
Nutrition Survey

Health and Nutrition of College Students

Welcome to this survey.

This is a class project for the J23 Data Journalism course at Lehigh University. The objective of this project is to understand college students' status of health and nutrition.

It will take approximately 5 minutes to complete this survey. Your responses are very important to our project.

If you have any questions regarding this survey, please contact the course instructor, Professor Haiyan Jia, at haiyan.jia@lehigh.edu.

If you are willing to participate in this survey, please click to proceed to the questions. Thank you for your time and interest!

What is your gender?

- Male
- Female
- Other

What is your age? Please enter a number below:

How much do you know about the nutritional requirements for your age group?

- None at all
- A little
- A moderate amount
- A lot
- A great deal

How many servings of the following food groups do you eat in a day?

Grains (e.g., bread, cereal, rice, pasta, etc.)	<input type="text" value="0"/>
Vegetables	<input type="text" value="0"/>
Fruits	<input type="text" value="0"/>
Dairy (e.g., milk, yogurt, cheese, etc.)	<input type="text" value="0"/>
Protein (e.g., meat, poultry, fish, beans, nuts, etc.)	<input type="text" value="0"/>
Fat, oil, & sweets	<input type="text" value="0"/>
Total	<input type="text" value="0"/>

When eating your meals, do you make an effort to consume from different food groups, to include a fruit serving, a vegetable serving, a protein source, a whole grain source, and a dairy source?

- I don't make an effort to consume from different food groups
- I make an effort to consume one of these
- I make an effort to consume some of these
- I make an effort to consume all of these

How conscious are you of eating a nutritionally balanced diet?

- Not at all conscious
- Slightly conscious
- Moderately conscious
- Very conscious
- Extremely conscious

When deciding what foods to eat for meals on an average day, how important are the following factors to your decision?

	Not at all important	Slightly important	Somewhat important	Very important	Extremely important
I pick what I am in the mood for.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I go with what looks most appetizing in that moment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I actively plan and attempt to meet daily nutritional recommendations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I plan some of my meals nutritionally but then pick what I crave for at least one meal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Whether the food is affordable also matters.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I pick what comes fast because I don't have a lot of time to eat.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I go with what my friends want to eat.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How often do you eat at the following locations?

	Never	Rarely	Sometimes	Often	All the time
At on campus dining halls? (Rathbone, Lower Cort)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At on campus cafes? (Williams Cafe, Upper Cort, library cafes, bookstore cafe, Hawk's Nest)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At off-campus cafes? (Johnny's, Saxby's, Deja Brew)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At off-campus restaurants? (Chipotle, Panera, Tulum, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In Greek houses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At home (cooking for yourself)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

To what extent do you feel you are being offered a nutritionally balanced menu when you eat **on campus** (eg., at on-campus dining halls, cafes, Greek houses, etc.)?

- None at all
- A little
- Somewhat
- A lot
- A great deal

To what extent do you feel you are being offered a nutritionally balanced menu when you eat **off campus** (eg., at off-campus restaurants, cafes, etc.)?

- None at all
- A little
- Somewhat
- A lot
- A great deal

How often do you skip a meal?

- Never
- Rarely
- Sometimes
- Often
- All the time

How often do you exercise?

- Less than once a week
- Once a week
- Twice a week
- 3-5 days a week
- Every day or more often

In the past month, how often have you been:

	Neve	Rarely	Sometimes	Often	All the time
Studying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Going out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doing moderate-intensity exercise/sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participating in club related activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Hanging out with friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drinking alcoholic drinks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling unhappy or depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling tired	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleeping well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

On a scale of 1-10, how would you rate your overall health?

- 1: Extremely Unhealthy
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10: Extremely Healthy

On a scale of 1-10, how satisfied are you with your body image?

- 1: Extremely Unsatisfied
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10: Extremely Satisfied

On a scale of 1-10, how positively do you perceive yourself?

- 1: Extremely Negatively
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10: Extremely Positively

This is the end of this survey.

Thank you for your participation! Your responses are very valuable to our project.
