

**Texas School Physical Activity and Nutrition
(Texas SPAN) Project**
4th Grade Student Assent

YOUR NAME: _____

SCHOOL: _____

GRADE: _____

YOUR TEACHER'S NAME: _____

- In this study you are being asked to answer questions about your food choices, physical activity (exercise), and your household. **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 questionnaire. Your height and weight might be shared with the school for their records.
- 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

FOR OFFICE USE ONLY

Tablet ID



Texas School Physical Activity and Nutrition (Texas SPAN) Project

Student Survey

4th 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. Are you a boy or girl?

- Boy Girl

2. Bubble in your age.

- 8 9 10 11 12

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

- Black or African American
- Latino, Hispanic, or Mexican-American
- White, Caucasian, or Anglo
- Asian (from India or Pakistan)
- Asian (**not** from India or Pakistan)
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Other (write in) _____

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

- English
- Spanish
- About the same in Spanish and English
- Other language (write in) _____
- About the same in another language and English (write in) _____

5. Did you attend school on campus yesterday?

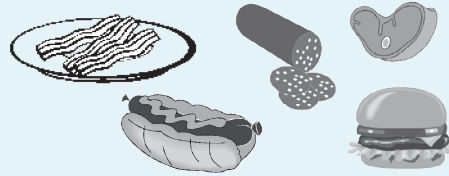
- Yes, all day
- Yes, part of the day
- No, I was not on campus yesterday

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.

6. 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.



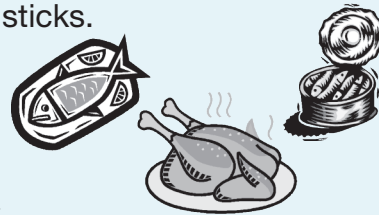
7. Yesterday, did you eat **chicken nuggets, fried chicken, fried fish, fish sticks, or any other fried meat**?

- 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.



8. Yesterday, did you eat any *baked, grilled, broiled, or steamed* **chicken or fish**?
Do not count fried chicken, fried fish, or fish sticks.

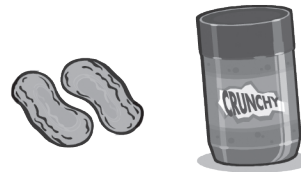
- No, I didn't eat any of the foods listed above yesterday.
- Yes, I ate one of these foods **1 time** yesterday.
- Yes, I ate one of these foods **2 times** yesterday.
- Yes, I ate one of these foods **3 or more times** yesterday.



Examples of fish: shrimp, tuna, salmon, and sushi

9. Yesterday, did you eat any **peanuts, peanut butter, or other nuts**?

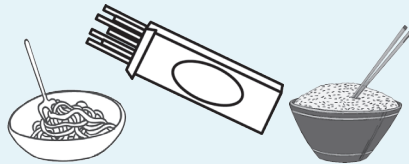
- No, I didn't eat any of the foods listed above yesterday.
- Yes, I ate one of these foods **1 time** yesterday.
- Yes, I ate one of these foods **2 times** yesterday.
- Yes, I ate one of these foods **3 or more times** yesterday.



Examples: pecans, walnuts, or almonds

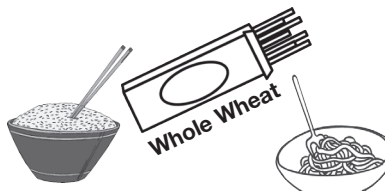
10. Yesterday, did you eat any **rice, macaroni, spaghetti, or pasta noodles that were white**?

- 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.



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

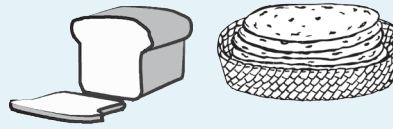
- No, I didn't eat any of the foods listed above yesterday.
- Yes, I ate one of these foods **1 time** yesterday.
- Yes, I ate one of these foods **2 times** yesterday.
- Yes, I ate one of these foods **3 or more times** yesterday.



Examples: whole wheat, whole grain, sprouted grain, oat, flax, high fiber

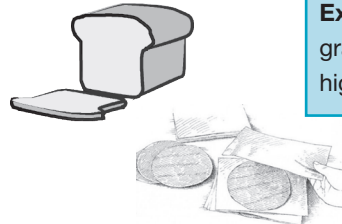
12. Yesterday, did you eat any **bread, tortillas, buns, bagels, or rolls that were white?**

- 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.



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

- 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.



Examples: whole wheat, whole grain, sprouted grain, oat, flax, high fiber

14. 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.



Examples: oatmeal, grits, Cream of Wheat®, other cooked cereals, Froot Loops®, Cheerios®, shredded wheat, other breakfast cereals

15. Yesterday, did you eat **French fries, chips, or crackers?**

- 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.



Examples: potato chips, tortilla chips, Cheetos®, corn chips, other snack chips, Saltines®, Triscuits®, Cheez-It® crackers, other crackers

16. Yesterday, did you eat a **snack bar?**

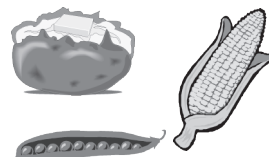
- No, I didn't eat any snack bars yesterday.
- Yes, I ate snack bars **1 time** yesterday.
- Yes, I ate snack bars **2 times** yesterday.
- Yes, I ate snack bars **3 or more times** yesterday.

Examples: protein bars, granola bars, and snack bars like FiberOne® bars, RXBAR®, KIND®, LÄRABAR®, and Clif Bar®

17. Yesterday, did you eat any **starchy vegetables?**

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.



Examples: potatoes, corn, peas

18. 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.



19. Yesterday, did you eat **salad made with lettuce, or any green vegetables**?

- 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.

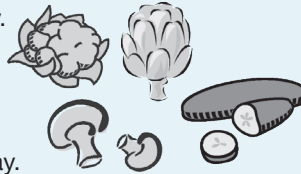


Examples: spinach, green beans, broccoli, or other greens



20. Yesterday, did you eat any **other vegetables**?

- 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.



Examples: peppers, tomatoes, zucchini, asparagus, cabbage, cauliflower, cucumbers, mushrooms, eggplant, celery, artichokes

21. Yesterday, did you eat **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.

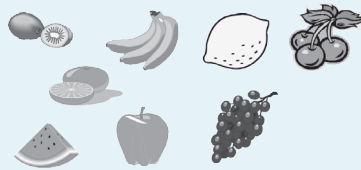


Examples: pinto beans, baked beans, kidney beans, refried beans, pork and beans

22. 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.



Examples: apples, oranges, bananas, grapes, berries, peaches

23. Yesterday, did you eat a **frozen dessert**? A frozen dessert is a cold, sweet food.

- 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.



Examples: ice cream, frozen yogurt, an ice cream bar, or a Popsicle®

24. Yesterday, did you eat **cookies, brownies, sweet rolls, doughnuts, 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.



25. Yesterday, did you eat any **candy?**

Do not count cookies, brownies, or gum.

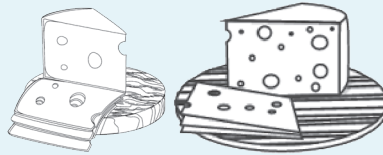
- No, I didn't eat any candy yesterday.
- Yes, I ate candy **1 time** yesterday.
- Yes, I ate candy **2 times** yesterday.
- Yes, I ate candy **3 or more times** yesterday.



Examples: chewy, gummy, hard, chocolate, or other candy

26. Yesterday, did you eat any kind of **cheese**, cheese spread, or cheese sauce?

- 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.



Examples: cheese on pizza, cheese in dishes such as tacos, enchiladas, lasagna, sandwiches, cheeseburgers, or macaroni and cheese

27. Yesterday, did you drink **plain milk?**

Count milk on cereal.

Do not count chocolate or other flavored 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.



28. Yesterday, did you drink any kind of **flavored milk?**

- No, I didn't drink 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.



Examples: chocolate milk, other flavored milk, or drinks made with milk, like a milkshake

29. Yesterday, did you eat **yogurt** or drink a yogurt drink?

Do not count frozen yogurt.

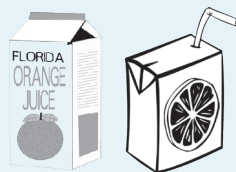
- No, I didn't eat any of the foods listed above yesterday.
- Yes, I ate one of these foods **1 time** yesterday.
- Yes, I ate one of these foods **2 times** yesterday.
- Yes, I ate one of these foods **3 or more times** yesterday.



Examples: Go-Gurt®, Danimals®, or Activia®

30. Yesterday, did you drink **fruit juice**? Fruit juice is a drink that is **100% 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.



Examples: orange juice, apple juice, grape juice

31. 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.



Examples: Kool-Aid®, Capri Sun®, Sunny D®, Gatorade®, Powerade®

32. 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.



33. 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.



34. Yesterday, did you drink a cup, bottle, or can of coffee, tea, iced tea, or coffee drink **without sugar**?

Do not count sweetened drinks or energy drinks.

- No, I didn't drink any coffee or tea *without sugar* yesterday.
- Yes, I drank coffee or tea *without sugar* **1 time** yesterday.
- Yes, I drank coffee or tea *without sugar* **2 times** yesterday.
- Yes, I drank coffee or tea *without sugar* **3 or more times** yesterday.



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

Do not count energy drinks.

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

36. Yesterday, did you drink an **energy drink**? Energy drinks contain caffeine.

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

Examples: Red Bull®, Rockstar®,
Monster®, 5-hour Energy®, Jolt®

37. 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.

38. Yesterday, did you eat **breakfast**? (**Choose only one**)

- No, I didn't 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.

39. Yesterday, did you have a **snack**?

(A snack is any food or beverage that you eat or drink before, after, or between meals.)

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

40. Yesterday, did you eat an **evening meal** (supper or dinner)? (**Choose only one**)

- No, I didn't eat an evening meal yesterday.
- Yes, I ate an evening meal that was made at home **mostly or entirely from raw ingredients or from scratch**.
- Yes, I ate an evening meal that was made at home **mostly or entirely from processed ingredients, or was a ready-to-eat meal** (for example, frozen pizza, microwave meal, etc.).
- Yes, I ate an evening meal **from or at a fast food restaurant, pizza place, or sit-down restaurant** (for example, take out, delivery, dining in).

41. Yesterday, how many times did you eat food from **any type of restaurant**?

Do not count the school cafeteria.

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

Examples: fast food, sit-down restaurants, pizza places

42. What type of *hot or cold cereal* do you eat **most of the time**?

- I do not eat hot or cold cereal.
- Sweet** cereals like flavored oatmeal, flavored Cream of Wheat®, Frosted Flakes®, Froot Loops®, or Honey Nut Cheerios®
- Plain** cereals like plain oatmeal or Cream of Wheat®, Corn Flakes®, Cheerios®, Rice Krispies®, or Kix®

43. Do you **usually** eat the lunch from the school cafeteria?

- Yes, I usually eat the lunch from the school cafeteria.
- No, I usually bring my lunch from home.
- No, I usually get lunch from a place other than home or school.

44. Do you help prepare meals or cook at home?

Do not count frozen dinners.

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

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

Nutrition Facts	
Serving Size 2/3 cup (55g)	
Servings Per Container About 8	
Amount Per Serving	
Calories 230	Calories from Fat 40
% Daily Value*	
Total Fat 8g	12%
Saturated Fat 1g	5%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 160mg	7%
Total Carbohydrate 37g	12%
Dietary Fiber 4g	16%
Sugars 1g	
Protein 3g	

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

46. I think healthy foods taste good.

- Always
- Almost always
- Sometimes
- Almost never
- Never

47. I think the lunch served in my school cafeteria is healthy.

- Always
- Almost always
- Sometimes
- Almost never
- Never

48. Do you have a **physical limitation** or **disability** that makes it harder for you to do things that other children your age can do?

- No
- Yes
- I don't know

49. **Last week**, on which days were you physically active for a total of **at least 60 minutes per day?**
(Bubble in answer for each day)

Monday Yes No

Tuesday Yes No

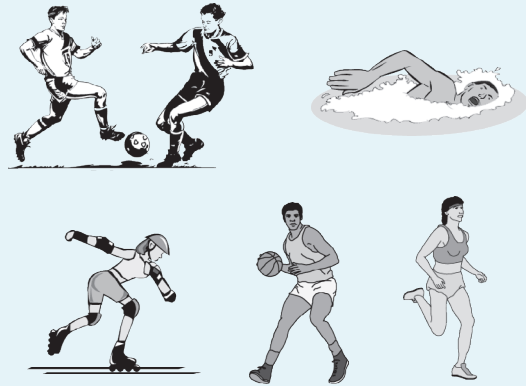
Wednesday Yes No

Thursday Yes No

Friday Yes No

Saturday Yes No

Sunday Yes No



Examples: basketball, soccer, running or jogging, fast dancing, swimming laps, tennis, fast bicycling, or similar aerobic activities

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.

50. **Last week**, on which days did you play outdoors for **30 minutes or more?**
(Bubble in answer for each day)

Monday Yes No

Tuesday Yes No

Wednesday Yes No

Thursday Yes No

Friday Yes No

Saturday Yes No

Sunday Yes No



51. During the past 12 months, on how many **sports teams** did you play?

Do not count PE classes.

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



Examples: soccer, basketball, baseball, softball, swimming, cheerleading, wrestling, track, football, dance, karate, tennis, and volleyball teams

52. Do you currently take part in any **other organized physical activities, lessons, or classes**?

- No
- Yes

Examples: martial arts, dance, gymnastics, or tennis

53. How many hours **per day** do you **usually** watch TV, DVDs, or movies **away from school**?

- 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



Examples: TV shows or movies streamed online or videos on YouTube®

54. How many hours **per day** do you **usually** spend using a computer or tablet/iPad® **away from school for school work**?

- 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



Examples: homework, studying, looking up information for school, or reading for pleasure

55. How many hours **per day** do you **usually** spend using a computer, tablet/iPad®, Smartphone, or Smart Watch/Apple Watch® **away from school for anything except school work?**
Do not count school work or 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



Examples: internet surfing, instant messaging/texting, TikTok, or chatting

56. How many hours **per day** do you **usually** spend playing video or computer games **away from school?**

Count games on a video game console (Nintendo®, Xbox®, Playstation®), computer, handheld, or phone/mobile device.

- 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



Examples: Fortnite®, Minecraft®, Pokemon®, Candy Crush®, Player Unknown Battleground® (PUBG), Super Smash Bros.®, Geometry Dash®

57. Do you have a cell phone?

- No, I do not have a cell phone
- Yes, I have a cell phone but I can't access the internet
- Yes, I have a cell phone and I have access to the internet

58. Do you have an electronic device in the room where you sleep?

- No
- Yes

Examples: TV, laptop, tablet, phone, Nintendo DS®, Nintendo Switch®

59. On most days, how do you arrive at school?

- Walk
- Bike
- School bus
- City bus
- Car

60. Do you have a regular bedtime during the school week?

- All the time
- Most of the time
- Some of the time
- No, I go to bed when I want to

61. On an average school night, how many hours of sleep do you get?

- Less than 5 hours
- 6 hours
- 7 hours
- 8 hours
- 9 hours
- 10 hours or more

62. 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)

63. How sure are you that you can eat a piece of fruit instead of candy as a snack?

- Not sure
- A little sure
- Very sure

64. How sure are you that you can run, jump, or play during school?

- Not sure
- A little sure
- Very sure

65. Do you have food allergies to:

	No	Yes	I don't know
Nuts (peanut/tree)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gluten	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dairy (milk/cheese)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Soy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fish/Shellfish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

66. In the last 12 months/year, have you seen the dentist?

- No
- Yes
- I don't know, or don't remember

67. How many times a day do you usually brush your teeth?

- 0 times
- 1 time
- 2 times
- 3 or more times
- I don't know

68. How did you attend school last year during the COVID-19 outbreak?

- All virtual at home
- Mostly virtual at home
- About the same for virtual at home and in person at school
- Mostly in person at school
- All in person at school
- Other

69. Compared to last school year (during the COVID-19 outbreak), how much of the following are you doing:

	Less than last year	Same amount as last year	More than last year
Eating junk food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating fruit and vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drinking sodas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spending time outside	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spending time in team sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spending time in other youth clubs/lessons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spending time watching TV, playing video games, or on social media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spending time with friends remotely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spending time with friends in person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

STOP HERE. Thank you very much for your help!

