

School Physical Activity and Nutrition
(SPAN) Project
Student Assent

YOUR NAME: _____

SCHOOL: _____

GRADE: _____

YOUR TEACHER'S NAME: _____

- In this study you are being asked to answer questions about your food choices and physical activity (exercise). No one at school or at home will see your answers.
- An adult will weigh you, measure your height, and write the results on the last page of the survey.
- Taking part in this project is up to you. Your choice about taking part will not affect your grades in school or your ability to take part in any school activities.
- If you do not want to answer a question, you can skip it.
- You may stop taking part in this project at any time.
- After you complete the survey and are measured for height and weight, this page with your name on it (Student Assent) will be removed. Your name will never be used after that.
- By signing below, you agree to take part in this project.

Signature of Student

Date

SCHOOL PHYSICAL ACTIVITY AND NUTRITION (SPAN) PROJECT

STUDENT SURVEY

4th Grade

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



Right



Wrong



Wrong



Wrong

EXAMPLES

STUDENT INFORMATION

1. What school do you go to? _____

2. Bubble in today's date.

- ☐ Jan
- ☐ Feb
- ☐ Mar
- ☐ Apr
- ☐ May
- ☐ Jun
- ☐ Jul
- ☐ Aug
- ☐ Sep
- ☐ Oct
- ☐ Nov
- ☐ Dec

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

- ☐ 2009
- ☐ 2010
- ☐ 2011
- ☐ 2012
- ☐ 2013
- ☐ 2014
- ☐ 2015

3. Bubble in your age.

- ☐ 8
- ☐ 9
- ☐ 10
- ☐ 11
- ☐ 12

4. Are you a boy or girl?

- ☐ Boy
- ☐ Girl

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

- ☐ English
- ☐ Spanish
- ☐ Other _____

(Write in other language)

- ☐ About the same in Spanish and English
- ☐ About the same in another language and English _____

(Write in other language)

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

- ☐ Black or African-American
- ☐ Mexican-American, Latino, or Hispanic
- ☐ White, Caucasian, or Anglo
- ☐ Vietnamese
- ☐ Chinese
- ☐ Indian or Pakistani
- ☐ Other Asian
- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Other _____

(Write in other)

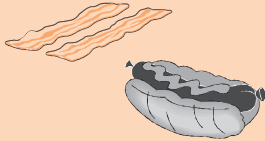
Office Use Only
School ID #.

Do not
write in
this area

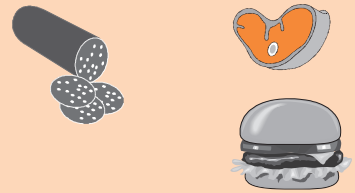
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

☐ Parent declined to participate

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



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



8. Yesterday, did you eat fried chicken, chicken nuggets, chicken fried steak, fried pork chops, fried fish, or fish sticks?



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

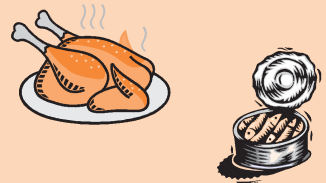


9. Yesterday did you eat any baked, grilled, broiled, or steamed fish or chicken?

Do not count fried chicken, fried fish, or fish sticks.



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



10. Yesterday, did you eat any peanuts or peanut butter, or other nuts such as pecans, walnuts, or almonds?



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



11. Yesterday, did you drink any kind of milk?

Count chocolate or other flavored milk, milk on cereal, or drinks made with milk.



- ☐ No, I didn't drink any milk yesterday.
- ☐ Yes, I drank milk 1 time yesterday.
- ☐ Yes, I drank milk 2 times yesterday.
- ☐ Yes, I drank milk 3 or more times yesterday.



12. What type of milk do you drink most of the time?

Choose only one.

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

13. Yesterday, did you eat yogurt or drink a yogurt drink?

Do not count frozen yogurt.



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

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



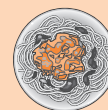
- ☐ No, I didn't eat any of the foods listed above yesterday.
- ☐ Yes, I ate one of these foods 1 time yesterday.
- ☐ Yes, I ate one of these foods 2 times yesterday.
- ☐ Yes, I ate one of these foods 3 or more times yesterday.



15. Yesterday, did you eat rice, faro, macaroni, spaghetti, or pasta noodles that were brown?



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



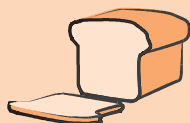
16. Yesterday, did you eat any bread, tortillas, buns, bagels, or rolls that were white?



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

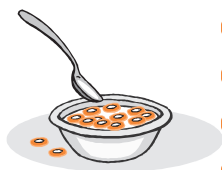


17. Yesterday, did you eat any corn tortillas or bread, tortillas, buns, bagels, or rolls that were brown?



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

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



- ☐ No, I didn't eat any cereal yesterday.
- ☐ Yes, I ate cereal 1 time yesterday.
- ☐ Yes, I ate cereal 2 times yesterday.
- ☐ Yes, I ate cereal 3 or more times yesterday.

19. Yesterday, did you eat French fries or chips?

Chips are potato chips, tortilla chips, Cheetos®, corn chips, or other snack chips.



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



20. Yesterday, did you eat any starchy vegetables like potatoes, corn, or peas?

Do not count French fries or chips.



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



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



- ☐ No, I didn't eat any orange vegetables yesterday.
- ☐ Yes, I ate orange vegetables 1 time yesterday.
- ☐ Yes, I ate orange vegetables 2 times yesterday.
- ☐ Yes, I ate orange vegetables 3 times yesterday.
- ☐ Yes, I ate orange vegetables 4 times yesterday.
- ☐ Yes, I ate orange vegetables 5 or more times yesterday.



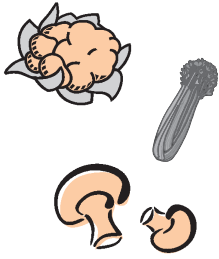
22. Yesterday, did you eat a salad made with lettuce, or any green vegetables like spinach, green beans, broccoli, or other greens?



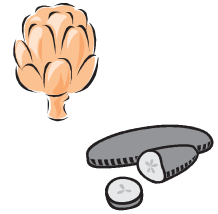
- ☐ No, I didn't eat any salad or green vegetables yesterday.
- ☐ Yes, I ate salad or green vegetables 1 time yesterday.
- ☐ Yes, I ate salad or green vegetables 2 times yesterday.
- ☐ Yes, I ate salad or green vegetables 3 times yesterday.
- ☐ Yes, I ate salad or green vegetables 4 times yesterday.
- ☐ Yes, I ate salad or green vegetables 5 or more times yesterday.



23. Yesterday, did you eat any other vegetables like peppers, tomatoes, zucchini, asparagus, cabbage, cauliflower, cucumbers, mushrooms, eggplant, celery, or artichokes?



- ☐ No, I didn't eat any of the foods listed above yesterday.
- ☐ Yes, I ate one of these foods 1 time yesterday.
- ☐ Yes, I ate one of these foods 2 times yesterday.
- ☐ Yes, I ate one of these foods 3 times yesterday.
- ☐ Yes, I ate one of these foods 4 times yesterday.
- ☐ Yes, I ate one of these foods 5 or more times yesterday.



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

Do not count green beans.



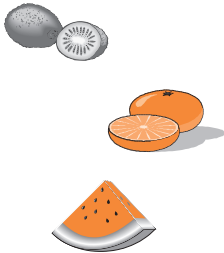
- ☐ No, I didn't eat any beans yesterday.
- ☐ Yes, I ate beans 1 time yesterday.
- ☐ Yes, I ate beans 2 times yesterday.
- ☐ Yes, I ate beans 3 or more times yesterday.



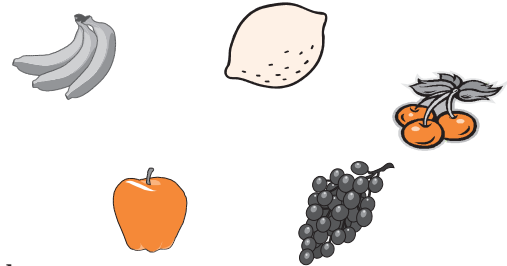
25. Yesterday, did you eat fruit?

Fruits are all fresh, frozen, canned, or dried fruits.

Do not count fruit juice.



- ☐ No, I didn't eat any fruit yesterday.
- ☐ Yes, I ate fruit 1 time yesterday.
- ☐ Yes, I ate fruit 2 times yesterday.
- ☐ Yes, I ate fruit 3 times yesterday.
- ☐ Yes, I ate fruit 4 times yesterday.
- ☐ Yes, I ate fruit 5 or more times yesterday.



26. Yesterday, did you drink fruit juice?

Fruit juice is a drink which is 100% juice, like orange juice, apple juice, or grape juice.

Do not count punch, Kool-Aid®, sports drinks, or other fruit-flavored drinks.



- ☐ No, I didn't drink any fruit juice yesterday.
- ☐ Yes, I drank fruit juice 1 time yesterday.
- ☐ Yes, I drank fruit juice 2 times yesterday.
- ☐ Yes, I drank fruit juice 3 or more times yesterday.

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

Do not count 100% fruit juice.



- ☐ No, I didn't drink any of these drinks yesterday.
- ☐ Yes, I drank one of these drinks 1 time yesterday.
- ☐ Yes, I drank one of these drinks 2 times yesterday.
- ☐ Yes, I drank one of these drinks 3 or more times yesterday.



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



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



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



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



30. Yesterday, did you eat a frozen dessert?

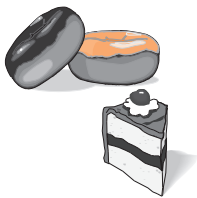
A frozen dessert is a cold, sweet food like ice cream, frozen yogurt, an ice cream bar, or a Popsicle®.



- ☐ No, I didn't eat any frozen dessert yesterday.
- ☐ Yes, I ate a frozen dessert 1 time yesterday.
- ☐ Yes, I ate a frozen dessert 2 times yesterday.
- ☐ Yes, I ate a frozen dessert 3 or more times yesterday.



31. Yesterday, did you eat sweet rolls, doughnuts, cookies, brownies, pies, or cakes?



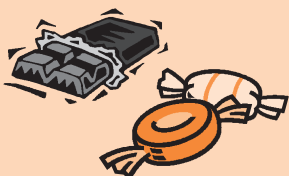
- ☐ No, I didn't eat any of the foods listed above yesterday.
- ☐ Yes, I ate one of these foods 1 time yesterday.
- ☐ Yes, I ate one of these foods 2 times yesterday.
- ☐ Yes, I ate one of these foods 3 or more times yesterday.



32. Yesterday, did you eat any candy?

Count chewy, gummy, hard, or chocolate candy.

Do not count brownies, chocolate cookies, or gum.



- ☐ No, I didn't eat any candy yesterday.
- ☐ Yes, I ate candy 1 time yesterday.
- ☐ Yes, I ate candy 2 times yesterday.
- ☐ Yes, I ate candy 3 or more times yesterday.



33. Yesterday, did you eat breakfast?

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

34. Yesterday, did you eat an evening meal?

- ☐ No, I didn't eat an evening meal yesterday.
- ☐ Yes, I ate an evening meal at home yesterday.
- ☐ Yes, I ate an evening meal at a fast food restaurant yesterday.
- ☐ Yes, I ate an evening meal at a sit-down restaurant yesterday.
- ☐ Yes, I ate an evening meal at a pizza place yesterday.
- ☐ Yes, I ate an evening meal at a place other than at home, a sit-down restaurant, or fast food restaurant yesterday.

35. Yesterday, how many times did you eat food from any type of restaurant?

Restaurants include fast food, sit-down restaurants, pizza places, and cafeterias.

Do not count school cafeterias.

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

36. Yesterday, did you take a vitamin pill?



- ☐ Yes
- ☐ No

37. Last week, on which days did you exercise or take part in physical activity that made your heart beat fast and made you breathe hard for at least 30 minutes?

(For example: basketball, soccer, running or jogging, fast dancing, swimming laps, tennis, fast bicycling, or similar aerobic activities)

- ☐ I didn't do any exercise last week that made my heart beat fast for 30 minutes.
- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Saturday
- ☐ Sunday



38. Last week, on which days did you play outdoors for 30 minutes or more?

Do not count outdoor play during school hours.

- ☐ I didn't play outdoors any days last week for 30 minutes or more.
- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Saturday
- ☐ Sunday



39. During the past 12 months, on how many sports teams did you play?
Sports teams include soccer, basketball, baseball, softball, swimming, gymnastics, cheerleading, wrestling, track, football, dance, tennis, and volleyball teams.

Do not include PE classes.

- ☐ 0 teams
- ☐ 1 team
- ☐ 2 teams
- ☐ 3 or more teams



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

- ☐ Yes
- ☐ No

41. How safe do you feel at school?

- ☐ Not safe
- ☐ A little safe
- ☐ Somewhat safe
- ☐ Mostly safe
- ☐ Very safe

42. How often during the last week, have others...

a. ...made fun of you or insulted you?

- ☐ Never
- ☐ 1 time
- ☐ 2 or 3 times
- ☐ Almost every day
- ☐ Every day

b. ...attacked or ill-treated you?

- ☐ Never
- ☐ 1 time
- ☐ 2 or 3 times
- ☐ Almost every day
- ☐ Every day

c. ...excluded you intentionally or prevented you from participation?

- ☐ Never
- ☐ 1 time
- ☐ 2 or 3 times
- ☐ Almost every day
- ☐ Every day

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

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

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

- ☐ Walk
- ☐ School bus
- ☐ Family car with only your family
- ☐ Bike
- ☐ City bus
- ☐ Carpool with children from other families

45. How sure are you that you can play outside after school instead of watching TV?

☐ Not sure

☐ A little sure

☐ Very sure

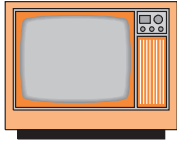
46. How sure are you that you can eat a piece of fruit as a snack instead of candy?

☐ Not sure

☐ A little sure

☐ Very sure

47. On most school days, how many hours per day do you 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

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



☐ I don't use a computer

☐ 3 hours

☐ Less than 1 hour

☐ 4 hours

☐ 1 hour

☐ 5 hours

☐ 2 hours

☐ 6 hours or more

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



☐ I don't play video games

☐ 3 hours

☐ Less than 1 hour

☐ 4 hours

☐ 1 hour

☐ 5 hours

☐ 2 hours

☐ 6 hours or more

50. How often do you read the nutrition labels on food packages?

☐ Almost always or always

☐ Sometimes

☐ Almost never or never

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

☐ Lose weight

☐ Gain weight

☐ Stay the same weight

☐ Nothing

52. 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)

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

☐ At least 2

☐ At least 3

☐ At least 4

☐ At least 5

☐ I don't know

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

☐ At least 2

☐ At least 3

☐ At least 4

☐ At least 5

☐ I don't know

☐ None ☐ Some ☐ About half ☐ Most ☐ All ☐ I don't know

☐ Less than 20 minutes ☐ 30 minutes ☐ 50 minutes ☐ I don't know

☐ 20 minutes ☐ 45 minutes ☐ 60 minutes

☐ Agree ☐ In between ☐ Disagree

☐ Agree ☐ In between ☐ Disagree

☐ Agree ☐ In between ☐ Disagree

☐ Almost always or always ☐ Sometimes ☐ Almost never or never

☐ Almost always or always ☐ Sometimes ☐ Almost never or never

☐ Almost always or always ☐ Sometimes ☐ Almost never or never

☐ No ☐ Yes ☐ I don't know, or don't remember

Thank you very much for your help!

☐ Refd Meas ☐ Refd Shoe ☐ Cast ☐ Time ☐ Hair Access ☐ Heavy Obj ☐ Other

☐ Refd Meas ☐ Refd Shoe ☐ Cast ☐ Time ☐ Hair Access ☐ Heavy Obj ☐ Other

☐ Comments:

☐ Remeasure Weight

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

J & D Data Services 09/09,ev9