

Introduce Staff/ Project

School Physical Activity and Nutrition Student Questionnaire

CATCH Middle School Project

Student Assent

Instruct students to fill in the following fields:

YOUR NAME:

First, Last Name (Make sure both are filled)

SCHOOL:

Probably already filled in

GRADE:

Always "8th"

Read Bullets Verbatim:

- 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.
- 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 during the time you are getting your height and weight taken, while answering questions, or at any other time.
- 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.

Instruct students to sign & date

Signature of Student

Date

00001

Turn to the next page

School Physical Activity and Nutrition Student Questionnaire

CATCH Middle School Project

Read box aloud to students

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 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



To change your answer, erase completely



Go through questions w/ students (except for #2)

STUDENT INFORMATION

1. What school do you go to? Should already be filled in

Skip

2. Bubble in your school ID #.

0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

State today's date

3. Bubble in today's date.

<input type="checkbox"/> Jan	1 11 21 31	<input type="checkbox"/> 2009
<input type="checkbox"/> Feb	2 12 22	<input type="checkbox"/> 2010
<input type="checkbox"/> Mar	3 13 23	<input type="checkbox"/> 2011
<input type="checkbox"/> Apr	4 14 24	<input type="checkbox"/> 2012
<input type="checkbox"/> May	5 15 25	
<input type="checkbox"/> Jun	6 16 26	
<input type="checkbox"/> Jul	7 17 27	
<input type="checkbox"/> Aug	8 18 28	
<input type="checkbox"/> Sep	9 19 29	
<input type="checkbox"/> Oct	10 20 30	
<input type="checkbox"/> Nov		
<input type="checkbox"/> Dec		

4. Bubble in your grade.

- 6th
- 7th
- 8th

5. Bubble in your birthdate.

<input type="checkbox"/> Jan	1 11 21 31	<input type="checkbox"/> 1992
<input type="checkbox"/> Feb	2 12 22	<input type="checkbox"/> 1993
<input type="checkbox"/> Mar	3 13 23	<input type="checkbox"/> 1994
<input type="checkbox"/> Apr	4 14 24	<input type="checkbox"/> 1995
<input type="checkbox"/> May	5 15 25	<input type="checkbox"/> 1996
<input type="checkbox"/> Jun	6 16 26	<input type="checkbox"/> 1997
<input type="checkbox"/> Jul	7 17 27	<input type="checkbox"/> 1998
<input type="checkbox"/> Aug	8 18 28	<input type="checkbox"/> 2000
<input type="checkbox"/> Sep	9 19 29	<input type="checkbox"/> 2001
<input type="checkbox"/> Oct	10 20 30	<input type="checkbox"/> 2002
<input type="checkbox"/> Nov		<input type="checkbox"/> 2003
<input type="checkbox"/> Dec		<input type="checkbox"/> 2004

Age today

6. Bubble in your age.

- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18

7. Bubble in your gender.

- Male
- Female

8. 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 _____
(write in any other)

9. What language do you use with your parents most of the time?
(Fill in only ONE.)

- English
- Spanish
- Vietnamese
- Chinese
- Other _____
(write in any other language)

Remind students to read questions carefully. Some questions refer to the previous day/previous week.

Inform students they will be pulled for hts. & wts. during the survey. Conduct stadiometer demonstration if possible. Questions?

The next questions are about what you ate or drank yesterday.

Yesterday , how many times did you...		None	1 time	2 times	3 times	4 times	5 or more times
10.	...eat vegetables? (Include all cooked and uncooked vegetables; beans; salads; and boiled, baked, and mashed potatoes. DO NOT count French fries or chips.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	...eat French fries or chips? (Include potato chips, tortilla chips, Cheetos®, corn chips, or other snack chips.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	...eat fruit? (Fruits are all fresh, frozen, canned, or dried fruits. DO NOT count juice.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	...drink fruit juice? (Fruit juice is a 100% juice drink like orange juice, apple juice, or grape juice. DO NOT count punch, Kool-Aid®, sports drinks, and other fruit-flavored drinks.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	...drink any punch, Kool-Aid®, sports drinks, or other fruit-flavored drinks? (DO NOT count fruit juice.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	...drink any regular (NOT diet) sodas or soft drinks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	...drink any DIET sodas or soft drinks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	...drink any kind of milk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	...drink a bottle or glass of water? (Include sparkling water that has 0 calories.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	...eat hot or cold cereal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	...eat some type of frozen dessert? (A frozen dessert is a cold, sweet food like ice cream, frozen yogurt, an ice cream bar, or a popsicle.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	...eat sweet rolls, doughnuts, cookies, brownies, pies, or cakes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	...eat chocolate candy? (DO NOT count brownies or chocolate cookies.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	...eat any candy other than chocolate candy? (Count hard, chewy, or gummy candy. DO NOT count gum.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next questions are about what you eat or drink most of the time.

On a **regular weekday** (Monday-Friday), **how often do you usually...**

24.	...eat vegetables? (Include all cooked and uncooked vegetables; beans; salads; and boiled, baked, and mashed potatoes. DO NOT count French fries or chips.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> I don't usually eat this food.						
	<input type="checkbox"/> Less than 1 time a day (for example, 1 or 2 times during the week).						
	<input type="checkbox"/> 1 time a day <input type="checkbox"/> 2 times a day <input type="checkbox"/> 3 times a day <input type="checkbox"/> 4 times a day <input type="checkbox"/> 5 or more times a day						
25.	...eat French fries or chips? (Include potato chips, tortilla chips, Cheetos®, corn chips, or other snack chips.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> I don't usually eat this food.						
	<input type="checkbox"/> Less than 1 time a day (for example, 1 or 2 times during the week).						
	<input type="checkbox"/> 1 time a day <input type="checkbox"/> 2 times a day <input type="checkbox"/> 3 times a day <input type="checkbox"/> 4 times a day <input type="checkbox"/> 5 or more times a day						

The next questions are about what you eat or drink most of the time.

On a **regular weekday** (Monday-Friday), **how often do you usually...**

26. ...eat fruit? Fruits are all fresh, frozen, canned, or dried fruits.
(**DO NOT** count fruit juice.)

- I don't usually eat this food. 1 time a day 3 times a day 5 or more times a day
 Less than 1 time a day 2 times a day 4 times a day

27. ...drink fruit juice? (Fruit juice is a 100% juice drink like orange juice, apple juice, or grape juice.
DO NOT count punch, Kool-Aid®, sports drinks, and other fruit-flavored drinks.)

- I don't usually drink this. 1 time a day 3 times a day 5 or more times a day
 Less than 1 time a day 2 times a day 4 times a day

28. ...drink any punch, Kool-Aid®, sports drinks, or other fruit-flavored drinks?
(**DO NOT** count fruit juice.)

- I don't usually drink this. 1 time a day 3 times a day 5 or more times a day
 Less than 1 time a day 2 times a day 4 times a day

29. ...drink any regular (**NOT diet**) sodas or soft drinks?

- I don't usually drink this. 1 time a day 3 times a day 5 or more times a day
 Less than 1 time a day 2 times a day 4 times a day

30. ...drink any **DIET** sodas or soft drinks?

- I don't usually drink this. 1 time a day 3 times a day 5 or more times a day
 Less than 1 time a day 2 times a day 4 times a day

31. ...drink any kind of milk?

- I don't usually drink this. 1 time a day 3 times a day 5 or more times a day
 Less than 1 time a day 2 times a day 4 times a day

32. ...drink a bottle or glass of water? (Include sparkling water that has 0 calories.)

- I don't usually drink this. 1 time a day 3 times a day 5 or more times a day
 Less than 1 time a day 2 times a day 4 times a day

33. ...eat **white** bread, buns, bagels, tortillas, or rolls?

- I don't usually eat this. 1 time a day 3 times a day 5 or more times a day
 Less than 1 time a day 2 times a day 4 times a day

34. ...eat any **whole wheat** or **dark** bread, buns, bagels, tortillas, or rolls?

- I don't usually eat this. 1 time a day 3 times a day 5 or more times a day
 Less than 1 time a day 2 times a day 4 times a day

35. What type of milk do you drink **most often**? (Please fill in only **ONE**.)

- | | |
|---|---|
| <input type="checkbox"/> Regular (whole) milk | <input type="checkbox"/> Soy milk or non-dairy milk |
| <input type="checkbox"/> 2% milk | <input type="checkbox"/> Combination of regular, 2%, low-fat, and skim-milk |
| <input type="checkbox"/> Low-fat (1½%, 1%) milk | <input type="checkbox"/> I don't know what type of milk I drink. |
| <input type="checkbox"/> Skim, nonfat, or ½% milk | <input type="checkbox"/> I don't drink milk. |

36. During the **past 7 days**, how many times did you drink a cup, bottle, or can of coffee, tea, iced tea, or a coffee drink like a Frappucino?

- | | |
|--|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> 4 to 6 times in the past 7 days |
| <input type="checkbox"/> 1 time in the past 7 days | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 2 to 3 times in the past 7 days | <input type="checkbox"/> 2 or more times per day |

37. During the **past 7 days**, how many times did you drink a can, bottle, or glass of an energy drink that contains caffeine? (Include Red Bull®, Rockstar®, Jolt®, and similar brands.)

- | | |
|--|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> 4 to 6 times in the past 7 days |
| <input type="checkbox"/> 1 time in the past 7 days | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 2 to 3 times in the past 7 days | <input type="checkbox"/> 2 or more times per day |

The next questions are about foods that you had in your home last week.

38. Was there **100% fruit juice** in your home **last week**? (**DO NOT** count punch, Kool-Aid®, sports drinks, or other fruit-flavored drinks.)

- | | | | |
|--|--|--|--------------------------------|
| <input type="checkbox"/> Yes, all the time | <input type="checkbox"/> Yes, most of the time | <input type="checkbox"/> Yes, some of the time | <input type="checkbox"/> Never |
|--|--|--|--------------------------------|

39. Was there **fresh fruit** in your home **last week**? (**DO NOT** count fruit juice.)

- | | | | |
|--|--|--|--------------------------------|
| <input type="checkbox"/> Yes, all the time | <input type="checkbox"/> Yes, most of the time | <input type="checkbox"/> Yes, some of the time | <input type="checkbox"/> Never |
|--|--|--|--------------------------------|

40. Were there **fresh vegetables** in your home **last week**? (**DO NOT** count canned or frozen vegetables.)

- | | | | |
|--|--|--|--------------------------------|
| <input type="checkbox"/> Yes, all the time | <input type="checkbox"/> Yes, most of the time | <input type="checkbox"/> Yes, some of the time | <input type="checkbox"/> Never |
|--|--|--|--------------------------------|

41. In the **last week**, was there **fresh fruit** in an easy-to-reach place (for example, on your kitchen counter or in the refrigerator)? (**DO NOT** count fruit juice.)

- | | | | |
|--|--|--|--------------------------------|
| <input type="checkbox"/> Yes, all the time | <input type="checkbox"/> Yes, most of the time | <input type="checkbox"/> Yes, some of the time | <input type="checkbox"/> Never |
|--|--|--|--------------------------------|

42. In the **last week**, were there **cut-up fresh vegetables** in an easy-to-reach place (for example, on your kitchen counter or in the refrigerator)?

- | | | | |
|--|--|--|--------------------------------|
| <input type="checkbox"/> Yes, all the time | <input type="checkbox"/> Yes, most of the time | <input type="checkbox"/> Yes, some of the time | <input type="checkbox"/> Never |
|--|--|--|--------------------------------|

The next questions are about your eating habits.

43. During the **past 7 days**, on how many days did you eat food from any type of restaurant? (Restaurants include fast food, sit down restaurants, and pizza places.)

- | | | | |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> 0 days | <input type="checkbox"/> 2 days | <input type="checkbox"/> 4 days | <input type="checkbox"/> 6 days |
| <input type="checkbox"/> 1 day | <input type="checkbox"/> 3 days | <input type="checkbox"/> 5 days | <input type="checkbox"/> 7 days |

44. Please bubble in the types of snacks you ate **yesterday**. A **snack** is any food or beverage that you eat or drink before, after, or between meals. Please indicate “yes” or “no” for each snack.

	Yes	No
a. Cookies, doughnuts, sweet rolls, brownies, pies, or cakes.	<input type="checkbox"/>	<input type="checkbox"/>
b. French fries or chips, including potato chips, tortilla chips, Cheetos [®] , or other snack chips	<input type="checkbox"/>	<input type="checkbox"/>
c. Fresh, frozen or dried fruit like raisins	<input type="checkbox"/>	<input type="checkbox"/>
d. Vegetables, such as carrots or celery	<input type="checkbox"/>	<input type="checkbox"/>
e. Regular soda, punch, Kool-Aid [®] , sports drinks, or energy drinks	<input type="checkbox"/>	<input type="checkbox"/>
f. Diet soda	<input type="checkbox"/>	<input type="checkbox"/>
g. 100% fruit juice	<input type="checkbox"/>	<input type="checkbox"/>
h. Milk	<input type="checkbox"/>	<input type="checkbox"/>
i. Water	<input type="checkbox"/>	<input type="checkbox"/>
j. Other _____ (please write in)	<input type="checkbox"/>	<input type="checkbox"/>
k. Other _____ (please write in)	<input type="checkbox"/>	<input type="checkbox"/>

45. During a regular school week, how many **days per week** do you:

	0 days	1 days	2 days	3 days	4 days	5 days
a. Get lunch in the school cafeteria from the MAIN LUNCH LINE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Get lunch in one of the school cafeteria A LA CARTE or SNACK BAR LINES?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Bring lunch from home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Get food from a school snack/vending machine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Get sweetened drinks (like regular soda, sports drinks, or sweetened teas) from a school vending machine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Get milk drinks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Get bottled water at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Eat breakfast at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Eat breakfast at home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

46. Would you like to:

- Weigh more Weigh less Weigh about the same

47. 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)

The next questions are about physical activity.

48. 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 2 days 4 days 6 days
 1 day 3 days 5 days 7 days

49. During the **past 7 days**, on how many 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** outside of regular school hours? For example, before-school, after-school, or on the weekend. (Physical activity may include: basketball, soccer, running or jogging, fast bicycling, swimming laps, fast dancing, or other similar aerobic activities.)

- 0 days 2 days 4 days 6 days
 1 day 3 days 5 days 7 days

50. On an average **school day**, how many hours do you watch TV?

- I do not watch TV on an average school day.
- Less than 1 hour per day 2 hours per day 4 hours per day
- 1 hour per day 3 hours per day 5 or more hours a day

51. Please fill in “yes” or “no” for the school physical activity classes (PE classes) that you participated in **this school year** during the fall and spring semesters.

	Fall semester		Spring semester	
	Yes	No	Yes	No
a. PE class (for example, sport fitness or lifetime fitness class)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Athletics/sports class during school time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Outdoor sports & recreation class during school time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Dance class during school time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Other physical activity class during school time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

52. In an **average week** during this current school semester, on how many days do you go to physical education (PE) classes? (Include athletics/sports class, outdoor sports & recreation class, dance class, or other physical activity class you attend during school time.)

- 0 days 1 day 2 days 3 days 4 days 5 days

53. During the **past 12 months**, on how many **sports teams run by your school** did you play? (**DO NOT** include PE classes, athletics or other classes during school hours.) Include any teams that are run by school. Sports teams may include soccer, basketball, baseball, swimming, gymnastics, wrestling, track, football, tennis, and volleyball teams.

- 0 teams 1 team 2 teams 3 or more teams

54. During the **past 12 months**, on how many **sports teams run by organizations outside of your school** (*like the park district, summer leagues, club leagues, YMCA, or church teams*) did you play? Sports teams may include soccer, basketball, baseball, swimming, gymnastics, wrestling, track, football, tennis, and volleyball teams.

- 0 teams 1 team 2 teams 3 or more teams

55. How many organized **sports activities** do you currently participate in? Sports activities may include sports teams run by your school or a community organization; lessons such as martial arts, dance, gymnastics, or tennis; intramurals sports; or other sports activities that meet on a regular basis.

- None 1 activity 2 activities 3 or more activities

56. Do you currently participate in before-school, noon-hour, or after-school sports or physical activities organized by your school?

- Yes No None offered

The next questions are about the physical activity you did this past week at school.

INSTRUCTIONS: Please read each question below carefully, and fill in the bubble each day you did the physical activity. If you didn't do the activity last week, bubble in “I didn't do this last week.”

During the **past week** of school...

57. ...on which days did you walk or ride your bike **to** school?

- I didn't do this last week. Tuesday Thursday
- Monday Wednesday Friday

58. ...on which days did you walk or ride your bike **from** school?

- I didn't do this last week.
 Tuesday
 Thursday
 Monday
 Wednesday
 Friday

59. ...on which days did you do physical activity during your **advisory period**? (Advisory period or home room is the period where school announcements are often made.)

- I don't have advisory period.
 Monday
 Wednesday
 Friday
 I didn't do this last week during advisory.
 Tuesday
 Thursday

60. ...on which days did you have a physical activity break during class time? (Physical activity breaks include stretching, marching, jumping, or other aerobic exercise organized by your teacher. **DO NOT** count PE class or physical activity during your advisory period.)

- I didn't do this last week.
 Tuesday
 Thursday
 Monday
 Wednesday
 Friday

61. Do your parents have rules about **how much time you can watch** TV?

- Yes
 No
 No, I don't have a TV at home.

62. Do you have a TV in your bedroom?

- Yes
 No
 No, I don't have a TV at home.

63. In terms of income, what best describes your family's standard of living in the home **where you live most of the time**? Would you say your family is:

- Very well off
 Living comfortably
 Just getting by
 Nearly poor
 Poor

INSTRUCTIONS: Please read each question carefully, and fill in the bubble that best fits your answer for each question.

64. I have **parents or guardians** who...

	Never	Almost Never	Some-times	Almost Always	Always
...want me to exercise or be physically active.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...exercise with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...encourage me to do sports or exercise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...watch me when I exercise or play sports and give me positive feedback on what I'm doing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...spend time teaching me to play a sport or do a physical activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...are proud of me when I exercise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...are willing to help me in every way when it comes to sports or exercise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

65. I have a **teacher** in my school who...

	Never	Almost Never	Some-times	Almost Always	Always
...wants me to exercise or be physically active.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...exercises with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...encourages me to do sports or exercise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...watches me when I exercise or play sports and give me positive feedback on what I'm doing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...spends time teaching me to play a sport or do a physical activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...is proud of me when I exercise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...is willing to help me in every way when it comes to sports or exercise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

66. I have **friends** who...

	Never	Almost Never	Some-times	Almost Always	Always
...want me to exercise or be physically active.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...exercise with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...encourage me to do sports or exercise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...watch me when I exercise or play sports and give me positive feedback on what I'm doing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...are willing to help me in every way when it comes to sports or exercise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INSTRUCTIONS: Please read each statement carefully and fill in the bubble that best fits your answer for each question.

67. I have **parents or guardians** who...

	Never	Almost Never	Some-times	Almost Always	Always
...encourage me to eat lots of fruits and vegetables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...encourage me to drink water instead of a soft drink (soda).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...encourage me to eat whole-grain bread instead of white bread.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...encourage me to eat breakfast every morning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...encourage me to drink 1% low-fat, skim, or nonfat milk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

68. I have a **teacher** in my school who...

	Never	Almost Never	Some-times	Almost Always	Always
...encourages me to eat lots of fruits and vegetables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...encourages me to drink water instead of a soft drink (soda).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...encourages me to eat whole-grain bread instead of white bread.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...encourages me to eat breakfast every morning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...encourages me to drink 1% low-fat, skim, or nonfat milk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

69. I have **friends** who...

	Never	Almost Never	Some-times	Almost Always	Always
...encourage me to eat lots of fruits and vegetables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...encourage me to drink water instead of a soft drink (soda).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...encourage me to eat whole-grain bread instead of white bread.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...encourage me to eat breakfast every morning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...encourage me to drink 1% low-fat, skim, or nonfat milk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

70. What time do you usually get up in the morning and go to bed in the evening (turn out the lights in order to go to sleep) **during a regular weekday**? Please fill in the hour and minutes and use the a.m. (morning) or p.m. (night) bubble.

Example

a. Get up during weekday.

hour min

1	0	1	5	← Write in here
1	0	1	5	
2	0	1	5	
3	0	1	5	
4	0	1	5	← Fill in here
5	0	1	5	
6	0	1	5	
7	0	1	5	
8	0	1	5	
9	0	1	5	
10	0	1	5	
11	0	1	5	
12	0	1	5	

am
 pm

a. Get up during weekday

hour min

		← Write in here
1	0 0	
2	1 1	
3	2 2	
4	3 3	← Fill in here
5	4 4	
6	5 5	
7	6	<input type="checkbox"/> am
8	7	<input type="checkbox"/> pm
9	8	
10	9	
11		
12		

b. Go to bed during weekday

hour min

		← Write in here
1	0 0	
2	1 1	
3	2 2	
4	3 3	← Fill in here
5	4 4	
6	5 5	
7	6	<input type="checkbox"/> am
8	7	<input type="checkbox"/> pm
9	8	
10	9	
11		
12		

71. What time do you usually get up in the morning and go to bed in the evening (turn out the lights in order to go to sleep) **during the weekend**? Please fill in the hour and minutes and use the a.m. (morning) or p.m. (night) bubble.

a. Get up during weekend

hour min ← Write in here

1	0	0
2	1	1
3	2	2
4	3	3
5	4	4
6	5	5
7	6	
8	7	
9	8	
10	9	
11		
12		

← Fill in here

am
 pm

b. Go to bed during weekend

hour min ← Write in here

1	0	0
2	1	1
3	2	2
4	3	3
5	4	4
6	5	5
7	6	
8	7	
9	8	
10	9	
11		
12		

← Fill in here

am
 pm

72. How often have you gone on a diet during the **last year**? By "diet" we mean changing the way you eat so you can lose weight.

- Never 1 to 4 times 5 to 10 times more than 10 times I am always dieting.

73. During the **past 7 days**, how many times did all or most of your family living in your house eat a meal together?

- Never 1 to 2 times 3 to 4 times 5 to 6 times 7 times More than 7 times

74. During this **past month**, how often did you hear health messages during your school's morning announcements? For example, messages on exercise, healthy eating, or other health habits.

- Never 1 or 2 times in the past month 1 or 2 times a week Every day or almost every day

75. During this **past month**, did you see posters or signs about physical activity (exercise) or eating healthy in the following areas of your school?

a. Classroom	<input type="checkbox"/> Yes	<input type="checkbox"/> No	c. Gym	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Hallway	<input type="checkbox"/> Yes	<input type="checkbox"/> No	d. Cafeteria	<input type="checkbox"/> Yes	<input type="checkbox"/> No

76. Which of the following is a GO food? (Please fill in only **ONE**.)

- French toast Green beans Pepperoni I have never heard of GO foods.

77. Which of the following online social websites do you belong to? (Please fill in **ALL** websites that you belong to.)

- MySpace Bebo Flickrster I'm not a member of any social website
 Facebook Twitter Other: _____
 (please write in)

78. During the **past month**, how often have you visited the following websites or social networking websites? (Please fill in **ONE** response for **EACH** website.)

	Never	Less than once a month	One or two times a month	One time a week	Two or more times a week	Once a Day	Several times a day
MySpace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facebook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Google	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YouTube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bebo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twitter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flickrster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

