School Physical Activity and Nutrition (SPAN) Project
Student Assent

YOUR NAME: ________________________________
SCHOOL: ________________________________
GRADE: ________________________________

- You will be asked to answer questions about your food choices and physical activity (exercise).
- An adult will weigh you, measure your height, and write the results on the last page of the questionnaire.
- No one at school or at home will see your answers, how tall you are, or what you weigh.
- 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.
- After you complete the questionnaire and are measured for height and weight, the page with your name on it (Student Assent Form) 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 ______________________

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SCHOOL PHYSICAL ACTIVITY AND NUTRITION (SPAN) PROJECT
STUDENT QUESTIONNAIRE
4th Grade

The following questions are about what kids 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 questionnaire 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**

Wrong Wrong Wrong

Right

**STUDENT INFORMATION**

What school do you go to? ____________________________

1. Bubble in your school ID #.

2. Bubble in your birth date.

3. Bubble in today’s date.


5. Are you a boy or girl?

6. How do you describe yourself?

(Fill in only one)

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White, non-Hispanic, non-Latino
- Other
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 any fried meat with a crust, like fried chicken, chicken nuggets, chicken fried steak, fried pork chops, or fried fish?

- 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 gravy (either on a food or by itself)?

- No, I didn’t eat gravy yesterday.
- Yes, I ate gravy **1 time** yesterday.
- Yes, I ate gravy **2 times** yesterday.
- Yes, I ate gravy **3 or more times** yesterday.

10. Yesterday, did you eat any peanuts or peanut butter?

- 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 cheese by itself or on your food? Count cheese on pizza or in dishes such as tacos, enchiladas, sandwiches, cheeseburgers, or macaroni and cheese.

- No, I didn’t eat 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.

12. Yesterday, did you drink any kind of milk? Count chocolate or other flavored milk, milk on cereal, or drinks made with milk.

- No, I didn’t drink any milk yesterday.
- Yes, I drank milk 1 time yesterday.
- Yes, I drank milk 2 times yesterday.
- Yes, I drank milk 3 or more times yesterday.

13. Yesterday, did you eat yogurt or cottage cheese or drink a yogurt drink?

*Do not count* frozen yogurt.

- No, I didn’t 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 or more times yesterday.

14. Yesterday, did you eat rice, macaroni, spaghetti or pasta noodles?

- 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 bread, bun, bagel, tortilla or roll?

- 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.

16. 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.

17. Yesterday, did you eat French fries or chips?

- No, I didn’t eat any French fries or chips yesterday.
- Yes, I ate French fries or chips 1 time yesterday.
- Yes, I ate French fries or chips 2 times yesterday.
- Yes, I ate French fries or chips 3 or more times yesterday.

**Chips** are potato chips, tortilla chips, Cheetos®, corn chips, or other snack chips.

18. Yesterday, did you eat any vegetables?

Vegetables are all cooked and uncooked vegetables; salads; and boiled, baked and mashed potatoes.

*Do not count* French fries or chips.

- No, I didn’t eat any vegetables yesterday.
- Yes, I ate vegetables 1 time yesterday.
- Yes, I ate vegetables 2 times yesterday.
- Yes, I ate vegetables 3 or more times yesterday.
19. 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.

20. Yesterday, did you eat fruit?

*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.

21. Yesterday, did you drink fruit juice?

*Fruit juice* is a drink, which is 100% juice, like orange juice, apple juice, or grape juice.

*Do not count punch, Kool-Aid®, sports drinks, or other fruit-flavored drinks.*

- 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.

22. Yesterday, did you drink any punch, Kool-Aid®, sports drinks, or other fruit-flavored drinks?

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

☐ No, I didn’t drink any sodas or soft drinks yesterday.
☐ Yes, I drank sodas or soft drinks 1 time yesterday.
☐ Yes, I drank sodas or soft drinks 2 times yesterday.
☐ Yes, I drank sodas or soft drinks 3 or more times yesterday.

24. 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.

25. 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.

26. Yesterday, did you eat any chocolate candy?

Do not count brownies or chocolate cookies.

☐ No, I didn’t eat any chocolate candy yesterday.
☐ Yes, I ate chocolate candy 1 time yesterday.
☐ Yes, I ate chocolate candy 2 times yesterday.
☐ Yes, I ate chocolate candy 3 or more times yesterday.
27. Yesterday, did you eat breakfast?
   - Yes
   - No

28. Yesterday, how many meals did you eat?
   Meals include breakfast, lunch, and dinner or supper.
   - I didn’t have any meals yesterday.
   - I had 1 meal yesterday.
   - I had 2 meals yesterday.
   - I had 3 or more meals yesterday.

29. Yesterday, did you have a snack? A snack is food or drink that you eat or drink before, after, or between meals.
   - No, I didn’t have any snacks yesterday.
   - Yes, I had a snack 1 time yesterday.
   - Yes, I had a snack 2 times yesterday.
   - Yes, I had a snack 3 or more times yesterday.

30. Yesterday, did you take a vitamin pill?
   - Yes
   - No

31. Yesterday, did you do any exercise that made your heart beat fast and made you breathe hard for at least 20 minutes? (For example: basketball, running or jogging, fast dancing, swimming laps, tennis, fast bicycling, or similar aerobic activities.)
   - Yes
   - No

32. Yesterday, did you do any exercise that did not make your heart beat fast and did not make you breathe hard for at least 30 minutes? (For example: fast walking, slow bicycling, skating, pushing a lawn mower, or mopping floors.)
   - Yes
   - No

33. Last week, on how many days did you go to physical education (PE) or gym classes?
   - 0 days
   - 1 day
   - 2 days
   - 3 days
   - 4 days
   - 5 days
34. Have you ever tried to lose weight?
   - Yes
   - No

35. Yesterday, how many hours did you watch TV or video movies?
   - I didn’t watch TV yesterday
   - 1 hour
   - 2 hours
   - 3 hours or more

36. Do you ever read the nutrition labels on food packages?
   - Almost always or always
   - Sometimes
   - Almost never or never

37. Do you ever pick out foods to buy at the store?
   - Almost always or always
   - Sometimes
   - Almost never or never

38. During the past 12 months, on how many sports teams did you play?
    Sports teams include soccer, basketball, baseball, softball, swimming, gymnastics, cheerleading, wrestling, track, football, dance, tennis, and volleyball teams.
    *Do not include PE classes.*
    - 0 teams
    - 1 team
    - 2 teams
    - 3 or more teams

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

40. How many hours per day do you usually spend on the computer or playing video games like Nintendo®, Sega®, or arcade games?
   - I don’t play video games or use the computer
   - 3-4 hours a day
   - Less than 1 hour a day
   - More than 4 hours a day
   - 1-2 hours a day
41. Are you trying to lose weight now?
   ○ Yes  ○ No

42. Compared to other students in your grade who are as tall as you, do you think you weigh:
   ○ The right amount
   ○ Too much
   ○ Too little (or not enough)

43. Have you ever seen the Food Guide Pyramid?
   ○ Yes  ○ No

44. From which food group should you eat the most servings each day? Choose only one group.
   ○ Breads, cereals, rice, pasta
   ○ Dairy products (milk, cheese)
   ○ Fats, oils, sweets
   ○ Fruits
   ○ Meats, fish, poultry, beans, eggs, nuts
   ○ Vegetables
   ○ I don’t know

45. From which food group should you eat the fewest servings each day? Choose only one group.
   ○ Breads, cereals, rice, pasta
   ○ Dairy products (milk, cheese)
   ○ Fats, oils, sweets
   ○ Fruits
   ○ Meats, fish, poultry, beans, eggs, nuts
   ○ Vegetables
   ○ I don’t know

46. How many total servings of fruits and vegetables should you eat each day?
   ○ At least 2
   ○ At least 3
   ○ At least 4
   ○ At least 5
   ○ I don’t know
### Questionnaire Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
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<tr>
<td>47. What you eat can make a difference in your chances of getting heart disease or cancer.</td>
<td>Yes, No, I don't know</td>
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<td>48. People who weigh much more than they should have more health problems than other people.</td>
<td>Yes, No, I don't know</td>
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<td>49. The foods that I eat and drink now are healthy.</td>
<td>Yes, sometimes, No</td>
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<td>50. Skipping meals such as breakfast or lunch makes it hard for me to do well in my classes.</td>
<td>Yes, sometimes, No</td>
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<td>51. I like to try new foods.</td>
<td>Almost always or always, Sometimes, Almost never or never</td>
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<td>52. Do you eat school lunches?</td>
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<td>53. I think the lunch served in my school cafeteria is healthy for my body.</td>
<td>Almost always or always, Sometimes, Almost never or never</td>
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<tr>
<td>54. I like to eat the school lunch served in my cafeteria.</td>
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### Thank you very much for your help!

**Student's Height**

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**Student's Weight**

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**Comments:**

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**PLEASE DO NOT WRITE IN THIS AREA**

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