

**School Physical Activity and Nutrition  
(SPAN) Project**  
**Student Assent**

**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.**
- An adult will weigh you, measure your height, and write the results on the last page of the survey.
- 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 survey and are measured for height and weight, 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**

SERIAL #



# School Physical Activity and Nutrition (SPAN) Project

## Student Survey

### 8th/11th Grade

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 survey 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



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The next questions are about what you ate or drank **YESTERDAY**.

Think about everything you ate or drank (at home, school, a friend's house, or anywhere else), from the time you got up yesterday morning until the time you went to sleep last night.

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

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

11. Yesterday, did you eat chicken nuggets, fried chicken, fried fish, fish sticks, or any other **fried meat**?

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

12. Yesterday, did you eat any *baked, grilled, broiled, or steamed* **chicken or fish** (examples of fish include shrimp, tuna, salmon, and sushi)?

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

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

13. Yesterday, did you eat any peanuts, peanut butter, or other **nuts** such as pecans, walnuts, or almonds?

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

14. Yesterday, did you eat any rice, macaroni, spaghetti, pasta noodles, or farro that were **white**?

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

15. Yesterday, did you eat any rice, macaroni, spaghetti, quinoa, or pasta noodles that were **brown**?

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

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

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

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

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

19. Yesterday, did you eat **French fries or chips**? Chips are potato chips, tortilla chips, Cheetos®, corn chips, or any other snack chips.

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

20. 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 of the foods listed above yesterday.       Yes, I ate one of these foods **2 times** yesterday.  
 Yes, I ate one of these foods **1 time** yesterday.       Yes, I ate one of these foods **3 or more times** yesterday.

21. Yesterday, did you eat any carrots, squash, sweet potatoes, or any other **orange vegetables**?
- No, I didn't eat any orange vegetables yesterday.  Yes, I ate orange vegetables **2 times** yesterday.
- Yes, I ate orange vegetables **1 time** yesterday.  Yes, I ate orange vegetables **3 or more times** yesterday.
22. Yesterday, did you eat **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 **2 times** yesterday.
- Yes, I ate salad or green vegetables **1 time** yesterday.  Yes, I ate salad or green vegetables **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 the foods listed above yesterday.  Yes, I ate one of these foods **2 times** yesterday.
- Yes, I ate one of these foods **1 time** yesterday.  Yes, I ate one of these foods **3 or more times** yesterday.
24. 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 **2 times** yesterday.
- Yes, I ate beans **1 time** yesterday.  Yes, I ate beans **3 or more times** yesterday.
25. 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 **2 times** yesterday.
- Yes, I ate fruit **1 time** yesterday.  Yes, I ate fruit **3 or more times** yesterday.
26. 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 **2 times** yesterday.
- Yes, I ate a frozen dessert **1 time** yesterday.  Yes, I ate a frozen dessert **3 or more times** yesterday.
27. Yesterday, did you eat sweet rolls, doughnuts, cookies, brownies, pies, or cake?
- No, I didn't eat any of the foods listed above yesterday.  Yes, I ate one of these foods **2 times** yesterday.
- Yes, I ate one of these foods **1 time** yesterday.  Yes, I ate one of these foods **3 or more times** yesterday.
28. Yesterday, did you eat any **candy**? **Count** chewy, gummy, hard, or chocolate candy. **Do not count** brownies, chocolate cookies, or gum.
- No, I didn't eat any candy yesterday.  Yes, I ate candy **2 times** yesterday.
- Yes, I ate candy **1 time** yesterday.  Yes, I ate candy **3 or more times** yesterday.
29. Yesterday, did you eat any kind of **cheese**, cheese spread, or cheese sauce? **Count** cheese on pizza or in dishes such as tacos, enchiladas, lasagna, sandwiches, cheeseburgers, or macaroni and cheese.
- No, I didn't eat any kind of cheese yesterday.  Yes, I ate cheese **2 times** yesterday.
- Yes, I ate cheese **1 time** yesterday.  Yes, I ate cheese **3 or more times** yesterday.
30. Yesterday, did you drink **plain milk**? **Count** milk on cereal. **Do not count** chocolate milk.
- No, I didn't drink plain milk yesterday.  Yes, I drank plain milk **2 times** yesterday.
- Yes, I drank plain milk **1 time** yesterday.  Yes, I drank plain milk **3 or more times** yesterday.
31. Yesterday, did you drink any kind of **flavored milk**? **Count** chocolate or other flavored milk or drinks made with milk, like a milkshake.
- No, I didn't drink any flavored milk yesterday.  Yes, I drank flavored milk **2 times** yesterday.
- Yes, I drank flavored milk **1 time** yesterday.  Yes, I drank flavored milk **3 or more times** yesterday.
32. Yesterday, did you eat **yogurt** or drink a yogurt drink? **Do not count** frozen yogurt.
- No, I didn't eat any of the foods listed above yesterday.  Yes, I ate one of these foods **2 times** yesterday.
- Yes, I ate one of these foods **1 time** yesterday.  Yes, I ate one of these foods **3 or more times** yesterday.

33. Yesterday, did you drink **fruit juice**? Fruit juice is a drink that is **100% juice**, like orange, apple, or grape juice. **Do not count** punch, Kool-Aid®, sports drinks, or other fruit-flavored drinks like Sunny D® or Capri Sun®.

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

34. Yesterday, did you drink any punch, Kool-Aid®, sports drink, or other **fruit-flavored drinks**? **Do not count** 100% fruit juice.

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

35. Yesterday, did you drink any **regular sodas** or soft drinks? **Do not count** diet sodas.

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

36. Yesterday, did you drink any **diet sodas** or diet soft drinks?

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

37. Yesterday, did you drink a cup, bottle, or can of **coffee, tea, iced tea**, or a **coffee drink** like Frappuccino®?

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

38. Yesterday, did you drink a bottle or glass of **water**? **Count** sparkling water or any other water drink that has 0 calories.

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

39. Yesterday, did you eat **breakfast**?

- No, I didn't eat breakfast yesterday.
  Yes, I ate breakfast **at home and school** yesterday.
  Yes, I ate breakfast **at home** yesterday.
  Yes, I ate breakfast **somewhere other than home or school** yesterday.
  Yes, I ate breakfast **at school** yesterday.

40. Yesterday, did you eat or drink a **snack**? (A snack is any food or beverage that you eat or drink before, after, or between meals).

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

41. Yesterday, did you eat an **evening meal** (supper or dinner)?

- No, I didn't eat an evening meal yesterday.
  Yes, I ate an evening meal **from a fast food restaurant, pizza place, or sit-down restaurant** (Mexican, Italian, Indian, etc.).
  Yes, I ate an evening meal **that was homemade**.
  Yes, I ate an evening meal **from a place other than home or a restaurant** (frozen pizza, microwave meal, etc.).

42. Yesterday, how many times did you eat food from **any type of restaurant**? Restaurants include fast food, sit-down restaurants, or pizza places.

**Do not count** the school cafeteria.

- None
  1 time
  2 times
  3 or more times

43. **LAST WEEK**, were the following available in your home?

**(Fill in one answer for each item)**

	Never	Yes, some of the time	Yes, most of the time	Yes, all of the time
a. ... <b>100% fruit juice</b> ( <b>DO NOT COUNT</b> punch, Kool-Aid®, sports drinks, or other fruit flavored drinks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ... <b>Fresh or frozen fruit</b> ( <b>DO NOT COUNT</b> fruit juice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. ... <b>Fresh or frozen vegetables</b> ( <b>DO NOT COUNT</b> canned vegetables)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. ... <b>Sugar-sweetened beverages</b> ( <b>COUNT</b> punch, Kool-Aid®, sports drinks, or other fruit-flavored drinks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. ... <b>Soda</b> ( <b>COUNT</b> any type of regular or diet soda)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. ... <b>Chips</b> ( <b>COUNT</b> any type of chips or salty snacks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

44. What type of milk do you **usually** drink? (Choose only one)

- Regular (whole) milk
- 2% milk
- 1% (low-fat) or fat-free (skim/nonfat) milk
- Soy milk, almond milk, rice milk, or other milk
- I don't drink milk
- I don't know

45. Do you **usually** eat or drink something for breakfast?

- No, I don't usually eat breakfast.
- Yes, I usually eat breakfast **at home**.
- Yes, I usually eat breakfast **at school**.
- Yes, I usually eat breakfast **at home and school**.
- Yes, I usually eat breakfast **somewhere other than home or school**.
- Yes, I usually eat breakfast from a **restaurant**.

46. Where do you **usually** get your lunch on school days?

- From the **main lunch line** in the school cafeteria
- From a **snack bar, a kiosk, or a la carte** in the school cafeteria
- From a **vending machine** at school
- I bring lunch **from home**
- I go **off-campus to a restaurant** for lunch
- I go **off-campus to home** for lunch
- I don't usually eat lunch
- Other: \_\_\_\_\_

47. **On school days**, what is the latest time that you usually eat or drink anything (except water)?

- before 7:00 pm
- 7:00 to 7:59 pm
- 8:00 to 8:59 pm
- 9:00 to 9:59 pm
- 10:00 to 10:59 pm
- 11:00 to 11:59 pm
- Midnight or later

48. **On weekends**, what is the latest time that you usually eat or drink anything (except water)?

- before 7:00 pm
- 7:00 to 7:59 pm
- 8:00 to 8:59 pm
- 9:00 to 9:59 pm
- 10:00 to 10:59 pm
- 11:00 to 11:59 pm
- Midnight or later

49. Do you help prepare meals/cook at home?

**Do not count** frozen dinners.

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

50. How often does your family get **fruits/vegetables** from:

	Never	Some of the time	Most of the time	All of the time
a. ...A large chain grocery store (such as HEB, Albertsons, United, or Kroger)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...A natural or organic supermarket (such as Whole Foods Market, Sprouts, Trader Joe's, or Natural Grocers)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. ...A small local store or corner store (such as a neighborhood store)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. ...A convenience store (such as 7-Eleven, Dollar Store or a mini market)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. ...A warehouse club store (such as Sam's Club or Costco)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. ...A discount superstore (such as Wal-Mart or Target)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. ...An ethnic market (such as Asian, Indian, Hispanic)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. ...A farmer's market/ food co-op?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. ...A food bank/pantry?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. ...Your own garden?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Yes, all of the time	Yes, most of the time	Yes, some of the time	Never

51. Do you use food labels (nutrition facts) to make your food choices?

- 
- 
- 
- 

52. The foods that I eat and drink are healthy so there is no reason for me to make changes.

- 
- 
- 
- 

53. I think healthy foods taste good.

- 
- 
- 
- 

54. I think the food served in the main lunch line at school is healthy.

- 
- 
- 
- 

55. **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
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

56. **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?** (For example: basketball, soccer, running or jogging, dancing, swimming, tennis, bicycling.)

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

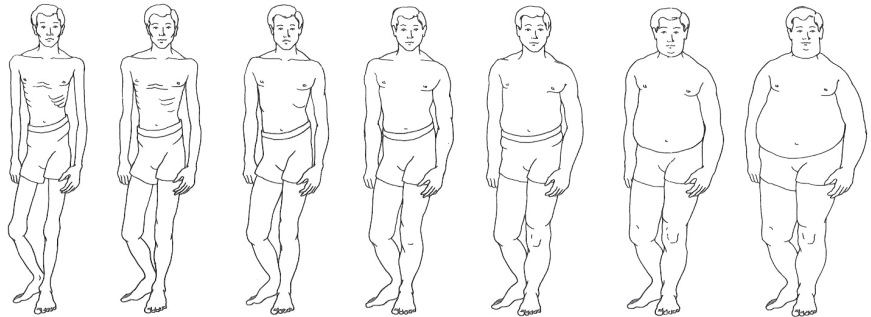
57. **During the past 7 days**, on how many days did you do exercises to strengthen or tone your muscles, such as push-ups, sit-ups, or weight lifting?  
 0 days    1 day    2 days    3 days    4 days    5 days    6 days    7 days
58. **During an average week** when you are in school, how many total hours do you participate in school activities such as sports, band, drama, cheerleading, dance, or other clubs?  
 0 hours    1 to 4 hours    5 to 9 hours    10 to 19 hours    20 or more hours
59. **During the past 12 months**, on how many sports teams **run by your school** did you play?  
**Examples:** soccer, basketball, baseball, swimming, gymnastics, wrestling, track, football, karate, tennis, and volleyball teams. **Do not count** PE classes.  
 0 teams    1 team    2 teams    3 or more teams
60. **During the past 12 months**, on how many sports teams run by organizations **outside of your school** (like the recreation department, club sports, summer leagues, YMCA or church teams) did you play?  
**Examples:** soccer, basketball, baseball, swimming, gymnastics, wrestling, track, football, karate, tennis, and volleyball.  
 0 teams    1 team    2 teams    3 or more teams
61. Do you currently take part in any other **organized physical activities, lessons, or classes**?  
**Examples:** martial arts, dance, gymnastics, or tennis.  
 No    Yes
62. **During the past 12 months**, how would you describe your grades in school?  
 Mostly As    Mostly Bs    Mostly Cs    Mostly Ds    Mostly Fs    None of these grades    Not sure
63. How many hours **per day** do you **usually** watch TV, DVDs, or movies **away from school**?  
**Count** TV shows or movies watched online or videos on YouTube®.  
 I don't watch TV, DVDs or movies    Less than 1 hour    1 hour    2 hours    3 hours    4 hours    5 hours    6 hours or more
64. How many hours **per day** do you **usually** spend using a computer or tablet/iPad® **away from school for school work**?  
**Count** homework, studying, looking up information for school, or reading for pleasure.  
 I don't use a computer or tablet/iPad® away from school for school work  
 Less than 1 hour    1 hour    2 hours    3 hours    4 hours    5 hours    6 hours or more
65. How many hours **per day** do you **usually** spend using a computer, tablet/iPad®, or Smartphone® **away from school for anything except school work**?  
**Count** internet surfing, instant messaging, or chatting. **Do not count** school work, games.  
 I don't use a computer, tablet/iPad®, or Smartphone® away from school for anything except school work  
 Less than 1 hour    1 hour    2 hours    3 hours    4 hours    5 hours    6 hours or more
66. How many hours **per day** do you **usually** spend playing video or computer games **away from school**?  
**Count** games on your video game console (Nintendo®, Xbox®, Playstation®), computer, or handheld (e.g. Minecraft®, Madden NFL®, Pokémon®), and games on your phone or mobile device (e.g. Candy Crush®, Angry Birds®).  
 I don't play video or computer games    Less than 1 hour    1 hour    2 hours    3 hours    4 hours    5 hours    6 hours or more
67. Do you have a cell phone? **Examples:** flip phone, iPhone®, Smartphone®, Android®  
 No, I do not have a cell phone.    Yes, I have a cell phone that is my own.    Yes, I have a cell phone that I can use to call my family when I am not at home (for example, while I am at a friend's house).
68. Can you access the internet with your cell phone?  
 I do not have a cell phone.    No, I cannot access the internet with my cell phone.    Yes, but I can only access the internet in some places (for example, at home).    Yes, I can access the internet anywhere.
69. Do you have a TV in the room where you sleep?  
 No    Yes
70. Do you have a computer, iPad®, tablet, phone, or gaming console (like Xbox® or PlayStation®) in the room where you sleep?  
 No    Yes
71. On most days, how do you arrive at school?  
 Walk    Bike    School bus    City bus    Family car with only your family    Carpool with students from other families



72. On an average school night, how many hours of sleep do you get?  
 4 or less hours    5 hours    6 hours    7 hours    8 hours    9 hours    10 or more hours
73. How many of your friends would you say your parents know?  
 All of them    Most of them    Some of them    None of them
74. How often do you hang out with your friends during your free time, like before or after school, at night, or on the weekends?  
 Almost never    Sometimes    Often    Almost always
75. How upset would your mom feel if she found out you were eating a lot of junk food?  
 Not upset    A little upset    Pretty upset    Very upset    N/A
76. How upset would your dad feel if he found out you were eating a lot of junk food?  
 Not upset    A little upset    Pretty upset    Very upset    N/A
77. How upset would your mom feel if she found out you were not exercising?  
 Not upset    A little upset    Pretty upset    Very upset    N/A
78. How upset would your dad feel if he found out you were not exercising?  
 Not upset    A little upset    Pretty upset    Very upset    N/A

**(Fill in one bubble for each question)**

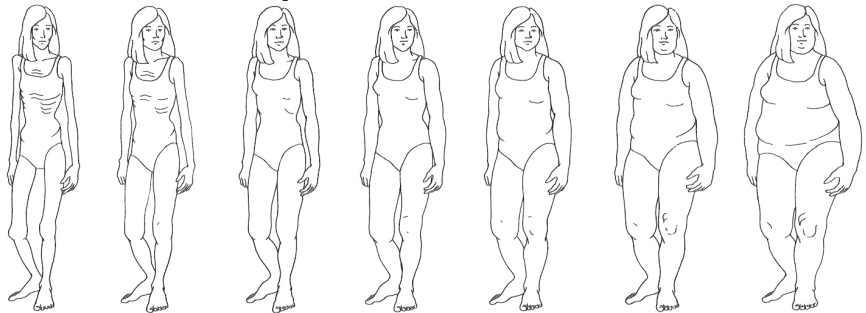
**Male**



79. Which of these bodies do you think a boy your age should look like?    1    2    3    4    5    6    7
80. Which of these bodies looks most like you?  
 I am not a boy
81. Which of these bodies looks most like your father?  
 I don't know what my father looks like

**(Fill in one bubble for each question)**

**Female**



82. Which of these bodies do you think a girl your age should look like?    1    2    3    4    5    6    7
83. Which of these bodies looks most like you?  
 I am not a girl
84. Which of these bodies looks most like your mother?  
 I don't know what my mother looks like

85. What are you trying to do about your weight?

- Lose weight       Gain weight       Stay the same weight       Nothing

86. 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)

	Scared and unsafe	Kind of safe	Very safe
87. In my classroom I feel...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
88. On the school grounds I feel...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
89. In the cafeteria I feel...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
90. Going to and from school I feel...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
91. While in the school restroom I feel...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

92. Other kids say mean things to me or threaten me by sending me an email, online posting, text, or through other social media...

- Every day       Once or twice a week       Once or twice a year       Never

93. Other kids hit, kick or push me...

- Every day       Once or twice a week       Once or twice a year       Never

94. Other kids say mean things or threaten me...

- Every day       Once or twice a week       Once or twice a year       Never

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

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

Never      Almost never      Sometimes      Almost always      Always

- |  |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. ... want me to exercise or be physically active.                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. ... exercise with me.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. ... spend time teaching me to play a sport or do a physical activity. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. ... eat lots of fruits and vegetables with me.                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. ... drink water instead of a soft drink (soda) with me.               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. ... want me to eat breakfast every morning.                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

96. I have **friends** who...

Never      Almost never      Sometimes      Almost always      Always

- |  |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. ... want me to exercise or be physically active.                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. ... exercise with me.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. ... spend time teaching me to play a sport or do a physical activity. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. ... eat lots of fruits and vegetables with me.                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. ... drink water instead of a soft drink (soda) with me.               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. ... want me to eat breakfast every morning.                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

97. Do you have food allergies to:	No	Yes	I don't know
a. ... Nuts (including peanuts)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ... Gluten	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. ... Dairy (milk/cheese)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. ... Soy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. ... Other: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

98. Has a doctor or nurse ever told you that you have **asthma**?  No  Yes  I don't know

99. Do you take **medication** every day to control your **asthma**?  No  Yes  I don't know  I don't have asthma

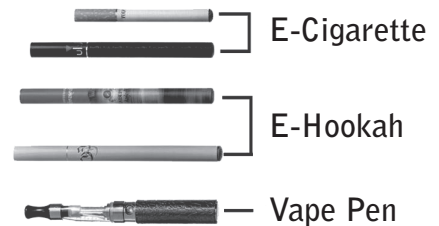
100. Has a doctor or nurse ever told you that you have **diabetes**?  No  Yes  I don't know

101. Do you take **medication** every day to control your **diabetes** (pump or injection)?  No  Yes  I don't know  I don't have diabetes

The next few questions are about electronic cigarettes. Electronic cigarettes go by several names including e-cigarettes, vape pens, digital vapor cigarettes, e-hookah, hookah pens and e-cigars. You can tell if it is an e-cigarette by the following:

- produce a vapor that looks like smoke.
- are available in a variety of flavors.
- sometimes look like regular cigarettes.
- sometimes look like pens or other small objects.
- may be rechargeable or disposable.

Types of Electronic Cigarettes



**Popular brands include:** blu®, Vuse®, Logic®, NJOY®, MarkTen®, and Fin®.

102. Have you **EVER** used an e-cigarette, even one or two times?  
**Examples:** vape pens, digital vapor cigarettes, e-hookah, hookah pens, and e-cigars.  
 No  Yes

103. **DURING THE PAST 30 DAYS**, on how many days did you use e-cigarettes?  
 Please enter the number of days.

1	11	21
2	12	22
3	13	23
4	14	24
5	15	25
6	16	26
7	17	27
8	18	28
9	19	29
10	20	30

104. Do you think you will use an e-cigarette in the next year?  
 Definitely not  Probably not  Probably yes  Definitely yes

105. **During the past 12 months**, how many times have your teeth or mouth been painful or sore?  
 0 times  1 time  2 or 3 times  4 or 5 times  6 or more times

106. When is the last time you saw a dentist for a check-up, exam, teeth cleaning, or other dental work?  
 During the past 12 months     Between 12 and 24 months     More than 24 months ago     Never     Not sure

107. **During the past 12 months**, how many times have you missed school because of problems with your teeth or mouth?  
 0 times     1 time     2 or 3 times     4 or 5 times     6 or more times

108. Indicate the **highest level** of education completed for your parents/guardians.  
**(Fill in one answer for each adult)**

a. Mother or other adult female in the home

- Less than high school     College degree  
 High school or GED     Graduate or professional degree (Master's, PhD, MD, etc.)  
 Some college

b. Father or other adult male in the home

- Less than high school     College degree  
 High school or GED     Graduate or professional degree (Master's, PhD, MD, etc.)  
 Some college

**STOP HERE. 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: \_\_\_\_\_

**TRIAL 1:**

Height (cm)				
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

Weight (kg)				
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

Fat Mass (kg)				
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

Impedance (ohms)				
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

**TRIAL 2:**

Height (cm)				
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

Weight (kg)				
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

Fat Mass (kg)				
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

Impedance (ohms)				
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

