# School Physical Activity and Nutrition (SPAN) Project
## Student Assent

**YOUR NAME:** _____

**SCHOOL:** _____

**GRADE:** _____

**YOUR TEACHER'S NAME:** _____

- In this study you are being asked to answer questions about your food choices and physical activity (exercise). **No one at school or at home will see your answers**.

- An adult will weigh you, measure your height, and write the results on the last page of the survey.

- Taking part in this project is up to you. Your choice about taking part will not affect your grades in school or your ability to take part in any school activities.

- If you do not want to answer a question, you can skip it.

- You may stop taking part in this project at any time.

- After you complete the survey and are measured for height and weight, this page with your name on it (Student Assent) will be removed. Your name will never be used after that.

- By signing below, you agree to take part in this project.


_____        _____
**Signature of Student**                                        **Date**

SERIAL #

# School Physical Activity and Nutrition (SPAN) Project
## Student Survey
## 4th Grade

The following questions are about what students your age eat, what they know about nutrition, and their physical activity (exercise). Your answers will help us learn about students in Texas and will be used to design better health programs. Read each question carefully and pick the answer that is true for you. Mark that answer on your survey as shown in the example below. **This is not a test, and there are no right or wrong answers. Remember, your answers will be kept private.**

**Marking Instruction:**
**Fill in bubble(s) completely**

Please Use #2 Pencil

To change your answer, erase completely

**EXAMPLES**

Right · Wrong · Wrong · Wrong

1. What school do you go to? _____

2. Bubble in today's date.

| | | | | | |
|---|---|---|---|---|---|
| ○ Jan | ① | ⑪ | ㉑ | ㉛ | ○ 2015 |
| ○ Feb | ② | ⑫ | ㉒ | | ○ 2016 |
| ○ Mar | ③ | ⑬ | ㉓ | | ○ 2017 |
| ○ Apr | ④ | ⑭ | ㉔ | | ○ 2018 |
| ○ May | ⑤ | ⑮ | ㉕ | | ○ 2019 |
| ○ June | ⑥ | ⑯ | ㉖ | | ○ 2020 |
| ○ July | ⑦ | ⑰ | ㉗ | | ○ 2021 |
| ○ Aug | ⑧ | ⑱ | ㉘ | | ○ 2022 |
| ○ Sept | ⑨ | ⑲ | ㉙ | | |
| ○ Oct | ⑩ | ⑳ | ㉚ | | |
| ○ Nov | | | | | |
| ○ Dec | | | | | |

3. Are you a boy or girl?
   - ○ Boy
   - ○ Girl

4. Bubble in your age.
   - ○ 8
   - ○ 9
   - ○ 10
   - ○ 11
   - ○ 12

5. How do you describe yourself? *(Choose only one)*
   - ○ Black or African-American
   - ○ Latino, Hispanic, or Mexican-American
   - ○ White, Caucasian, or Anglo
   - ○ Vietnamese
   - ○ Chinese
   - ○ Indian or Pakistani
   - ○ Other Asian
   - ○ American Indian or Alaska Native
   - ○ Native Hawaiian or Other Pacific Islander
   - ○ Middle Eastern or North African
   - ○ More than one race
   - ○ Other _____
     **(Write in other)**

6. What language do you use with your parents most of the time? *(Choose only one)*
   - ○ English
   - ○ Spanish
   - ○ Vietnamese
   - ○ Other _____
     **(Write in other language)**
   - ○ About the same in Spanish and English
   - ○ About the same in Vietnamese and English
   - ○ About the same in another language and English

     _____
     **(Write in other language)**

**Office Use Only**
**Campus ID #.**

*Do not write in this area*

| (0) | (0) | (0) | (0) | (0) | (0) | (0) | (0) |
| (1) | (1) | (1) | (1) | (1) | (1) | (1) | (1) |
| (2) | (2) | (2) | (2) | (2) | (2) | (2) | (2) |
| (3) | (3) | (3) | (3) | (3) | (3) | (3) | (3) |
| (4) | (4) | (4) | (4) | (4) | (4) | (4) | (4) |
| (5) | (5) | (5) | (5) | (5) | (5) | (5) | (5) |
| (6) | (6) | (6) | (6) | (6) | (6) | (6) | (6) |
| (7) | (7) | (7) | (7) | (7) | (7) | (7) | (7) |
| (8) | (8) | (8) | (8) | (8) | (8) | (8) | (8) |
| (9) | (9) | (9) | (9) | (9) | (9) | (9) | (9) |

The next questions are about what you ate or drank **YESTERDAY**.

Think about everything you ate or drank (at home, school, a friend's house, or anywhere else), from the time you got up yesterday morning until the time you went to sleep last night.
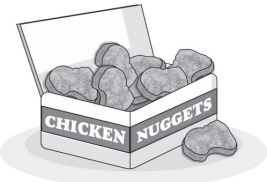
7. Yesterday, did you eat hamburger meat, hot dogs, sausage (chorizo), steak, bacon, or ribs?

- ○ **No**, I didn't eat any of the foods listed above 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 or more times** yesterday.

8. Yesterday, did you eat chicken nuggets, fried chicken, fried fish, fish sticks, or any other **fried meat**?

- ○ **No**, I didn't eat any of the foods listed above 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 or more times** yesterday.

9. Yesterday, did you eat any *baked, grilled, broiled, or steamed* **chicken or fish** (examples of fish include shrimp, tuna, salmon, and sushi)?
*Do not count* fried chicken, fried fish, or fish sticks.

- ○ **No**, I didn't eat any of the foods listed above 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 or more times** yesterday.

10. Yesterday, did you eat any peanuts, peanut butter, or other **nuts** such as pecans, walnuts, or almonds?
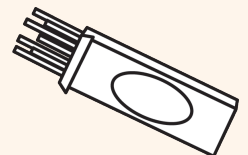
- ○ **No**, I didn't eat any of the foods listed above yesterday.
- ○ Yes, I ate one of these foods **1 time** yesterday.
- ○ Yes, I ate one of these foods **2 times** yesterday.
- ○ Yes, I ate one of these foods **3 or more times** yesterday.

11. Yesterday, did you eat any rice, macaroni, spaghetti, pasta noodles, or farro that were **white**?
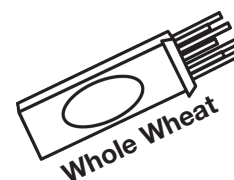
- ○ **No**, I didn't eat any of the foods listed above yesterday.
- ○ Yes, I ate one of these foods **1 time** yesterday.
- ○ Yes, I ate one of these foods **2 times** yesterday.
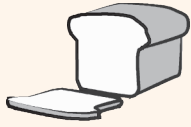- ○ Yes, I ate one of these foods **3 or more times** yesterday.

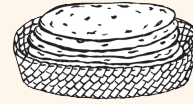12. Yesterday, did you eat any rice, macaroni, spaghetti, quinoa, or pasta noodles that were **brown**?

- ○ **No**, I didn't eat any of the foods listed above 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 or more times** yesterday.

*Please continue on next page*

13. Yesterday, did you eat any bread, tortillas, buns, bagels, or rolls that were **white**?

○ **No**, I didn't eat any of the foods listed above yesterday.

○ Yes, I ate one of these foods **1 time** yesterday.

○ Yes, I ate one of these foods **2 times** yesterday.

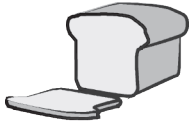○ Yes, I ate one of these foods **3 or more times** yesterday.

14. Yesterday, did you eat any bread, tortillas, buns, bagels, or rolls that were **brown**?
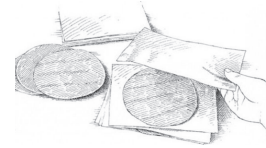
○ **No**, I didn't eat any of the foods listed above yesterday.

○ 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 or more times** yesterday.

15. Yesterday, did you eat any *hot or cold* **cereal**?

○ **No**, I didn't eat any cereal yesterday.

○ Yes, I ate cereal **1 time** yesterday.

○ Yes, I ate cereal **2 times** yesterday.

○ Yes, I ate cereal **3 or more times** yesterday.

16. Yesterday, did you eat **French fries or chips**? Chips are potato chips, tortilla chips, Cheetos®, corn chips, or any other snack chips.

○ **No**, I didn't eat any of the foods listed above 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 or more times** yesterday.

17. Yesterday, did you eat any **starchy vegetables** like potatoes, corn, or peas?
___Do not count___ French fries, fried potatoes, potato chips, or any other type of chips.

○ **No**, I didn't eat any of the foods listed above 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 or more times** yesterday.

18. Yesterday, did you eat any carrots, squash, sweet potatoes, or any other **orange vegetables**?

○ **No**, I didn't eat any orange vegetables yesterday.

○ Yes, I ate orange vegetables **1 time** yesterday.

○ Yes, I ate orange vegetables **2 times** yesterday.

○ Yes, I ate orange vegetables **3 or more times** yesterday.

19. Yesterday, did you eat **salad made with lettuce**, or any **green vegetables** like spinach, green beans, broccoli, or other greens?

○ **No**, I didn't eat any salad or green vegetables yesterday.

○ Yes, I ate salad or green vegetables **1 time** yesterday.

○ Yes, I ate salad or green vegetables **2 times** yesterday.

○ Yes, I ate salad or green vegetables **3 or more times** yesterday.

*Please continue on next page*

20. Yesterday, did you eat any **other vegetables** like peppers, tomatoes, zucchini, asparagus, cabbage, cauliflower, cucumbers, mushrooms, eggplant, celery, or artichokes?

○ **No**, I didn't eat any of the foods listed above 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 or more times** yesterday.
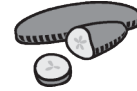
21. Yesterday, did you eat **beans** such as pinto beans, baked beans, kidney beans, refried beans, or pork and beans?
*Do not count* green beans.

○ **No**, I didn't eat any beans yesterday.

○ Yes, I ate beans **1 time** yesterday.

○ Yes, I ate beans **2 times** yesterday.

○ Yes, I ate beans **3 or more times** yesterday.
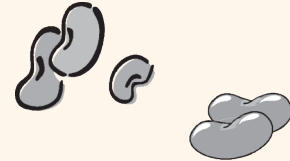
22. Yesterday, did you eat **fruit**? Fruits are all fresh, frozen, canned, or dried fruits.
*Do not count* fruit juice.

○ **No**, I didn't eat any fruit yesterday.

○ Yes, I ate fruit **1 time** yesterday.

○ Yes, I ate fruit **2 times** yesterday.

○ Yes, I ate fruit **3 or more times** yesterday.

23. Yesterday, did you eat a **frozen dessert**? A frozen dessert is a cold, sweet food like ice cream, frozen yogurt, an ice cream bar, or a Popsicle®.

○ **No**, I didn't eat any frozen dessert yesterday.

○ Yes, I ate a frozen dessert **1 time** yesterday.

○ Yes, I ate a frozen dessert **2 times** yesterday.

○ Yes, I ate a frozen dessert **3 or more times** yesterday.

24. Yesterday, did you eat sweet rolls, doughnuts, cookies, brownies, pies, or cake?

○ **No**, I didn't eat any of the foods listed above 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 or more times** yesterday.

25. Yesterday, did you eat any **candy**?
*Count* chewy, gummy, hard, or chocolate candy.
*Do not count* brownies, chocolate cookies, or gum.
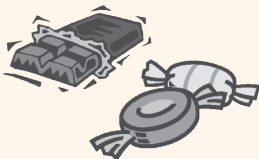
○ **No**, I didn't eat any candy yesterday.

○ Yes, I ate candy **1 time** yesterday.

○ Yes, I ate candy **2 times** yesterday.

○ Yes, I ate candy **3 or more times** yesterday.

*Please continue on next page*

26. Yesterday, did you eat any kind of **cheese**, cheese spread, or cheese sauce?
*Count* cheese on pizza or in dishes such as tacos, enchiladas, lasagna, sandwiches, cheeseburgers, or macaroni and cheese.
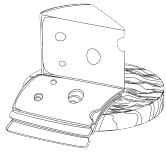
- ◯ **No**, I didn't eat any kind of cheese yesterday.
- ◯ Yes, I ate cheese **1 time** yesterday.
- ◯ Yes, I ate cheese **2 times** yesterday.
- ◯ Yes, I ate cheese **3 or more times** yesterday.
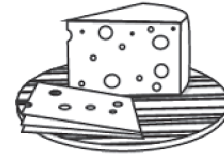
27. Yesterday, did you drink **plain milk**?
*Count* milk on cereal. *Do not count* chocolate milk.

- ◯ **No**, I didn't drink plain milk yesterday.
- ◯ Yes, I drank plain milk **1 time** yesterday.
- ◯ Yes, I drank plain milk **2 times** yesterday.
- ◯ Yes, I drank plain milk **3 or more times** yesterday.

28. Yesterday, did you drink any kind of **flavored milk**?
*Count* chocolate or other flavored milk or drinks made with milk, like a milkshake.

- ◯ **No**, I didn't drink flavored milk yesterday.
- ◯ Yes, I drank flavored milk **1 time** yesterday.
- ◯ Yes, I drank flavored milk **2 times** yesterday.
- ◯ Yes, I drank flavored milk **3 or more times** yesterday.

29. Yesterday, did you eat **yogurt** or drink a yogurt drink?
*Do not count* frozen yogurt.

- ◯ **No**, I didn't eat any of the foods listed above 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 or more times** yesterday.

30. Yesterday, did you drink **fruit juice**? Fruit juice is a drink that is **100% juice**, like orange juice, apple juice, or grape juice.
*Do not count* punch, Kool-Aid®, sports drinks, or other fruit-flavored drinks, like Sunny D® or Capri Sun®.

- ◯ **No**, I didn't drink any fruit juice yesterday.
- ◯ Yes, I drank fruit juice **1 time** yesterday.
- ◯ Yes, I drank fruit juice **2 times** yesterday.
- ◯ Yes, I drank fruit juice **3 or more times** yesterday.
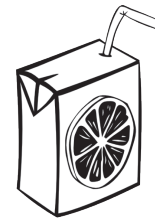
31. Yesterday, did you drink any punch, Kool-Aid®, sports drink, or other **fruit-flavored drinks**?
*Do not count* 100% fruit juice.

- ◯ **No**, I didn't drink any of these drinks yesterday.
- ◯ Yes, I drank one of these drinks **1 time** yesterday.
- ◯ Yes, I drank one of these drinks **2 times** yesterday.
- ◯ Yes, I drank one of these drinks **3 or more times** yesterday.

*Please continue on next page*

**32.** Yesterday, did you drink any **regular sodas** or soft drinks? *Do not count* diet sodas.

- ○ **No**, I didn't drink any *regular* (not diet) sodas or soft drinks yesterday.
- ○ Yes, I drank *regular* (not diet) sodas or soft drinks **1 time** yesterday.
- ○ Yes, I drank *regular* (not diet) sodas or soft drinks **2 times** yesterday.
- ○ Yes, I drank *regular* (not diet) sodas or soft drinks **3 or more times** yesterday.

**33.** Yesterday, did you drink any **diet sodas** or diet soft drinks?

- ○ **No**, I didn't drink any *diet* sodas or *diet* soft drinks yesterday.
- ○ Yes, I drank *diet* sodas or *diet* soft drinks **1 time** yesterday.
- ○ Yes, I drank *diet* sodas or *diet* soft drinks **2 times** yesterday.
- ○ Yes, I drank *diet* sodas or *diet* soft drinks **3 or more times** yesterday.

**34.** Yesterday, did you drink a cup, bottle, or can of **coffee, tea, iced tea** or a **coffee drink** like Frappuccino®?

- ○ **No**, I didn't drink any coffee or tea yesterday.
- ○ Yes, I drank coffee or tea **1 time** yesterday.
- ○ Yes, I drank coffee or tea **2 times** yesterday.
- ○ Yes, I drank coffee or tea **3 or more times** yesterday.

**35.** Yesterday, did you drink a bottle or glass of **water**? *Count* sparkling water or any other water drink that has 0 calories.

- ○ **No**, I didn't drink any water yesterday.
- ○ Yes, I drank water **1 time** yesterday.
- ○ Yes, I drank water **2 times** yesterday.
- ○ Yes, I drank water **3 or more times** yesterday.

**36.** Yesterday, did you eat **breakfast**?

- ○ **No**, I didn't eat breakfast yesterday.
- ○ Yes, I ate breakfast **at home** yesterday.
- ○ Yes, I ate breakfast **at school** yesterday.
- ○ Yes, I ate breakfast **at home and school** yesterday.
- ○ Yes, I ate breakfast **somewhere other than home or school** yesterday.

**37.** Yesterday, did you eat or drink a **snack**? A snack is any food or beverage that you eat or drink before, after, or between meals.

- ○ **No**, I didn't eat a snack yesterday.
- ○ Yes, I ate a snack **1 time** yesterday.
- ○ Yes, I ate a snack **2 times** yesterday.
- ○ Yes, I ate a snack **3 or more times** yesterday.

*Please continue on next page*

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**38. Yesterday, did you eat an evening meal (supper or dinner)?**

- ○ **No**, I didn't eat an evening meal yesterday.
- ○ Yes, I ate an evening meal **that was homemade.**
- ○ Yes, I ate an evening meal at home **that was not homemade** (frozen pizza, microwave meal, etc.).
- ○ Yes, I ate an evening meal **from a fast food restaurant, pizza place, or sit-down restaurant** (Mexican, Italian, Indian, etc.).
- ○ Yes, I ate an evening meal **from a place other than home or a restaurant**.

**39. Yesterday, how many times did you eat food from any type of restaurant? Restaurants include fast food, sit-down restaurants, or pizza places.**
***Do not count*** *the school cafeteria.*

- ○ None   ○ 1 time   ○ 2 times   ○ 3 or more times

**40. What type of milk do you drink *most of the time*? (*Choose only one.*)**

- ○ Regular (whole) milk
- ○ 2% milk
- ○ 1% (low-fat) or fat-free (skim/nonfat) milk
- ○ Soy milk, almond milk, rice milk, or other milk
- ○ I don't drink milk
- ○ I don't know

**41. Do you *usually* eat the lunch from the school cafeteria?**

- ○ Yes, I usually eat the lunch from the school cafeteria.
- ○ No, I usually bring my lunch from home.
- ○ No, I usually get lunch from a place other than home or school.

**42. Do you help prepare meals or cook at home?**
***Do not count*** *frozen dinners.*

- ○ Never
- ○ Yes, some of the time
- ○ Yes, most of the time
- ○ Yes, all of the time

| | Always | Almost always | Sometimes | Almost never | Never |
|---|---|---|---|---|---|
| **43. How often do you read the nutrition labels on food packages?** | ○ | ○ | ○ | ○ | ○ |
| **44. I think healthy foods taste good.** | ○ | ○ | ○ | ○ | ○ |
| **45. I think the lunch served in my school cafeteria is healthy.** | ○ | ○ | ○ | ○ | ○ |

*Please continue on next page*

**46. Last week**, on which days were you physically active for a total of **at least 60 minutes per day?**
*(Add up all the time you spent in any kind of physical activity that made your heart beat fast and made you breathe hard.)*
**Examples:** basketball, soccer, running or jogging, dancing, swimming, tennis, or bicycling.
*__Choose all that apply.__*

- ⚪ I didn't do any exercise last week that made my heart beat fast for at least 60 minutes.
- ⚪ Monday
- ⚪ Tuesday
- ⚪ Wednesday
- ⚪ Thursday
- ⚪ Friday
- ⚪ Saturday
- ⚪ Sunday

**47. Last week**, on which days did you play outdoors for **30 minutes or more?**
*__Do not count__* outdoor play during school hours.
*__Choose all that apply.__*

- ⚪ I didn't play outdoors last week.
- ⚪ Monday
- ⚪ Tuesday
- ⚪ Wednesday
- ⚪ Thursday
- ⚪ Friday
- ⚪ Saturday
- ⚪ Sunday

**48. During the past 12 months**, on how many **sports teams** did you play? **Examples of sports teams**: soccer, basketball, baseball, softball, swimming, cheerleading, wrestling, track, football, dance, karate, tennis, and volleyball teams.
*__Do not count__* PE classes.

- ⚪ 0 teams
- ⚪ 1 team
- ⚪ 2 teams
- ⚪ 3 or more teams

**49.** Do you currently take part in any **other organized physical activities**, **lessons,** or **classes**? **Examples:** martial arts, dance, gymnastics, or tennis.

- ⚪ No
- ⚪ Yes

**50.** How many hours **per day** do you *__usually__* watch TV, DVDs, or movies **away from school**?
*__Count__* TV shows or movies watched online or videos on YouTube®.

- ⚪ I don't watch TV, DVDs, or movies
- ⚪ Less than 1 hour
- ⚪ 1 hour
- ⚪ 2 hours
- ⚪ 3 hours
- ⚪ 4 hours
- ⚪ 5 hours
- ⚪ 6 hours or more

**51.** How many hours **per day** do you *__usually__* spend using a computer or tablet/iPad® **away from school __for school work__**?
*__Count__* homework, studying, looking up information for school, or reading for pleasure.

- ⚪ I don't use a computer or tablet/iPad® away from shool for school work
- ⚪ Less than 1 hour
- ⚪ 1 hour
- ⚪ 2 hours
- ⚪ 3 hours
- ⚪ 4 hours
- ⚪ 5 hours
- ⚪ 6 hours or more

**52.** How many hours **per day** do you *__usually__* spend using a computer, tablet/iPad®, or Smartphone® **away from school __for anything except school work__**?
*__Count__* internet surfing, instant messaging or chatting.
*__Do not count__* school work, games.

- ⚪ I don't use a computer, tablet/iPad®, or Smartphone® away from school for anything except school work
- ⚪ Less than 1 hour
- ⚪ 1 hour
- ⚪ 2 hours
- ⚪ 3 hours
- ⚪ 4 hours
- ⚪ 5 hours
- ⚪ 6 hours or more

**53.** How many hours **per day** do you *__usually__* spend playing video or computer games **away from school**? *__Count__* games on your video game console (Nintendo®, Xbox®, Playstation®), computer, or handheld (e.g. Minecraft®, The Sims®, Pokémon®), and games on your phone or mobile device (e.g. Candy Crush®, Angry Birds®).

- ⚪ I don't play video or computer games
- ⚪ Less than 1 hour
- ⚪ 1 hour
- ⚪ 2 hours
- ⚪ 3 hours
- ⚪ 4 hours
- ⚪ 5 hours
- ⚪ 6 hours or more

*Please continue on next page*

**54. Do you have a cell phone? Examples:** flip phone, iPhone®, Smartphone®, or Android®.

- ◯ No, I do not have a cell phone
- ◯ Yes, I have a cell phone that is my own
- ◯ Yes, I have a cell phone to use to call my family when I am not at home (for example, while I am at a friend's house)

**55. Do you have a TV in the room where you sleep?**

- ◯ No
- ◯ Yes

**56. Do you have a computer, iPad®, tablet, phone, or gaming console (like Xbox® or PlayStation®) in the room where you sleep?**

- ◯ No
- ◯ Yes

**57. On most days, how do you arrive at school?**

- ◯ Walk
- ◯ Bike
- ◯ School bus
- ◯ City bus
- ◯ Family car with only my family
- ◯ Carpool with children from other families

**58. Compared to other students in your grade who are as tall as you, do you think you weigh:**

- ◯ Too much
- ◯ The right amount
- ◯ Too little (or not enough)

|  | Scared and unsafe | Kind of safe | Very safe |
|---|---|---|---|
| **59. In my classroom I feel…** | ◯ | ◯ | ◯ |
| **60. On the school grounds I feel…** | ◯ | ◯ | ◯ |
| **61. In the cafeteria I feel…** | ◯ | ◯ | ◯ |
| **62. Going to and from school I feel…** | ◯ | ◯ | ◯ |
| **63. While I'm in the school restroom I feel…** | ◯ | ◯ | ◯ |

**64. Other kids hit, kick, or push me…**

- ◯ Every day
- ◯ Once or twice a week
- ◯ Once or twice a year
- ◯ Never

**65. Other kids say mean things to me…**

- ◯ Every day
- ◯ Once or twice a week
- ◯ Once or twice a year
- ◯ Never

**66. How sure are you that you can eat a piece of fruit instead of candy as a snack?**

- ◯ Not sure
- ◯ A little sure
- ◯ Very sure

**67. How sure are you that you can play outside after school instead of watching TV?**

- ◯ Not sure
- ◯ A little sure
- ◯ Very sure

| **68. Do you have food allergies to:** | No | Yes | I don't know |
|---|---|---|---|
| a. … Nuts (including peanuts) | ◯ | ◯ | ◯ |
| b. … Gluten | ◯ | ◯ | ◯ |
| c. … Dairy (milk/cheese) | ◯ | ◯ | ◯ |
| d. … Soy | ◯ | ◯ | ◯ |
| e. … Other: _____ | ◯ | ◯ | ◯ |

*Please continue on next page*

**69.** Has a doctor or nurse ever told you that you have **asthma**?

○ No      ○ Yes      ○ I don't know

**70.** Do you take **medication** every day to control your **asthma**?

○ No      ○ Yes      ○ I don't know      ○ I don't have asthma

**71.** Has a doctor or nurse ever told you that you have **diabetes**?

○ No      ○ Yes      ○ I don't know

**72.** Do you take **medication** every day to control your **diabetes** (pump or injection)?

○ No      ○ Yes      ○ I don't know      ○ I don't have diabetes

**73. In the last 12 months**/year has your mouth/teeth hurt so much that you had trouble chewing or eating?

○ No      ○ Yes      ○ I don't know, or don't remember

**74. In the last 12 months**/year have you seen the dentist?

○ No      ○ Yes      ○ I don't know, or don't remember

## STOP HERE.      Thank you very much for your help!

### Height

○ Refd Meas    ○ Refd Shoe    ○ Cast    ○ Time    ○ Hair Access    ○ Heavy Obj    ○ Other

### Weight

○ Refd Meas    ○ Refd Shoe    ○ Cast    ○ Time    ○ Hair Access    ○ Heavy Obj    ○ Other

○ Comments: _____

**TRIAL 1:**

| Height (cm) | Weight (kg) | Fat Mass (kg) | Impedance (ohms) |
|---|---|---|---|

**TRIAL 2:**

| Height (cm) | Weight (kg) | Fat Mass (kg) | Impedance (ohms) |
|---|---|---|---|

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DO NOT WRITE IN THIS AREA

SERIAL #