

School Physical Activity and Nutrition  
(SPAN) Project  
Student Assent

YOUR NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

GRADE: \_\_\_\_\_

YOUR TEACHER'S NAME: \_\_\_\_\_

- In this study you are being asked to answer questions about your food choices and physical activity (exercise). 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 survey.
- 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

# SCHOOL PHYSICAL ACTIVITY AND NUTRITION (SPAN) PROJECT

## STUDENT SURVEY

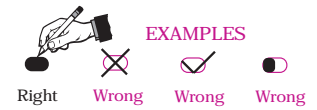
8<sup>th</sup>/11<sup>th</sup> Grades

### Marking Instruction:

Fill in bubble(s) completely



To change your answer, erase completely



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.*

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

### STUDENT INFORMATION

1. What school do you go to? \_\_\_\_\_

2. Bubble in today's date.

<input type="checkbox"/> Jan	<input type="checkbox"/> 2009
<input type="checkbox"/> Feb	<input type="checkbox"/> 2010
<input type="checkbox"/> Mar	<input type="checkbox"/> 2011
<input type="checkbox"/> Apr	<input type="checkbox"/> 2012
<input type="checkbox"/> May	<input type="checkbox"/> 2013
<input type="checkbox"/> Jun	<input type="checkbox"/> 2014
<input type="checkbox"/> Jul	<input type="checkbox"/> 2015
<input type="checkbox"/> Aug	
<input type="checkbox"/> Sep	
<input type="checkbox"/> Oct	
<input type="checkbox"/> Nov	
<input type="checkbox"/> Dec	

1	11	21	31
2	12	22	
3	13	23	
4	14	24	
5	15	25	
6	16	26	
7	17	27	
8	18	28	
9	19	29	
10	20	30	

3. Bubble in your grade.

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

5. Bubble in your birth date.

<input type="checkbox"/> Jan	<input type="checkbox"/> 1989
<input type="checkbox"/> Feb	<input type="checkbox"/> 1990
<input type="checkbox"/> Mar	<input type="checkbox"/> 1991
<input type="checkbox"/> Apr	<input type="checkbox"/> 1992
<input type="checkbox"/> May	<input type="checkbox"/> 1993
<input type="checkbox"/> Jun	<input type="checkbox"/> 1994
<input type="checkbox"/> Jul	<input type="checkbox"/> 1995
<input type="checkbox"/> Aug	<input type="checkbox"/> 1996
<input type="checkbox"/> Sep	<input type="checkbox"/> 1997
<input type="checkbox"/> Oct	<input type="checkbox"/> 1998
<input type="checkbox"/> Nov	<input type="checkbox"/> 1999
<input type="checkbox"/> Dec	<input type="checkbox"/> 2000
	<input type="checkbox"/> 2001

1	11	21	31
2	12	22	
3	13	23	
4	14	24	
5	15	25	
6	16	26	
7	17	27	
8	18	28	
9	19	29	
10	20	30	

6. Bubble in your age.

11  
 12  
 13  
 14  
 15  
 16  
 17  
 18  
 19  
 20

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

Black or African-American  
 Mexican-American, Latino, or Hispanic  
 White, Caucasian, or Anglo  
 Vietnamese  
 Chinese  
 Indian or Pakistani  
 Other Asian  
 American Indian or Alaska Native  
 Native Hawaiian or Other Pacific Islander  
 Other \_\_\_\_\_  
 (Write in other)

8. What language do you use with your parents most of the time?  
(Fill in only one)

English  
 Spanish  
 Other \_\_\_\_\_  
 (Write in other language)  
 About the same in Spanish and English  
 About the same in another language and English \_\_\_\_\_  
 (Write in other language)

9. What is your zip code?

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

The next questions are about what you ate or drank YESTERDAY.

Yesterday, how many times did you... (Fill in one answer for each question)	None	1 Time	2 Times	3 Times	4 Times	5 Or More Times
10. ...eat hamburger meat, hot dogs, sausage (chorizo), steak, bacon, or ribs?	0	1	2	3	4	5+
11. ...eat fried chicken, chicken nuggets, chicken fried steak, fried pork chops, fried fish, or fish sticks?	0	1	2	3	4	5+
12. ...eat peanuts or peanut butter, or other nuts such as pecans, walnuts, or almonds?	0	1	2	3	4	5+
13. ...eat any kind of cheese, cheese spread, or cheese sauce? (INCLUDE cheese on pizza or in dishes such as tacos, enchiladas, lasagna, sandwiches, cheeseburgers, or macaroni and cheese.)	0	1	2	3	4	5+
14. ...drink any kind of milk? (INCLUDE chocolate or other flavored milk, milk on cereal, and drinks made with milk.)	0	1	2	3	4	5+
15. ...eat yogurt or cottage cheese or drink a yogurt drink? (DO NOT COUNT frozen yogurt.)	0	1	2	3	4	5+
16. ...eat brown rice, faro, macaroni, spaghetti, or pasta noodles?	0	1	2	3	4	5+
17. ...eat white bread, buns, bagels, tortillas, or rolls?	0	1	2	3	4	5+
18. ...eat whole wheat or dark bread, buns, bagels, tortillas, or rolls; or corn tortillas?	0	1	2	3	4	5+
19. ...eat hot or cold cereal?	0	1	2	3	4	5+
20. ...eat French fries or chips? (INCLUDE potato chips, tortilla chips, Cheetos®, corn chips, or other snack chips.)	0	1	2	3	4	5+
21. ...eat any starchy vegetables like potatoes, corn, or peas? (DO NOT COUNT French fries or chips.)	0	1	2	3	4	5+
22. ...eat any orange vegetables like carrots, squash, or sweet potatoes?	0	1	2	3	4	5+
23. ...eat a salad made with lettuce, or any green vegetables like spinach, green beans, broccoli, or other greens?	0	1	2	3	4	5+
24. ...eat any other vegetables like peppers, tomatoes, zucchini, asparagus, cabbage, cauliflower, cucumbers, mushrooms, eggplant, celery or artichokes?	0	1	2	3	4	5+
25. ...eat beans such as pinto beans, baked beans, kidney beans, refried beans, or pork and beans? (DO NOT COUNT green beans.)	0	1	2	3	4	5+
26. ...eat fruit? Fruits are all fresh, frozen, canned, or dried fruits. (DO NOT COUNT juice.)	0	1	2	3	4	5+
27. ...drink fruit juice? Fruit juice is a 100% juice drink like orange juice, apple juice, or grape juice. (DO NOT COUNT punch, Kool-Aid®, sports drinks, and other fruit-flavored drinks.)	0	1	2	3	4	5+
28. ...drink any punch, Kool-Aid®, sports drinks, or other fruit-flavored drinks? (DO NOT COUNT 100% fruit juice.)	0	1	2	3	4	5+
29. ...drink any regular (NOT diet) sodas or soft drinks?	0	1	2	3	4	5+
30. ...drink any diet sodas or soft drinks?	0	1	2	3	4	5+
31. ...drink a bottle or glass of water? (INCLUDE sparkling or any other water drink that has 0 calories.)	0	1	2	3	4	5+
32. ...drink a cup, bottle, or can of coffee, tea, iced tea, or a coffee drink like Frappucino®?	0	1	2	3	4	5+
33. ...eat a frozen dessert? (A frozen dessert is a cold, sweet food like ice cream, frozen yogurt, an ice cream bar, or a Popsicle®.)	0	1	2	3	4	5+
34. ...eat sweet rolls, doughnuts, cookies, brownies, pies, or cakes?	0	1	2	3	4	5+
35. ...eat any candy? (COUNT chewy, gummy, hard, or chocolate candy. DO NOT COUNT brownies, chocolate cookies, or gum.)	0	1	2	3	4	5+
36. ...eat food from any type of restaurant? (Restaurants include fast food, sit-down restaurants, pizza places, and coffee shops.)	0	1	2	3	4	5+
37. ...eat or drink a snack? (A snack is any food or beverage that you eat or drink before, after, or between meals.)	0	1	2	3	4	5+
38. ...eat a meal?	0	1	2	3	4	5+

39. LAST WEEK, were the following available in your home?

<i>(Fill in one answer for each item)</i>	Yes, All Of The Time	Yes, Most Of The Time	Yes, Some Of The Time	Never
a. 100% fruit juice (DO NOT COUNT punch, Kool-Aid®, sports drinks, or other fruit-flavored drinks.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fresh fruit (DO NOT COUNT fruit juice.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Fresh vegetables (DO NOT COUNT canned or frozen vegetables.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40. Do you usually take a vitamin or mineral pill?

- Yes  No

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

- Regular (whole) milk  Soy milk, almond milk, rice milk, or other milk  
 2% milk  I don't drink milk  
 1% (low-fat) or fat-free (skim/non-fat) milk  I don't know

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

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

43. Where do you usually get your lunch on school days?

- From the main lunch line in the school cafeteria  
 From a snack bar, a kiosk, or a la carte line in the school cafeteria  
 From a vending machine at school  
 From somewhere off-campus  
 From home  
 I don't usually eat lunch

44. Do you usually eat an evening meal?

- Yes, I usually eat an evening meal that is homemade  
 Yes, I usually eat an evening meal at home that is not homemade (frozen pizza, microwave meal, etc.)  
 Yes, I usually eat an evening meal from a fast food restaurant  
 Yes, I usually eat an evening meal from a sit-down restaurant or pizza place  
 Yes, I usually eat an evening meal from a place other than home or a restaurant  
 No, I don't usually eat an evening meal

45. Do you help prepare meals/cook at home? (DO NOT INCLUDE frozen dinners.)

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

46. How often does your family buy or get fruits/vegetables from:

<i>(Fill in one answer for each location)</i>	All Of The Time	Most Of The Time	Some Of The Time	Never
a. A large chain grocery store or supermarket (such as Randall's)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. A natural or organic supermarket (such as Whole Foods Market)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. A small local store or corner store?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. A convenience store (such as 7-Eleven or mini market)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. A warehouse club store (such as Sam's Club or Costco)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. A discount superstore (such as Wal-Mart)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. An ethnic market?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. A farmer's market/co-op?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. A food bank/pantry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Your own garden?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

47. How many total cups of fruits should you eat each day?

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

48. How many total cups of vegetables should you eat each day?

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

49. Which contains the most calories?

- One gram of protein     One gram of fat     One gram of carbohydrate     I don't know

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

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

51. If I am overweight I am more likely to have more health problems like cancer or heart disease.

- True                       False                       I don't know

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

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

53. Healthy foods taste good.

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

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

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

55. 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                       2 days                       4 days                       6 days  
 1 day                       3 days                       5 days                       7 days

56. 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

57. 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

58. 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

59. 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? 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

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

- Yes                       No

61. Experts recommend that children should be physically active for at least how many minutes per day?

- 10 minutes                       30 minutes                       90 minutes  
 20 minutes                       60 minutes                       I don't know

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

- |  |  |
|--|--|
| <input type="checkbox"/> I don't watch TV, DVDs, or movies | <input type="checkbox"/> 3 hours         |
| <input type="checkbox"/> Less than 1 hour                  | <input type="checkbox"/> 4 hours         |
| <input type="checkbox"/> 1 hour                            | <input type="checkbox"/> 5 hours         |
| <input type="checkbox"/> 2 hours                           | <input type="checkbox"/> 6 hours or more |

63. How many hours per day do you usually spend on a computer away from school?  
(Time on the computer includes time spent surfing the Internet, instant messaging, and playing online video or computer games.)

- |   |  |
|---|--|
| <input type="checkbox"/> I don't use a computer | <input type="checkbox"/> 3 hours         |
| <input type="checkbox"/> Less than 1 hour       | <input type="checkbox"/> 4 hours         |
| <input type="checkbox"/> 1 hour                 | <input type="checkbox"/> 5 hours         |
| <input type="checkbox"/> 2 hours                | <input type="checkbox"/> 6 hours or more |

64. How many hours per day do you usually spend playing video games like Nintendo® Wii or DS, Sega®, PlayStation®, Xbox®, GameBoy®, or arcade games away from school?

- |   |  |
|---|--|
| <input type="checkbox"/> I don't play video games | <input type="checkbox"/> 3 hours         |
| <input type="checkbox"/> Less than 1 hour         | <input type="checkbox"/> 4 hours         |
| <input type="checkbox"/> 1 hour                   | <input type="checkbox"/> 5 hours         |
| <input type="checkbox"/> 2 hours                  | <input type="checkbox"/> 6 hours or more |

65. Do you have a TV in your bedroom?

- Yes  No

66. How many of your friends do your parents know?

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

67. How often do your parents know what you are doing during your free time like after school, at nights, or on weekends?

- Almost never  Sometimes  Often  Almost always

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

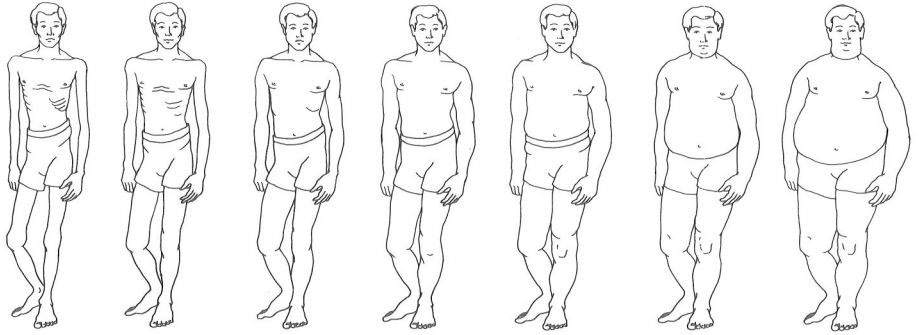
- Not at all upset  A little upset  Pretty upset  Very upset

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

- Not at all upset  A little upset  Pretty upset  Very upset

(Fill in one bubble for each question)

Male



70. Which of these bodies do you think a boy your age should look like?

- 1     2     3     4     5     6     7

71. Which of these bodies looks most like you?

- 1     2     3     4     5     6     7  
 I am not a boy

72. Which of these bodies looks most like your closest male friend?

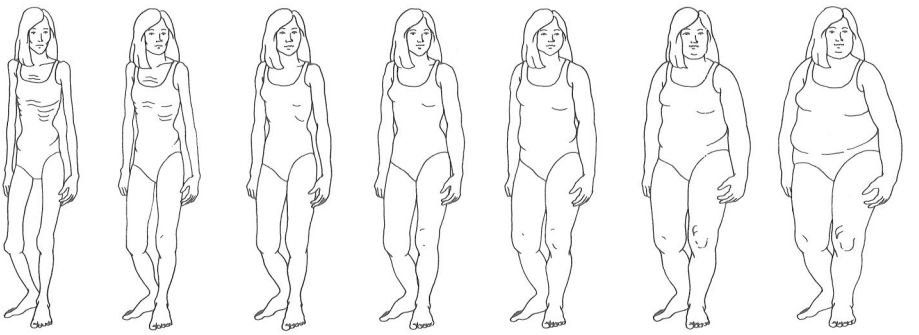
- 1     2     3     4     5     6     7

73. Which of these bodies looks most like your father?

- 1     2     3     4     5     6     7  
 I do not know what my father looks like

(Fill in one bubble for each question)

Female



74. Which of these bodies do you think a girl your age should look like?

- 1     2     3     4     5     6     7

75. Which of these bodies looks most like you?

- 1     2     3     4     5     6     7  
 I am not a girl

76. Which of these bodies looks most like your closest female friend?

- 1     2     3     4     5     6     7

77. Which of these bodies looks most like your mother?

- 1     2     3     4     5     6     7  
 I do not know what my mother looks like



78. In the past 12 months, have you tried to lose weight?

- Yes  No

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

- Lose weight  Gain weight  Stay the same weight  Nothing

80. 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)

81. For the following statements, it would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of how things have been for you over the last six months.

<i>(Fill in one answer for each statement)</i>	Not True	Somewhat True	Certainly True
a. I get a lot of headaches, stomach-aches or sickness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I worry a lot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I am often unhappy, depressed or tearful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I am nervous in new situations. I easily lose confidence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I have many fears, I am easily scared.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

82. Please indicate your agreement or disagreement with the statements below.

<i>(Fill in one answer for each statement)</i>	I Agree A Lot	I Agree A Little	I Neither Agree Nor Disagree	I Disagree A Little	I Disagree A Lot
a. I am satisfied with life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am happy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I am optimistic or hopeful about the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I feel enthusiastic or excited.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. When I have a problem, I can come up with lots of ways to solve it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

83. 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?

- Almost Always or Always  Sometimes  Almost Never or Never

84. Over the last 6 months, how often have you been bullied at school? (A student is being bullied when another student, or a group of students, say or do nasty and unpleasant things to him or her. It is also bullying when a student is teased repeatedly in a way he or she doesn't like. But it is NOT BULLYING when two students of about the same strength quarrel or fight.)

- I haven't been bullied at school over the last 6 months  
 It has only happened once or twice  
 2 or 3 times a month  
 About once a week  
 Several times a week

85. During the past 30 days, on how many days did you smoke cigarettes?

- I have never tried smoking, not even a puff
- I have tried smoking cigarettes, but have not smoked in the past 30 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

86. I have parents or guardians who...

<i>(Fill in one answer for each statement)</i>	Never	Almost Never	Sometimes	Almost Always	Always
a. ...want me to exercise or be physically active.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ...exercise with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ...spend time teaching me to play a sport or do a physical activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. ...eat lots of fruits and vegetables with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. ...drink water instead of a soft drink (soda) with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. ...want me to eat breakfast every morning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

87. I have friends who...

<i>(Fill in one answer for each statement)</i>	Never	Almost Never	Sometimes	Almost Always	Always
a. ...want me to exercise or be physically active.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ...exercise with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ...spend time teaching me to play a sport or do a physical activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. ...eat lots of fruits and vegetables with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. ...drink water instead of a soft drink (soda) with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. ...want me to eat breakfast every morning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

88. I tell my family and friends to eat fruits and vegetables.

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

