

T-COPPE Student Assent Form

YOUR NAME: _____

SCHOOL: _____

GRADE: _____

YOUR TEACHER'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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MARKING INSTRUCTIONS

- **USE A No. 2 PENCIL ONLY.**
- **Do not use ink, ballpoint, or felt tip pens.**
- **FILL IN BUBBLE COMPLETELY.**
- **To change your answer, erase completely.**
- **Do Not make any stray marks on this form.**

RIGHT: 

WRONG:    

<p>Bubble in today's date.</p> <table border="0"> <thead> <tr> <th>Month</th> <th>Day</th> <th>Year</th> </tr> </thead> <tbody> <tr> <td><input type="radio"/> Jan</td> <td><input type="radio"/> 1 <input type="radio"/> 11 <input type="radio"/> 21</td> <td><input type="radio"/> 2011</td> </tr> <tr> <td><input type="radio"/> Feb</td> <td><input type="radio"/> 2 <input type="radio"/> 12 <input type="radio"/> 22</td> <td><input type="radio"/> 2012</td> </tr> <tr> <td><input type="radio"/> Mar</td> <td><input type="radio"/> 3 <input type="radio"/> 13 <input type="radio"/> 23</td> <td><input type="radio"/> 2013</td> </tr> <tr> <td><input type="radio"/> Apr</td> <td><input type="radio"/> 4 <input type="radio"/> 14 <input type="radio"/> 24</td> <td><input type="radio"/> 2014</td> </tr> <tr> <td><input type="radio"/> May</td> <td><input type="radio"/> 5 <input type="radio"/> 15 <input type="radio"/> 25</td> <td></td> </tr> <tr> <td><input type="radio"/> June</td> <td><input type="radio"/> 6 <input type="radio"/> 16 <input type="radio"/> 26</td> <td></td> </tr> <tr> <td><input type="radio"/> July</td> <td><input type="radio"/> 7 <input type="radio"/> 17 <input type="radio"/> 27</td> <td></td> </tr> <tr> <td><input type="radio"/> Aug</td> <td><input type="radio"/> 8 <input type="radio"/> 18 <input type="radio"/> 28</td> <td></td> </tr> <tr> <td><input type="radio"/> Sept</td> <td><input type="radio"/> 9 <input type="radio"/> 19 <input type="radio"/> 29</td> <td></td> </tr> <tr> <td><input type="radio"/> Oct</td> <td><input type="radio"/> 10 <input type="radio"/> 20 <input type="radio"/> 30</td> <td></td> </tr> <tr> <td><input type="radio"/> Nov</td> <td><input type="radio"/> 31</td> <td></td> </tr> <tr> <td><input type="radio"/> Dec</td> <td></td> <td></td> </tr> </tbody> </table>	Month	Day	Year	<input type="radio"/> Jan	<input type="radio"/> 1 <input type="radio"/> 11 <input type="radio"/> 21	<input type="radio"/> 2011	<input type="radio"/> Feb	<input type="radio"/> 2 <input type="radio"/> 12 <input type="radio"/> 22	<input type="radio"/> 2012	<input type="radio"/> Mar	<input type="radio"/> 3 <input type="radio"/> 13 <input type="radio"/> 23	<input type="radio"/> 2013	<input type="radio"/> Apr	<input type="radio"/> 4 <input type="radio"/> 14 <input type="radio"/> 24	<input type="radio"/> 2014	<input type="radio"/> May	<input type="radio"/> 5 <input type="radio"/> 15 <input type="radio"/> 25		<input type="radio"/> June	<input type="radio"/> 6 <input type="radio"/> 16 <input type="radio"/> 26		<input type="radio"/> July	<input type="radio"/> 7 <input type="radio"/> 17 <input type="radio"/> 27		<input type="radio"/> Aug	<input type="radio"/> 8 <input type="radio"/> 18 <input type="radio"/> 28		<input type="radio"/> Sept	<input type="radio"/> 9 <input type="radio"/> 19 <input type="radio"/> 29		<input type="radio"/> Oct	<input type="radio"/> 10 <input type="radio"/> 20 <input type="radio"/> 30		<input type="radio"/> Nov	<input type="radio"/> 31		<input type="radio"/> Dec			<p>Bubble in your age.</p> <p><input type="radio"/> 8</p> <p><input type="radio"/> 9</p> <p><input type="radio"/> 10</p> <p><input type="radio"/> 11</p> <p><input type="radio"/> 12</p>	<p>Do Not Write in This Space</p> <div style="border: 2px solid orange; padding: 20px; margin: 10px auto; width: 80%;"> <p>Place School Barcode Here</p> </div> <p>For Official Use Only</p>
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<p>Are you a boy or a girl?</p> <p><input type="radio"/> Boy</p> <p><input type="radio"/> Girl</p>	<p>How do you describe yourself? (Fill in only one)</p> <p><input type="radio"/> Black or African-American</p> <p><input type="radio"/> Mexican-American, Latino or Hispanic</p> <p><input type="radio"/> White, Caucasian, Anglo</p> <p><input type="radio"/> Vietnamese</p> <p><input type="radio"/> Chinese</p> <p><input type="radio"/> Indian, Pakistani</p> <p><input type="radio"/> Other Asian</p> <p><input type="radio"/> American Indian or Alaska Native</p> <p><input type="radio"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="radio"/> Other: _____</p> <p style="text-align: center; color: orange;">(Write in any other)</p>
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1. 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.

2. Yesterday, did you eat yogurt or cottage cheese or drink a yogurt drink?
Do not count 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.

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3. 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.

Do not count french fries or chips.

- No, I didn't eat any vegetables yesterday.
- Yes, I ate vegetables **1 time** yesterday.
- Yes, I ate vegetables **2 times** yesterday.
- Yes, I ate vegetables **3 times** yesterday.
- Yes, I ate vegetables **4 times** yesterday.
- Yes, I ate vegetables **5 or more times** yesterday.

4. Yesterday, did you eat fruit? Fruits are all fresh, frozen, canned or dried fruits.

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 times** yesterday.
- Yes, I ate fruit **4 times** yesterday.
- Yes, I ate fruit **5 or more times** yesterday.

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

Do not count fruit juice.

- No, I didn't drink any of these drinks yesterday.
- Yes, I drank one of these drinks **1 time** yesterday.
- Yes, I drank one of these drinks **2 times** yesterday.
- Yes, I drank one of these drinks **3 or more times** yesterday.

6. Yesterday, did you drink fruit juice?

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

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

- No, I didn't drink any 100% fruit juice yesterday.
- Yes, I drank 100% fruit juice **1 time** yesterday.
- Yes, I drank 100% fruit juice **2 times** yesterday.
- Yes, I drank 100% fruit juice **3 or more times** yesterday.

7. Yesterday, did you drink any sodas or soft drinks?

This includes regular and diet sodas.

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

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

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

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

Examples: 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.

10. Yesterday, did you eat sugar-sweetened cold cereal?

Examples: Frosted Flakes®, Froot Loops®, or Cocoa Pebbles®

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

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

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

12. 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.

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13. 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 of these kinds of foods yesterday.
- Yes, I ate candy other than chocolate **1 time** yesterday.
- Yes, I ate candy other than chocolate **2 times** yesterday.
- Yes, I ate candy other than chocolate **3 or more times** yesterday.

14. Yesterday, did you eat breakfast?

- No, I did not eat breakfast yesterday.
- Yes, I ate breakfast at home yesterday.
- Yes, I ate breakfast at school yesterday.
- Yes, I ate breakfast at home and school yesterday.
- Yes, I ate breakfast somewhere other than home or school yesterday.

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

Do not count time on the computer.

- I didn't watch TV/movies yesterday.
- Less than 1 hour
- 1 hour
- 2 hours
- 3 hours
- 4 hours
- 5 hours
- 6 hours or more

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).

- I didn't use a computer yesterday.
- Less than 1 hour
- 1 hour
- 2 hours
- 3 hours
- 4 hours
- 5 hours
- 6 hours or more

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

- I didn't play video games yesterday.
- Less than 1 hour
- 1 hour
- 2 hours
- 3 hours
- 4 hours
- 5 hours
- 6 hours or more

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 **at least 60 minutes?**

Please bubble in one answer for each day.

	Yes	No
on Monday?	<input type="radio"/>	<input type="radio"/>
on Tuesday?	<input type="radio"/>	<input type="radio"/>
on Wednesday?	<input type="radio"/>	<input type="radio"/>
on Thursday?	<input type="radio"/>	<input type="radio"/>
on Friday?	<input type="radio"/>	<input type="radio"/>
on Saturday?	<input type="radio"/>	<input type="radio"/>
on Sunday?	<input type="radio"/>	<input type="radio"/>

19. Last week, **on which days** did you play **outdoors** for **at least 30 minutes?**

Do not count outdoor play during school hours?

Please bubble in one answer for each day.

	Yes	No
on Monday?	<input type="radio"/>	<input type="radio"/>
on Tuesday?	<input type="radio"/>	<input type="radio"/>
on Wednesday?	<input type="radio"/>	<input type="radio"/>
on Thursday?	<input type="radio"/>	<input type="radio"/>
on Friday?	<input type="radio"/>	<input type="radio"/>
on Saturday?	<input type="radio"/>	<input type="radio"/>
on Sunday?	<input type="radio"/>	<input type="radio"/>



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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?	<input type="radio"/>	<input type="radio"/>
on Tuesday?	<input type="radio"/>	<input type="radio"/>
on Wednesday?	<input type="radio"/>	<input type="radio"/>
on Thursday?	<input type="radio"/>	<input type="radio"/>
on Friday?	<input type="radio"/>	<input type="radio"/>
on Saturday?	<input type="radio"/>	<input type="radio"/>
on Sunday?	<input type="radio"/>	<input type="radio"/>

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.

Do not include PE classes.

- 0 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?	<input type="radio"/>	<input type="radio"/>
on Tuesday?	<input type="radio"/>	<input type="radio"/>
on Wednesday?	<input type="radio"/>	<input type="radio"/>
on Thursday?	<input type="radio"/>	<input type="radio"/>
on Friday?	<input type="radio"/>	<input type="radio"/>

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

- No
- Yes
- I don't know

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24. Do many people **walk or ride bikes** in your neighborhood?

- All of the time
- Most of the time
- Some of the time
- Never

25. Do you feel **safe walking** in your neighborhood during the day?

- All of the time
- Most of the time
- Some of the time
- Never

26. Do you feel **safe riding a bike** in your neighborhood during the day?

- All of the time
- Most of the time
- Some of the time
- Never

27. During a typical week, how often do your parents or other people in your family **tell** you to be active or play sports?

- All of the time
- Most of the time
- Some of the time
- Never

28. During a typical week, how often do your parents or other people in your family **do** physical activities or play sports with you?

- All of the time
- Most of the time
- Some of the time
- Never



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29. During a typical week, how often do your parents or other people in your family **take** you to a place where you can be active or play sports?

- All of the time
- Most of the time
- Some of the time
- Never

30. During a typical week, how often do your parents or other people in your family **watch** you play sports?

- All of the time
- Most of the time
- Some of the time
- Never

31. During a typical week, how often do your parents or other people in your family **tell** you that being active is good for your health?

- All of the time
- Most of the time
- Some of the time
- Never

32. How often do the adults in your family **like to do** physical activities or exercise?
(Fill in one answer for each type of person)

Male adult(s) No adult males in family Always Most of the time Some of the time Never

Female adult(s) No adult females in family Always Most of the time Some of the time Never

33. How many of your **friends** usually walk or ride a bike to school?

- None** of my friends walk or ride their bike to school.
- One** of my friends walks or rides their bike to school.
- Two** of my friends walk or ride their bikes to school.
- Three** of my friends walk or ride their bikes to school.
- Four** of my friends walk or ride their bikes to school.
- Five or more** of my friends walk or ride their bikes to school.

34. How often do you **ask** your parents if you can walk to school?

- I am already walking to school most days.
- I never or almost never ask to walk to school.
- I sometimes ask to walk to school.
- I always or almost always ask to walk to school.

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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?

- No
- Yes
- 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?

- No
- Yes
- Don't Know

38. I am sure that I can **walk** to and from school:

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



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39. Being active is **FUN**. (*Fill in only one answer*)

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

Thank you for your participation!

Comments: _____

**OFFICE USE ONLY
DO NOT WRITE IN THIS
AREA**