

CATCH-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.
- 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

CATCH - SCHOOL PHYSICAL ACTIVITY AND NUTRITION (SPAN) PROJECT

STUDENT QUESTIONNAIRE

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

4. 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
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8	8	8	8	8	8	8	8	8	8
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5. Bubble in today's date.

<input type="radio"/> Jan	1	11	21	31	<input type="radio"/> 2006
<input type="radio"/> Feb	2	12	22		<input type="radio"/> 2007
<input type="radio"/> Mar	3	13	23		<input type="radio"/> 2008
<input type="radio"/> Apr	4	14	24		<input type="radio"/> 2009
<input type="radio"/> May	5	15	25		<input type="radio"/> 2010
<input type="radio"/> Jun	6	16	26		
<input type="radio"/> Jul	7	17	27		
<input type="radio"/> Aug	8	18	28		
<input type="radio"/> Sep	9	19	29		
<input type="radio"/> Oct	10	20	30		
<input type="radio"/> Nov					
<input type="radio"/> Dec					

6. Bubble in your age.

<input type="radio"/> 8
<input type="radio"/> 9
<input type="radio"/> 10
<input type="radio"/> 11
<input type="radio"/> 12
<input type="radio"/> 13
<input type="radio"/> 14
<input type="radio"/> 15
<input type="radio"/> 16
<input type="radio"/> 17
<input type="radio"/> 18
<input type="radio"/> 19

7. Are you a boy or girl?

Boy
 Girl

8. How do you describe yourself?
(Fill in only **one**)

- American Indian or Alaska Native
- Asian
- Black or African American
- Mexican-American, Latino or Hispanic
- Native Hawaiian or Other Pacific Islander
- White, non-Hispanic, non-Latino
- Other

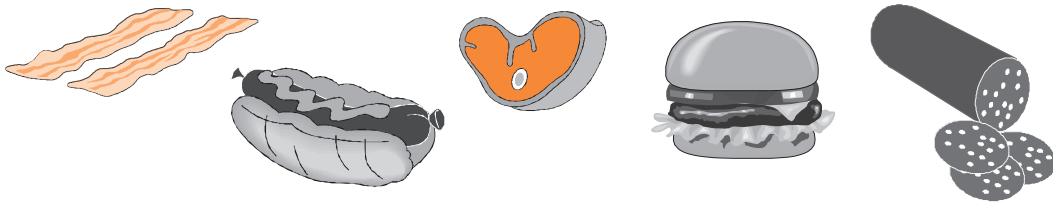
9. What language do you use with your parents most of the time?

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

PLEASE DO NOT WRITE IN THIS AREA

CATCH Travis County RWJ Harris County STEPS Other _____

10. Yesterday, did you eat hamburger meat, hot dogs, sausage (chorizo), steak, bacon, or ribs?



- No, I didn't eat any of these foods yesterday.
- Yes, I ate one or more of these foods **1 time** yesterday.
- Yes, I ate one or more of these foods **2 times** yesterday.
- Yes, I ate one or more of these foods **3 or more times** yesterday.

11. Yesterday, did you eat any fried meat with a crust, like fried chicken, chicken nuggets, chicken fried steak, fried pork chops, fried fish, or fish sticks?



- No, I didn't eat any of these foods yesterday.
- Yes, I ate one or more of these foods **1 time** yesterday.
- Yes, I ate one or more of these foods **2 times** yesterday.
- Yes, I ate one or more of these foods **3 or more times** yesterday.

12. Yesterday did you eat any baked, grilled, broiled, or steamed fish or chicken?

Do not count fried chicken, fried fish, or fish sticks.



- No, I didn't eat any of these foods yesterday.
- Yes, I ate one or more of these foods **1 time** yesterday.
- Yes, I ate one or more of these foods **2 times** yesterday.
- Yes, I ate one or more of these foods **3 or more times** yesterday.

13. 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.

14. What type of milk do you drink **most of the time**?

Choose only one.

- Regular (Whole) milk
- 1% (low-fat) or fat-free (skim/non-fat) milk
- 2% milk
- I don't drink milk.

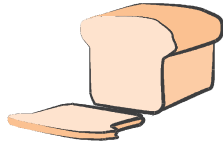
15. Yesterday, did you eat french fries or chips?

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



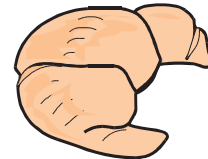
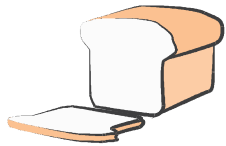
- No, I didn't eat any french fries or chips yesterday.
- Yes, I ate french fries or chips **1 time** yesterday.
- Yes, I ate french fries or chips **2 times** yesterday.
- Yes, I ate french fries or chips **3 or more times** yesterday.

16. Yesterday, did you eat any **whole wheat** bread, buns, bagels, tortillas, or rolls?



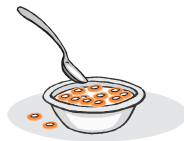
- No, I didn't eat any of these foods yesterday.
- Yes, I ate one or more of these foods **1 time** yesterday.
- Yes, I ate one or more of these foods **2 times** yesterday.
- Yes, I ate one or more of these foods **3 or more times** yesterday.

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



- No, I didn't eat any of these foods yesterday.
- Yes, I ate one or more of these foods **1 time** yesterday.
- Yes, I ate one or more of these foods **2 times** yesterday.
- Yes, I ate one or more of these foods **3 or more times** yesterday.

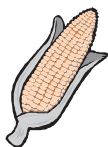
18. Yesterday, did you eat any hot or cold cereal?



- 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.

19. Yesterday, did you eat any starchy vegetables like potatoes, corn, or peas?

Do not count french fries, fried potatoes, potato chips or any other type of chips.



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

20. Yesterday, did you eat any orange vegetables like carrots, squash, or sweet potatoes?



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

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



- No, I didn't eat any salad or green vegetables yesterday.
- Yes, I ate salad or green vegetables **1 time** yesterday.
- Yes, I ate salad or green vegetables **2 times** yesterday.
- Yes, I ate salad or green vegetables **3 or more times** yesterday.

22. 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.

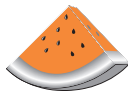
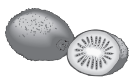
23. Yesterday, did you eat any other vegetables like peppers, tomatoes, zucchini, asparagus, cabbage, cauliflower, cucumbers, mushrooms, eggplant, celery or artichokes?



- No, I didn't eat any of these vegetables yesterday.
- Yes, I ate one or more of these vegetables **1 time** yesterday.
- Yes, I ate one or more of these vegetables **2 times** yesterday.
- Yes, I ate one or more of these vegetables **3 or more times** yesterday.

24. 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.

25. Yesterday, did you drink fruit juice?
Fruit juice is a drink that is 100% juice, like orange juice, apple juice, or grape juice.

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



- 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.

26. 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 or more of these drinks **1 time** yesterday.
- Yes, I drank one or more of these drinks **2 times** yesterday.
- Yes, I drank one or more of these drinks **3 or more times** yesterday.

27. Yesterday, did you drink any **regular** (not diet) sodas or soft drinks?



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

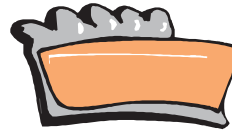
28. Yesterday, did you eat a frozen dessert?

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.

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



- No, I didn't eat any of these foods yesterday.
- Yes, I ate one or more of these foods **1 time** yesterday.
- Yes, I ate one or more of these foods **2 times** yesterday.
- Yes, I ate one or more of these foods **3 or more times** yesterday.

30. 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.

31. Yesterday, did you eat any candy other than chocolate candy?
Count hard, chewy, or gummy candy. Do not count gum.



- No, I didn't eat any hard, chewy, or gummy candy yesterday.
- Yes, I ate hard, chewy, or gummy candy **1 time** yesterday.
- Yes, I ate hard, chewy, or gummy candy **2 times** yesterday.
- Yes, I ate hard, chewy, or gummy candy **3 or more times** yesterday.

32. Yesterday, did you eat breakfast?

- Yes
- No

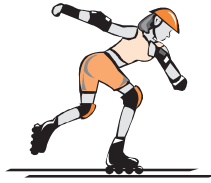
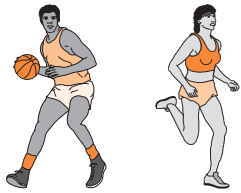
33. Yesterday, did you have a snack?
A snack is food or drink that you eat or drink before, after, or between meals.

- 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.

34. Yesterday, how many times did you go out to eat?
This includes restaurants such as fast food restaurants, sit down restaurants, and pizza places.

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

35. 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 30 minutes?**
 For example: basketball, soccer, running or jogging, fast dancing, swimming, bicycling, jumping rope, trampoline, hockey, fast skating, or rollerblading.



- 0 days
- 1 day

- 2 days
- 3 days

- 4 days
- 5 days

- 6 days
- 7 days

36. On how many of the past 7 days did you play outdoors for **30 minutes or more?**
Do not count outdoor play during school hours.



- 0 days
- 1 day

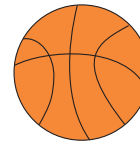
- 2 days
- 3 days

- 4 days
- 5 days

- 6 days
- 7 days

37. On how many of the past 7 days did you practice or play sports?
 For example: soccer, basketball, baseball, softball, swimming, cheerleading, track, football, or volleyball.

Do not include PE classes.



- 0 days
- 1 day

- 2 days
- 3 days

- 4 days
- 5 days

- 6 days
- 7 days

38. 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

39. Last week, on how many days did you do physical activities that were led by your classroom teacher?

Do not include PE class.

0 days

1 day

2 days

3 days

4 days

5 days

40. On how many of the past 7 days did you take lessons in activities like martial arts, dance, gymnastics, or tennis?



0 days

1 day

2 days

3 days

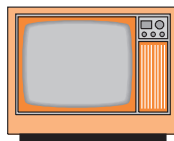
4 days

5 days

6 days

7 days

41. Yesterday, how much time did you spend watching TV, DVDs or video movies when not in school?



I didn't watch TV yesterday.

Less than 1 hour

1 hour

2 hours

3 hours

4 hours

5 hours

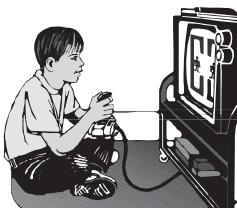
6 hours or more

42. Yesterday, how much time did you spend on the computer when not in school?
Time on the computer includes time spent surfing the Internet, playing computer games, and instant messaging (IM).



- | | |
|--|---------------------------------------|
| <input type="radio"/> I didn't use a computer yesterday. | <input type="radio"/> 3 hours |
| <input type="radio"/> Less than 1 hour | <input type="radio"/> 4 hours |
| <input type="radio"/> 1 hour | <input type="radio"/> 5 hours |
| <input type="radio"/> 2 hours | <input type="radio"/> 6 hours or more |

43. Yesterday, how much time did you spend playing video games like Nintendo[®], Sega[®], PlayStation[®], Xbox[®], or handhelds like GameBoy[®] when not in school?



- | | |
|--|---------------------------------------|
| <input type="radio"/> I didn't play video games yesterday. | <input type="radio"/> 3 hours |
| <input type="radio"/> Less than 1 hour | <input type="radio"/> 4 hours |
| <input type="radio"/> 1 hour | <input type="radio"/> 5 hours |
| <input type="radio"/> 2 hours | <input type="radio"/> 6 hours or more |

44. Did you do CATCH lessons in your classroom this school year?

- Yes No

45. Which of the following is a GO food?

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

46. Which one of the following is a CATCH character?

- Cap'n Crunch® Freshness Fanatic Hearty Heart VeggieMan

47. When I eat healthy foods, I have more energy to do the things I want to do.

- Agree In between Disagree

48. If I eat healthy foods most of the time, I will have fewer health problems.

- Agree In between Disagree

49. If I run and play every day, I will have fewer health problems.

- Agree In between Disagree

50. My teacher keeps us moving during PE class.

- Always Most of the time Some of the time Never

51. I think PE class is fun.

- Always Most of the time Some of the time Never

52. There is fruit for dessert in my school cafeteria during lunch.

- Always Most of the time Some of the time Never

53. I think the lunch served in my school cafeteria is healthy for my body.

- Always Most of the time Some of the time Never

54. I like to eat the school lunch served in my cafeteria.

- Always Most of the time Some of the time I don't eat school lunch

55. How sure are you that you can **run, jump, or play during recess?**

- Not sure A little sure Very sure

56. How sure are you that you can be **active every day?**

- Not sure A little sure Very sure

57. How sure are you that you can play outside for **30 minutes every day**?

Not sure A little sure Very sure

58. How sure are you that you can **keep moving for most of the time in PE class**?

Not sure A little sure Very sure

59. How sure are you that you can eat a **baked potato instead of french fries**?

Not sure A little sure Very sure

60. How sure are you that you can eat **popcorn without butter instead of popcorn with butter**?

Not sure A little sure Very sure

61. How sure are you that you can eat **fruit instead of candy**?

Not sure A little sure Very sure

62. How sure are you that you can drink **1% low-fat or skim (fat-free) milk instead of whole milk**?

Not sure A little sure Very sure

Thank you very much for your help!

Height

Refd Meas Refd Shoe Cast Time Hair Access Heavy Obj Other

Weight

Refd Meas Refd Shoe Cast Time Hair Access Heavy Obj Other

Comments: _____

Student's Height

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

Student's Weight

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

Q. C. Height

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

Q. C. Weight

			.		kg
0	0	0		0	
1	1	1		1	
2	2	2		2	
3	3	3		3	
4	4	4		4	
5	5	5		5	
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8	8	8		8	
9	9	9		9	

PLEASE DO NOT WRITE IN THIS AREA

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