## T-COPPE Student Assent Form

YOUR NAME:			
SCHOOL:			
GRADE:			
YOUR TEACHE	R'S NAME:		

- In this study you are being asked to answer questions about your food choices and physical activity (exercise).
- No one at school or at home will see your answers.
- Taking part in this project is up to you. Your choice about taking part will not affect your grades in school or your ability to take part in any school activities.
- If you do not want to answer a question, you can skip it.
- You may stop taking part in this project at any time.
- After you complete the form, this page with your name on it (Student Assent) will be removed. Your name will never be used after that.
- By signing below, you agree to take part in this project.

Signature of Student

Date

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American Indian or Alaska Native     Native Hawaiian or Other Pacific Islander     Other:     (Write in any other)  1. Yesterday, did you drink any kind of milk? <u>Count</u> 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. 2. Yesterday, did you eat yogurt or cottage cheese or drink a yogurt drink? <u>Do not count</u> frozen yogurt.     No, I didn't eat/drink any of these foods/drinks yesterday.     Yes, I ate/drank one of these foods/drinks 1 time yesterday.     Yes, I ate/drank one of these foods/drinks 2 times yesterday.     Yes, I ate/drank one of these foods/drinks 3 or more times yesterday.     Yes, I ate/drank one of these foods/drinks 3 or more times yesterday.     Yes, I ate/drank one of these foods/drinks 3 or more times yesterday.     Yes, I ate/drank one of these foods/drinks 3 or more times yesterday.     Yes, I ate/drank one of these foods/drinks 3 or more times yesterday.     Yes, I ate/drank one of these foods/drinks 3 or more times yesterday.     Yes, I ate/drank one of these foods/drinks 3 or more times yesterday.     Yes, I ate/drank one of these foods/drinks 3 or more times yesterday.     Yes, I ate/drank one of these foods/drinks 3 or more times yesterday.     Yes, I ate/drank one of these foods/drinks 3 or more times yesterday.     Yes, I ate/drank one of these foods/drinks 3 or more times yesterday.     Yes, I ate/drank one of these foods/drinks 3 or more times yesterday.     Yes, I ate/drank one of these foods/drinks 3 or more times yesterday.     Yes, I ate/drank one of these foods/drinks 3 or more times yesterday.     Yes, I ate/drank one of these foods/drinks 3 or more times yesterday.     Yes, I ate/drank one of these foods/drinks 3 or more times yesterday.     Yes, I ate/drank one of these foods/drinks 3 or more times yesterday.     Yes, I ate/drank one of these foods/drinks 3 or more times		🗢 Indi	an, Pakistani	24	
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<ul> <li>Yes, I drank milk 2 times yesterday.</li> <li>Yes, I drank milk 3 or more times yesterday.</li> <li>Yes, I drank milk 3 or more times yesterday.</li> <li>Yes, I drank milk 3 or more times yesterday.</li> <li>Yesterday, did you eat yogurt or cottage cheese or drink a yogurt drink?</li> <li><u>Do not count</u> frozen yogurt.</li> <li>No, I didn't eat/drink any of these foods/drinks yesterday.</li> <li>Yes, I ate/drank one of these foods/drinks 1 time yesterday.</li> <li>Yes, I ate/drank one of these foods/drinks 2 times yesterday.</li> <li>Yes, I ate/drank one of these foods/drinks 3 or more times yesterday.</li> <li>Yes, I ate/drank one of these foods/drinks 3 or more times yesterday.</li> <li>Yes, I ate/drank one of these foods/drinks 3 or more times yesterday.</li> <li>Yes, I ate/drank one of these foods/drinks 3 or more times yesterday.</li> <li>Yes, I ate/drank one of these foods/drinks 3 or more times yesterday.</li> <li>Yes, I ate/drank one of these foods/drinks 3 or more times yesterday.</li> <li>Yes, I ate/drank one of these foods/drinks 3 or more times yesterday.</li> <li>Yes, I ate/drank one of these foods/drinks 3 or more times yesterday.</li> <li>Yes, I ate/drank one of these foods/drinks 3 or more times yesterday.</li> </ul>		• •			
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Michael & Susan Dell Center for Healthy Living Please continue on next page 2					
			chool of Public Health Page 1 Please continue on next page		
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53	
52 51 50 49 48	<ol> <li>Yesterday, did you eat any vegetables? Vegetables are all cooked and uncooked vegetables like broccoli, carrots, squash, corn, or peas; salads; and boiled, baked and mashed potatoes.</li> <li><u>Do not count</u> french fries or chips.</li> </ol>
47 46 45 44 43 42 41	<ul> <li>No, I didn't eat any vegetables yesterday.</li> <li>Yes, I ate vegetables 1 time yesterday.</li> <li>Yes, I ate vegetables 2 times yesterday.</li> <li>Yes, I ate vegetables 3 times yesterday.</li> <li>Yes, I ate vegetables 4 times yesterday.</li> <li>Yes, I ate vegetables 5 or more times yesterday.</li> </ul>
40 39 38	<ol> <li>Yesterday, did you eat fruit? Fruits are all fresh, frozen, canned or dried fruits.</li> <li><u>Do not count</u> fruit juice.</li> </ol>
37 36 35 34 33 32 31	<ul> <li>No, I didn't eat any fruit yesterday.</li> <li>Yes, I ate fruit 1 time yesterday.</li> <li>Yes, I ate fruit 2 times yesterday.</li> <li>Yes, I ate fruit 3 times yesterday.</li> <li>Yes, I ate fruit 4 times yesterday.</li> <li>Yes, I ate fruit 5 or more times yesterday.</li> </ul>
30 29 28 27 26 25 24 23	<ul> <li>5. Yesterday, did you drink any punch, Kool-Aid®, sports drinks, or other fruit-flavored drinks? <u>Do not count</u> fruit juice.</li> <li>No, I didn't drink any of these drinks yesterday.</li> <li>Yes, I drank one of these drinks 1 time yesterday.</li> <li>Yes, I drank one of these drinks 2 times yesterday.</li> <li>Yes, I drank one of these drinks 3 or more times yesterday.</li> </ul>
22 21 20 19 18	6. Yesterday, did you drink fruit juice? Fruit juice is a drink, which is 100% juice, like orange juice, apple juice, or grape juice. <u>Do not count</u> punch, Kool-Aid®, sports drinks, or other fruit-flavored drinks.
17 16 15 14 13 12 11	<ul> <li>No, I didn't drink any 100% fruit juice yesterday.</li> <li>Yes, I drank 100% fruit juice 1 time yesterday.</li> <li>Yes, I drank 100% fruit juice 2 times yesterday.</li> <li>Yes, I drank 100% fruit juice 3 or more times yesterday.</li> </ul>
	<ol> <li>Yesterday, did you drink any sodas or soft drinks?</li> <li>This includes regular and diet sodas.</li> </ol>
10 9 8 7 6 5 4 3 2	<ul> <li>No, I didn't drink any sodas or soft drinks yesterday.</li> <li>Yes, I drank sodas or soft drinks 1 time yesterday.</li> <li>Yes, I drank sodas or soft drinks 2 times yesterday.</li> <li>Yes, I drank sodas or soft drinks 3 or more times yesterday.</li> </ul>
2	Page 2 Please continue on next page

	53
	52
8. Yesterday, did you eat any <u>whole-wheat</u> bread, buns, bagels, tortillas or rolls?	51
••••••••••••••••••••••••••••••••••••••	50
	49
<ul> <li>No, I didn't eat any of these kinds of foods yesterday.</li> </ul>	48
<ul> <li>Yes, I had these kinds of foods 1 time yesterday.</li> </ul>	47
<ul> <li>Yes, I had these kinds of foods 2 times yesterday.</li> </ul>	46
<ul> <li>Yes, I had these kinds of foods 3 or more times yesterday.</li> </ul>	45
	44
	43
9. Yesterday, did you eat french fries or chips?	42
<b>Examples</b> : potato chips, tortilla chips, Cheetos®, corn chips, or other snack chips.	41
	40
	39
<ul> <li>No, I didn't eat any french fries or chips yesterday.</li> </ul>	38
<ul> <li>Yes, I ate french fries or chips 1 time yesterday.</li> </ul>	37
<ul> <li>Yes, I ate french fries or chips 2 times yesterday.</li> </ul>	36
<ul> <li>Yes, I ate french fries or chips 3 or more times yesterday.</li> </ul>	35
	34
	33
10. Yesterday, did you eat sugar-sweetened cold cereal?	32
Examples: Frosted Flakes®, Froot Loops®, or Cocoa Pebbles®	31
	30
	29
<ul> <li>No, I didn't eat any sugar-sweetened cereal yesterday.</li> </ul>	28
Yes, I ate sugar-sweetened cereal 1 time yesterday.	27
<ul> <li>Yes, I ate sugar-sweetened cereal 2 times yesterday.</li> </ul>	26
<ul> <li>Yes, I ate sugar-sweetened cereal 3 or more times yesterday.</li> </ul>	25
	24
	23
11. Yesterday, did you eat sweet rolls, doughnuts, cookies, brownies, pies, or cake?	22
	21
	20
	19
<ul> <li>No, I didn't eat any of these kinds of foods yesterday.</li> </ul>	18
<ul> <li>Yes, I ate one of these foods 1 time yesterday.</li> </ul>	17
<ul> <li>Yes, I ate one of these foods 2 times yesterday.</li> </ul>	16
<ul> <li>Yes, I ate one of these foods 3 or more times yesterday.</li> </ul>	15
	14
	13
12. Yesterday, did you eat any chocolate candy?	12
<u>Do not count</u> brownies or chocolate cookies.	11
	10
	9
<ul> <li>No I didn't eat any chocolate candy yesterday.</li> </ul>	8
<ul> <li>Yes, I ate chocolate candy 1 time yesterday.</li> </ul>	7
Yes, I ate chocolate candy 2 times yesterday.	6
Yes, I ate chocolate candy 3 or more times yesterday.	5
	4

13. Yesterday, did you eat any candy other than chocolate candy? <u>Count</u> hard, chewy, or gummy candy. <u>Do not count</u> gum.
<ul> <li>No, I didn't eat any of these kinds of foods yesterday.</li> <li>Yes, I ate candy other than chocolate 1 time yesterday.</li> <li>Yes, I ate candy other than chocolate 2 times yesterday.</li> <li>Yes, I ate candy other than chocolate 3 or more times yesterday.</li> </ul>
14. Yesterday, did you eat breakfast?
<ul> <li>No, I did not eat breakfast yesterday.</li> <li>Yes, I ate breakfast at home yesterday.</li> <li>Yes, I ate breakfast at school yesterday.</li> <li>Yes, I ate breakfast at home and school yesterday.</li> <li>Yes, I ate breakfast somewhere other than home or school yesterday.</li> </ul>
15. Yesterday, how much time did you spend watching TV, DVDs or video movies when not in school? <u>Do not count</u> time on the computer.
<ul> <li>I didn't watch TV/movies yesterday.</li> <li>Less than 1 hour</li> <li>1 hour</li> <li>2 hours</li> <li>3 hours</li> <li>4 hours</li> <li>5 hours</li> <li>6 hours or more</li> </ul>
16. 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).
<ul> <li>I didn't use a computer yesterday.</li> <li>Less than 1 hour</li> <li>1 hour</li> <li>2 hours</li> <li>3 hours</li> <li>4 hours</li> <li>5 hours</li> <li>6 hours or more</li> </ul>

17. Yesterday, how much time did you spend playing video games like Nintendo®, Sega®, PlayStation®, Xbox®, or handhelds like GameBoy® when not in school?
<ul> <li>I didn't play video games yesterday.</li> </ul>
<ul> <li>Less than 1 hour</li> </ul>
○ 1 hour
○ 2 hours
○ 3 hours
○ 4 hours
○ 5 hours
<ul> <li>6 hours or more</li> </ul>

18. Last week, on which days did you exercise or take part in physical activity that made your heart beat fast and made you breathe hard for <u>at least 60 minutes</u>?
<u>Please bubble in one answer for each day</u>.

	Yes	Νο
on Monday?	0	0
on Tuesday?	0	0
on Wednesday?	0	0
on Thursday?	0	0
on Friday?	0	0
on Saturday?	0	0
on Sunday?	0	0

19. Last week, **on which days** did you play *outdoors* for <u>**at least 30 minutes**</u>? <u>**Do not count</u></u> outdoor play during school hours? <u><b>Please bubble in one answer for each day**</u>.</u>

	Yes	No	
on Monday?	0	0	
on Tuesday?	0	0	
on Wednesday?	0	0	
on Thursday?	0	0	
on Friday?	0	0	
on Saturday?	0	0	
on Sunday?	0	0	

20. Last week, **on which days** did you take lessons or attend practice in activities like sports teams, martial arts, dance, gymnastics, or tennis?

Please bubble in one answer for each day.

	Yes	No	
on Monday?	0	0	
on Tuesday?	0	0	
on Wednesday?	0	0	
on Thursday?	0	0	
on Friday?	0	0	
on Saturday?	0	0	
on Sunday?	0	0	

21. During the past 12 months, on how many sports teams did you play? Examples: soccer, basketball, baseball, softball, swimming, gymnastics, cheerleading, wrestling, track, football, dance, tennis, and volleyball teams. <u>Do not include</u> PE classes.

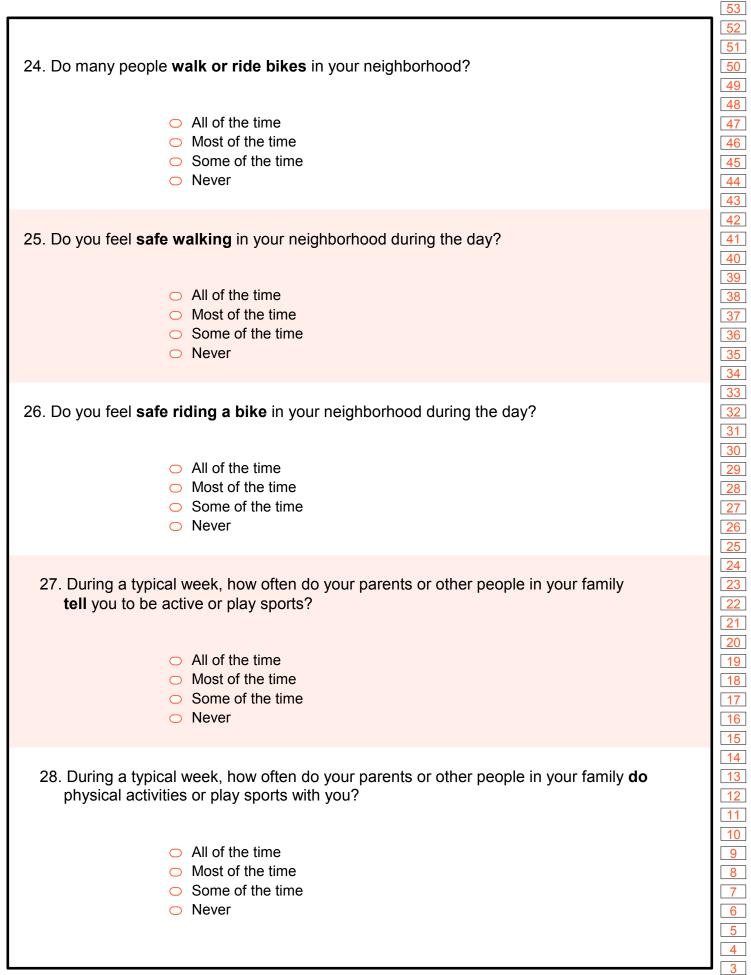
- O teams
- 1 team
- 2 teams
- 3 or more teams

## 22. Last week, **on which days** did you go to recess at school? *Please bubble in one answer for each day*.

	Yes	No	
on Monday?	0	$\bigcirc$	
on Tuesday?	0	0	
on Wednesday?	$\bigcirc$	$\bigcirc$	
on Thursday?	0	0	
on Friday?	0	0	

23. Are there playgrounds or parks close to your home that you can get to easily?

- O No
- Yes
- I don't know



53		
52		
51 50	29. During a typical week, how often do your parents or other people in	n your family <b>take</b> you
49	to a place where you can be active or play sports?	
48		
47	<ul> <li>All of the time</li> </ul>	
47 46 45	<ul> <li>Most of the time</li> </ul>	
45	<ul> <li>Some of the time</li> </ul>	
44 43	<ul> <li>Never</li> </ul>	
43	30. During a typical week, how often do your parents or other people in	your family <b>watch</b> you
41	play sports?	r your fairing match you
40		
39	<ul> <li>All of the time</li> </ul>	
38	<ul> <li>Most of the time</li> <li>Some of the time</li> </ul>	
37 36	<ul> <li>Some of the time</li> <li>Never</li> </ul>	
35		
34	31. During a typical week, how often do your parents or other people in	າ your family <b>tell</b> you
33	that being active is good for your health?	
32	<ul> <li>All of the time</li> </ul>	
31 30	<ul> <li>All of the time</li> <li>Most of the time</li> </ul>	
29	<ul> <li>Some of the time</li> </ul>	
29 28	<ul> <li>Never</li> </ul>	
27		
26	<ol> <li>How often do the adults in your family like to do physical activities (Fill in one answer for each type of person)</li> </ol>	or exercise?
25 24	(i ill ill olle allswel for each type of person)	
23	Male adult(s) O No adult males O Always O Most of O	Some of 📀 Never
22	in family the time	the time
21		Como of a Novar
20	<b>Female adult(s)</b> O No adult females O Always O Most of I in family the time	Some of ONEVER
19 18		
17	33. How many of your <b>friends</b> usually walk or ride a bike to school?	
17 16 15	<ul> <li>None of my friends walk or ride their bike to school.</li> </ul>	
15	• One of my friends walks or rides their bike to school	
14 13	<ul> <li>Two of my friends walk or ride their bikes to school.</li> <li>Three of my friends walk or ride their bikes to school</li> </ul>	1
12	<ul> <li>Four of my friends walk or ride their bikes to school.</li> </ul>	
11	Five or more of my friends walk or ride their bikes to	
12 11 10		
9	34. How often do you <b>ask</b> your parents if you can walk to school?	
8	<ul> <li>I am already walking to school most days.</li> </ul>	
6	<ul> <li>I never or almost never ask to walk to school.</li> </ul>	
5	<ul> <li>I sometimes ask to walk to school.</li> </ul>	
4	<ul> <li>I always or almost always ask to walk to school.</li> </ul>	
9 8 7 6 5 4 3 2	Page 8	Please continue on next page
1		

35. How often do you **ask** your parents if you can ride a bike to school? ○ I am already riding a bike to school most days. ○ I never or almost never ask to ride a bike to school. ○ I sometimes ask to ride a bike to school. ○ I always or almost always ask to ride a bike to school. I don't have a bike to ride. 36. Have your teachers or other school staff encouraged you to walk or ride your bike to or from school? O No ○ Yes O Don't Know 37. Does your school have a Walking School Bus or a similar program where a group of children walk to or from school together with adults? O No ○ Yes O Don't Know 38. I am sure that I can walk to and from school:

(Fill in one answer for each line)	Not Sure	A Little Sure	Very Sure
Even if I live far from school	$\bigcirc$	$\bigcirc$	$\bigcirc$
Even if there is a lot of traffic	0	$\bigcirc$	0
Even if it is hot outside	$\bigcirc$	$\bigcirc$	$\bigcirc$
Even if it is cold outside	0	$\bigcirc$	0
Even if it is raining outside	$\bigcirc$	$\bigcirc$	$\circ$
Even if my friends or classmates do not walk to school	0	$\bigcirc$	0
Even if my parents offer to drive me to and from school	$\bigcirc$	$\bigcirc$	$\bigcirc$
Even if I am tired	0	$\bigcirc$	0
Even when you are running late	$\bigcirc$	$\bigcirc$	$\bigcirc$
Even when it is dark outside	0	$\bigcirc$	0
At least once every week	$\bigcirc$	$\bigcirc$	$\bigcirc$
At least 2-4 days of the week	0	$\bigcirc$	0
Every day of the week	$\bigcirc$	$\bigcirc$	$\bigcirc$
With my parents	0	$\bigcirc$	0
Without my parents	$\bigcirc$	$\bigcirc$	$\bigcirc$
With my friends or classmates	0	$\bigcirc$	0
By myself	0	0	0

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50	39	Being active is FUI	N. (Fill in only one answer)	
40	00.		() (i in in only one answer)	
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48			<ul> <li>Yes, all of the time</li> </ul>	
47			<ul> <li>Yes, most all of the time</li> </ul>	
46			<ul> <li>Yes, some of the time</li> </ul>	
45			Never	
44				
43				
12				
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39			Thank you for your participation!	
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13	$\bigcirc$	Comments:		OFFICE USE ONLY
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11				AREA
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