

**Texas School Physical Activity and Nutrition  
(Texas SPAN) Project**  
**8th/11th 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

### 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 grade are you in?  8th  11th  Other: \_\_\_\_\_

2. What is your birth date?

MONTH	DAY				YEAR			
<input type="radio"/> Jan	1	11	21	31	2	0		
<input type="radio"/> Feb	2	12	22		0	●	0	0
<input type="radio"/> Mar	3	13	23		1	1	1	1
<input type="radio"/> Apr	4	14	24		●	2	2	2
<input type="radio"/> May	5	15	25		3	3	3	3
<input type="radio"/> June	6	16	26		4	4	4	4
<input type="radio"/> July	7	17	27		5	5	5	5
<input type="radio"/> Aug	8	18	28		6	6	6	6
<input type="radio"/> Sept	9	19	29		7	7	7	7
<input type="radio"/> Oct	10	20	30		8	8	8	8
<input type="radio"/> Nov					9	9	9	9
<input type="radio"/> Dec								

3. What is your age?  11  12  13  14  15  
 16  17  18  19  20

4. What are you?  Male  Female

5. 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) \_\_\_\_\_

6. 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) \_\_\_\_\_

7. What is your **home** zip code?

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

I don't know

8. 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.**

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

No

1 time

2 times

3 or more times

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

No

1 time

2 times

3 or more times

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

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

No

1 time

2 times

3 or more times

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

**Examples:** pecans, walnuts, or almonds

No

1 time

2 times

3 or more times

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

No

1 time

2 times

3 or more times

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

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

No

1 time

2 times

3 or more times

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

No

1 time

2 times

3 or more times

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

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

No

1 time

2 times

3 or more times

17. Yesterday, did you eat any *hot or cold* **cereal**?

No

1 time

2 times

3 or more times

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

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

- No       1 time       2 times       3 or more times

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

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

- No       1 time       2 times       3 or more times

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

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

**Do not count** French fries, fried potatoes, potato chips, or any other type of chips.

- No       1 time       2 times       3 or more times

**Examples:** potatoes, corn, or peas

21. Yesterday, did you eat any **carrots, squash, sweet potatoes, or any other orange vegetables**?

- No       1 time       2 times       3 or more times

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

- No       1 time       2 times       3 or more times

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

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

- No       1 time       2 times       3 or more times

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

24. Yesterday, did you eat **beans**?

**Do not count** green beans.

- No       1 time       2 times       3 or more times

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

25. Yesterday, did you eat **fruit**? Fruits are all fresh, frozen, canned or dried fruits.

**Do not count** fruit juice.

- No       1 time       2 times       3 or more times

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

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

- No       1 time       2 times       3 or more times

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

27. Yesterday, did you eat **cookies, brownies, sweet rolls, doughnuts, pies, or cake**?

- No       1 time       2 times       3 or more times

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

**Do not count** cookies, brownies, or gum.

- No       1 time       2 times       3 or more times

**Examples:** chewy, gummy, hard, chocolate, or any other type of candy

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

- No       1 time       2 times       3 or more times

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

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

**Count** milk on cereal.

**Do not count** chocolate or other flavored milk.

- No       1 time       2 times       3 or more times

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

- No       1 time       2 times       3 or more times

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

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

**Do not count** frozen yogurt.

- No       1 time       2 times       3 or more times

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

33. 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       1 time       2 times       3 or more times

**Examples:** orange juice, apple juice, grape juice

34. Yesterday, did you drink any punch, Kool-Aid®, sports drink, or other **fruit-flavored drinks**?

**Do not count** 100% fruit juice.

- No       1 time       2 times       3 or more times

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

35. Yesterday, did you drink any **regular sodas** or soft drinks?

**Do not count** diet sodas.

- No       1 time       2 times       3 or more times

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

- No       1 time       2 times       3 or more times

37. 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       1 time       2 times       3 or more times

38. 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       1 time       2 times       3 or more times

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

- No       1 time       2 times       3 or more times

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

40. Yesterday, did you drink a bottle or glass of **water**?

**Count** sparkling water or any other water drink that has 0 calories.

- No       1 time       2 times       3 or more times

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

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

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

- No                       1 time                       2 times                       3 or more times

43. 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).

44. Yesterday, how many times did you eat food from **any type of restaurant**?  
**Do not count** the school cafeteria.

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

- None                       1 time                       2 times                       3 or more times

45. **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>Fruit-flavored 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"/>

46. 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®

47. 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).

48. Where do you **usually** get your lunch from? **(Choose only one)**

- The **main lunch line** in the school cafeteria
- A **snack bar, a kiosk, or a la carte** in the school cafeteria
- A **vending machine** at school
- Home**
- Fast food or other restaurant**
- I don't usually eat lunch
- Other: \_\_\_\_\_

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

- Before 7pm    7pm    8pm    9pm    10pm    11pm    Midnight or later

50. 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

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

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

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

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

53. I think healthy foods taste good.

- Always    Almost always    Sometimes    Almost never    Never

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

- Always    Almost always    Sometimes    Almost never    Never

55. 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

56. **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

57. **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**?

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

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

58. **During the past 7 days**, on how many days did you do exercises to strengthen or tone your muscles?

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

**Examples:** push-ups, sit-ups, or weight lifting

59. **During an average week** when you are in school, how many **total hours** do you participate in school activities?

- 0 hours    1 to 4 hours    5 to 9 hours    10 to 19 hours    20 or more hours

**Examples:** sports, band, drama, cheerleading, dance, or other clubs



60. **During the past 12 months**, on how many sports teams **run by your school** 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

61. **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?

- 0 teams       1 team       2 teams       3 or more teams

**Examples:** soccer, basketball, baseball, swimming, gymnastics, wrestling, track, football, karate, tennis, and volleyball

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

- No       Yes

**Examples:** martial arts, dance, gymnastics, or tennis

63. **During the past 12 months**, how would you describe your grades in school? (**Choose only one**)

- Mostly As     Mostly Bs     Mostly Cs     Mostly Ds     Mostly Fs     None of these grades     Not sure

64. On an average school day, how many hours do you spend in front of a TV, computer, tablet, smart phone, or other electronic device watching shows or videos, playing games, accessing the Internet or using social media (also called “screen time”)? **Do not count** time spent doing school work.

- Less than 1 hour per day       3 hours per day  
 1 hour per day       4 hours per day  
 2 hours per day       5 or more hours per day

65. 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     3 hours  
 Less than 1 hour     4 hours  
 1 hour     5 hours  
 2 hours     6 hours or more

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

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

- No       Yes

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

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

- Walk     Bike     School bus     City bus     Car

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

- 5 or less hours     6 hours     7 hours     8 hours     9 hours     10 or more hours

69. How many of your friends would you say your parents know?

- All of them     Most of them     Some of them     None of them

70. 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

- a. In person
- b. On social media (texting, Instagram, computer/video games, etc.)

71. How upset would your parents feel if they found out you were eating a lot of junk food?

- Not upset       A little upset       Pretty upset       Very upset       N/A

72. How upset would your parents feel if they found out you were not exercising?

- Not upset       A little upset       Pretty upset       Very upset       N/A

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

- Lose weight       Gain weight       Stay the same weight       Nothing

74. 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)

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

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

Never      Almost never      Sometimes      Almost always      Always

- a. ... want me to exercise or be physically active.
- b. ... exercise with me.
- c. ... spend time teaching me to play a sport or do a physical activity.
- d. ... eat lots of fruits and vegetables with me.
- e. ... drink water instead of a soft drink (soda) with me.
- f. ... want me to eat breakfast every morning.
- g. ... want me to avoid junk food.

76. Do you have food allergies to:

No      Yes      I don't know

- Nuts (peanut/tree)
- Gluten
- Dairy (milk/cheese)
- Soy
- Fish/Shellfish
- Other: \_\_\_\_\_

77. 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

78. 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

79. What is the highest level of education completed by your **mother or other female caregiver** in the home?  
**(Choose only one)**

- Less than high school
- High school or GED
- Technical certificate or associate's degree
- Some college but no degree
- College degree (Undergrad/Bachelor's)
- Graduate or professional degree (Master's, PhD, MD, etc.)
- No mother or female caregiver in the home
- I don't know

80. What is the highest level of education completed by your **father or other male caregiver** in the home?  
**(Choose only one)**

- Less than high school
- High school or GED
- Technical certificate or associate's degree
- Some college but no degree
- College degree (Undergrad/Bachelor's)
- Graduate or professional degree (Master's, PhD, MD, etc.)
- No father or male caregiver in the home
- I don't know

81. 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

82. 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
a. Eating junk food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Eating fruit and vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Drinking sodas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Physical activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Spending time outside	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Spending time in team sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Spending time in other youth clubs/lessons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Spending time watching TV, playing video games, or on social media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Spending time with friends remotely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Spending time with friends in person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**STOP HERE.**

**Thank you very much for your help!**

