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## GLEE GIRL BASELINE SURVEY



- THANK YOU FOR PARTICIPATING IN THIS PROJECT.
- ALL INFORMATION WILL BE KEPT CONFIDENTIAL.

GLEE ID:

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**1. In what month is your birthday?**

- |              |             |              |              |
|--------------|-------------|--------------|--------------|
| 1. January   | 2. February | 3. March     | 4. April     |
| 5. May       | 6. June     | 7. July      | 8. August    |
| 9. September | 10. October | 11. November | 12. December |

**2. On what day of the month is your birthday?**

- |    |    |    |    |    |    |    |
|----|----|----|----|----|----|----|
| 1  | 2  | 3  | 4  | 5  | 6  | 7  |
| 8  | 9  | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 | 31 |    |    |    |    |

**3. In what year were you born?**

- |      |      |      |      |      |
|------|------|------|------|------|
| 1998 | 1999 | 2000 | 2001 | 2002 |
|------|------|------|------|------|

**4. What grade are you in?**

- |           |           |           |           |
|-----------|-----------|-----------|-----------|
| 3rd grade | 4th grade | 5th grade | 6th grade |
|-----------|-----------|-----------|-----------|

**5. How many years old are you today?**

- |   |   |    |    |    |
|---|---|----|----|----|
| 8 | 9 | 10 | 11 | 12 |
|---|---|----|----|----|

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Think about the TV(s), DVD player(s) and lights you use most often at home.

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**1. How often do you TURN OFF the following devices when you are done using them...?**

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	Don't have one	Never	A little	A lot	Always	Don't know
a) TV	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (9)
b) DVD player	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (9)
c) Lights		<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (9)

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**6. How often do you UNPLUG the following devices when you are done using them...?**

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	Don't have one	Never	A little	A lot	Always	Don't know
a) TV(s)	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (9)
b) DVD player(s)	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (9)
c) <u>Charger(s)</u> for a phone, portable music player or portable video game player	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (9)

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**7. Which of the following devices are plugged into a POWER STRIP?**

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	Don't have one	Yes	No	Don't know
a) TV(s)	<input type="checkbox"/> (99)	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)	<input type="checkbox"/> (9)
b) DVD player(s)	<input type="checkbox"/> (99)	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)	<input type="checkbox"/> (9)
c) <u>Charger(s)</u> for a phone, portable music player or portable video game player (like a Nintendo DS)	<input type="checkbox"/> (99)	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)	<input type="checkbox"/> (9)

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**8. How often do you TURN OFF YOUR POWER STRIPS at night or when you have finished using them?**

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**Never****A little****A lot****Always****Don't know** (1) (2) (3) (4) (9)

**Think about the computer you use most often at home. What do you do...?**

**9. DURING THE DAY, when you are done using this computer?**

 (0) I don't use a computer at home (1) Unplug the computer (2) Turn off the computer (3) Put it to sleep or standby (4) Leave it on (9) I don't know

**10. What do you do with this computer OVERNIGHT?**

 (0) I don't use a computer at home (1) Unplug the computer (2) Turn off the computer (3) Put it to sleep or standby (4) Leave it on (9) I don't know

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**Do you or your family....?**


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	<b>Yes</b>	<b>No</b>	<b>Don't know</b>
11. Have a CFL (compact fluorescent light bulb) in at least one light in your bedroom?	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)	<input type="checkbox"/> (9)
12. Check the air pressure in the tires of your family's car to make sure they are fully inflated?	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)	<input type="checkbox"/> (9)
13. Have stickers placed around your home to remind people to turn off the lights when they leave a room?	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)	<input type="checkbox"/> (9)
14. Air dry dishes instead of using the dishwasher's drying cycle? Answer 'yes' if you do not have a dishwasher.	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)	<input type="checkbox"/> (9)
15. Adjust the temperature of your refrigerator to between 37 °F and 40 °F?	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)	<input type="checkbox"/> (9)
16. Lowered the temperature of your hot water heater?	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)	<input type="checkbox"/> (9)
17. Eat at least one dinner without any meat per week?	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)	<input type="checkbox"/> (9)
18. Shop for food at a farmers market?	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)	<input type="checkbox"/> (9)

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**How often do you or your family...?**


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	<b>Never</b>	<b>Sometimes</b>	<b>Always or Almost Always</b>	<b>Not sure</b>
19. Wash clothes in cold water?	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (9)
20. Hang dry clothes instead of using the dryer?	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (9)
21. Use a reusable bottle instead of disposable bottles?	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (9)
22. Talk with your family about saving electricity?	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (9)
23. Talk with your family about eating foods that are good for the environment?	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (9)
24. Talk with your family about driving less?	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (9)
25. Walk or bike to a store instead of ride in a car?	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (9)

**26. TODAY, think about what you ate and drank for LUNCH. Check 'Yes' for all the foods listed below that were included in your meal. Check NO if the food listed was not included in your meal.**

<b>Meats</b>	<b>Yes</b>	<b>No</b>
Hamburgers or cheeseburgers	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>
Meat loaf or steak	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>
Other dishes with meat in them (like lasagna, spaghetti & meatballs, burrito, taco, stew)	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>
Bacon, sausage or pepperoni	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>
Pork (like pork chops or pork roast)	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>
Hot dogs or corn dogs	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>
Chicken or turkey (like chicken nuggets, fried chicken, roast chicken, chicken or turkey breast, enchiladas, tacos)	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>
Ham, bologna, salami or other lunch meats	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>

<b>Fruits &amp; Vegetables</b>	<b>Yes</b>	<b>No</b>
Fresh fruit (like strawberries, oranges, pears, bananas)	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>
Fresh vegetables (like lettuce, tomato, carrots, celery, cucumber, salads)	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>

<b>Other</b>	<b>Yes</b>	<b>No</b>
Cereal (like Cheerios, Kashi, Cinnamon Toast Crunch, Frosted Mini Wheats or Oatmeal)	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>
Potato chips, corn chips or tortilla chips or other salty snacks from a package (like Doritos, Fritos, Goldfish, Cheetos, pretzels)	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>
Ice cream, ice cream bars, ice cream sundaes or milk shakes	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>
Cookies, granola bars or other sweet things from a package (like Oreos or Little Debbie's)	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>
Candy or chocolate	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>

<b>Fast Food</b>	<b>Yes</b>	<b>No</b>
Fast-food restaurant food (like McDonalds, Burger King, Subway, KFC, Jack in the Box, Quizno's, Taco Bell, Wendy's)	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>

<b>Drinks</b>	<b>Yes</b>	<b>No</b>
Juice or other sweet drinks (like Coke, Gatorade or lemonade) from a can, bottle, or juice box	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>
Water from a can or bottle (but not including your own reusable water bottle)	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>



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**27. TODAY, think about what you ate and drank for BREAKFAST. Please check all the foods listed below that were included in your meal. Check NO if the food listed was not included in your meal.**

<b>Meats</b>	<b>Yes</b>	<b>No</b>
Hamburgers or cheeseburgers	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>
Meat loaf or steak	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>
Other dishes with meat in them (like lasagna, spaghetti & meatballs, burrito, taco, stew)	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>
Bacon, sausage or pepperoni	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>
Pork (like pork chops or pork roast)	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>
Hot dogs or corn dogs	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>
Chicken or turkey (like chicken nuggets, fried chicken, roast chicken, chicken or turkey breast, enchiladas, tacos)	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>
Ham, bologna, salami or other lunch meats	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>

<b>Fruits &amp; Vegetables</b>	<b>Yes</b>	<b>No</b>
Fresh fruit (like strawberries, oranges, pears, bananas)	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>
Fresh vegetables (like lettuce, tomato, carrots, celery, cucumber, salads)	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>

<b>Other</b>	<b>Yes</b>	<b>No</b>
Cereal (like Cheerios, Kashi, Cinnamon Toast Crunch, Frosted Mini Wheats or Oatmeal)	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>
Potato chips, corn chips or tortilla chips or other salty snacks from a package (like Doritos, Fritos, Goldfish, Cheetos, pretzels)	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>
Ice cream, ice cream bars, ice cream sundaes or milk shakes	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>
Cookies, granola bars or other sweet things from a package (like Oreos or Little Debbie's)	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>
Candy or chocolate	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>

<b>Fast Food</b>	<b>Yes</b>	<b>No</b>
Fast-food restaurant food (like McDonalds, Burger King, Subway, KFC, Jack in the Box, Quizno's, Taco Bell, Wendy's)	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>

<b>Drinks</b>	<b>Yes</b>	<b>No</b>
Juice or other sweet drinks (like Coke, Gatorade or lemonade) from a can, bottle, or juice box	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>
Water from a can or bottle (but not including your own reusable water bottle)	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>

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**YESTERDAY, think about what you ate and drank for DINNER. Please check all the foods listed below that were included in your meal. Check NO if the food listed was not included in your meal.**

<b><i>Meats</i></b>	<b>Yes</b>	<b>No</b>
Hamburgers or cheeseburgers	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>
Meat loaf or steak	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>
Other dishes with meat in them (like lasagna, spaghetti & meatballs, burrito, taco, stew)	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>
Bacon, sausage or pepperoni	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>
Pork (like pork chops or pork roast)	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>
Hot dogs or corn dogs	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>
Chicken or turkey (like chicken nuggets, fried chicken, roast chicken, chicken or turkey breast, enchiladas, tacos)	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>
Ham, bologna, salami or other lunch meats	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>

<b><i>Fruits &amp; Vegetables</i></b>	<b>Yes</b>	<b>No</b>
Fresh fruit (like strawberries, oranges, pears, bananas)	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>
Fresh vegetables (like lettuce, tomato, carrots, celery, cucumber, salads)	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>

<b><i>Other</i></b>	<b>Yes</b>	<b>No</b>
Cereal (like Cheerios, Kashi, Cinnamon Toast Crunch, Frosted Mini Wheats or Oatmeal)	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>
Potato chips, corn chips or tortilla chips or other salty snacks from a package (like Doritos, Fritos, Goldfish, Cheetos, pretzels)	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>
Ice cream, ice cream bars, ice cream sundaes or milk shakes	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>
Cookies, granola bars or other sweet things from a package (like Oreos or Little Debbie's)	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>
Candy or chocolate	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>

<b><i>Fast Food</i></b>	<b>Yes</b>	<b>No</b>
Fast-food restaurant food (like McDonalds, Burger King, Subway, KFC, Jack in the Box, Quizno's, Taco Bell, Wendy's)	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>

<b><i>Drinks</i></b>	<b>Yes</b>	<b>No</b>
Juice or other sweet drinks (like Coke, Gatorade or lemonade) from a can, bottle, or juice box	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>
Water from a can or bottle (but not including your own reusable water bottle)	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>

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**28. YESTERDAY, think about what you ate and drank for SNACKS AND BETWEEN MEALS. Please check all the foods listed below that were included in your meal. Check **NO** if the food listed was not included in your meal.**

<b><i>Meats</i></b>	<b>Yes</b>	<b>No</b>
Hamburgers or cheeseburgers	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>
Meat loaf or steak	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>
Other dishes with meat in them (like lasagna, spaghetti & meatballs, burrito, taco, stew)	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>
Bacon, sausage or pepperoni	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>
Pork (like pork chops or pork roast)	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>
Hot dogs or corn dogs	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>
Chicken or turkey (like chicken nuggets, fried chicken, roast chicken, chicken or turkey breast, enchiladas, tacos)	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>
Ham, bologna, salami or other lunch meats	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>

<b><i>Fruits &amp; Vegetables</i></b>	<b>Yes</b>	<b>No</b>
Fresh fruit (like strawberries, oranges, pears, bananas)	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>
Fresh vegetables (like lettuce, tomato, carrots, celery, cucumber, salads)	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>

<b><i>Other</i></b>	<b>Yes</b>	<b>No</b>
Cereal (like Cheerios, Kashi, Cinnamon Toast Crunch, Frosted Mini Wheats or Oatmeal)	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>
Potato chips, corn chips or tortilla chips or other salty snacks from a package (like Doritos, Fritos, Goldfish, Cheetos, pretzels)	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>
Ice cream, ice cream bars, ice cream sundaes or milk shakes	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>
Cookies, granola bars or other sweet things from a package (like Oreos or Little Debbie's)	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>
Candy or chocolate	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>

<b><i>Fast Food</i></b>	<b>Yes</b>	<b>No</b>
Fast-food restaurant food (like McDonalds, Burger King, Subway, KFC, Jack in the Box, Quizno's, Taco Bell, Wendy's)	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>

<b><i>Drinks</i></b>	<b>Yes</b>	<b>No</b>
Juice or other sweet drinks (like Coke, Gatorade or lemonade) from a can, bottle, or juice box	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>
Water from a can or bottle (but not including your own reusable water bottle)	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(0)</sub>

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**Transportation to/from School and Troop Meetings**

The next questions are about how you get between home and school.

**29. The last day I went TO SCHOOL...**

- (1) I walked.
- (2) I rode my bike, rode my scooter, skated, rollerbladed or skate boarded.
- (3) I took a bus or train.
- (4) I was driven in a car, truck or van as part of a carpool (including more people than just my family).
- (5) I was driven in a car, truck or van not as part of a carpool (just me and my family).

**30. The last day I LEFT SCHOOL to go home or to an after school activity...**

- (1) I walked.
- (2) I rode my bike, rode my scooter, skated, rollerbladed or skate boarded.
- (3) I took a bus or train.
- (4) I was driven in a car, truck or van as part of a carpool (including more people than just my family).
- (5) I was driven in a car, truck or van not as part of a carpool (just me and my family).

**31. To COME TO TODAY'S TROOP MEETING...**

- (1) I walked.
- (2) I rode my bike, rode my scooter, skated, rollerbladed or skate boarded.
- (3) I took a bus or train.
- (4) I was driven in a car, truck or van as part of a carpool (including more people than just my family).
- (5) I was driven in a car, truck or van not as part of a carpool (just me and my family).

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**32. To GO HOME (OR TO ANOTHER ACTIVITY) FROM TODAY'S TROOP MEETING...**

Note: If you are not sure, choose the way you got home (or to another activity) from the last troop meeting you attended.

- (1) I walked.
- (2) I rode my bike, rode my scooter, skated, rollerbladed or skate boarded.
- (3) I took a bus or train.
- (4) I was driven in a car, truck or van as part of a carpool (including more people than just my family).
- (5) I was driven in a car, truck or van not as part of a carpool (just me and my family).

Think about LAST SATURDAY and everything you did.

**33. LAST SATURDAY, how many times did you ride in a car, truck or van? COUNT EACH ONE WAY TRIP AS A SINGLE TIME.**

0      1      2      3      4      5      6      7      8      9      10 or more

**34. LAST SATURDAY, how many times did you walk or bike? COUNT EACH ONE WAY TRIP AS A SINGLE TIME.**

0      1      2      3      4      5      6      7      8      9      10 or more

**35. LAST SATURDAY, did you make any trips by walking or biking INSTEAD OF riding in a car, truck or van, because you wanted to help the environment?**

- (1) Yes
- (0) No
- (9) I don't know.

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**What do you think?**

36. What uses the most energy in an average house in the United States? **CHECK ONLY ONE ANSWER.**

- (1) Lights
- (2) TV
- (3) Hot water heater
- (4) Telephone
- (5) Computer
- (9) I don't know.

37. A CFL (compact fluorescent light bulb) is good for the environment because: **(CHECK ONLY ONE ANSWER.)**

- (1) The light it shines is better for your eyes.
- (2) It uses less electricity.
- (3) It is made from recycled materials.
- (4) It does not include toxic chemicals.
- (5) It costs less.
- (9) I don't know.

38. Of the following meals, which is the best for the environment? **CHECK ONLY ONE ANSWER.**

- (1) Vegetable lasagna and a salad
- (2) Spaghetti with meatballs and a salad
- (3) Hamburger and a salad
- (4) Chicken and a salad
- (9) I don't know.

39. What is vampire energy? **CHECK ONLY ONE ANSWER.**

- (1) Energy used in houses with heating and air conditioning.
- (2) Energy used when you leave the refrigerator door open too long.
- (3) Energy used by a vampire to turn into a bat.
- (4) Energy used by devices when they are not being used.
- (9) I don't know.

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40. Where do you find information about what pressure your tires should be inflated to? **CHECK ONLY ONE ANSWER.**

- (1) On the inside of the driver's side car door
- (2) On the inside of the passenger's side car door
- (3) With the spare tire
- (4) At the gas station
- (5) On the engine
- (9) I don't know.

41. Which of the following takes the most water to produce? **CHECK ONLY ONE ANSWER.**

- (1) A soft drink
- (2) A hamburger
- (3) A salad with lettuce and tomato
- (4) A bowl of oatmeal
- (9) I don't know.

42. I would give \$5 of my own money to help the environment. **CHECK ONLY ONE ANSWER.**

- (1) Yes
- (0) No
- (9) Not sure

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**43. Compared to other things, how important is USING LESS ELECTRICITY to help the environment...?**

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	Not at all important	A little important	Very important	The most important thing	Not Sure
a) For you	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (9)
b) For your Girl Scout troop	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (9)
c) For your family	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (9)
d) For your close friends	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (9)

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**44. Compared to other things, how important is DRIVING IN CARS LESS to help the environment...?**

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	Not at all important	A little important	Very important	The most important thing	Not Sure
a) For you	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (9)
b) For your Girl Scout troop	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (9)
c) For your family	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (9)
d) For your close friends	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (9)



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**45. Compared to other things, how important is EATING FOODS that are good for the environment...?**

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	<b>Not at all important</b>	<b>A little important</b>	<b>Very important</b>	<b>The most important thing</b>	<b>Not Sure</b>
a) For you	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (9)
b) For your Girl Scout troop	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (9)
c) For your family	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (9)
d) For your close friends	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (9)