

# 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.
- If you do not want to answer a question, you can skip it.
- You may stop taking part in this project during the time you are getting your height and weight taken, while answering questions, or at any other time.
- 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

00001

# SCHOOL PHYSICAL ACTIVITY AND NUTRITION (SPAN) PROJECT

## STUDENT QUESTIONNAIRE

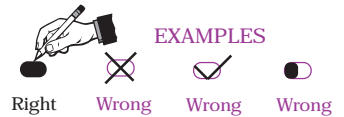
8<sup>th</sup>/11<sup>th</sup> Grades

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 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 today's date.

<input type="checkbox"/> Jan	<input type="checkbox"/> 2004
<input type="checkbox"/> Feb	<input type="checkbox"/> 2005
<input type="checkbox"/> Mar	<input type="checkbox"/> 2006
<input type="checkbox"/> Apr	<input type="checkbox"/> 2007
<input type="checkbox"/> May	<input type="checkbox"/> 2008
<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	

3. Bubble in your grade.

<input type="checkbox"/> 8th
<input type="checkbox"/> 11th

4. Bubble in your birth date.

<input type="checkbox"/> Jan	<input type="checkbox"/> 1983
<input type="checkbox"/> Feb	<input type="checkbox"/> 1984
<input type="checkbox"/> Mar	<input type="checkbox"/> 1985
<input type="checkbox"/> Apr	<input type="checkbox"/> 1986
<input type="checkbox"/> May	<input type="checkbox"/> 1987
<input type="checkbox"/> Jun	<input type="checkbox"/> 1988
<input type="checkbox"/> Jul	<input type="checkbox"/> 1989
<input type="checkbox"/> Aug	<input type="checkbox"/> 1990
<input type="checkbox"/> Sep	<input type="checkbox"/> 1991
<input type="checkbox"/> Oct	<input type="checkbox"/> 1992
<input type="checkbox"/> Nov	<input type="checkbox"/> 1993
<input type="checkbox"/> Dec	

5. Bubble in your age.

<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
<input type="checkbox"/> 20

6. Bubble in your sex.

<input type="checkbox"/> Male
<input type="checkbox"/> Female

7. 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"/> Mexican-American, Latino or Hispanic
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> White, non-Hispanic, non-Latino
<input type="checkbox"/> Other

8. How tall do you think you are?

<input type="checkbox"/> 3 ft.	<input type="checkbox"/> 0 in.
<input type="checkbox"/> 4 ft.	<input type="checkbox"/> 1 in.
<input type="checkbox"/> 5 ft.	<input type="checkbox"/> 2 in.
<input type="checkbox"/> 6 ft.	<input type="checkbox"/> 3 in.
<input type="checkbox"/> 7 ft.	<input type="checkbox"/> 4 in.
	<input type="checkbox"/> 5 in.
	<input type="checkbox"/> 6 in.
	<input type="checkbox"/> 7 in.
	<input type="checkbox"/> 8 in.
	<input type="checkbox"/> 9 in.
	<input type="checkbox"/> 10 in.
	<input type="checkbox"/> 11 in.

9. What do you think you weigh?

<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	lb.
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	
<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	
<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	

10. What language do you use with your parents most of the time?

<input type="checkbox"/> English	
<input type="checkbox"/> Spanish	
<input type="checkbox"/> Vietnamese	
<input type="checkbox"/> Chinese	
<input type="checkbox"/> Other	
(write in any other language)	

These questions are about YESTERDAY.

NONE	1 TIME	2 TIMES	3 or More Times
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11. Yesterday, how many times did you eat hamburger meat, hot dogs, sausage (chorizo), steak, bacon, or ribs?	0	1	2	3+
12. Yesterday, how many times did you eat battered or fried chicken, chicken nuggets, chicken fried steak, fried pork chops, or fried fish?	0	1	2	3+
13. Yesterday, how many times did you eat gravy (either on a food or by itself)?	0	1	2	3+
14. Yesterday, how many times did you eat peanuts or peanut butter?	0	1	2	3+
15. Yesterday, how many times did you eat any kind of cheese, cheese spread or a cheese sauce? <i>Include</i> cheese on pizza or in dishes such as tacos, enchiladas, lasagna, sandwiches, cheeseburgers or macaroni and cheese.	0	1	2	3+
16. Yesterday, how many times did you drink any kind of milk? <i>Include</i> chocolate or other flavored milk, milk on cereal, and drinks made with milk.	0	1	2	3+
17. Yesterday, how many times did you eat yogurt or cottage cheese or drink a yogurt drink? <i>Do not count</i> frozen yogurt.	0	1	2	3+
18. Yesterday, how many times did you eat rice, macaroni, spaghetti, or pasta noodles?	0	1	2	3+
19. Yesterday, did you eat any <i>white</i> bread, buns, bagels, tortillas, or rolls?	0	1	2	3+
20. Yesterday, did you eat any <i>whole wheat or dark</i> bread, buns, bagels, tortillas, or rolls?	0	1	2	3+
21. Yesterday, how many times did you eat hot or cold cereal?	0	1	2	3+
22. Yesterday, how many times did you eat French fries or chips? <i>Include</i> potato chips, tortilla chips, Cheetos®, corn chips, or other snack chips.	0	1	2	3+
23. Yesterday, how many times did you eat vegetables? <i>Include</i> all cooked and uncooked vegetables; salads; and boiled, baked and mashed potatoes. <i>Do not count</i> French fries or chips.	0	1	2	3+
24. Yesterday, how many times did you eat beans such as pinto beans, baked beans, kidney beans, refried beans, or pork and beans? <i>Do not count</i> green beans.	0	1	2	3+
25. Yesterday, how many times did you eat fruit? <i>Do not count</i> juice.	0	1	2	3+
26. Yesterday, how many times did you drink fruit juice? Fruit juice is a 100% juice drink like orange juice, apple juice, or grape juice. <i>Do not count</i> punch, Kool-Aid®, sports drinks, and other fruit flavored drinks.	0	1	2	3+
27. Yesterday, how many times did you drink any punch, Kool-Aid®, sports drinks, or other fruit-flavored drinks? <i>Do not count</i> fruit juice.	0	1	2	3+
28. Yesterday, how many times did you drink any <i>regular</i> (not diet) sodas or soft drinks?	0	1	2	3+
29. Yesterday, how many times did you drink any <i>diet</i> sodas or soft drinks?	0	1	2	3+
30. Yesterday, how many times did you eat some type of frozen dessert? A <i>frozen dessert</i> is a cold, sweet food like ice cream, frozen yogurt, an ice cream bar, or a Popsicle.	0	1	2	3+
31. Yesterday, how many times did you eat sweet rolls, doughnuts, cookies, brownies, pies or cakes?	0	1	2	3+
32. Yesterday, how many times did you eat chocolate candy? <i>Do not count</i> brownies or chocolate cookies.	0	1	2	3+
33. Yesterday, how many meals did you eat?	0	1	2	3+
34. Yesterday, how many times did you eat food from any type of restaurant? (Restaurants include fast food, sit down restaurants, pizza places, and cafeterias).	0	1	2	3+
35. Yesterday, how many times did you eat or drink a snack? A <i>snack</i> is any food or beverage that you eat or drink before, after, or between meals.	0	1	2	3+

36. What type of milk do you *usually* drink? (Fill in only ONE)

- Regular (whole) milk                       Combination of the above types of milk  
 Low-fat (2%, 1 1/2%, 1%) milk                       I don't drink milk  
 Skim, nonfat, or 1/2% milk

37. Are the foods you *usually* eat:

- High in fat                       Some high in fat, some low in fat                       Low in fat

38. Are you a vegetarian?

- No, I eat meat (beef, pork, fish, or chicken).  
 Yes, but sometimes I eat meat (beef, pork, fish, or chicken).  
 Yes, I never eat meat (beef, pork, fish, or chicken).

39. Do you *usually* take a vitamin or mineral pill?

- Yes                       No

40. When you think about the way you *usually* eat, would you say that your eating habits are:

- Much healthier than those of most people my age  
 Somewhat healthier than those of most people my age  
 About the same as those of most people my age  
 Somewhat less healthy than those of most people my age  
 Much less healthy than those of most people my age

41. Do you usually eat or drink something for breakfast?

- Almost Always or Always                       Sometimes                       Almost Never or Never

42. Do you eat the school lunch served in the cafeteria?

- Almost Always or Always                       Sometimes                       Almost Never or Never

43. On how many of the past 7 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, fast dancing, swimming laps, tennis, fast bicycling, or similar aerobic activities)

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

44. On how many of the past 7 days did you take part in physical activity or exercise for *at least 30 minutes* where your heart did *not* beat fast or you did *not* breathe hard, such as fast walking, slow bicycling, skating, pushing a lawn mower, or mopping floors?

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

45. On how many of the past 7 days did you do exercises to strengthen or tone your muscles, such as push-ups, sit-ups, or weight lifting?

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

46. In an average week when you are in school, on how many days do you go to physical education (PE) classes?

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

47. During an average physical education (PE) class, how many minutes do you spend actually exercising or playing sports?

- I do not take PE               10 to 20 minutes               31 to 40 minutes               51 to 60 minutes  
 Less than 10 minutes       21 to 30 minutes               41 to 50 minutes               More than 60 minutes

48. During the past 12 months, on how many sports teams *run by your school* did you play (do not include PE classes)? Sports teams include soccer, basketball, baseball, swimming, gymnastics, wrestling, track, football, tennis and volleyball teams.

- 0 teams                           1 team                           2 teams                           3 teams or more

49. During the past 12 months, on how many sports teams run by organizations *outside of your school* (like the park district, summer leagues, YMCA or church teams) did you play? Sports teams include soccer, basketball, baseball, swimming, gymnastics, wrestling, track, football, tennis, and volleyball.

- 0 teams                           1 team                           2 teams                           3 teams or more

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

- Yes                                   No

51. How many hours *per day* do you *usually* watch TV or video movies away from school?

- I don't watch TV or video movies               3 hours                           6 hours or more  
 1 hour                                   4 hours  
 2 hours                                   5 hours

52. How many hours *per day* do you *usually* spend on the computer away from school? (Time on the computer includes time spent surfing the Internet and instant messaging).

- I don't use the computer                           3 hours                           6 hours or more  
 1 hour                                   4 hours  
 2 hours                                   5 hours

53. How many hours *per day* do you *usually* spend playing video games like Nintendo<sup>®</sup>, Sega<sup>®</sup>, PlayStation<sup>®</sup>, Xbox<sup>®</sup>, GameBoy<sup>®</sup> or arcade games away from school?

- I don't play video games                           3 hours                           6 hours or more  
 1 hour                                   4 hours  
 2 hours                                   5 hours

54. Have you ever tried to lose weight?

Yes

No

55. Are you trying to lose weight now?

Yes

No

56. Would you like to:

Weigh more

Weigh less

Have weight stay about the same

57. 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)

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

Breads, cereals, rice, pasta

Meats, fish, poultry, beans, eggs, nuts

Dairy products (milk, cheese, yogurt)

Vegetables

Fats, oils, sweets

Don't know

Fruits

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

Breads, cereals, rice, pasta

Meats, fish, poultry, beans, eggs, nuts

Dairy products (milk, cheese, yogurt)

Vegetables

Fats, oils, sweets

Don't know

Fruits

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

At least 2 servings

At least 5 servings

At least 3 servings

Don't know

At least 4 servings

61. What is the recommended amount of Calories from fat that you should get from the foods that you eat?

Not more than 10% of the total food energy (Calories) in your diet

Not more than 20% of the total food energy (Calories) in your diet

Not more than 25% of the total food energy (Calories) in your diet

Not more than 30% of the total food energy (Calories) in your diet

Not more than 35% of the total food energy (Calories) in your diet

62. Which contains the most Calories?

One gram of protein

One gram of fat

One gram of carbohydrate

63. What you eat can make a difference in your chances of getting heart disease or cancer.  
 True                                   False                                   Don't know
64. People who are overweight are more likely to have a higher risk of health problems than people who are not overweight.  
 True                                   False                                   Don't know
65. People who are underweight are more likely to have a higher risk of health problems than people who are not underweight.  
 True                                   False                                   Don't know
66. There is so much information about healthy ways to eat that it's hard to know what to believe.  
 Agree                                   Neither Agree nor Disagree                                   Disagree
67. The foods that I eat and drink are healthy so there is no reason for me to make changes.  
 Agree                                   Neither Agree nor Disagree                                   Disagree
68. Skipping meals such as breakfast or lunch affects my ability to do well in my classes.  
 Agree                                   Neither Agree nor Disagree                                   Disagree
69. I think that learning about the relationship between food and health is important for students my age to know.  
 Agree                                   Neither Agree nor Disagree                                   Disagree
70. I think that learning about the relationship between physical activity and health is important for students my age to know.  
 Agree                                   Neither Agree nor Disagree                                   Disagree
71. I am willing to try new foods.  
 Almost Always or Always        Sometimes                                   Almost Never or Never
72. I like to eat the school lunch served in the cafeteria.  
 Almost Always or Always        Sometimes                                   Almost Never or Never
73. I think the school lunch served in the cafeteria is nutritious.  
 Almost Always or Always        Sometimes                                   Almost Never or Never
74. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?  
 Yes                                   No

Thank you very much for your help!

PLEASE DO  
NOT WRITE IN  
THIS AREA

Student's Height

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

Student's Weight

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

Comments:

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