

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

4th Grade

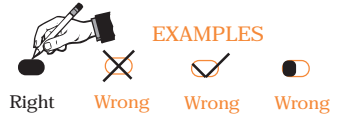
The following questions are about what students your age eat, what they know about nutrition, and their physical activity (exercise). Your answers will help us learn about students in Texas and will be used to design better health programs. Read each question carefully and pick the answer that is true for you. Mark that answer on your 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 birth date.

<input type="checkbox"/> Jan		<input type="checkbox"/> 1991
<input type="checkbox"/> Feb		<input type="checkbox"/> 1992
<input type="checkbox"/> Mar	0 0	<input type="checkbox"/> 1993
<input type="checkbox"/> Apr	1 1	<input type="checkbox"/> 1994
<input type="checkbox"/> May	2 2	<input type="checkbox"/> 1995
<input type="checkbox"/> Jun	3 3	<input type="checkbox"/> 1996
<input type="checkbox"/> Jul	4	<input type="checkbox"/> 1997
<input type="checkbox"/> Aug	5	<input type="checkbox"/> 1998
<input type="checkbox"/> Sep	6	<input type="checkbox"/> 1999
<input type="checkbox"/> Oct	7	<input type="checkbox"/> 2000
<input type="checkbox"/> Nov	8	
<input type="checkbox"/> Dec	9	

3. 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	0 0	<input type="checkbox"/> 2006
<input type="checkbox"/> Apr	1 1	<input type="checkbox"/> 2007
<input type="checkbox"/> May	2 2	<input type="checkbox"/> 2008
<input type="checkbox"/> Jun	3 3	
<input type="checkbox"/> Jul	4	
<input type="checkbox"/> Aug	5	
<input type="checkbox"/> Sep	6	
<input type="checkbox"/> Oct	7	
<input type="checkbox"/> Nov	8	
<input type="checkbox"/> Dec	9	

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

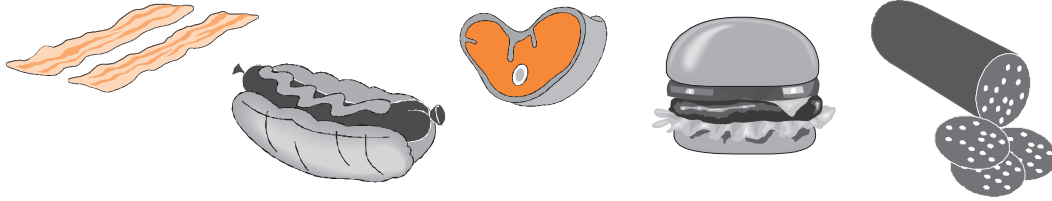
6. How do you describe yourself?
(Fill in only one)

<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American
<input type="checkbox"/> 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

7. 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)

8. 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.

9. 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.

10. 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.

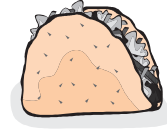
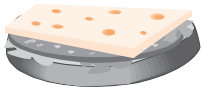
11. Yesterday, did you eat any peanuts or peanut butter?



- 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.



12. 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.

13. 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.

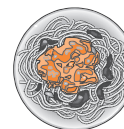
14. Yesterday, did you eat yogurt or cottage cheese or drink a yogurt drink?

Do not count frozen yogurt.



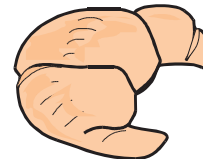
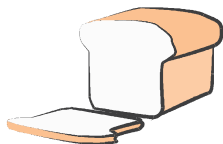
- No, I didn't eat any of these foods yesterday.
- Yes, I ate one of these foods 1 time yesterday.
- Yes, I ate one of these foods 2 times yesterday.
- Yes, I ate one of these foods 3 or more times yesterday.

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



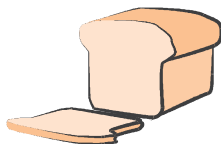
- No, I didn't eat any of the foods listed above yesterday.
- Yes, I ate one of these foods 1 time yesterday.
- Yes, I ate one of these foods 2 times yesterday.
- Yes, I ate one of these foods 3 or more times yesterday.

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



- 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 *whole wheat or dark* bread, buns, bagels, tortillas, or rolls?

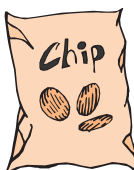


- No, I didn't eat any of the foods listed above yesterday.
- Yes, I ate one of these foods 1 time yesterday.
- Yes, I ate one of these foods 2 times yesterday.
- Yes, I ate one of these foods 3 or more times yesterday.

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 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.

20. 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.

21. Yesterday, did you eat beans such as pinto beans, baked beans, kidney beans, refried beans, or pork and beans?

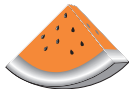
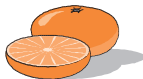
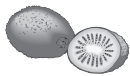
Do not count green beans.



- 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.

22. Yesterday, did you eat fruit?

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.

23. 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 1 time yesterday.
- Yes, I drank fruit juice 2 times yesterday.
- Yes, I drank fruit juice 3 or more times yesterday.

24. 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.

25. Yesterday, did you drink any *regular* (not diet) sodas or soft drinks?



- 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.

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



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

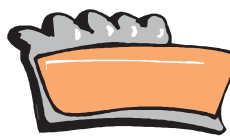
27. Yesterday, did you eat a frozen dessert?

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.

28. 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.

29. 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.

30. Yesterday, did you eat breakfast?

- Yes
- No

31. Yesterday, how many meals did you eat?

Meals include breakfast, lunch, and dinner or supper.

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

32. 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.

33. Yesterday, how many times did you eat food from any type of restaurant? (Restaurants include fast food, sit down restaurants, pizza places, and cafeterias.)

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

34. Yesterday, did you take a vitamin pill?



- Yes
- No

35. 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
 1 day

- 2 days
 3 days

- 4 days
 5 days

- 6 days
 7 days

36. On how many of the past 7 days 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.)



- 0 days
 1 day

- 2 days
 3 days

- 4 days
 5 days

- 6 days
 7 days

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

- 0 days
 1 day

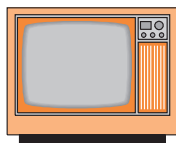
- 2 days
 3 days

- 4 days
 5 days

38. Have you ever tried to lose weight?

- Yes No

39. Yesterday, how many hours did you watch TV or video movies away from school?

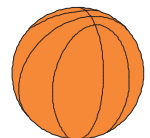


- I didn't watch TV yesterday
 1 hour
 2 hours
 3 hours
 4 hours
 5 hours
 6 hours or more

40. 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



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

- Yes No

42. 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 2 hours 4 hours 6 hours or more
 1 hour 3 hours 5 hours

43. How many hours *per day* do you *usually* spend playing video games like Nintendo[®], Sega[®], PlayStation[®], Xbox[®], GameBoy[®] or arcade games away from school?



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

44. Are you trying to lose weight now?

- Yes No

45. 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)

46. 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) Vegetables
 Fats, oils, sweets I don't know
 Fruits

