

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

YOUR NAME: _____

SCHOOL: _____

GRADE: _____

- You will be asked to answer questions about your food choices and physical activity (exercise).
- An adult will weigh you, measure your height, and write the results on the last page of the questionnaire.
- No one at school or at home will see your answers, how tall you are, or what you weigh.
- 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.
- After you complete the questionnaire and are measured for height and weight, the page with your name on it (Student Assent Form) 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

SCHOOL PHYSICAL ACTIVITY AND NUTRITION (SPAN) PROJECT

STUDENT QUESTIONNAIRE

4th Grade

The following questions are about what kids 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 questionnaire 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



STUDENT INFORMATION

What school do you go to? _____

1. Bubble in your school ID #.

0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

2. Bubble in your student ID #.

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

3. Bubble in today's date.

<input type="checkbox"/> Jan		<input type="checkbox"/> 2001
<input type="checkbox"/> Feb		<input type="checkbox"/> 2002
<input type="checkbox"/> Mar		
<input type="checkbox"/> Apr		
<input type="checkbox"/> May		
<input type="checkbox"/> Jun		
<input type="checkbox"/> Jul		
<input type="checkbox"/> Aug		
<input type="checkbox"/> Sep		
<input type="checkbox"/> Oct		
<input type="checkbox"/> Nov		
<input type="checkbox"/> Dec		

4. Bubble in your age.

<input type="checkbox"/> 8
<input type="checkbox"/> 9
<input type="checkbox"/> 10
<input type="checkbox"/> 11
<input type="checkbox"/> 12
<input type="checkbox"/> 13
<input type="checkbox"/> 14
<input type="checkbox"/> 15
<input type="checkbox"/> 16
<input type="checkbox"/> 17
<input type="checkbox"/> 18
<input type="checkbox"/> 19

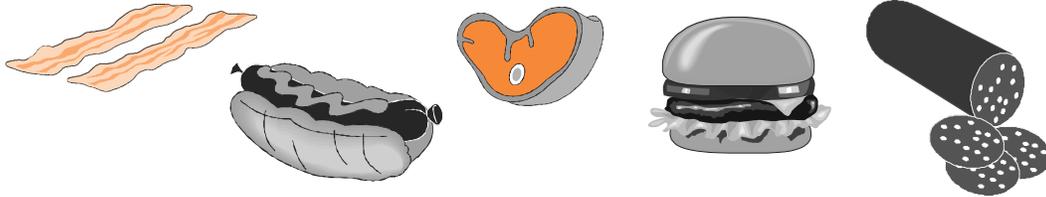
5. Are you a boy or girl?

<input type="checkbox"/> Boy
<input type="checkbox"/> Girl

6. How do you describe yourself?
(Fill in only one)

<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American
<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> White, non-Hispanic, non-Latino
<input type="checkbox"/> Other

7. 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.

8. Yesterday, did you eat any fried meat with a crust, like fried chicken, chicken nuggets, chicken fried steak, fried pork chops, or fried fish?



- 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.

9. Yesterday, did you eat gravy (either on a food or by itself)?

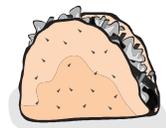
- No, I didn't eat gravy yesterday.
- Yes, I ate gravy **1 time** yesterday.
- Yes, I ate gravy **2 times** yesterday.
- Yes, I ate gravy **3 or more times** yesterday.

10. Yesterday, did you eat any peanuts or peanut butter?



- 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 cheese by itself or on your food? Count cheese on pizza or in dishes such as tacos, enchiladas, sandwiches, cheeseburgers, or macaroni and cheese.



- No, I didn't eat 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.

12. 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.

13. Yesterday, did you eat yogurt or cottage cheese or drink a yogurt drink?

Do not count frozen yogurt.



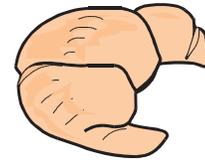
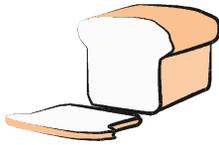
- No, I didn't eat any of these foods yesterday.
- Yes, I ate one of these foods **1 time** yesterday.
- Yes, I ate one of these foods **2 times** yesterday.
- Yes, I ate one of these foods **3 or more times** yesterday.

14. Yesterday, did you eat rice, macaroni, spaghetti or pasta noodles?



- 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 bread, bun, bagel, tortilla or roll?



- 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 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.

17. Yesterday, did you eat French fries or chips?

Chips are 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.

18. Yesterday, did you eat any vegetables?

Vegetables are all cooked and uncooked vegetables; 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 or more times** yesterday.

19. 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.

20. Yesterday, did you eat fruit?

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.

21. 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 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.

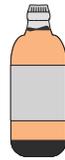
22. Yesterday, did you drink any punch, Kool-Aid[®], sports drinks, or other fruit-flavored drinks?

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.

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



- 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.

24. 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.

25. 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.

26. 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.

27. Yesterday, did you eat breakfast?

- Yes No

28. Yesterday, how many meals did you eat?
Meals include breakfast, lunch, and dinner or supper.

- I didn't have any meals yesterday. I had **2 meals** yesterday.
 I had **1 meal** yesterday. I had **3 or more meals** yesterday.

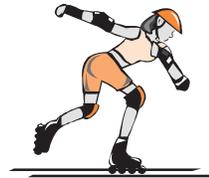
29. Yesterday, did you have a snack? A *snack* is food or drink that you eat or drink before, after, or between meals.

- No, I didn't have any snacks 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.

30. Yesterday, did you take a vitamin pill? 

- Yes No

31. Yesterday, did you do any exercise that made your heart beat fast and made you breathe hard for at least 20 minutes? (For example: basketball, running or jogging, fast dancing, swimming laps, tennis, fast bicycling, or similar aerobic activities.)



- Yes No

32. Yesterday, did you do any exercise that did not make your heart beat fast and did not make you breathe hard for at least 30 minutes? (For example: fast walking, slow bicycling, skating, pushing a lawn mower, or mopping floors.)

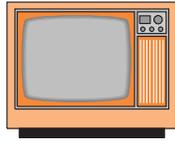


- Yes No

33. Last week, on how many days did you go to physical education (PE) or gym classes?

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

34. Yesterday, how many hours did you watch TV or video movies?



- I didn't watch TV yesterday 1 hour 2 hours 3 hours or more

35. Do you ever read the nutrition labels on food packages?

- Almost always or always Sometimes Almost never or never

36. Do you ever pick out foods to buy at the store?

- Almost always or always Sometimes Almost never or never

37. During the past 12 months, on how many sports teams did you play?
Sports teams include 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

38. Do you currently take part in any other organized physical activities or take lessons, such as martial arts, dance, gymnastics, or tennis?

- Yes No

39. How many hours per day do you usually play video games like Nintendo[®], Sega[®], and games at the arcade or use the computer?



- I don't play video games or use the computer 3-4 hours a day
 Less than 1 hour a day More than 4 hours a day
 1-2 hours a day

40. Have you ever tried to lose weight?

- Yes No

41. Are you trying to lose weight now?

- Yes No

42. Compared to other students in your grade who are as tall as you, do you think you weigh:

- The right amount
 Too much
 Too little (or not enough)

43. Have you ever seen the Food Guide Pyramid?

- Yes No

44. From which food group should you eat the *most* servings each day? Choose only one group.

- Breads, cereals, rice, pasta
 Dairy products (milk, cheese)
 Fats, oils, sweets
 Fruits
 Meats, fish, poultry, beans, eggs, nuts
 Vegetables
 I don't know

45. From which food group should you eat the *fewest* servings each day?
Choose only one group.

- Breads, cereals, rice, pasta
 Dairy products (milk, cheese)
 Fats, oils, sweets
 Fruits
 Meats, fish, poultry, beans, eggs, nuts
 Vegetables
 I don't know

46. How many total servings of fruits and vegetables should you eat each day?

- At least 2
 At least 3
 At least 4
 At least 5
 I don't know

