

**School Physical Activity and Nutrition Student Questionnaire**  
**CATCH Middle School 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.
- 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.

\_\_\_\_\_  
**Signature of Student**

\_\_\_\_\_  
**Date**

00001

# School Physical Activity and Nutrition Student Questionnaire

## CATCH Middle School Project

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



### STUDENT INFORMATION

1. What school do you go to? \_\_\_\_\_

2. Last year did you go to this school?  Yes  No

3. The year before last did you go to this school?  Yes  No

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

4. Bubble in today's date.

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

5. Bubble in your grade.

6th  
 7th  
 8th

6. Bubble in your birthdate.

<input type="checkbox"/> Jan	<input type="checkbox"/> 1	<input type="checkbox"/> 11	<input type="checkbox"/> 21	<input type="checkbox"/> 31	<input type="checkbox"/> 1992
<input type="checkbox"/> Feb	<input type="checkbox"/> 2	<input type="checkbox"/> 12	<input type="checkbox"/> 22		<input type="checkbox"/> 1993
<input type="checkbox"/> Mar	<input type="checkbox"/> 3	<input type="checkbox"/> 13	<input type="checkbox"/> 23		<input type="checkbox"/> 1994
<input type="checkbox"/> Apr	<input type="checkbox"/> 4	<input type="checkbox"/> 14	<input type="checkbox"/> 24		<input type="checkbox"/> 1995
<input type="checkbox"/> May	<input type="checkbox"/> 5	<input type="checkbox"/> 15	<input type="checkbox"/> 25		<input type="checkbox"/> 1996
<input type="checkbox"/> Jun	<input type="checkbox"/> 6	<input type="checkbox"/> 16	<input type="checkbox"/> 26		<input type="checkbox"/> 1997
<input type="checkbox"/> Jul	<input type="checkbox"/> 7	<input type="checkbox"/> 17	<input type="checkbox"/> 27		<input type="checkbox"/> 1998
<input type="checkbox"/> Aug	<input type="checkbox"/> 8	<input type="checkbox"/> 18	<input type="checkbox"/> 28		<input type="checkbox"/> 1999
<input type="checkbox"/> Sep	<input type="checkbox"/> 9	<input type="checkbox"/> 19	<input type="checkbox"/> 29		<input type="checkbox"/> 2000
<input type="checkbox"/> Oct	<input type="checkbox"/> 10	<input type="checkbox"/> 20	<input type="checkbox"/> 30		<input type="checkbox"/> 2001
<input type="checkbox"/> Nov					<input type="checkbox"/> 2002
<input type="checkbox"/> Dec					<input type="checkbox"/> 2003
					<input type="checkbox"/> 2004

7. Bubble in your age.

9  
 10  
 11  
 12  
 13  
 14  
 15  
 16  
 17  
 18

8. Bubble in your gender.

Male  
 Female

9. 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)

10. 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)

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
11.	...eat vegetables? (Include all cooked and uncooked vegetables; beans; salads; and boiled, baked, and mashed potatoes. <b>DO NOT</b> count French fries or chips.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	...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"/>
13.	...eat fruit? (Fruits are all fresh, frozen, canned, or dried fruits. <b>DO NOT</b> count juice.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	...drink fruit juice? (Fruit juice is a 100% juice drink like orange juice, apple juice, or grape juice. <b>DO NOT</b> 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"/>
15.	...drink any punch, Kool-Aid®, sports drinks, or other fruit-flavored drinks? ( <b>DO NOT</b> count fruit juice.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	...drink any regular ( <b>NOT</b> 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 <b>DIET</b> sodas or soft drinks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	...drink any kind of milk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	...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"/>
20.	...eat hot or cold cereal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	...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"/>
22.	...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"/>
23.	...eat chocolate candy? ( <b>DO NOT</b> count brownies or chocolate cookies.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	...eat any candy other than chocolate candy? (Count hard, chewy, or gummy candy. <b>DO NOT</b> 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...**

25. ...eat vegetables? (Include all cooked and uncooked vegetables; beans; salads; and boiled, baked, and mashed potatoes. **DO NOT** count French fries or chips.)

I don't usually eat this food.

Less than 1 time a day (for example, 1 or 2 times during the week)

1 time a day     2 times a day     3 times a day     4 times a day     5 or more times a day

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

The next questions are about what you eat or drink.

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

- |   |   |
|---|---|
| <input type="checkbox"/> Whole (regular) milk     | <input type="checkbox"/> Soy milk or non-dairy milk                       |
| <input type="checkbox"/> 2% milk                  | <input type="checkbox"/> Combination of whole, 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.                              |

28. 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         |

29. 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 physical activity.

30. 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.)

- |                                 |                                 |                                 |                                 |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| <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 |

31. 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.)

- |                                 |                                 |                                 |                                 |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| <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 |

32. Please fill in all school physical activity classes (PE classes) that you are participating in this semester.

- I did not participate in any physical activity classes this semester.
- PE class (for example, sport fitness, lifetime fitness class)
- Athletics/sports class during school time
- Outdoor sports & recreation class during school time
- Dance class during school time
- Other physical activity class during school time

The next questions are about physical activity.

33. 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 your 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

34. 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

35. 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; intramural sports; or other sports activities that meet on a regular basis.

- None       1 activity       2 activities       3 or more activities

The next questions are about your eating habits.

36. 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.)

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

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

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

38. Would you like to:

- Weigh more       Weigh less       Weigh about the same

39. 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)

40. 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.

The next questions are about the physical activity you did last week (Monday-Friday) at school.

41. How many days **last week** did you walk or ride your bike **to** school?

- I didn't do this last week.       2 days       4 days  
 1 day       3 days       5 days

42. How many days **last week** did you walk or ride your bike **from** school?

- I didn't do this last week.       2 days       4 days  
 1 day       3 days       5 days

43. How many days **last week** did you do physical activity breaks during class time?  
(Physical activity breaks include stretching, marching, jumping, or other exercise organized by your teacher. **DO NOT** count PE class or physical activity during your advisory period.)

- I didn't do this last week.       2 days       4 days  
 1 day       3 days       5 days

44. How many days **last week** did you do physical activity breaks during **advisory period**?  
(Advisory period or home room is the period when school announcements are often made.)

- I don't have advisory period.       1 day       3 days       5 days  
 I didn't do this last week during advisory.       2 days       4 days

45. In some middle schools, students are allowed to use their school's gym or other recreational areas for sports or other physical activities during their free time. How many times **last week** (Monday-Friday) did you use your school's gym or other recreational area for free-play physical activity before school, noon-hour, or after school?

- 0 times       2 times       4 times       6 times       My school doesn't allow us to use the gym or other areas for free-play.  
 1 time       3 times       5 times       7 times

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

- I don't 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

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

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

48. Do you have a TV in your bedroom?

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

49. How many computers (include laptops) does your family own?

- None       One       Two       More than two

50. Do you have your own bedroom for yourself?

- Yes       No

51. Does your family own a car, van, or truck?

- No       Yes, one       Yes, two or more

52. During the **past 12 months**, how many times did you travel away on vacation with your family?

- Not at all       Once       Twice       More than twice

53. 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.

54. 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"/>

55. 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 gives 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"/>

56. 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.

57. 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"/>

58. 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"/>

59. 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"/>



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

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

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

61. During the **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 a week  
 1 or 2 times in the past month                       Every day or almost every day

62. 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.

63. Did you have the CATCH Program in your elementary school?

- Yes                                       No                                       Don't know

64. The next few questions are about how much your parents (or guardian) are involved at your school.

- a. Are either of your parents active volunteers at your school?                       Yes                       No                       Don't know  
b. Are either of your parents active in your school's PTA or PTO?                       Yes                       No                       Don't know  
c. Are either of your parents active members of your school's Health Committee? (For example, Wellness or CATCH committee)                       Yes                       No                       Don't know

65. Do you have a chance to be physically active in other classes at your school besides physical education (PE)?

- No                       Yes, some other classes                       Yes, all other classes

66. Students who are physically active make better grades at school.

- Strongly agree                       Agree                       Disagree                       Strongly disagree                       Don't know

67. Experts recommend that children should be physically active for at least how many minutes per day?

- 10 minutes                       30 minutes                       90 minutes  
 20 minutes                       60 minutes                       Don't know

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

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

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

69. Was there any regular (**NOT diet**) soda or soft drinks in your home **last week**?

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

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

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

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

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

72. 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.)

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

73. 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)?

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

74. Were there **vegetables** served at dinner at your house **last week**?

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

