

**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 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**

<b>FOR OFFICE USE ONLY</b>
Tablet ID

**SERIAL #**



# 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.***

**Marking Instruction:**  
**Fill in bubble(s) completely**



To change your answer, erase completely



1. What grade are you in?       8th       11th

2. What is your birth date?

MO		DAY		YEAR			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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.**

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

- No       1 time       2 times       3 or more times

9. 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

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

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

- No       1 time       2 times       3 or more times

11. 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

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

- No       1 time       2 times       3 or more times

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

- No       1 time       2 times       3 or more times

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

- No       1 time       2 times       3 or more times

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

- No       1 time       2 times       3 or more times

16. 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

17. 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

18. 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®

19. 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

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

- No       1 time       2 times       3 or more times

21. 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

22. 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

23. 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

24. 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

25. 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®

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

- No       1 time       2 times       3 or more times

27. 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

28. 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

29. 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

30. 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

31. 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®

32. 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®.

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

- No       1 time       2 times       3 or more times

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

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

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

- No       1 time       2 times       3 or more times

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

**Do not count** diet sodas.

- No       1 time       2 times       3 or more times

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

- No       1 time       2 times       3 or more times

36. 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

37. 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

38. 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®

39. 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

40. 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**.       Yes, I ate breakfast from a **restaurant**.

41. Yesterday, did you eat or drink 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

42. 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 homemade**.  
 Yes, I ate an evening meal at home **that was not homemade** (frozen pizza, microwave meal, etc.).  
 Yes, I ate an evening meal **from a fast food restaurant, pizza place, or sit-down restaurant** (Mexican, Italian, Indian, etc.).  
 Yes, I ate an evening meal **from a place other than home or a restaurant**.

43. 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

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. .. <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>Sugar-sweetened 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"/>

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
- I don't know

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 on school days? **(Choose only one)**

- From the **main lunch line** in the school cafeteria
- From a **snack bar, a kiosk, or a la carte** in the school cafeteria
- From a **vending machine** at school
- I bring lunch **from home**
- I go **off-campus to a restaurant** for lunch
- I go **off-campus to home** for lunch
- 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?

- Always
- Almost always
- Sometimes
- Almost never
- Never

Nutrition Facts	
Serving Size 2/3 cup (55g)	
Servings Per Container About 8	
Amount Per Serving	
Calories 230	Calories from Fat 40
<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. How many hours **per day** do you **usually** watch TV, DVDs, or movies **away from school**?

- I don't watch TV, DVDs, or movies       3 hours  
 Less than 1 hour       4 hours  
 1 hour       5 hours  
 2 hours       6 hours or more

**Examples:** TV shows or movies streamed online or videos on YouTube®

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. How many hours **per day** do you **usually** spend using a computer, tablet/iPad®, smartphone, or Smart Watch/Apple Watch® **away from school for anything except school work**? **Do not count** school work or games.

- I don't use a computer, tablet/iPad, smartphone, or Smart Watch/Apple Watch® away from school for anything except school work       2 hours  
 Less than 1 hour       3 hours  
 1 hour       4 hours  
       5 hours  
       6 hours or more

**Examples:** internet surfing, instant messaging/texting, or chatting

67. How many hours **per day** do you **usually** spend playing video or computer games **away from school**? **Count** games on a video game console (Nintendo®, Xbox®, Playstation®), computer, handheld, or phone/mobile device.

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

**Examples:** Fortnite®, Minecraft®, Pokemon®, Candy Crush®, Player Unknown Battleground® (PUBG), Super Smash Bros.®, Geometry Dash®

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

- No       Yes

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

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

- Walk    Bike    School bus    City bus    Car

70. 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

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

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

72. 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

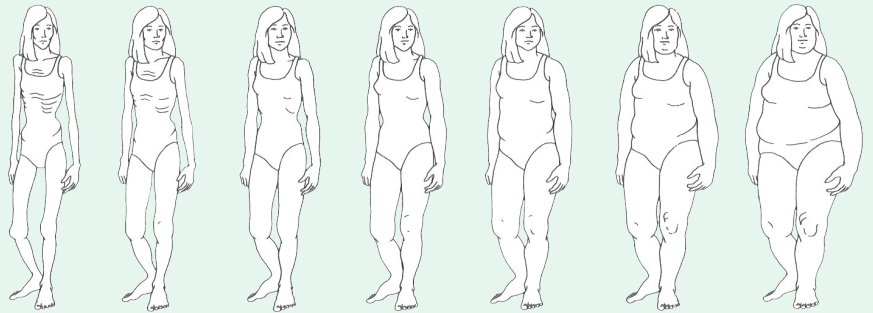
73. How upset would your parents feel if they found out you were eating a lot of junk food?

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

74. 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

**(Fill in one bubble for each question)**



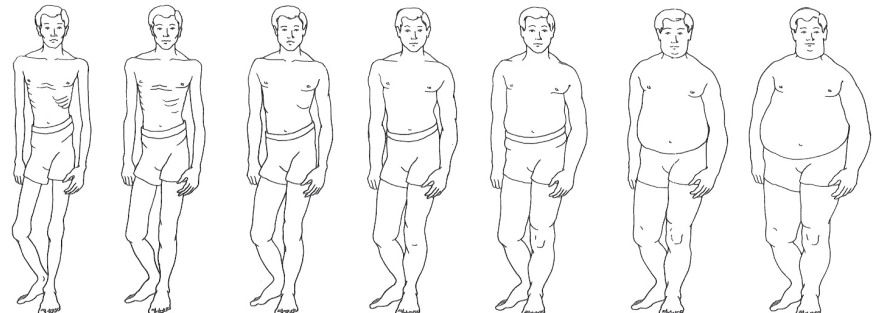
75. Which of these bodies do you think a girl your age **should** look like?

- 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

**(Fill in one bubble for each question)**



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

- 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 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)

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

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

	Never	Almost never	Sometimes	Almost always	Always
a. ... want me to exercise or be physically active.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ... exercise with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. ... spend time teaching me to play a sport or do a physical activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. ... eat lots of fruits and vegetables with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. ... drink water instead of a soft drink (soda) with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. ... want me to eat breakfast every morning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. ... want me to avoid junk food.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

82. I have **friends** who...

	Never	Almost never	Sometimes	Almost always	Always
a. ... want me to exercise or be physically active.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ... exercise with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. ... spend time teaching me to play a sport or do a physical activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. ... eat lots of fruits and vegetables with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. ... drink water instead of a soft drink (soda) with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. ... want me to eat breakfast every morning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. ... want me to avoid junk food.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

83. Do you have any food allergies?

- No       Yes       I don't know

84. Has a doctor or nurse ever told you that you have **diabetes**?

- No       Yes. I take medication.       Yes. I don't take medication.       I don't know

85. **During the past 12 months**, how many times have your teeth or mouth been painful or sore?

- 0 times       1 time       2 or 3 times       4 or 5 times       6 or more times

86. **During the past 12 months**, how many times have you missed school because of problems with your teeth or mouth? ***Do not count*** times you missed school for routine dental or orthodontic appointments.

- 0 times       1 time       2 or 3 times       4 or 5 times       6 or more times

87. 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

88. 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

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

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

**STOP HERE.**

**Thank you very much for your 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	0 0 0 . 0	0 0 0 . 0	0 0 0 . 0	0 0 0 . 0	0 0 0 . 0
1	1 1 1 . 1	1 1 1 . 1	1 1 1 . 1	1 1 1 . 1	1 1 1 . 1
2	2 2 2 . 2	2 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
4	4 4 4 . 4	4 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
6	6 6 6 . 6	6 6 6 . 6	6 6 6 . 6	6 6 6 . 6	6 6 6 . 6
7	7 7 7 . 7	7 7 7 . 7	7 7 7 . 7	7 7 7 . 7	7 7 7 . 7
8	8 8 8 . 8	8 8 8 . 8	8 8 8 . 8	8 8 8 . 8	8 8 8 . 8
9	9 9 9 . 9	9 9 9 . 9	9 9 9 . 9	9 9 9 . 9	9 9 9 . 9

#### TRIAL 2:

	Height (cm)	Weight (kg)	Fat Mass (kg)	6.25 kHz	50 kHz
0	0 0 0 . 0	0 0 0 . 0	0 0 0 . 0	0 0 0 . 0	0 0 0 . 0
1	1 1 1 . 1	1 1 1 . 1	1 1 1 . 1	1 1 1 . 1	1 1 1 . 1
2	2 2 2 . 2	2 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
4	4 4 4 . 4	4 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
6	6 6 6 . 6	6 6 6 . 6	6 6 6 . 6	6 6 6 . 6	6 6 6 . 6
7	7 7 7 . 7	7 7 7 . 7	7 7 7 . 7	7 7 7 . 7	7 7 7 . 7
8	8 8 8 . 8	8 8 8 . 8	8 8 8 . 8	8 8 8 . 8	8 8 8 . 8
9	9 9 9 . 9	9 9 9 . 9	9 9 9 . 9	9 9 9 . 9	9 9 9 . 9

Bubble in today's date.

MO		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	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

Campus ID #

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



**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 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



# 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.***

**Marking Instruction:**  
**Fill in bubble(s) completely**



To change your answer, erase completely



1. What grade are you in?       8th       11th

2. What is your birth date?

MO		DAY		YEAR			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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.**

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

- No       1 time       2 times       3 or more times

9. 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

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

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

- No       1 time       2 times       3 or more times

11. 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

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

- No       1 time       2 times       3 or more times

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

- No       1 time       2 times       3 or more times

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

- No       1 time       2 times       3 or more times

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

- No       1 time       2 times       3 or more times

16. 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

17. 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

18. 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®



19. 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

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

- No       1 time       2 times       3 or more times

21. 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

22. 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

23. 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

24. 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

25. 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®

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

- No       1 time       2 times       3 or more times

27. 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

28. 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

29. 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

30. 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

31. 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®

32. 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®.

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

- No       1 time       2 times       3 or more times

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

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

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

- No       1 time       2 times       3 or more times

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

**Do not count** diet sodas.

- No       1 time       2 times       3 or more times

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

- No       1 time       2 times       3 or more times

36. 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

37. 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

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

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

- No       1 time       2 times       3 or more times

39. 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

40. 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**.       Yes, I ate breakfast from a **restaurant**.

41. Yesterday, did you eat or drink 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

42. 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 homemade**.  
 Yes, I ate an evening meal at home **that was not homemade** (frozen pizza, microwave meal, etc.).  
 Yes, I ate an evening meal **from a fast food restaurant, pizza place, or sit-down restaurant** (Mexican, Italian, Indian, etc.).  
 Yes, I ate an evening meal **from a place other than home or a restaurant**.

43. 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

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. .. <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>Sugar-sweetened 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"/>

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
- I don't know

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 on school days? **(Choose only one)**

- From the **main lunch line** in the school cafeteria
- From a **snack bar, a kiosk, or a la carte** in the school cafeteria
- From a **vending machine** at school
- I bring lunch **from home**
- I go **off-campus to a restaurant** for lunch
- I go **off-campus to home** for lunch
- 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?

- Always
- Almost always
- Sometimes
- Almost never
- Never

Nutrition Facts	
Serving Size 2/3 cup (55g)	
Servings Per Container About 8	
Amount Per Serving	
Calories 230	Calories from Fat 40
<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. How many hours **per day** do you **usually** watch TV, DVDs, or movies **away from school**?

- I don't watch TV, DVDs, or movies       3 hours  
 Less than 1 hour       4 hours  
 1 hour       5 hours  
 2 hours       6 hours or more

**Examples:** TV shows or movies streamed online or videos on YouTube®

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. How many hours **per day** do you **usually** spend using a computer, tablet/iPad®, smartphone, or Smart Watch/Apple Watch® **away from school for anything except school work**? **Do not count** school work or games.

- I don't use a computer, tablet/iPad, smartphone, or Smart Watch/Apple Watch® away from school for anything except school work       2 hours  
 Less than 1 hour       3 hours  
 1 hour       4 hours  
       5 hours  
       6 hours or more

**Examples:** internet surfing, instant messaging/texting, or chatting

67. How many hours **per day** do you **usually** spend playing video or computer games **away from school**? **Count** games on a video game console (Nintendo®, Xbox®, Playstation®), computer, handheld, or phone/mobile device.

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

**Examples:** Fortnite®, Minecraft®, Pokemon®, Candy Crush®, Player Unknown Battleground® (PUBG), Super Smash Bros.®, Geometry Dash®

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

- No       Yes

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

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

- Walk    Bike    School bus    City bus    Car

70. 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

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

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

72. 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

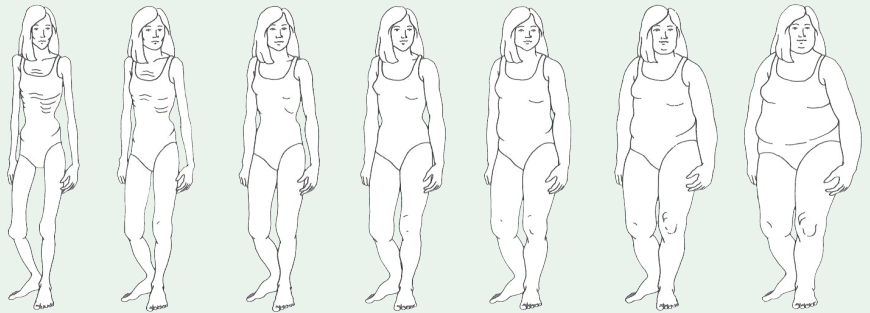
73. How upset would your parents feel if they found out you were eating a lot of junk food?

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

74. 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

**(Fill in one bubble for each question)**



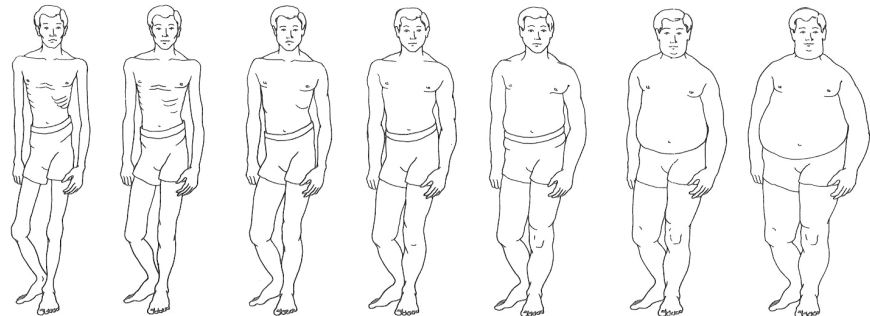
75. Which of these bodies do you think a girl your age **should** look like?

- 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

**(Fill in one bubble for each question)**



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

- 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 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)

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

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

	Never	Almost never	Sometimes	Almost always	Always
a. ... want me to exercise or be physically active.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ... exercise with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. ... spend time teaching me to play a sport or do a physical activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. ... eat lots of fruits and vegetables with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. ... drink water instead of a soft drink (soda) with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. ... want me to eat breakfast every morning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. ... want me to avoid junk food.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

82. I have **friends** who...

	Never	Almost never	Sometimes	Almost always	Always
a. ... want me to exercise or be physically active.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ... exercise with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. ... spend time teaching me to play a sport or do a physical activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. ... eat lots of fruits and vegetables with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. ... drink water instead of a soft drink (soda) with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. ... want me to eat breakfast every morning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. ... want me to avoid junk food.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

83. Do you have any food allergies?

- No       Yes       I don't know

84. Has a doctor or nurse ever told you that you have **diabetes**?

- No       Yes. I take medication.       Yes. I don't take medication.       I don't know

85. **During the past 12 months**, how many times have your teeth or mouth been painful or sore?

- 0 times       1 time       2 or 3 times       4 or 5 times       6 or more times

86. **During the past 12 months**, how many times have you missed school because of problems with your teeth or mouth? ***Do not count*** times you missed school for routine dental or orthodontic appointments.

- 0 times       1 time       2 or 3 times       4 or 5 times       6 or more times

87. 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

88. 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

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

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

**STOP HERE.**

**Thank you very much for your 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	0 0 0 . 0	0 0 0 . 0	0 0 0 . 0	0 0 0 . 0	0 0 0 . 0
1	1 1 1 . 1	1 1 1 . 1	1 1 1 . 1	1 1 1 . 1	1 1 1 . 1
2	2 2 2 . 2	2 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
4	4 4 4 . 4	4 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
6	6 6 6 . 6	6 6 6 . 6	6 6 6 . 6	6 6 6 . 6	6 6 6 . 6
7	7 7 7 . 7	7 7 7 . 7	7 7 7 . 7	7 7 7 . 7	7 7 7 . 7
8	8 8 8 . 8	8 8 8 . 8	8 8 8 . 8	8 8 8 . 8	8 8 8 . 8
9	9 9 9 . 9	9 9 9 . 9	9 9 9 . 9	9 9 9 . 9	9 9 9 . 9

#### TRIAL 2:

	Height (cm)	Weight (kg)	Fat Mass (kg)	6.25 kHz	50 kHz
0	0 0 0 . 0	0 0 0 . 0	0 0 0 . 0	0 0 0 . 0	0 0 0 . 0
1	1 1 1 . 1	1 1 1 . 1	1 1 1 . 1	1 1 1 . 1	1 1 1 . 1
2	2 2 2 . 2	2 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
4	4 4 4 . 4	4 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
6	6 6 6 . 6	6 6 6 . 6	6 6 6 . 6	6 6 6 . 6	6 6 6 . 6
7	7 7 7 . 7	7 7 7 . 7	7 7 7 . 7	7 7 7 . 7	7 7 7 . 7
8	8 8 8 . 8	8 8 8 . 8	8 8 8 . 8	8 8 8 . 8	8 8 8 . 8
9	9 9 9 . 9	9 9 9 . 9	9 9 9 . 9	9 9 9 . 9	9 9 9 . 9

Bubble in today's date.

MO		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	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

Campus ID #

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

