.
- I kind of like to eat whole grain foods.
- I don't like to eat whole grains foods.
- I really don't like to eat whole grain foods.
- I'm not sure if I like to eat whole grain foods.

23. How do you feel about **drinking milk low in fat**, like fat free or 1% milk?

- I really like to drink low fat milk.
- I kind of like to drink low fat milk.
- I don't like to drink low fat milk.
- I really don't like to drink low fat milk.
- I'm not sure if I like to drink low fat milk.

24. How do you feel about **having drinks low in sugar**, like water or plain white milk?

- I really like drinks low in sugar.
- I kind of like drinks low in sugar.
- I don't like drinks low in sugar.
- I really don't like drinks low in sugar.
- I'm not sure if I like drinks low in sugar.

25. How do you feel about **doing physical activity**?

- I really like to do physical activity.
- I kind of like to do physical activity.
- I don't like to do physical activity.
- I really don't like to do physical activity.
- I'm not sure if I like to do physical activity.





HEALTHY STARTS HERE

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That's the **END**  
of the survey!  
Thanks for  
answering the  
questions.

## Information for Adults

This material was funded by USDA's Supplemental Nutrition Assistance Program - SNAP through the AZ Health Zone. This institution is an equal opportunity provider.

More information about the KAN-Q may be found in the following publication: LeGros TA, Hartz VL, Jacobs LE. Reliability of a Kid's Activity and Nutrition Questionnaire for School-Based SNAP-ED Interventions as Part of a Tiered Development Process. *Journal of Nutrition Education and Behavior*. 2017; 49:125-129

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