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 ____________________________

00001
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.

### STUDENT INFORMATION

1. What school do you go to? ____________________________

2. Bubble in today's date.

3. Bubble in your grade.
   - 8th
   - 11th

   - Male
   - Female

5. Bubble in your birth date.


7. How do you describe yourself? (Fill in only one)
   - Black or African-American
   - Mexican-American, Latino, or Hispanic
   - White, Caucasian, or Anglo
   - Vietnamese
   - Chinese
   - Indian or Pakistani
   - Other Asian
   - American Indian or Alaska Native
   - Native Hawaiian or Other Pacific Islander
   - Other

8. What language do you use with your parents most of the time? (Fill in only one)
   - English
   - Spanish
   - Other

9. What is your zip code?

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*University of Texas Health Science Center at Houston, 9/09*

*School of Public Health, Houston, Texas*
The next questions are about what you ate or drank YESTERDAY.

Yesterday, how many times did you...
(Fill in one answer for each question)

<table>
<thead>
<tr>
<th>10.</th>
<th>...eat hamburger meat, hot dogs, sausage (chorizo), steak, bacon, or ribs?</th>
<th>None</th>
<th>1 Time</th>
<th>2 Times</th>
<th>3 Times</th>
<th>4 Times</th>
<th>5 Or More Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.</td>
<td>...eat fried chicken, chicken nuggets, chicken fried steak, fried pork chops, fried fish, or fish sticks?</td>
<td>None</td>
<td>1 Time</td>
<td>2 Times</td>
<td>3 Times</td>
<td>4 Times</td>
<td>5 Or More Times</td>
</tr>
<tr>
<td>12.</td>
<td>...eat peanuts or peanut butter, or other nuts such as pecans, walnuts, or almonds?</td>
<td>None</td>
<td>1 Time</td>
<td>2 Times</td>
<td>3 Times</td>
<td>4 Times</td>
<td>5 Or More Times</td>
</tr>
</tbody>
</table>
| 13. | ...eat any kind of cheese, cheese spread, or cheese sauce?  
(INCLUDE cheese on pizza or in dishes such as tacos, enchiladas, lasagna, sandwiches, cheeseburgers, or macaroni and cheese.) | None | 1 Time | 2 Times | 3 Times | 4 Times | 5 Or More Times |
| 14. | ...drink any kind of milk?  
(INCLUDE chocolate or other flavored milk, milk on cereal, and drinks made with milk.) | None | 1 Time | 2 Times | 3 Times | 4 Times | 5 Or More Times |
| 15. | ...drink a cup, bottle, or can of coffee, tea, iced tea, or a coffee drink like Frappucino®? | None | 1 Time | 2 Times | 3 Times | 4 Times | 5 Or More Times |
| 16. | ...eat any starchy vegetables like potatoes, corn, or peas?  
(DO NOT COUNT French fries or chips.) | None | 1 Time | 2 Times | 3 Times | 4 Times | 5 Or More Times |
| 17. | ...eat any orange vegetables like carrots, squash, or sweet potatoes?  
(DO NOT COUNT French fries or chips.) | None | 1 Time | 2 Times | 3 Times | 4 Times | 5 Or More Times |
| 18. | ...eat a salad made with lettuce, or any green vegetables like spinach, green beans, broccoli, or other greens? | None | 1 Time | 2 Times | 3 Times | 4 Times | 5 Or More Times |
| 19. | ...eat beans such as pinto beans, baked beans, kidney beans, refried beans, or pork and beans?  
(DO NOT COUNT green beans.) | None | 1 Time | 2 Times | 3 Times | 4 Times | 5 Or More Times |
| 20. | ...eat fruit? Fruits are all fresh, frozen, canned, or dried fruits.  
(DO NOT COUNT juice.) | None | 1 Time | 2 Times | 3 Times | 4 Times | 5 Or More Times |
| 21. | ...eat any starchy vegetables like potatoes, corn, or peas?  
(DO NOT COUNT French fries or chips.) | None | 1 Time | 2 Times | 3 Times | 4 Times | 5 Or More Times |
| 22. | ...eat any orange vegetables like carrots, squash, or sweet potatoes?  
(DO NOT COUNT French fries or chips.) | None | 1 Time | 2 Times | 3 Times | 4 Times | 5 Or More Times |
| 23. | ...eat any other vegetables like peppers, tomatoes, zucchini, asparagus, cabbage, cauliflower, cucumbers, mushrooms, eggplant, celery or artichokes? | None | 1 Time | 2 Times | 3 Times | 4 Times | 5 Or More Times |
| 24. | ...eat beans such as pinto beans, baked beans, kidney beans, refried beans, or pork and beans?  
(DO NOT COUNT green beans.) | None | 1 Time | 2 Times | 3 Times | 4 Times | 5 Or More Times |
| 25. | ...eat fruit? Fruits are all fresh, frozen, canned, or dried fruits.  
(DO NOT COUNT juice.) | None | 1 Time | 2 Times | 3 Times | 4 Times | 5 Or More Times |
| 26. | ...eat any starchy vegetables like potatoes, corn, or peas?  
(DO NOT COUNT French fries or chips.) | None | 1 Time | 2 Times | 3 Times | 4 Times | 5 Or More Times |
| 27. | ...eat any orange vegetables like carrots, squash, or sweet potatoes?  
(DO NOT COUNT French fries or chips.) | None | 1 Time | 2 Times | 3 Times | 4 Times | 5 Or More Times |
| 28. | ...eat any other vegetables like peppers, tomatoes, zucchini, asparagus, cabbage, cauliflower, cucumbers, mushrooms, eggplant, celery or artichokes? | None | 1 Time | 2 Times | 3 Times | 4 Times | 5 Or More Times |
| 29. | ...eat beans such as pinto beans, baked beans, kidney beans, refried beans, or pork and beans?  
(DO NOT COUNT green beans.) | None | 1 Time | 2 Times | 3 Times | 4 Times | 5 Or More Times |
| 30. | ...eat fruit? Fruits are all fresh, frozen, canned, or dried fruits.  
(DO NOT COUNT juice.) | None | 1 Time | 2 Times | 3 Times | 4 Times | 5 Or More Times |
| 31. | ...eat any starchy vegetables like potatoes, corn, or peas?  
(DO NOT COUNT French fries or chips.) | None | 1 Time | 2 Times | 3 Times | 4 Times | 5 Or More Times |
| 32. | ...eat any orange vegetables like carrots, squash, or sweet potatoes?  
(DO NOT COUNT French fries or chips.) | None | 1 Time | 2 Times | 3 Times | 4 Times | 5 Or More Times |
| 33. | ...eat any other vegetables like peppers, tomatoes, zucchini, asparagus, cabbage, cauliflower, cucumbers, mushrooms, eggplant, celery or artichokes? | None | 1 Time | 2 Times | 3 Times | 4 Times | 5 Or More Times |
| 34. | ...eat beans such as pinto beans, baked beans, kidney beans, refried beans, or pork and beans?  
(DO NOT COUNT green beans.) | None | 1 Time | 2 Times | 3 Times | 4 Times | 5 Or More Times |
| 35. | ...eat fruit? Fruits are all fresh, frozen, canned, or dried fruits.  
(DO NOT COUNT juice.) | None | 1 Time | 2 Times | 3 Times | 4 Times | 5 Or More Times |
| 36. | ...eat any starchy vegetables like potatoes, corn, or peas?  
(DO NOT COUNT French fries or chips.) | None | 1 Time | 2 Times | 3 Times | 4 Times | 5 Or More Times |
| 37. | ...eat any orange vegetables like carrots, squash, or sweet potatoes?  
(DO NOT COUNT French fries or chips.) | None | 1 Time | 2 Times | 3 Times | 4 Times | 5 Or More Times |
| 38. | ...eat any other vegetables like peppers, tomatoes, zucchini, asparagus, cabbage, cauliflower, cucumbers, mushrooms, eggplant, celery or artichokes? | None | 1 Time | 2 Times | 3 Times | 4 Times | 5 Or More Times |
| 39. | ...eat beans such as pinto beans, baked beans, kidney beans, refried beans, or pork and beans?  
(DO NOT COUNT green beans.) | None | 1 Time | 2 Times | 3 Times | 4 Times | 5 Or More Times |
| 40. | ...eat fruit? Fruits are all fresh, frozen, canned, or dried fruits.  
(DO NOT COUNT juice.) | None | 1 Time | 2 Times | 3 Times | 4 Times | 5 Or More Times |
| 41. | ...eat any starchy vegetables like potatoes, corn, or peas?  
(DO NOT COUNT French fries or chips.) | None | 1 Time | 2 Times | 3 Times | 4 Times | 5 Or More Times |
| 42. | ...eat any orange vegetables like carrots, squash, or sweet potatoes?  
(DO NOT COUNT French fries or chips.) | None | 1 Time | 2 Times | 3 Times | 4 Times | 5 Or More Times |
| 43. | ...eat any other vegetables like peppers, tomatoes, zucchini, asparagus, cabbage, cauliflower, cucumbers, mushrooms, eggplant, celery or artichokes? | None | 1 Time | 2 Times | 3 Times | 4 Times | 5 Or More Times |
| 44. | ...eat beans such as pinto beans, baked beans, kidney beans, refried beans, or pork and beans?  
(DO NOT COUNT green beans.) | None | 1 Time | 2 Times | 3 Times | 4 Times | 5 Or More Times |
| 45. | ...eat fruit? Fruits are all fresh, frozen, canned, or dried fruits.  
(DO NOT COUNT juice.) | None | 1 Time | 2 Times | 3 Times | 4 Times | 5 Or More Times |
| 46. | ...eat any starchy vegetables like potatoes, corn, or peas?  
(DO NOT COUNT French fries or chips.) | None | 1 Time | 2 Times | 3 Times | 4 Times | 5 Or More Times |
| 47. | ...eat any orange vegetables like carrots, squash, or sweet potatoes?  
(DO NOT COUNT French fries or chips.) | None | 1 Time | 2 Times | 3 Times | 4 Times | 5 Or More Times |
| 48. | ...eat any other vegetables like peppers, tomatoes, zucchini, asparagus, cabbage, cauliflower, cucumbers, mushrooms, eggplant, celery or artichokes? | None | 1 Time | 2 Times | 3 Times | 4 Times | 5 Or More Times |
| 49. | ...eat beans such as pinto beans, baked beans, kidney beans, refried beans, or pork and beans?  
(DO NOT COUNT green beans.) | None | 1 Time | 2 Times | 3 Times | 4 Times | 5 Or More Times |
| 50. | ...eat fruit? Fruits are all fresh, frozen, canned, or dried fruits.  
(DO NOT COUNT juice.) | None | 1 Time | 2 Times | 3 Times | 4 Times | 5 Or More Times |

Please continue on next page.
39. **LAST WEEK**, were the following available in your **home**?

<table>
<thead>
<tr>
<th>(Fill in one answer for each item)</th>
<th>Yes, All Of The Time</th>
<th>Yes, Most Of The Time</th>
<th>Yes, Some Of The Time</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. 100% fruit juice (DO NOT COUNT punch, Kool-Aid®, sports drinks, or other fruit-flavored drinks.)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. Fresh fruit (DO NOT COUNT fruit juice.)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c. Fresh vegetables (DO NOT COUNT canned or frozen vegetables.)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

40. Do you **usually** take a vitamin or mineral pill?
- Yes
- No

41. What type of milk do you **usually** drink? (**Fill in only one**)
- Regular (whole) milk
- 2% milk
- 1% (low-fat) or fat-free (skim/non-fat) milk
- Soy milk, almond milk, rice milk, or other milk
- I don't drink milk
- I don't know

42. Do you **usually** eat or drink something for breakfast?
- Yes, all of the time
- Yes, most of the time
- Yes, some of the time
- Never

43. Where do you **usually** get your lunch on school days?
- From the main lunch line in the school cafeteria
- From a snack bar, a kiosk, or a la carte line in the school cafeteria
- From a vending machine at school
- From somewhere off-campus
- From home
- I don't usually eat lunch

44. Do you **usually** eat an evening meal?
- Yes, I usually eat an evening meal that is homemade
- Yes, I usually eat an evening meal at home that is not homemade (frozen pizza, microwave meal, etc.)
- Yes, I usually eat an evening meal from a fast food restaurant
- Yes, I usually eat an evening meal from a sit-down restaurant or pizza place
- Yes, I usually eat an evening meal from a place other than home or a restaurant
- No, I don't usually eat an evening meal
45. Do you help prepare meals/cook at home? (DO NOT INCLUDE frozen dinners.)
   - Yes, all of the time
   - Yes, most of the time
   - Yes, some of the time
   - Never

46. How often does your family buy or get fruits/vegetables from:

<table>
<thead>
<tr>
<th>(Fill in one answer for each location)</th>
<th>All Of The Time</th>
<th>Most Of The Time</th>
<th>Some Of The Time</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. A large chain grocery store or supermarket (such as Randall's)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>b. A natural or organic supermarket (such as Whole Foods Market)?</td>
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<td></td>
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<tr>
<td>c. A small local store or corner store?</td>
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<td></td>
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<tr>
<td>d. A convenience store (such as 7-Eleven or mini market)?</td>
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<tr>
<td>e. A warehouse club store (such as Sam's Club or Costco)?</td>
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<tr>
<td>f. A discount superstore (such as Wal-Mart)?</td>
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<td></td>
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<tr>
<td>g. An ethnic market?</td>
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<tr>
<td>h. A farmer's market/co-op?</td>
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<tr>
<td>i. A food bank/pantry?</td>
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<tr>
<td>j. Your own garden?</td>
<td></td>
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</tr>
</tbody>
</table>

47. How many total cups of **fruits** should you eat each day?
   - At least 2
   - At least 3
   - At least 4
   - At least 5
   - I don’t know

48. How many total cups of **vegetables** should you eat each day?
   - At least 2
   - At least 3
   - At least 4
   - At least 5
   - I don’t know

49. Which contains the most calories?
   - One gram of protein
   - One gram of fat
   - One gram of carbohydrate
   - I don’t know

50. Do you use food labels (nutrition facts) to make your food choices?
   - Yes, all of the time
   - Yes, most of the time
   - Yes, some of the time
   - Never

51. If I am overweight I am more likely to have more health problems like cancer or heart disease.
   - True
   - False
   - I don’t know

52. The foods that I usually eat and drink are healthy so there is no reason for me to make changes.
   - Yes, all of the time
   - Yes, most of the time
   - Yes, some of the time
   - Never

53. Healthy foods taste good.
   - Yes, all of the time
   - Yes, most of the time
   - Yes, some of the time
   - Never
54. I think the food served in the main lunch line at school is healthy.
   - ○ Yes, all of the time
   - ○ Yes, some of the time
   - ○ Yes, most of the time
   - ○ Never

55. **During the past 7 days**, on how many 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 increased your heart rate and made you breathe hard some of the time.)
   - ○ 0 days
   - ○ 1 day
   - ○ 2 days
   - ○ 3 days
   - ○ 4 days
   - ○ 5 days
   - ○ 6 days
   - ○ 7 days

56. On how many of the **past 7 days** did you exercise or take part in physical activity that made your heart beat fast and made you breathe hard for **at least 20 minutes**? (For example: basketball, soccer, running or jogging, fast dancing, swimming laps, tennis, fast bicycling, or similar aerobic activities)
   - ○ 0 days
   - ○ 1 day
   - ○ 2 days
   - ○ 3 days
   - ○ 4 days
   - ○ 5 days
   - ○ 6 days
   - ○ 7 days

57. On how many of the **past 7 days** did you do exercises to strengthen or tone your muscles, such as push-ups, sit-ups, or weight lifting?
   - ○ 0 days
   - ○ 1 day
   - ○ 2 days
   - ○ 3 days
   - ○ 4 days
   - ○ 5 days
   - ○ 6 days
   - ○ 7 days

58. **During the past 12 months**, on how many sports teams **run by your school** did you play? (DO NOT INCLUDE PE classes)
   - ○ 0 teams
   - ○ 1 team
   - ○ 2 teams
   - ○ 3 teams or more

59. **During the past 12 months**, on how many sports teams run by organizations **outside of your school** (like the recreation department, club sports, summer leagues, YMCA, or church teams) did you play?
   - ○ 0 teams
   - ○ 1 team
   - ○ 2 teams
   - ○ 3 teams or more

60. Do you currently participate in any other organized physical activities or take lessons, such as martial arts, dance, gymnastics, or tennis?
   - ○ Yes
   - ○ No

61. Experts recommend that children should be physically active for at least how many minutes per day?
   - ○ 10 minutes
   - ○ 20 minutes
   - ○ 30 minutes
   - ○ 60 minutes
   - ○ 90 minutes
   - ○ I don’t know
62. How many hours **per day** do you **usually** watch TV, DVDs, or movies **away from school**?
- 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

63. How many hours **per day** do you **usually** spend on a computer **away from school**?
(Time on the computer includes time spent surfing the Internet, instant messaging, and playing online video or computer games.)
- I don't use a computer
- Less than 1 hour
- 1 hour
- 2 hours
- 3 hours
- 4 hours
- 5 hours
- 6 hours or more

64. How many hours **per day** do you **usually** spend playing video games like Nintendo® Wii or DS, Sega®, PlayStation®, Xbox®, GameBoy®, or arcade games **away from school**?
- I don't play video games
- Less than 1 hour
- 1 hour
- 2 hours
- 3 hours
- 4 hours
- 5 hours
- 6 hours or more

65. Do you have a TV in your bedroom?
- Yes
- No

66. How many of your friends do your parents know?
- All of them
- Most of them
- Some of them
- None of them

67. How often do your parents know what you are doing during your free time like after school, at nights, or on weekends?
- Almost never
- Sometimes
- Often
- Almost always

68. How upset would your parents feel if they found out you were eating a lot of junk food?
- Not at all upset
- A little upset
- Pretty upset
- Very upset

69. How upset would your parents feel if they found out you were not exercising?
- Not at all upset
- A little upset
- Pretty upset
- Very upset
(Fill in one bubble for each question)

Male

70. Which of these bodies do you think a boy your age should look like?

71. Which of these bodies looks most like you?
   - I am not a boy

72. Which of these bodies looks most like your closest male friend?

73. Which of these bodies looks most like your father?
   - I do not know what my father looks like

(Fill in one bubble for each question)

Female

74. Which of these bodies do you think a girl your age should look like?

75. Which of these bodies looks most like you?
   - I am not a girl

76. Which of these bodies looks most like your closest female friend?

77. Which of these bodies looks most like your mother?
   - I do not know what my mother looks like
78. In the **past 12 months**, have you tried to lose weight?
- Yes
- No

79. What are you trying to do about your weight?
- Lose weight
- Gain weight
- Stay the same weight
- Nothing

80. 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)

81. For the following statements, it would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of how things have been for you **over the last six months**.

<table>
<thead>
<tr>
<th>(Fill in one answer for each statement)</th>
<th>Not True</th>
<th>Somewhat True</th>
<th>Certainly True</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I get a lot of headaches, stomach-aches or sickness.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. I worry a lot.</td>
<td></td>
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</tr>
<tr>
<td>c. I am often unhappy, depressed or tearful.</td>
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</tr>
<tr>
<td>d. I am nervous in new situations. I easily lose confidence.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. I have many fears, I am easily scared.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

82. Please indicate your agreement or disagreement with the statements below.

<table>
<thead>
<tr>
<th>(Fill in one answer for each statement)</th>
<th>I Agree A Lot</th>
<th>I Agree A Little</th>
<th>I Neither Agree Nor Disagree</th>
<th>I Disagree A Little</th>
<th>I Disagree A Lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I am satisfied with life.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. I am happy.</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>c. I am optimistic or hopeful about the future.</td>
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<td></td>
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<tr>
<td>d. I feel enthusiastic or excited.</td>
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<tr>
<td>e. When I have a problem, I can come up with lots of ways to solve it.</td>
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</tr>
</tbody>
</table>

83. **During the past 12 months**, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?
- Almost Always or Always
- Sometimes
- Almost Never or Never

84. **Over the last 6 months**, how often have you been bullied at school? (A student is being bullied when another student, or a group of students, say or do nasty and unpleasant things to him or her. It is also bullying when a student is teased repeatedly in a way he or she doesn’t like. But it is **NOT BULLYING** when two students of about the same strength quarrel or fight.)
- I haven't been bullied at school over the last 6 months
- It has only happened once or twice
- 2 or 3 times a month
- About once a week
- Several times a week
85. During the past 30 days, on how many days did you smoke cigarettes?
- I have never tried smoking, not even a puff
- I have tried smoking cigarettes, but have not smoked in the past 30 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

86. I have parents or guardians who...

<table>
<thead>
<tr>
<th>(Fill in one answer for each statement)</th>
<th>Never</th>
<th>Almost Never</th>
<th>Sometimes</th>
<th>Almost Always</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. ... want me to exercise or be physically active.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. ... exercise with me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. ... spend time teaching me to play a sport or do a physical activity.</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. ... eat lots of fruits and vegetables with me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. ... drink water instead of a soft drink (soda) with me.</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. ... want me to eat breakfast every morning.</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

87. I have friends who...

<table>
<thead>
<tr>
<th>(Fill in one answer for each statement)</th>
<th>Never</th>
<th>Almost Never</th>
<th>Sometimes</th>
<th>Almost Always</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. ... want me to exercise or be physically active.</td>
<td></td>
<td></td>
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<tr>
<td>b. ... exercise with me.</td>
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<tr>
<td>c. ... spend time teaching me to play a sport or do a physical activity.</td>
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<tr>
<td>d. ... eat lots of fruits and vegetables with me.</td>
<td></td>
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<tr>
<td>e. ... drink water instead of a soft drink (soda) with me.</td>
<td></td>
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<tr>
<td>f. ... want me to eat breakfast every morning.</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

88. I tell my family and friends to eat fruits and vegetables.
- Yes, all of the time
- Yes, some of the time
- Yes, most of the time
- Never
89. Do you have any of the following conditions?

(Fill in one answer for each)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>I Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Asthma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Physical limitation or disability that makes it harder for you to do things other people your age do</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Dietary limitations/restrictions (e.g., diabetes, food allergies)</td>
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</tr>
</tbody>
</table>

90. During the past 6 months, did you have a toothache (pain in your tooth) more than once, when biting or chewing?

- Yes
- No
- Don't know, or don't remember

91. Indicate the highest level of education completed for your parents/guardians.

(Fill in only one answer for each adult)

<table>
<thead>
<tr>
<th>Highest Level</th>
<th>a. Mother or other adult female in the home</th>
<th>b. Father or other adult male in the home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than high school</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>High school or GED</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Some college</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>College degree</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Graduate or professional degree (Master's, PhD, MD, etc.)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>No mother or adult female in the home</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>No father or adult male in the home</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

STOP HERE

Thank you for taking the time to complete this survey!