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
## 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

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are you a boy or girl?</td>
<td>☐ Boy ☐ Girl</td>
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<tr>
<td>2. Bubble in your age.</td>
<td>☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12</td>
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<tr>
<td>3. How do you describe yourself? <em>(Choose only one)</em></td>
<td>☐ Black or African American ☐ Latino, Hispanic, or Mexican-American ☐ White, Caucasian, or Anglo ☐ Asian (from India or Pakistan) ☐ Asian <em>(not)</em> from India or Pakistan ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander ☐ Other (write in)</td>
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<td>4. What language do you use with your parents most of the time? <em>(Choose only one)</em></td>
<td>☐ English ☐ Spanish ☐ About the same in Spanish and English ☐ Other language (write in) ☐ About the same in another language and English (write in)</td>
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</table>
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.

5. 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.

6. Yesterday, did you eat **chicken nuggets, fried chicken, fried fish, fish sticks, or any other fried meat**?
   - 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.

7. Yesterday, did you eat **baked, grilled, broiled, or steamed chicken or fish**?
   - **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.

   Examples: shrimp, tuna, salmon, and sushi

8. Yesterday, did you eat any **peanuts, peanut butter, or other nuts**?
   - 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.

   Examples: pecans, walnuts, or almonds

9. Yesterday, did you eat any **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.

10. Yesterday, did you eat any **rice, macaroni, spaghetti, quinoa, 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.

11. 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.
12. Yesterday, did you eat any 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.

13. 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.

14. Yesterday, did you eat French fries, chips, or crackers?
   - 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 a snack bar?
   - No, I didn’t eat any snack bars yesterday.
   - Yes, I ate snack bars 1 time yesterday.
   - Yes, I ate snack bars 2 times yesterday.
   - Yes, I ate snack bars 3 or more times yesterday.

16. Yesterday, did you eat any starchy vegetables?
    - 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 carrots, squash, sweet potatoes, or any other orange vegetables?
    - 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 or more times yesterday.

18. Yesterday, did you eat salad made with lettuce, or any green vegetables?
    - 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 or more times yesterday.
19. Yesterday, did you eat any other vegetables?
   - 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.

   Examples: peppers, tomatoes, zucchini, asparagus, cabbage, cauliflower, cucumbers, mushrooms, eggplant, celery, artichokes

20. Yesterday, did you eat 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.

   Examples: pinto beans, baked beans, kidney beans, refried beans, pork and beans

21. 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 or more times yesterday.

   Examples: apples, oranges, bananas, grapes, berries, peaches

22. Yesterday, did you eat a frozen dessert? A frozen dessert is a cold, sweet food.
   - 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.

   Examples: ice cream, frozen yogurt, an ice cream bar, or a Popsicle®

23. Yesterday, did you eat cookies, brownies, sweet rolls, doughnuts, pies, or cake?
   - No, I didn’t eat any of the foods listed above yesterday.
   - Yes, I ate one of these foods 1 time yesterday.
   - Yes, I ate one of these foods 2 times yesterday.
   - Yes, I ate one of these foods 3 or more times yesterday.

24. Yesterday, did you eat any candy?
   Do not count cookies, brownies, 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.

   Examples: chewy, gummy, hard, chocolate, or other candy

25. Yesterday, did you eat any kind of cheese, cheese spread, or cheese sauce?
   - No, I didn’t eat any kind of cheese yesterday.
   - Yes, I ate cheese 1 time yesterday.
   - Yes, I ate cheese 2 times yesterday.
   - Yes, I ate cheese 3 or more times yesterday.

   Examples: cheese on pizza; cheese in dishes such as tacos, enchiladas, lasagna, sandwiches, cheeseburgers, or macaroni and cheese
26. Yesterday, did you drink plain milk?  
Count milk on cereal.  
Do not count chocolate or other flavored milk.  
○ No, I didn’t drink plain milk yesterday.  
○ Yes, I drank plain milk 1 time yesterday.  
○ Yes, I drank plain milk 2 times yesterday.  
○ Yes, I drank plain milk 3 or more times yesterday.

27. Yesterday, did you drink any kind of flavored milk?  
○ No, I didn’t drink flavored milk yesterday.  
○ Yes, I drank flavored milk 1 time yesterday.  
○ Yes, I drank flavored milk 2 times yesterday.  
○ Yes, I drank flavored milk 3 or more times yesterday.

28. 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.

29. 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®.  
○ 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.

30. Yesterday, did you drink any punch, Kool-Aid®, sports drink, 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.

31. Yesterday, did you drink any regular sodas or soft drinks?  
Do not count diet sodas.  
○ 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.
32. Yesterday, did you drink any diet sodas or diet soft drinks?
   - No, I didn’t drink any diet sodas or diet soft drinks yesterday.
   - Yes, I drank diet sodas or diet soft drinks 1 time yesterday.
   - Yes, I drank diet sodas or diet soft drinks 2 times yesterday.
   - Yes, I drank diet sodas or diet soft drinks 3 or more times yesterday.

33. 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, I didn’t drink any coffee or tea without sugar yesterday.
   - Yes, I drank coffee or tea without sugar 1 time yesterday.
   - Yes, I drank coffee or tea without sugar 2 times yesterday.
   - Yes, I drank coffee or tea without sugar 3 or more times yesterday.

34. 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, I didn’t drink any coffee or tea with sugar yesterday.
   - Yes, I drank coffee or tea with sugar 1 time yesterday.
   - Yes, I drank coffee or tea with sugar 2 times yesterday.
   - Yes, I drank coffee or tea with sugar 3 or more times yesterday.

35. Yesterday, did you drink an energy drink? Energy drinks contain caffeine.
   - Yes, I drank energy drinks 1 time yesterday.
   - Yes, I drank energy drinks 2 times yesterday.
   - Yes, I drank energy drinks 3 or more times yesterday.

36. Yesterday, did you drink a bottle or glass of water?
   Count sparkling water or any other water drink that has 0 calories.
   - No, I didn’t drink any water yesterday.
   - Yes, I drank water 1 time yesterday.
   - Yes, I drank water 2 times yesterday.
   - Yes, I drank water 3 or more times yesterday.

37. Yesterday, did you eat breakfast? (Choose only one)
   - 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.

38. 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, I didn’t eat a snack yesterday.
   - Yes, I ate a snack 1 time yesterday.
   - Yes, I ate a snack 2 times yesterday.
   - Yes, I ate a snack 3 or more times yesterday.
39. 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**.

40. Yesterday, how many times did you eat food from any **type of restaurant**? *(Do not count the school cafeteria)*
   - None
   - 2 times
   - 1 time
   - 3 or more times

41. 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

42. What type of **hot or cold cereal** do you eat **most of the time**? *(Choose only one)*
   - 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®

43. Do you **usually** eat the lunch from the school cafeteria?
   - Yes, I usually eat the lunch from the school cafeteria.
   - No, I usually bring my lunch from home.
   - No, I usually get lunch from a place other than home or school.

44. Do you help prepare meals or cook at home? *(Do not count frozen dinners)*
   - Never
   - Yes, some of the time
   - Yes, most of the time
   - Yes, all of the time

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

<table>
<thead>
<tr>
<th>Always</th>
<th>Almost always</th>
<th>Sometimes</th>
<th>Almost never</th>
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46. I think healthy foods taste good.

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<th>Always</th>
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<th>Almost never</th>
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47. I think the lunch served in my school cafeteria is healthy.

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<th>Always</th>
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48. 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
49. **Last week**, on which days were you physically active for a total of **at least 60 minutes per day**?

*Bubble in answer for each day*

- Monday  
  - Yes
  - No
- Tuesday  
  - Yes
  - No
- Wednesday  
  - Yes
  - No
- Thursday  
  - Yes
  - No
- Friday  
  - Yes
  - No
- Saturday  
  - Yes
  - No
- Sunday  
  - Yes
  - No

*Examples: basketball, soccer, running or jogging, fast dancing, swimming laps, tennis, fast bicycling, or similar aerobic activities. 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.*

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

*Bubble in answer for each day*

- Monday  
  - Yes
  - No
- Tuesday  
  - Yes
  - No
- Wednesday  
  - Yes
  - No
- Thursday  
  - Yes
  - No
- Friday  
  - Yes
  - No
- Saturday  
  - Yes
  - No
- Sunday  
  - Yes
  - No

51. **During the past 12 months**, on how many **sports teams** 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.*

52. **Do you currently take part in any other organized physical activities, lessons, or classes?**

- No
- Yes

*Examples: martial arts, dance, gymnastics, or tennis.*

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

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

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

54. **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
- Less than 1 hour
- 1 hour
- 2 hours
- 3 hours
- 4 hours
- 5 hours
- 6 hours or more

*Examples: homework, studying, looking up information for school, or reading for pleasure.*
55. 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®, or Smartphone away from school for anything except school work
   - Less than 1 hour
   - 1 hour
   - 2 hours
   - 3 hours
   - 4 hours
   - 5 hours
   - 6 hours or more
   **Examples:** internet surfing, instant messaging/texting, or chatting

56. 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
   - Less than 1 hour
   - 1 hour
   - 2 hours
   - 3 hours
   - 4 hours
   - 5 hours
   - 6 hours or more
   **Examples:** Fortnite®, Minecraft®, Pokemon®, Candy Crush®, Player Unknown Battleground® (PUBG), Super Smash Bros.®, Geometry Dash®

57. Do you have a cell phone?
   - No, I do not have a cell phone
   - Yes, I have a cell phone but I can’t access the internet
   - Yes, I have a cell phone and I have access to the internet

58. Do you have an electronic device in the room where you sleep?
   - No
   - Yes
   **Examples:** TV, laptop, tablet, phone, Nintendo DS®, Nintendo Switch®

59. On most days, how do you arrive at school?
   - Walk
   - Bike
   - School bus
   - City bus
   - Car

60. Do you have a regular bedtime during the school week?
   - All the time
   - Most of the time
   - Some of the time
   - No, I go to bed when I want to

61. On an average school night, how many hours of sleep do you get?
   - Less than 5 hours
   - 6 hours
   - 7 hours
   - 8 hours
   - 9 hours
   - 10 hours or more

62. 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)

63. How sure are you that you can eat a piece of fruit instead of candy as a snack?
   - Not sure
   - A little sure
   - Very sure

64. How sure are you that you can run, jump, or play during school?
   - Not sure
   - A little sure
   - Very sure

65. Do you have food allergies?
   - No
   - Yes
   - I don’t know

66. In the last 12 months/year has your mouth/teeth hurt so much that you had trouble chewing or eating?
   - No
   - Yes
   - I don’t know, or don’t remember
67. **In the last 12 months/year have you seen the dentist?**
- [ ] No
- [ ] Yes
- [ ] I don’t know, or don’t remember

68. **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

**STOP HERE. Thank you very much for your help!**

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<th>Weight (kg)</th>
<th>Fat Mass (kg)</th>
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**TRIAL 2:**

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**Bubble in today’s date.**

**Campus ID #**

**Page 10**
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
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
- Please use #2 Pencil

1. Are you a boy or girl?  
   - Boy
   - Girl

2. Bubble in your age.  
   - 8
   - 9
   - 10
   - 11
   - 12

3. 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) _____________________________

4. 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) _____________________________
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.

5. 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.

6. Yesterday, did you eat chicken nuggets, fried chicken, fried fish, fish sticks, or any other fried meat?
   - 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.

7. 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, 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 any peanuts, peanut butter, or other nuts?
   - Examples: 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.

9. Yesterday, did you eat any 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.

10. Yesterday, did you eat any rice, macaroni, spaghetti, quinoa, or pasta noodles that were brown?
    - Whole Wheat
    - 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 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.
12. Yesterday, did you eat any 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.

13. 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.

14. Yesterday, did you eat French fries, chips, or crackers?
   - 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 a snack bar?
   - No, I didn’t eat any snack bars yesterday.
   - Yes, I ate snack bars 1 time yesterday.
   - Yes, I ate snack bars 2 times yesterday.
   - Yes, I ate snack bars 3 or more times yesterday.

16. Yesterday, did you eat any starchy vegetables?
   - Do not count French fries, fried potatoes, potato chips, or any other type of 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.

17. Yesterday, did you eat any carrots, squash, sweet potatoes, or any other orange vegetables?
   - 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 or more times yesterday.

18. Yesterday, did you eat salad made with lettuce, or any green vegetables?
   - 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 or more times yesterday.
19. Yesterday, did you eat any other vegetables?
- 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.

Examples: peppers, tomatoes, zucchini, asparagus, cabbage, cauliflower, cucumbers, mushrooms, eggplant, celery, artichokes

20. Yesterday, did you eat 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.

Examples: pinto beans, baked beans, kidney beans, refried beans, pork and beans

21. 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 or more times yesterday.

Examples: apples, oranges, bananas, grapes, berries, peaches

22. Yesterday, did you eat a frozen dessert? A frozen dessert is a cold, sweet food.
- 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.

Examples: ice cream, frozen yogurt, an ice cream bar, or a Popsicle®

23. Yesterday, did you eat cookies, brownies, sweet rolls, doughnuts, pies, or cake?
- No, I didn’t eat any of the foods listed above yesterday.
- Yes, I ate one of these foods 1 time yesterday.
- Yes, I ate one of these foods 2 times yesterday.
- Yes, I ate one of these foods 3 or more times yesterday.

24. Yesterday, did you eat any candy?
    Do not count cookies, brownies, 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.

Examples: chewy, gummy, hard, chocolate, or other candy

25. Yesterday, did you eat any kind of cheese, cheese spread, or cheese sauce?
- No, I didn’t eat any kind of cheese yesterday.
- Yes, I ate cheese 1 time yesterday.
- Yes, I ate cheese 2 times yesterday.
- Yes, I ate cheese 3 or more times yesterday.

Examples: cheese on pizza; cheese in dishes such as tacos, enchiladas, lasagna, sandwiches, cheeseburgers, or macaroni and cheese
26. Yesterday, did you drink plain milk?
   Count milk on cereal.
   **Do not count** chocolate or other flavored milk.
   - No, I didn't drink plain milk yesterday.
   - Yes, I drank plain milk 1 time yesterday.
   - Yes, I drank plain milk 2 times yesterday.
   - Yes, I drank plain milk 3 or more times yesterday.

27. Yesterday, did you drink any kind of flavored milk?
   - No, I didn't drink flavored milk yesterday.
   - Yes, I drank flavored milk 1 time yesterday.
   - Yes, I drank flavored milk 2 times yesterday.
   - Yes, I drank flavored milk 3 or more times yesterday.

28. 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.

29. 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®.
   - 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.

30. Yesterday, did you drink any punch, Kool-Aid®, sports drink, 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.

31. Yesterday, did you drink any regular sodas or soft drinks?
   **Do not count** diet sodas.
   - 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.
32. Yesterday, did you drink any **diet sodas** or diet soft drinks?
- No, I didn’t drink any **diet sodas or diet soft drinks** yesterday.
- Yes, I drank **diet sodas or diet soft drinks 1 time** yesterday.
- Yes, I drank **diet sodas or diet soft drinks 2 times** yesterday.
- Yes, I drank **diet sodas or diet soft drinks 3 or more times** yesterday.

33. 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, I didn’t drink any coffee or tea **without sugar** yesterday.
- Yes, I drank coffee or tea **without sugar 1 time** yesterday.
- Yes, I drank coffee or tea **without sugar 2 times** yesterday.
- Yes, I drank coffee or tea **without sugar 3 or more times** yesterday.

34. 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, I didn’t drink any coffee or tea **with sugar** yesterday.
- Yes, I drank coffee or tea **with sugar 1 time** yesterday.
- Yes, I drank coffee or tea **with sugar 2 times** yesterday.
- Yes, I drank coffee or tea **with sugar 3 or more times** yesterday.

35. Yesterday, did you drink an **energy drink**? Energy drinks contain caffeine.
- No, I didn’t drink any energy drinks yesterday.
- Yes, I drank energy drinks **1 time** yesterday.
- Yes, I drank energy drinks **2 times** yesterday.
- Yes, I drank energy drinks **3 or more times** yesterday.

36. Yesterday, did you drink a bottle or glass of **water**?
**Count** sparkling water or any other water drink that has 0 calories.
- No, I didn’t drink any water yesterday.
- Yes, I drank water **1 time** yesterday.
- Yes, I drank water **2 times** yesterday.
- Yes, I drank water **3 or more times** yesterday.

37. Yesterday, did you eat **breakfast**? (Choose only one)
- 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.

38. 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, I didn’t eat a snack yesterday.
- Yes, I ate a snack **1 time** yesterday.
- Yes, I ate a snack **2 times** yesterday.
- Yes, I ate a snack **3 or more times** yesterday.
39. 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**.

40. Yesterday, how many times did you eat food from any **type of restaurant**? *(Do not count the school cafeteria)*

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

41. 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

42. What type of **hot or cold cereal** do you eat **most of the time**? *(Choose only one)*

- 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®️

43. Do you **usually** eat the lunch from the school cafeteria?

- Yes, I usually eat the lunch from the school cafeteria.
- No, I usually bring my lunch from home.
- No, I usually get lunch from a place other than home or school.

44. Do you help prepare meals or cook at home? *(Do not count frozen dinners)*

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

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

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46. I think healthy foods taste good.

47. I think the lunch served in my school cafeteria is healthy.

48. 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
49. **Last week**, on which days were you physically active for a total of **at least 60 minutes per day**? *(Bubble in answer for each day)*

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**Examples:** basketball, soccer, running or jogging, fast dancing, swimming laps, tennis, fast bicycling, or similar aerobic activities

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.

50. **Last week**, on which days did you play outdoors for **30 minutes or more**? *(Bubble in answer for each day)*

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51. **During the past 12 months**, on how many **sports teams** 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

52. Do you currently take part in any **other organized physical activities, lessons, or classes**?

- No
- Yes

**Examples:** martial arts, dance, gymnastics, or tennis

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

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

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

54. 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
- Less than 1 hour
- 1 hour
- 2 hours
- 3 hours
- 4 hours
- 5 hours
- 6 hours or more

**Examples:** homework, studying, looking up information for school, or reading for pleasure
55. 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®, or Smartphone away from school for anything except school work
- Less than 1 hour
- 1 hour
- 2 hours
- 3 hours
- 4 hours
- 5 hours
- 6 hours or more

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

56. 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
- Less than 1 hour
- 1 hour
- 2 hours
- 3 hours
- 4 hours
- 5 hours
- 6 hours or more

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

57. Do you have a cell phone?

- No, I do not have a cell phone
- Yes, I have a cell phone but I can’t access the internet
- Yes, I have a cell phone and I have access to the internet

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

- No
- Yes

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

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

- Walk
- Bike
- School bus
- City bus
- Car

60. Do you have a regular bedtime during the school week?

- All the time
- Most of the time
- Some of the time
- No, I go to bed when I want to

61. On an average school night, how many hours of sleep do you get?

- Less than 5 hours
- 6 hours
- 7 hours
- 8 hours
- 9 hours
- 10 hours or more

62. 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)

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

- Not sure
- A little sure
- Very sure

64. How sure are you that you can run, jump, or play during school?

- Not sure
- A little sure
- Very sure

65. Do you have food allergies?

- No
- Yes
- I don’t know

66. **In the last 12 months**/year has your mouth/teeth hurt so much that you had trouble chewing or eating?

- No
- Yes
- I don’t know, or don’t remember
67. **In the last 12 months/year have you seen the dentist?**

- [ ] No
- [ ] Yes
- [ ] I don’t know, or don’t remember

68. **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

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:**

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**TRIAL 1:**

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**Bubble in today’s date.**

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**Campus ID #**

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Page 10  
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