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

1. What school do you go to?

2. What is today's date?

3. What grade are you in?

4. What are you?

5. What is your birth date?

6. What is your age?

7. How do you describe yourself?
(Choose only one)

8. What language do you use with your parents most of the time?
(Choose only one)

9. What is your home zip code?

Office Use Only
Campus ID #.

Do not write in this area

Michael and Susan Dell Center for Healthy Living, 8/15
UT School of Public Health, UTHealth

Page 1
Please continue on next page
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.

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
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</thead>
</table>
| 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 **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. |
| 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 **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 **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 **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. |
| 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 **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. |
| 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 **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. |
| 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 **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. |
| 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 **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. |
| 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 **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. |
| 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 **French fries or chips**? Chips are potato chips, tortilla chips, Cheetos®, corn chips, or any other snack chips.  **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 **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. |
| 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 **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. |
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 1 time yesterday.
   - **Yes**, I ate orange vegetables 2 times 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 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.

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 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.

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 1 time yesterday.
   - **Yes**, I ate beans 2 times 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 1 time yesterday.
   - **Yes**, I ate fruit 2 times 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 1 time yesterday.
   - **Yes**, I ate a frozen dessert 2 times 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 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.

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 1 time yesterday.
   - **Yes**, I ate candy 2 times 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 1 time yesterday.
   - **Yes**, I ate cheese 2 times yesterday.
   - **Yes**, I ate cheese 3 or more times yesterday.

30. Yesterday, did you drink **plain milk**? **Do not count** chocolate milk.
   - **No**, I didn’t drink plain milk yesterday.
   - **Yes**, I drank plain milk 1 time yesterday.
   - **Yes**, I drank plain milk 2 times 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 1 time yesterday.
   - **Yes**, I drank flavored milk 2 times 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 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.
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 1 time yesterday.
- Yes, I drank fruit juice 2 times 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 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.

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 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.

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 1 time yesterday.
- Yes, I drank diet sodas or diet soft drinks 2 times 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 1 time yesterday.
- Yes, I drank coffee or tea 2 times 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 1 time yesterday.
- Yes, I drank water 2 times 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 yesterday.
- Yes, I ate breakfast somewhere other than home 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 1 time yesterday.
- Yes, I ate a snack 2 times 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 that was homemade.
- Yes, I ate an evening meal at home that was not homemade (frozen pizza, microwave meal, etc.).
- 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 from a place other than home or a restaurant.

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)

<table>
<thead>
<tr>
<th>(Fill in one answer for each item)</th>
<th>Never</th>
<th>Yes, some of the time</th>
<th>Yes, most of the time</th>
<th>Yes, all of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. ...100% fruit juice (DO NOT COUNT)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. ...Fresh or frozen fruit (DO NOT COUNT)</td>
<td></td>
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<tr>
<td>c. ...Fresh or frozen vegetables (DO NOT COUNT)</td>
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<td></td>
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<tr>
<td>d. ...Sugar-sweetened beverages (COUNT)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. ...Soda (COUNT)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. ...Chips (COUNT)</td>
<td></td>
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</tr>
</tbody>
</table>

Please continue on next page.
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)?
   b. ...A natural or organic supermarket (such as Whole Foods Market, Sprouts, Trader Joe’s, or Natural Grocers)?
   c. ...A small local store or corner store (such as a neighborhood store)?
   d. ...A convenience store (such as 7-Eleven, Dollar Store or a mini market)?
   e. ...A warehouse club store (such as Sam’s Club or Costco)?
   f. ...A discount supermarket (such as Wal-Mart or Target)?
   g. ...An ethnic market (such as Asian, Indian, Hispanic)?
   h. ...A farmer’s market/ food co-op?
   i. ...A food bank/pantry?
   j. ...Your own garden?

51. Do you use food labels (nutrition facts) to make your food choices?
   - Never
   - Some of the time
   - Most of the time
   - All of the time

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, 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. During the past 12 months, how would you describe your grades in school? Examples: martial arts, dance, gymnastics, or tennis.
- Mostly As
- Mostly Bs
- Mostly Cs
- Mostly Ds
- Mostly Fs
- None of these grades
- Not sure

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.
- 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?
- 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)

79. Which of these bodies do you think a boy your age should look like?
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- I am not a boy

80. Which of these bodies looks most like you?
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- I don't know what my father looks like

(Fill in one bubble for each question)

81. Which of these bodies looks most like your father?
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- I don't know what my father looks like

82. Which of these bodies do you think a girl your age should look like?
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- I am not a girl

83. Which of these bodies looks most like you?
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- I don't know what my mother looks like

84. Which of these bodies looks most like your mother?
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 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)

87. In my classroom I feel…

- Scared and unsafe
- Kind of safe
- Very safe

88. On the school grounds I feel…

- Scared and unsafe
- Kind of safe
- Very safe

89. In the cafeteria I feel…

- Scared and unsafe
- Kind of safe
- Very safe

90. Going to and from school I feel…

- Scared and unsafe
- Kind of safe
- Very safe

91. While in the school restroom I feel…

- Scared and unsafe
- Kind of safe
- Very safe

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

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

---

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

   a. ... want me to exercise or be physically active.
   - Never
   - Almost never
   - Sometimes
   - Almost always
   - Always

   b. ... exercise with me.
   - Never
   - Almost never
   - Sometimes
   - Almost always
   - Always

   c. ... spend time teaching me to play a sport or do a physical activity.
   - Never
   - Almost never
   - Sometimes
   - Almost always
   - Always

   d. ... eat lots of fruits and vegetables with me.
   - Never
   - Almost never
   - Sometimes
   - Almost always
   - Always

   e. ... drink water instead of a soft drink (soda) with me.
   - Never
   - Almost never
   - Sometimes
   - Almost always
   - Always

   f. ... want me to eat breakfast every morning.
   - Never
   - Almost never
   - Sometimes
   - Almost always
   - Always

96. I have **friends** who…

   a. ... want me to exercise or be physically active.
   - Never
   - Almost never
   - Sometimes
   - Almost always
   - Always

   b. ... exercise with me.
   - Never
   - Almost never
   - Sometimes
   - Almost always
   - Always

   c. ... spend time teaching me to play a sport or do a physical activity.
   - Never
   - Almost never
   - Sometimes
   - Almost always
   - Always

   d. ... eat lots of fruits and vegetables with me.
   - Never
   - Almost never
   - Sometimes
   - Almost always
   - Always

   e. ... drink water instead of a soft drink (soda) with me.
   - Never
   - Almost never
   - Sometimes
   - Almost always
   - Always

   f. ... want me to eat breakfast every morning.
   - Never
   - Almost never
   - Sometimes
   - Almost always
   - Always
97. Do you have food allergies to:
   a. ...Nuts (including peanuts)  
   b. ...Gluten  
   c. ...Dairy (milk/cheese)  
   d. ...Soy  
   e. ...Other: _____________________________

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.

**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.

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

b. Father or other adult male in the home
   - Less than high school
   - High school or GED
   - Some college
   - College degree
   - Graduate or professional degree (Master’s, PhD, MD, etc.)

STOP HERE. Thank you very much for your help!

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