3/8" PERF

School Physical Activity and Nutrition (SPAN) Project

Student Assent

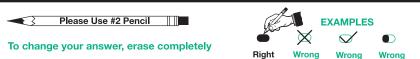
YOUR NAME:							
SCHOOL:							
GRADE:							
YOUR TEACHER'S NAME:							
In this study you are being asked to answer questions about your food choices, physical activity (exercise), and your household. No one at school or at home will see your answers.							
An adult will weigh you, measure your height, 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 part will not affect your grades in school or your ability t in any school activities.	ut taking o take part						
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.							
Ciamatuwa of Student Data	FOR OFFICE USE ONLY						
Signature of Student Date	Tablet ID						

School Physical Activity and Nutrition (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.*

	Ma	arking	Inst	truction:
Fill	in	bubble	e(s)	completely



1.	What grade are you in?	O 8th	○ 11th				
2.	What is your birth date?	MO 0 0 0 1 1 2 2 3 4 4 5 6 6 7 8 9	1 1 (1) (2) (2) (3) (3) (4) (6) (6) (6) (7) (8) (7) (8)	YEAR 0 0 0 1 1 1 1 2 2 2 2 3 3 3 3 4 4 4 4 5 5 5 6 6 6 6 7 7 7 7 8 8 8 8 9 9 9 9	0 1 2 3 4 5 6 7 8 9		
3.	What is your age?	1116	1217	1318	1419	□ 15□ 20	
4.	What are you?	O Male	○ Femal	е			
5.	 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 of English Spanish About the same in Spanish and Other language (write in) About the same in another language	English				nly one)	

	What is your home zip code?	0 0 0 0 0 0 0 0 0 0 0 1 0 1 0 1 0 1 0 1		
Thir	next questions are about whank about everything you ate time you got up yesterday r	or drank (at home, schoo	I, a friend's house, o	
	Yesterday, did you eat hamb e	urger meat, hot dogs, sau	sage (chorizo), stea	
	○ No ○ 1 time		3 or more times	
9.	Yesterday, did you eat chicke			or any other fried meat?
	○ No ○ 1 time		3 or more times	
10.	Yesterday, did you eat any bak <u>Do not count</u> fried chicken,		ed chicken or fish?	Examples: shrimp, tuna, salmon, and sushi
	○ No ○ 1 time	2 times	3 or more times	
11.	Yesterday, did you eat any pe No 1 time		ther nuts? 3 or more times	Examples: pecans, walnuts, or almonds
12.	Yesterday, did you eat any ric	ce. macaroni, spaghetti, or	pasta noodles that	were white?
	No1 time		3 or more times	
13.	Yesterday, did you eat any ric	ce, macaroni, spaghetti, qu	uinoa, or pasta nooc	lles that were brown?
	○ No ○ 1 time		3 or more times	
14.	Yesterday, did you eat any br	ead, tortillas, buns, bagels	s, or rolls that were	white?
		2 times		
15.	Yesterday, did you eat any br	ead, tortillas, buns, bagels	s, or rolls that were l	brown?
	○ No ○ 1 time	2 times	3 or more times	
16.	Yesterday, did you eat any ho	ot or cold cereal?		Examples: oatmeal, grits,
	○ No ○ 1 time	2 times	3 or more times	Cream of Wheat®, other cooked cereals, Froot Loops®, Cheerios®, shredded wheat, other breakfast cereals
17.	Yesterday, did you eat French	h fries, chips, or crackers	?	Examples: potato chips,
	○ No ○ 1 time	2 times	3 or more times	tortilla chips, Cheetos®, corn chips, other snack chips, Saltines®, Triscuits®, Cheez-It® crackers, other crackers
18.	Yesterday, did you eat a snac	ck bar?		Examples: protein bars,
	○ No ○ 1 time		○ 3 or more times	granola bars, and snack bars like FiberOne® bars, KIND®, RXBAR®, LÄRABAR®, and Clif Bar®

19.		eat any starchy veg nch fries, fried potato		any other type	Examples: potatoes, corn, or peas
	○ No	○ 1 time	2 times	3 or more times	
20.	Yesterday, did you	eat any carrots, sq u	ıash, sweet potato	es, or other orange	vegetables?
	○ No	☐ 1 time	○ 2 times	3 or more times	
21.	Yesterday, did you	eat salad made wit	h lettuce , or any gr	een vegetables?	Examples: spinach, green
	○ No	☐ 1 time	☐ 2 times	3 or more times	beans, broccoli, or other greens
22.	Yesterday, did you	eat any other veget	ables?		Examples: peppers, tomatoes,
	○ No	O 1 time	2 times	3 or more times	zucchini, asparagus, cabbage, cauliflower, cucumbers, mushrooms, eggplant, celery, artichokes
23.	Yesterday, did you Do not count gree				Examples: pinto beans, baked beans, kidney beans, refried beans, pork and beans
	○ No	☐ 1 time	○ 2 times	3 or more times	beans, pork and beans
24.	Do not count fruit	eat fruit ? Fruits are a juice.	all fresh, frozen, canr	ned or dried fruits.	Examples: apples, oranges, bananas, grapes, berries, peaches
	○ No	1 time	2 times	3 or more times	poadilioo
25.	Yesterday, did you food.	eat a frozen desser		s a cold, sweet	Examples: ice cream, frozen yogurt, an ice cream bar, or a Popsicle®
	○ No	1 time	2 times	3 or more times	· opeloid
26.	Yesterday, did you	eat cookies, brown	ies, sweet rolls, do	oughnuts, pies, or c	ake?
	○ No	☐ 1 time	2 times	3 or more times	
27.	Yesterday, did you Do not count coo	eat any candy ? kies, brownies, or gu	m.		Examples: chewy, gummy, hard, chocolate, or any other type of candy
	○ No	☐ 1 time	☐ 2 times	3 or more times	
28.		eat any kind of chee	•		Examples: cheese on pizza, cheese in dishes such as
	○ No	1 time	2 times	3 or more times	tacos, enchiladas, lasagna, sandwiches, cheeseburgers, or macaroni and cheese
29.	Yesterday, did you <u>Count</u> milk on cere <u>Do not count</u> cho		ed milk.		
	○ No	☐ 1 time	2 times	3 or more times	
30.					
00.	Yesterday, did you	drink any kind of flav	ored milk?		Examples: chocolate milk,
	Yesterday, did you No	drink any kind of flav	vored milk? 2 times	3 or more times	Examples: chocolate milk, other flavored milk, or drinks made with milk, like a milkshake
	○ No	1 timeeat yogurt or drink a	O 2 times	3 or more times	other flavored milk, or drinks

32.		drink fruit juice ? Frunch, Kool-Aid®, sports Capri Sun®.	•	-	Examples: orange juice, apple juice, grape juice
	○ No	○ 1 time	○ 2 times	3 or more times	
33.	Yesterday, did you fruit-flavored drii Do not count 100		ol-Aid [®] , sports drink	s, or other	Examples: Kool-Aid®, Capri Sun®, Sunny D®, Gatorade®, Powerade®
	○ No	1 time	2 times	3 or more times	
34.	Do not count die				
	○ No	1 time	2 times	3 or more times	
35.	Yesterday, did you	drink any diet sodas	s or diet soft drinks	?	
	○ No	1 time	2 times	3 or more times	
36.	Do not count swe	eetened drinks or ene	ergy drinks.		lrink without sugar ?
07	○ No	1 time	2 times	3 or more times	driple liles Francisco - in a
37.	Yesterday, did you with sugar? <u>Do not count</u> ene	·	or can of coffee, tea,	iced tea, or a coffee	drink like Frappuccino®
	○ No	1 time	2 times	3 or more times	
38.	Yesterday, did you	drink an energy dri	nk ? Energy drinks c	ontain caffeine.	Examples: Red Bull®,
	○ No	○ 1 time	○ 2 times	3 or more times	Rockstar®, Monster®, 5-hour Energy®, Jolt®
39.	•	drink a bottle or glas vater or any other wa		calories.	
	○ No	☐ 1 time	2 times	3 or more times	
40.	Yesterday, did you	eat breakfast? (Che	oose only one)		
	O No, I didn't eat br	reakfast.	Yes, I ate br	reakfast at home and so	chool.
	Yes, I ate breakfas	st at home .	Yes, I ate br	reakfast somewhere oth	ner than home or school.
	Yes, I ate breakfas	st at school.	Yes, I ate br	reakfast from a restaura	nt.
41.		eat or drink a snack od or beverage that y		re, after, or between	meals).
	○ No	1 time	2 times	3 or more times	
42.	Yesterday, did you	eat an evening mea	al (supper or dinner)	? (Choose only one	e)
	O No, I didn't eat ar	n evening meal yesterday	' .		
	Yes, I ate an even	ing meal that was home	emade.		
		ing meal at home that w		zen pizza, microwave m	eal, etc.).
		_	•	-	rant (Mexican, Italian, Indian, etc.).
		ing meal from a place o			,
43.		any times did you eat			Examples: fast food, sit-down restaurants, pizza places
	○ None	1 time	2 times	3 or more times	rootauranto, pizza piaces
	INOTIC	- I ullic	LIIII03	O of more times	

44.	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 100% fruit juice (DO NOT COUNT punch, Kool-Aid®, sports drinks, or other fruit flavored drinks)								
	b Fresh or frozen fruit (<u>DO NOT COUNT</u> fruit juice)	0	0	0	0				
	c Fresh or frozen vegetables (<u>DO NOT COUNT</u> canned vegetables)	0	0	0	0				
	d Sugar-sweetened beverages (COUNT punch, Kool-Aid®, sports drinks, or other fruit-flavored drinks)	0	0	0	0				
	e Soda (COUNT any type of regular or diet soda)		0	0	0				
	f Chips (COUNT any type of chips or salty snacks)	0	0	0	0				
45.	What type of milk do you drink most of the time ? (Choose only one)								
	Regular (whole) milk								
	Low / non-fat (2%, 1%, skim)								
	Soy milk, almond milk, rice milk, or other milk								
	I don't drink milk								
40	I don't know								
46.	What type of <i>hot or cold</i> 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®,			ey Nut Chee	rios®				
47	Plain cereals like plain oatmeal or Cream of Wheat®, Corn Flakes®, Cheerios®, Ri	ce Krispie	es®, or Kix®						
47.	Are you a vegetarian?								
	No, I eat meat (beef, pork, fish, or chicken). 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).								
18	Where do you <i>usually</i> get your lunch on school days? <i>(Choose only or</i>	10)							
40.	From the main lunch line in the school cafeteria	-	o a roetaura	nt for lunch					
	From a snack bar, a kiosk, or a la carte in the school cafeteria	-							
		_		ariori					
	I bring lunch from home								
	Other: _								
49.	On school days, what is the latest time that you usually eat or drink any (Choose the closest hour)	thing (e	xcept wate	er)?					
	□ Before 7pm □ 7pm □ 8pm □ 9pm □ 10pm □	11pm	Midnig	ht or later					
50.	Do you help prepare meals/cook at home? <u>Do not count</u> frozen dinners.								
	NeverYes, some of the timeYes, most of the time	○ Yes	, all of the tir	ne					

51.	Do you use food labels (nutrition facts) to make your food choices? Always Almost always Sometimes Almost never Never
52.	The foods that I eat and drink are healthy so there is no reason for me to make changes.
50	○ Never ○ Yes, some of the time ○ Yes, most of the time ○ Yes, all of the time
00.	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.
0 1.	 ○ Always ○ Almost always ○ Sometimes ○ Almost never ○ Never
55.	
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? O 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?
00.	O 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? 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 <u>run by your school</u> did you play? <u>Do not count</u> 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	er organized physica	l activities, lessons, or classes?					
	○ No ○ Yes		Examples: martial arts, dance, gymnastics, or tennis					
63.	During the past 12 months, how w	ould you describe your	grades in school? (Choose only one)					
	○ Mostly As ○ Mostly Bs ○ Mos	stly Cs O Mostly Ds	○ Mostly Fs ○ None of these grades ○ Not sure					
64.	How many hours per day do you <u>us</u>	<i>ually</i> watch TV, DVDs,	or movies away from school ?					
	 I don't watch TV, DVDs, or movies 	☐ 3 hours	Examples: TV shows or movies streamed online or					
	Less than 1 hour	4 hours	videos on YouTube®					
	○ 1 hour	○ 5 hours						
	O 2 hours	○ 6 hours or more						
65.	. How many hours per day do you <u>usually</u> spend using a computer or tablet/iPad® away from school <u>for</u> <u>school work</u> ?							
	☐ I don't use a computer or tablet/iPad®	○ 3 hours	Examples: : homework, studying, looking up					
	away from school for school work Less than 1 hour	4 hours	information for school, or reading for pleasure					
	1 hour	○ 5 hours						
	2 hours	6 hours or more						
66.		nool for anything exc	mputer, tablet/iPad [®] , smartphone, or Smart ept school work?					
	 I don't use a computer, tablet/ iPad, smartphone, or Smart Watch/ 	O 2 hours	Examples: internet surfing, instant messaging/texting,					
	Apple Watch® away from school for anything except school work	○ 3 hours	or chatting					
	Less than 1 hour	4 hours						
	○ 1 hour	○ 5 hours						
		6 hours or more						
67.			leo or computer games away from school ? Playstation®), computer, handheld, or phone/					
	 I don't play video or computer games 	○ 3 hours	Examples: Fortnite®, Minecraft®, Pokemon®, Candy					
	C Less than 1 hour	4 hours	Crush®, Player Unknown Battleground® (PUBG), Super Smash Bros.®, Geometry Dash®					
	○ 1 hour	○ 5 hours						
	2 hours	6 hours or more						
68.	Do you have an electronic device in the	ne room where you slee	ep?					
	○ No ○ Yes		Examples: TV, latptop, tablet, phone, Nintendo DS®, Nintendo Switch®					

69.	On most days, how do y	ou arrive at sc	chool?						
	○ Walk ○ Bike	School bus	<u> </u>	City bus	O Car				
70.	On an average school ni	ght, how many	y hours c	of sleep do	you get?				
	○ 5 or less hours ○ 6 ho	ours 7 h	hours	0 8 hours	○ 9 h	nours	10 or mo	re hours	
71.	How many of your friend	ls would you s	ay your p	oarents kr	iow?				
	○ All of them ○ N	Most of them	O Sor	me of them	O No	one of them			
72.	How often do you hang or on the weekends?	out with your f	riends du	uring your	free time,	like before	e or after s	chool, at n	ight,
	○ Almost never ○ S	Sometimes	Ofte	en	O Alr	most always	3		
73.	How upset would your p	arents feel if th	ney found	d out you	were eatir	ng a lot of	junk food?		
	○ Not upset ○ A	A little upset	O Pre	tty upset	O Ve	ry upset	○ N/	А	
74.	How upset would your p	arents feel if th	ney found	d out you	were not e	exercising ^e	?		
	○ Not upset ○ A	A little upset	O Pre	tty upset	O Ve	ry upset	○ N/.	A	
	(Fill in one bubble for each question)								
75.	Which of these bodies da girl your age should lo		1	2	3	4	5	6	7
76.	Which of these bodies looks most like you?	○ I am not a girl	1	2	3	4	(5)	6	7
ı ,	ll in one bubble each question)					The same of the sa			
77.	Which of these bodies d a boy your age should le		1	2	3	4	(5)	6	7
78.	Which of these bodies looks most like you?	I am not a boy	1	2	3	4	(5)	6	7
79.	What are you trying to do	o about your v	veight?						
	C Lose weight	Gain weigh	t	O Sta	ay the same	weight	Nothing		
80.	Compared to other stude	ents in your gr	ade who	are as ta	ll as you, c	do you thir	nk you wei	gh:	
	○ Too much	The right ar	mount	O Too	o little (or no	t enough)			

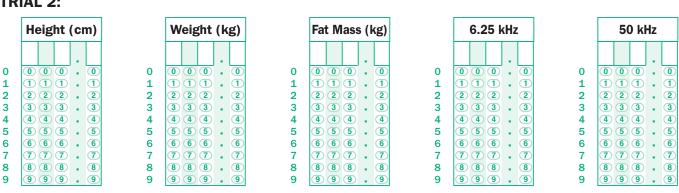
Plea	se read each state	ment carefully and f	ill in the bubble tha	t best fits yo	our answ	er for each	question.	
81.	I have parents or	guardians who		Never	Almost never	Sometimes	Almost always	Always
	bexercise with modespend time tead deat lots of fruits edrink water inste	ching me to play a sport of and vegetables with me. ead of a soft drink (soda) breakfast every morning.	or do a physical activity.	0 0 0 0 0 0	0 0 0 0 0	0 0 0 0 0 0	00000	0000000
	gwant me te ave	a jariik leedi.						
82.	I have friends who)		Never	Almost never	Sometimes	Almost always	Always
	a want me to exe	rcise or be physically active.	ve.	0	0	0	0	0
	c spend time tead	ching me to play a sport o and vegetables with me.	or do a physical activity.	0	0	0	0	00
	e drink water inste	ead of a soft drink (soda) breakfast every morning.	with me.	0	0	0	0	00
	g want me to avo	id junk food.		Ö	Ö	Ö	Ö	0
83.	Do you have any fo	ood allergies?						
	○ No	○ Yes	I don't know					
84.	Has a doctor or nu	irse ever told you tha	at you have diabete	's ?				
	O No O Yes	s. I take medication.	Yes. I don't take	medication.	○ I d	on't know		
85.	During the past 1	12 months, how mai	ny times have your	teeth or mou	ıth been	painful or sc	re?	
	O times	○ 1 time	2 or 3 times	4 or 5 ti	imes	O 6 or mo	re times	
86.		12 months , how mai o not count times y	•			•	-	
	O times	○ 1 time	2 or 3 times	4 or 5 ti	imes	O 6 or mo	re times	
87.	When is the last tin	ne you saw a dentist	for a check-up, ex	am, teeth cle	aning, o	r other denta	al work?	
	During the past 12	2 months O Between	12 and 24 months	More than 24	months a	go O Neve	er ON	lot sure
88.	How many times a	a day do you <i>usually</i>	brush your teeth?					
	O times	1 time	2 times	O 3 or mo	ore times	O I don't l	know	
89.	What is the highes (Choose only one	t level of education c	ompleted by your r	nother or o	ther fem	ale caregiv	ver in the	home?
	Less than high sol	hool	 College degree 	e (Undergrad/E	Bachelor's)		
	 High school or GE 	ED	Graduate or p	rofessional de	gree (Mast	er's, PhD, MD	, etc.)	
	 Technical certifica 	te or associate's degree	No mother or	female caregiv	er in the h	ome		
	 Some college but 	no degree	I don't know					
90.	What is the highes (Choose only one	t level of education c	completed by your f	ather or oth	ner male	caregiver	in the hon	ne?
	Less than high sol	hool	 College degree 	e (Undergrad/E	Bachelor's)		
	 High school or GE 	ED	Graduate or p	rofessional de	gree (Mast	er's, PhD, MD	, etc.)	
	 Technical certifica 	te or associate's degree	No father or n	nale caregiver i	n the hom	е		
	 Some college but 	no degree	I don't know					
		STOP HERE.	Thank you very	much for y	our help) !		

			Height			
Refd Meas	Refd Shoe	Cast	○ Time	Hair Access	Heavy Obj	Other
			Weight			
Refd Meas	Refd Shoe	Cast	○ Time	Hair Access	Heavy Obj	Other
Comments:						

TRIAL 1:

	Height (cm)		Weight (kg)	Fat Mass (kg)	6.25 kHz	50 kHz
0	000.0	0	000.0	0 0 0 0 . 0	0 0 0 0 . 0	0 0 0 .
1	111.1	1	111.1	1 111.1	1 111.1	1 111.
2	222.2	2	222.2	2 2 2 2 . 2	2 2 2 2 . 2	2 2 2 2 .
3	3 3 3 . 3	3	3 3 3 . 3	3 3 3 3 . 3	3 3 3 3 . 3	3 3 3 .
4	444.4	4	444.4	4 4 4 4 . 4	4 4 4 4 . 4	4 4 4 4 .
5	5 5 5 . 5	5	5 5 5 . 5	5 5 5 5 . 5	5 5 5 5 . 5	5 5 5 .
6	666.6	6	666.6	6 6 6 6 6	6 6 6 6 6	6 6 6 6 .
7	777.7	7	777.7	7 777.7	7 777.7	7 7 7 7 .
8	888.8	8	888.8	8 8 8 8 8	8 8 8 8 8	8 8 8 8 .
9	999.9	9	999.9	9 9 9 9 . 9	9 9 9 9 . 9	9 9 9 9 .

TRIAL 2:



Bubble in today's date.

M	0	D/	4Y	YEAR			
0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1
	2	2	2	2	2	2	2
	3	3	3	3	3	3	3
	4		4	4	4	4	4
	5		5	5	5	5	5
	6		6	6	6	6	6
	7		7	7	7	7	7
	8		8	8	8	8	8
	9		9	9	9	9	9

Campus ID#

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

Page 10

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0 . 0 2.2 3.3 4.4 5.5 6.6 7.7 8.8 9.9

DO NOT WRITE IN THIS AREA

SERIAL #

School Physical Activity and Nutrition (SPAN) Project

Student Assent

YOUR NAME:							
SCHOOL:	SCHOOL:						
GRADE:							
YOUR TEACHER'S NAME:							
In this study you are being asked to answer of food choices, physical activity (exercise), and one at school or at home will see your answer.	d your hous	bout your ehold. No					
	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 opart will not affect your grades in school or y in any school activities.	choice abou our ability t	ut taking o take part					
If you do not want to answer a question, you	can skip it						
You may stop taking part in this project at an	y 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.							
		FOR OFFICE USE ONLY					
Signature of Student Date							
		Tablet ID					

School Physical Activity and Nutrition (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.*

	Ma	arki	ing l	Inst	tructi	on:	
Fill	in	bu	bble	e(s)	com	pletel	y

Please Use #2 Pencil			XAMPLE	S
To change your answer, erase completely		\bowtie	\bigcirc	
to change your answer, crase completely	Dight	Wrong	Wrong	Wrong

What grade are you in?	O 8th	○ 11th				
What is your birth date?	MO 0 0 0 1 1 2 3 4 5 6 7 8 8 9	1 1 2 2 2 2 3 3 3 3 3 4 4 4 5 5 5 6 6 6 7 7 7 8 8 8	1 1 2 2 2 3 3 3 3 4 4 4 5 5 5 5 6 6 6 7 7 7 8 8 8	0 1 2 3 4 5 6 7 8 9		
What is your age?	1116	1217	1318	1419	1520	
What are you?	O Male	Female				
 Black or African American Latino, Hispanic, or Mexican-Ar White, Caucasian, or Anglo Asian (from India or Pakistan) Asian (not from India or Pakistan) American Indian or Alaska Nativ 	nerican n) e	e only one)				
EnglishSpanishAbout the same in Spanish andOther language (write in)	English				nly one)	
	Black or African American Latino, Hispanic, or Mexican-An White, Caucasian, or Anglo Asian (from India or Pakistan) Asian (not from India or Pakista American Indian or Alaska Nativ Native Hawaiian or Other Pacific Other (write in) What language do you use v English Spanish About the same in Spanish and Other language (write in)	What is your birth date? What is your age? 11 16 What are you? Male How do you describe yourself? (Choos 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) What language do you use with your periods in Spanish About the same in Spanish and English Other language (write in)	What is your birth date? MO DAY DAY DAY DAY DAY DAY DAY DAY	What is your birth date? MO DAY YEAR O O O O O O O O O O O O O O O O O O O	What is your birth date? MO DAY YEAR	What is your birth date? MO DAY YEAR

	What is your home zip	0 1 2 3 4 5 6 7 8 9	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 7 8 8 8 8 8 9 9 9 9	○ I don't know	
Thir	next questions are abount about everything you got up yester	ou ate or drank (at home, school,	– a friend's house, o	r anywhere else), from ight.
8.	Yesterday, did you eat h	namburger mea	t, hot dogs, sausa	ge (chorizo), steal	κ, bacon, or ribs?
	○ No ○	1 time	2 times	3 or more times	
9.	Yesterday, did you eat o	chicken nuggets	, fried chicken, frie	ed fish, fish sticks,	or any other fried meat?
	○ No ○	1 time	2 times	3 or more times	
10.	Yesterday, did you eat ar Do not count fried chid		•	chicken or fish?	Examples: shrimp, tuna, salmon, and sushi
	○ No ○	1 time	2 times	3 or more times	
11.	Yesterday, did you eat a	any peanuts, pea 1 time	anut butter, or oth	er nuts?	Examples: pecans, walnuts, or almonds
12.	Yesterday, did you eat a				were white?
		1 time	2 times	3 or more times	
13.	Yesterday, did you eat a	any rice. macaro			les that were brown?
		1 time	2 times	3 or more times	
14.	Yesterday, did you eat a	any bread, tortill	as, buns, bagels,	or rolls that were v	white?
			2 times		
15.	Yesterday, did you eat a	any bread, tortill	as, buns, bagels,	or rolls that were b	prown?
	○ No ○	1 time	2 times	3 or more times	
16.	Yesterday, did you eat a	any hot or cold ce	ereal?		Examples: oatmeal, grits,
	○ No ○	1 time	O 2 times	3 or more times	Cream of Wheat®, other cooked cereals, Froot Loops®, Cheerios®, shredded wheat, other breakfast cereals
17.	Yesterday, did you eat F	rench fries, chi	ps, or crackers?		Examples: potato chips,
	○ No ○	1 time	○ 2 times	○ 3 or more times	tortilla chips, Cheetos®, corn chips, other snack chips, Saltines®, Triscuits®, Cheez-It® crackers, other crackers
18.	Yesterday, did you eat a	a snack bar?			Examples: protein bars,
		1 time	2 times	○ 3 or more times	granola bars, and snack bars like FiberOne® bars, KIND®, RXBAR®, LÄRABAR®, and Clif Bar®

19.		eat any starchy veg onch fries, fried potatoe		any other type	Examples: potatoes, corn, or peas
	○ No	○ 1 time	2 times	3 or more times	
20.	Yesterday, did you	eat any carrots, sq u	ash, sweet potato	es, or other orange	vegetables?
	○ No	○ 1 time	☐ 2 times	3 or more times	
21.	Yesterday, did you	eat salad made witl	h lettuce , or any gr	een vegetables?	Examples: spinach, green
	○ No	○ 1 time	☐ 2 times	3 or more times	beans, broccoli, or other greens
22.	Yesterday, did you	eat any other veget	ables?		Examples: peppers, tomatoes,
	○ No	○ 1 time	2 times	3 or more times	zucchini, asparagus, cabbage, cauliflower, cucumbers, mushrooms, eggplant, celery, artichokes
23.	Yesterday, did you on the property of the prop				Examples: pinto beans, baked beans, kidney beans, refried beans, pork and beans
	○ No	○ 1 time	○ 2 times	3 or more times	beans, pork and beans
24.	Do not count fruit	eat fruit ? Fruits are a juice.	ıll fresh, frozen, cann	ned or dried fruits.	Examples: apples, oranges, bananas, grapes, berries, peaches
	○ No	○ 1 time	2 times	3 or more times	possonio
25.	Yesterday, did you food.	eat a frozen desser		s a cold, sweet	Examples: ice cream, frozen yogurt, an ice cream bar, or a Popsicle®
	○ No	○ 1 time	2 times	3 or more times	Γοροιοίο
26.	Yesterday, did you	eat cookies, brown i	ies, sweet rolls, do	oughnuts, pies, or c	ake?
	○ No	○ 1 time	○ 2 times	3 or more times	
27.	Yesterday, did you	•			Examples: chewy, gummy, hard, chocolate, or any other
	Do Hot Count	kies, brownies, or gu	111.		type of candy
	○ No	kies, brownies, or gu	2 times	3 or more times	
28.	○ No		2 times		type of candy Examples: cheese on pizza,
28.	○ No	○ 1 time	2 times		type of candy
	NoYesterday, did youNoYesterday, did youCount milk on cere	1 timeeat any kind of chees1 time drink plain milk?	2 timesse, cheese spread, o2 times	or cheese sauce?	Examples: cheese on pizza, cheese in dishes such as tacos, enchiladas, lasagna, sandwiches, cheeseburgers, or
	NoYesterday, did youNoYesterday, did youCount milk on cere	1 timeeat any kind of chees1 timedrink plain milk?eal.	2 timesse, cheese spread, o2 times	or cheese sauce?	Examples: cheese on pizza, cheese in dishes such as tacos, enchiladas, lasagna, sandwiches, cheeseburgers, or
29.	No Yesterday, did you of No Yesterday, did you of Count milk on cere Do not count choose No	 1 time eat any kind of chees 1 time drink plain milk? eal. colate or other flavore 	2 times se, cheese spread, c 2 times ed milk. 2 times	or cheese sauce? 3 or more times	Examples: cheese on pizza, cheese in dishes such as tacos, enchiladas, lasagna, sandwiches, cheeseburgers, or macaroni and cheese Examples: chocolate milk,
29.	No Yesterday, did you of No Yesterday, did you of Count milk on cere Do not count choose No	 1 time eat any kind of chees 1 time drink plain milk? eal. colate or other flavore 1 time 	2 times se, cheese spread, c 2 times ed milk. 2 times	or cheese sauce? 3 or more times	Examples: cheese on pizza, cheese in dishes such as tacos, enchiladas, lasagna, sandwiches, cheeseburgers, or macaroni and cheese
29.	No Yesterday, did you of No Yesterday, did you of Count milk on cere Do not count choose No Yesterday, did you of No Yesterday, did you of No	o 1 time eat any kind of chees o 1 time drink plain milk? eal. colate or other flavore o 1 time drink any kind of flav o 1 time eat yogurt or drink a	2 times se, cheese spread, o 2 times ed milk. 2 times rored milk? 2 times	or cheese sauce? 3 or more times 3 or more times	Examples: cheese on pizza, cheese in dishes such as tacos, enchiladas, lasagna, sandwiches, cheeseburgers, or macaroni and cheese Examples: chocolate milk, other flavored milk, or drinks

32.		drink fruit juice ? Frunch, Kool-Aid®, sports Bapri Sun®.	•	-	Examples: orange juice, apple juice, grape juice
	○ No	○ 1 time	○ 2 times	3 or more times	
33.	Yesterday, did you fruit-flavored drii Do not count 100		ol-Aid [®] , sports drink	s, or other	Examples: Kool-Aid®, Capri Sun®, Sunny D®, Gatorade®, Powerade®
	○ No	☐ 1 time	○ 2 times	3 or more times	
34.	Do not count die				
	○ No	1 time	2 times	3 or more times	
35.	Yesterday, did you	drink any diet sodas	s or diet soft drinks	?	
	○ No	☐ 1 time	2 times	3 or more times	
36.	Do not count swe	eetened drinks or ene	ergy drinks.		Irink without sugar ?
07	○ No	1 time	2 times	3 or more times	
37.	Yesterday, did you with sugar? <u>Do not count</u> ene	·	or can of coffee, tea,	iced tea, or a coffee	e drink like Frappuccino®
	○ No	☐ 1 time	2 times	3 or more times	
38.	Yesterday, did you	drink an energy dri	nk ? Energy drinks c	ontain caffeine.	Examples: Red Bull®,
	○ No	○ 1 time	○ 2 times	3 or more times	Rockstar®, Monster®, 5-hour Energy®, Jolt®
39.	•	drink a bottle or glas vater or any other wat		calories.	
	○ No	☐ 1 time	○ 2 times	3 or more times	
40.	Yesterday, did you	eat breakfast? (Cho	oose only one)		
	O No, I didn't eat br	reakfast.	Yes, I ate br	reakfast at home and so	chool.
	 Yes, I ate breakfas 	st at home .	Yes, I ate br	reakfast somewhere otl	ner than home or school.
	 Yes, I ate breakfas 	st at school .	Yes, I ate br	reakfast from a restaura	nt.
41.		eat or drink a snack od or beverage that y		re, after, or between	meals).
	○ No	○ 1 time	2 times	3 or more times	
42.	Yesterday, did you	eat an evening mea	al (supper or dinner)	? (Choose only one	e)
	O No, I didn't eat ar	n evening meal yesterday			
	Yes, I ate an even	ing meal that was home	emade.		
		ing meal at home that w		zen pizza, microwave m	eal, etc.).
		_	•	•	rant (Mexican, Italian, Indian, etc.).
		ing meal from a place o			,
43.		any times did you eat			Examples: fast food, sit-down restaurants, pizza places
	None	1 time	2 times	3 or more times	rostaurants, pizza piaces
	TNOTIC	- I WILL	L IIIIG3	O OF THORE UITIES	

44.	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 100% fruit juice (DO NOT COUNT punch, Kool-Aid®, sports drinks, or other fruit flavored drinks)				
	b Fresh or frozen fruit (DO NOT COUNT fruit juice)	0	0	0	0
	c Fresh or frozen vegetables (DO NOT COUNT canned vegetables)	0	0	0	0
	d Sugar-sweetened beverages (COUNT punch, Kool-Aid [®] , sports drinks, or other fruit-flavored drinks)	0	0	0	0
	e Soda (<i>COUNT</i> any type of regular or diet soda)		0	0	0
	f Chips (<u>COUNT</u> any type of chips or salty snacks)		0	0	0
45.	What type of milk do you drink most of the time ? (Choose only one)				
	Regular (whole) milk				
	Low / non-fat (2%, 1%, skim)				
	Soy milk, almond milk, rice milk, or other milk				
	I don't drink milk				
4.0	O I don't know				
46.	What type of hot or cold cereal do you eat <u>most of the time</u> ?				
	I do not eat hot or cold cereal.		_		
	Sweet cereals like flavored oatmeal, flavored Cream of Wheat®, Frosted Flakes®,			ey Nut Chee	rios®
47	Plain cereals like plain oatmeal or Cream of Wheat®, Corn Flakes®, Cheerios®, Ri	ce Krispie	es®, 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).				
/Ω	Yes, I never eat meat (beef, pork, fish, or chicken). Where do you <u>usually</u> get your lunch on school days? (Choose only or	201			
40.	From the main lunch line in the school cafeteria	-	o a rostaura	nt for lunch	
	From a snack bar, a kiosk, or a la carte in the school cafeteria	_			
	From a vending machine at school	_		uncn	
	I bring lunch from home	daily cat	idiloli		
	Other: _				
49.	On school days, what is the latest time that you usually eat or drink any (Choose the closest hour)	thing (e:	xcept wate	er)?	
	□ Before 7pm □ 7pm □ 8pm □ 9pm □ 10pm □	11pm	Midnig	ht or later	
50.	Do you help prepare meals/cook at home? <u>Do not count</u> frozen dinners.				
	○ Never ○ Yes, some of the time ○ Yes, most of the time	○ Yes	, all of the tir	me	

52.	AlwaysAlmost alwaysSometimesAlmost never	Yes, all of the time
54.	 I think the food served in the main lunch line at school is healthy. 	Tievel C Nevel
	○ Always ○ Almost always ○ Sometimes ○ Almost	never Never
55.	 5. Do you have a physical limitation or disability that makes it harder fother children your age can do? No Yes I don't know 	or you to do things that
56.	per day? (Add up all the time you spent in any kind of physical activities and made you breathe hard some of the time.)	ity that increased your heart rate
57.	 0 days 1 day 2 days 3 days 4 days 5 days 5 days 9 days 1 days 5 days 5 days 6 days 7 days 8 days 9 days	part in physical activity that made
	dancing, sv	basketball, soccer, running or jogging, fast vimming laps, tennis, fast bicycling, or bic activities
58.	3. During the past 7 days, on how many days did you do exercises to s	strengthen or tone your muscles?
	○ 0 days ○ 1 day ○ 2 days ○ 3 days ○ 4 days ○ 5 da	ays 🔾 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 he activities?	ours do you participate in school
	○ 0 hours ○ 1 to 4 hours ○ 5 to 9 hours ○ 10 to 19 hour	rs 20 or more hours
	Examples: or other clu	sports, band, drama, cheerleading, dance, bs
60.	 During the past 12 months, on how many sports teams <u>run by you</u> <u>Do not count</u> PE classes. 	<u>r school</u> did you play?
	○ 0 teams ○ 1 team ○ 2 teams ○ 3 or mo	ore teams
	swimming,	soccer, basketball, baseball, softball, cheerleading, wrestling, track, football, te, tennis, and volleyball teams

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61.		un by organizations outside of your school s, 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	er organized physica	l activities, lessons, or classes?
	○ No		Examples: martial arts, dance, gymnastics, or tennis
63.	During the past 12 months, how w	ould you describe your	grades in school? (Choose only one)
	○ Mostly As ○ Mostly Bs ○ Mos	stly Cs O Mostly Ds	○ Mostly Fs ○ None of these grades ○ Not sure
64.	How many hours per day do you <u>us</u>	ually watch TV, DVDs,	or movies away from school?
	☐ I don't watch TV, DVDs, or movies	○ 3 hours	Examples: TV shows or movies streamed online or
	C Less than 1 hour	○ 4 hours	videos on YouTube®
	○ 1 hour	○ 5 hours	
	○ 2 hours	○ 6 hours or more	
65.	How many hours per day do you <u>usu</u> school work?	<i>ally</i> spend using a con	nputer or tablet/iPad [®] away from school <u>for</u>
	○ I don't use a computer or tablet/iPad®	○ 3 hours	Examples: : homework, studying, looking up
	away from school for school work Less than 1 hour	4 hours	information for school, or reading for pleasure
	1 hour	○ 5 hours	
	2 hours	○ 6 hours or more	
66.		nool for anything exc	mputer, tablet/iPad [®] , smartphone, or Smart ept school work?
	 I don't use a computer, tablet/ iPad, smartphone, or Smart Watch/ 	O 2 hours	Examples: internet surfing, instant messaging/texting,
	Apple Watch® away from school for anything except school work	○ 3 hours	or chatting
	Less than 1 hour	4 hours	
	○ 1 hour	○ 5 hours	
		6 hours or more	
67.			leo or computer games away from school ? Playstation®), computer, handheld, or phone/
	 I don't play video or computer games 	○ 3 hours	Examples: Fortnite®, Minecraft®, Pokemon®, Candy
	C Less than 1 hour	O 4 hours	Crush®, Player Unknown Battleground® (PUBG), Super Smash Bros.®, Geometry Dash®
	○ 1 hour	○ 5 hours	
	O 2 hours	○ 6 hours or more	
68.	Do you have an electronic device in the	ne room where you slee	ep?
	○ No ○ Yes		Examples: TV, latptop, tablet, phone, Nintendo DS®, Nintendo Switch®

69.	69. On most days, how do you arrive at school?									
	○ Walk ○ Bike	School bus	; •	City bus	O Car					
70.	70. On an average school night, how many hours of sleep do you get?									
	○ 5 or less hours ○ 6 h	nours 7	hours	0 8 hours	○ 9 h	nours	○ 10 or mo	ore hours		
71.	71. How many of your friends would you say your parents know?									
	O All of them	Most of them	O Sor	ne of them	O No	one of them				
72.	How often do you hang or on the weekends?	out with your	friends du	uring your	free time,	like befor	e or after s	school, at n	ight,	
	○ Almost never ○	Sometimes	Ofte	en	O Alr	most always	3			
73.	How upset would your	parents feel if t	hey found	d out you	were eatir	ng a lot of	junk food?)		
	O Not upset	A little upset	O Pre	tty upset	○ Ve	ry upset	○ N/	'A		
74.	How upset would your	parents feel if t	hey found	d out you	were not e	exercising	?			
	○ Not upset ○	A little upset	○ Pre	tty upset	○ Ve	ry upset	○ N/	Ά		
	ll in one bubble each question)									
75.	Which of these bodies of a girl your age should		1	2	3	4	(5)	6	7	
76.	Which of these bodies looks most like you?	○ I am not a girl	1	2	3	4	(5)	6	7	
٠,	ll in one bubble each question)						The state of the s		Carting Cartin Carting Carting Carting Carting Carting Carting Carting Carting	
77.	Which of these bodies of a boy your age should		1	2	3	4	5	6	7	
78.	Which of these bodies looks most like you?	○ I am not a boy	1	2	3	4	(5)	6	7	
79.	79. What are you trying to do about your weight?									
	Lose weight	Gain weigh	it	O Sta	ay the same	weight	Nothing			
80.	Compared to other stud	dents in your gi	ade who	are as ta	ll as you, d	do you thir	nk you wei	gh:		
	○ Too much	The right a	mount	○ То	o little (or no	ot enough)				

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Plea	Please read each statement carefully and fill in the bubble that best fits your answer for each question.								
81.	I have parents or			Never	Almost never	Sometimes	Almost always	Always	
	b exercise with m			0	0	0	0	0	
	 deat lots of fruits 	ching me to play a sport of and vegetables with me.			0	0	0	0	
	f want me to eat	ead of a soft drink (soda) breakfast every morning.		0	0	0	0	0 0	
	g want me to avo	ola junk tooa.		0		0	0	0	
82.	I have friends who	o		Never	Almost never	Sometimes	Almost always	Always	
	a want me to exe	ercise or be physically act	ve.	0	0	0	0	0	
	c spend time tead	ching me to play a sport of and vegetables with me.	or do a physical activity.	0	0	0	0	0	
	edrink water inst	ead of a soft drink (soda) breakfast every morning.	with me.	0	0	0	0	0	
	g want me to avo	id junk food.		0	0	0	0		
83.	Do you have any fo	ood allergies?							
	○ No	○ Yes	○ I don't know						
84.	Has a doctor or nu	urse ever told you tha	at you have diabet e	es?					
	O No O Yes	s. I take medication.	Yes. I don't take	medication.	○Id	on't know			
85.	During the past 1	12 months , how ma	ny times have your	teeth or mou	th been	painful or sc	re?		
	O times	O 1 time	2 or 3 times	4 or 5 ti	mes	O 6 or mo	re times		
86.	• .	12 months , how ma <u>to not count</u> times y	•			•	-		
	O times	○ 1 time	O 2 or 3 times	4 or 5 ti	mes	O 6 or mo	re times		
87.	When is the last tir	ne you saw a dentis	for a check-up, ex	am, teeth cle	aning, o	r other denta	al work?		
	During the past 12	2 months O Between	12 and 24 months	More than 24	months a	go O Neve	er ON	lot sure	
88.	How many times a	a day do you <u>usuall</u> y	brush your teeth?						
	O times	O 1 time	2 times	O 3 or mo	re times	O I don't l	know		
89.	What is the highes (Choose only one	et level of education of e)	completed by your r	mother or of	her fem	ale caregiv	er in the	home?	
	Less than high sc	hool	 College degree 	ee (Undergrad/E	Bachelor's)			
	 High school or GE 	ΞD	Graduate or p	orofessional dec	gree (Mast	er's, PhD, MD	, etc.)		
	 Technical certifical 	ate or associate's degree	No mother or	female caregiv	er in the h	ome			
	 Some college but 	no degree	I don't know						
90.	What is the highes (Choose only one	et level of education o	completed by your f	ather or oth	er male	caregiver	in the hon	ne?	
	Less than high sc	hool	 College degree 	ee (Undergrad/E	Bachelor's)			
	 High school or GE 	ΞD	 Graduate or p 	orofessional dec	gree (Mast	er's, PhD, MD	, etc.)		
	 Technical certifical 	ate or associate's degree	○ No father or r	nale caregiver i	n the hom	е			
	 Some college but 	no degree	I don't know						
		STOP HERE.	Thank you very	much for y	our help)!			

			Height			
Refd Meas	Refd Shoe	○ Cast	○ Time	Hair Access	Heavy Obj	Other
			Weight			
Refd Meas	Refd Shoe	○ Cast	○ Time	Hair Access	Heavy Obj	Other
Comments:						

TRIAL 1:

Height (cm)	Weight (kg)	Fat Mass (kg)
0 0 0 0 0 0 1 1 1 1 1 0 1 2 2 2 2 2 2 2 3 3 3 3 3 3 4 4 4 4 4 4 4 5 5 5 5 5 5 6 6 6 6 6 6 7 7 7 7 7 7 7 8 8 8 8 8 8 9 9 9 9 9 9	0 0 0 0 0 0 0 1 1 1 1 1 1 1 1 1 2 2 2 2	0 0 0 0 0 0 1 1 1 1 1 1 1 1 2 2 2 2 2 2

		6.25 kHz						
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			

		50 kHz					
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		

TRIAL 2:

	Не	Height (cm)							
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				

	W	Weight (kg)								
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					

					_
	Fa	t M	ass	s (k	(g)
				•	
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

	6.25 kHz						
0	0	0	0	•	0		
1	1	1	1	•	1		
2	2	2	2	•	2		
3 4	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		

		50 kHz						
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			

Bubble in today's date.

МО		DAY		YEAR				
0	0	0	0	0	0	0	0	
1	1	1	1	1	1	1	1	
	2	2	2	2	2	2	2	
	3	3	3	3	3	3	3	
	4		4	4	4	4	4	
	5		5	5	5	5	5	
	6		6	6	6	6	6	
	7		7	7	7	7	7	
	8		8	8	8	8	8	
	9		9	9	9	9	9	

Campus ID

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

Page 10

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