

# School Physical Activity and Nutrition (SPAN) Project

## Parent Assent Form

Your Name: \_\_\_\_\_

2nd Grade Child's Name: \_\_\_\_\_

2nd Grade Child's School: \_\_\_\_\_

2nd Grade Child's Teacher: \_\_\_\_\_

Dear Parent:

This survey is being carried out in your 2nd grade child's school under the direction of the University of Texas School of Public Health and the Texas Department of State Health Services. We would like to ask you to take part by filling out this survey, which takes about 20 minutes. This will help us to better understand school programs that were created to improve the physical activity and eating behaviors of children in Texas.

**The 2nd grade child's primary caregiver should complete the survey.**

- The questionnaire asks about your 2nd grade child's and your own physical activity (exercise), eating habits in the school, neighborhood, and your household.
- There are no right or wrong answers.
- Participation is voluntary. Your choice to take part will not affect your child's grades in school or your child's ability to take part in any school activities.
- **After you complete the questionnaire, this page with your names will be removed and kept confidential.** Only a number will be used to identify you and your child.
- **The information collected is private and will be kept in a secure location. It will be available only to scientists and their staff. At the end of the project it will be destroyed.**
- The results of the study may be published, but we will never mention any student, parent, school name, or district name.
- You can skip a question if you do not want to answer it, and you may stop answering questions or taking part in this project at any time.
- There is no risk participating in this project.
- You have the right to review all student materials used in the project. Please see the Protection of Pupil Rights Act. 20 U.S.C. Section 1232(c)(1)(A). If you have questions about this study please call 1-866-346-6163 and ask to speak to someone about the SPAN study.
- This project has been reviewed by your child's school district, but they are not conducting the project activities.
- By filling out the survey, you agree to participate in the study.

**Thanks in advance for taking part in this project!**

SERIAL #



# School Physical Activity and Nutrition (SPAN)

## 2nd Grade Parent Survey

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

Please Use #2 Pencil

To change your answer, erase completely



1. What is today's date?

<input type="radio"/> Jan	<input type="radio"/> 1	<input type="radio"/> 11	<input type="radio"/> 21	<input type="radio"/> 31	<input type="radio"/> 2019
<input type="radio"/> Feb	<input type="radio"/> 2	<input type="radio"/> 12	<input type="radio"/> 22		<input type="radio"/> 2020
<input type="radio"/> Mar	<input type="radio"/> 3	<input type="radio"/> 13	<input type="radio"/> 23		<input type="radio"/> 2021
<input type="radio"/> Apr	<input type="radio"/> 4	<input type="radio"/> 14	<input type="radio"/> 24		<input type="radio"/> 2022
<input type="radio"/> May	<input type="radio"/> 5	<input type="radio"/> 15	<input type="radio"/> 25		<input type="radio"/> 2023
<input type="radio"/> June	<input type="radio"/> 6	<input type="radio"/> 16	<input type="radio"/> 26		<input type="radio"/> 2024
<input type="radio"/> July	<input type="radio"/> 7	<input type="radio"/> 17	<input type="radio"/> 27		<input type="radio"/> 2025
<input type="radio"/> Aug	<input type="radio"/> 8	<input type="radio"/> 18	<input type="radio"/> 28		<input type="radio"/> 2026
<input type="radio"/> Sept	<input type="radio"/> 9	<input type="radio"/> 19	<input type="radio"/> 29		<input type="radio"/> 2027
<input type="radio"/> Oct	<input type="radio"/> 10	<input type="radio"/> 20	<input type="radio"/> 30		
<input type="radio"/> Nov					
<input type="radio"/> Dec					

2. What are **you**?

☐ Male

☐ Female

☐ Prefer not to say

3. What is **your** age?

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

4. 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

5. How do you most identify **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 Pacific Islander

☐ Other \_\_\_\_\_

6. Including **yourself**, how many people live in your household?

How many children are 5 years and under?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3+
How many children are 6 – 11 years old?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3+
How many children are 12 – 18 years old?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3+
How many adults are 19 years and older?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3+

7. What is your relationship to the 2nd grade child you are completing the survey for?

☐ Mother

☐ Father

☐ Grandmother

☐ Grandfather

☐ Other \_\_\_\_\_

8. Is your **2nd grade child** a boy or girl?

☐ Boy

☐ Girl

9. What is your **2nd grade child's** age?

☐ 5

☐ 6

☐ 7

☐ 8

☐ 9

☐ Other: \_\_\_\_\_

10. What is your **2nd grade child's** birthdate?

MO		DAY		YEAR			
0	0	0	0	0	0	0	0
1	1	1	1	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

11. Is your **2nd grade child** adopted?

☐ No

☐ Yes

12. What was your **2nd grade child's** birth weight?

☐ Very Low Birth Weight: **Less than 3 lb 5 oz (1,499 grams)**

☐ Low Birth Weight: **3 lb 6 oz - 5 lb 8 oz (1,500 - 2,499 grams)**

☐ Normal Birth Weight: **5 lb 9 oz - 8 lb 13 oz (2,500 - 3,999 grams)**

☐ High Birth Weight: **More than 8 lb 13 oz (4,000 grams)**

☐ I don't know

13. Was your **2nd grade child** a single birth?

- ☐ Yes
- ☐ No, my 2nd grade child was born a twin.
- ☐ No, my 2nd grade child was born a triplet or more.
- ☐ I don't know

14. How many weeks gestation was your **2nd grade child** born?

- ☐ Less than 34 weeks
- ☐ 34 – 36 weeks
- ☐ 37 – 40 weeks
- ☐ More than 40 weeks
- ☐ I don't know

15. How would you describe your **2nd grade child**?  
(**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 Pacific Islander
- ☐ Other \_\_\_\_\_

16. What language do you use with your **2nd grade child** most of the time? (**Choose only one**)

- ☐ English
- ☐ Spanish
- ☐ About the same in Spanish and English
- ☐ Other language \_\_\_\_\_
- ☐ About the same in another language and English \_\_\_\_\_

The next questions are about what your 2nd grade child ate **YESTERDAY**.

It is fine to have your child help you answer the questions since some of what he or she ate was at school.  
If you have a school menu, that can help your child remember.

Yesterday, how many times did your 2nd grade child...

(**Choose one answer for each question**)

	None	1 Time	2 Times	3 or More Times
17. ...eat hamburger meat, hot dogs, sausage (chorizo), steak, bacon, or ribs?	0	1	2	3+
18. ...eat chicken nuggets, fried chicken, fried fish, fish sticks, or any other <b>fried meat</b> ?	0	1	2	3+
19. ...eat any <i>baked, grilled, broiled, or steamed</i> <b>chicken or fish</b> (examples of fish include shrimp, tuna, salmon, and sushi)?	0	1	2	3+
20. ...eat any peanuts, peanut butter, or other <b>nuts</b> such as pecans, walnuts, or almonds?	0	1	2	3+
21. ...eat any rice, macaroni, spaghetti, or pasta noodles that were <b>white</b> ?	0	1	2	3+
22. ...eat any rice, macaroni, spaghetti, quinoa, or pasta noodles that were <b>brown</b> ?	0	1	2	3+
23. ...eat any bread, tortillas, buns, bagels, or rolls that were <b>white</b> ?	0	1	2	3+
24. ...eat any bread, tortillas, buns, bagels, or rolls that were <b>brown</b> ?	0	1	2	3+
25. ...eat any <i>hot or cold</i> <b>cereal</b> ? Cereals include oatmeal, Cream of Wheat®, Froot Loops®, Cheerios®, and shredded wheat.	0	1	2	3+
26. ...eat <b>French fries, chips, or crackers</b> ? <b>Chips</b> are potato chips, tortilla chips, Cheetos®, corn chips, or other snack chips. <b>Crackers</b> are Saltines®, Triscuits®, Cheez-It® crackers or any other snack crackers.	0	1	2	3+

Yesterday, how many times did your 2nd grade child... (Choose one answer for each question)	None	1 Time	2 Times	3 or More Times
27. ...eat a <b>snack bar</b> ? Snack bars are protein bars, granola bars, and snack bars like FiberOne® bars, KIND®, LÄRABAR®, and Clif Bar®.	0	1	2	3+
28. ...eat any <b>starchy vegetables</b> like potatoes, corn, or peas? <b>Do not count</b> French fries, fried potatoes, potato chips, or any other type of chips.	0	1	2	3+
29. ...eat any <b>orange vegetables</b> like carrots, squash, or sweet potatoes?	0	1	2	3+
30. ...eat <b>salad made with lettuce</b> , or any <b>green vegetables</b> like spinach, green beans, broccoli, or other greens?	0	1	2	3+
31. ...eat any <b>other vegetables</b> like peppers, tomatoes, zucchini, asparagus, cabbage, cauliflower, cucumbers, mushrooms, eggplant, celery, or artichokes?	0	1	2	3+
32. ...eat <b>beans</b> such as pinto beans, baked beans, kidney beans, refried beans, or pork and beans? <b>Do not count</b> green beans.	0	1	2	3+
33. ...eat <b>fruit</b> ? Fruits are all fresh, frozen, canned, or dried fruits. <b>Do not count</b> fruit juice.	0	1	2	3+
34. ...eat a <b>frozen dessert</b> ? A frozen dessert is a cold, sweet food like ice cream, frozen yogurt, an ice cream bar, or a Popsicle®.	0	1	2	3+
35. ...eat cookies, brownies, sweet rolls, doughnuts, pies, or cake?	0	1	2	3+
36. ...eat any <b>candy</b> ? <b>Count</b> chewy, gummy, hard, chocolate, or any other type of candy. <b>Do not count</b> cookies, brownies, or gum.	0	1	2	3+
37. ...eat any kind of <b>cheese</b> , cheese spread, or cheese sauce? <b>Count</b> cheese on pizza or in dishes such as tacos, enchiladas, lasagna, sandwiches, cheeseburgers, or macaroni and cheese.	0	1	2	3+
38. ...drink <b>plain milk</b> ? <b>Count</b> milk on cereal. <b>Do not count</b> chocolate or other flavored milk.	0	1	2	3+
39. ...drink any kind of <b>flavored milk</b> ? <b>Count</b> chocolate, or other flavored milk or drinks made with milk, like a milkshake.	0	1	2	3+
40. ...eat <b>yogurt</b> or drink a yogurt drink? <b>Do not count</b> frozen yogurt.	0	1	2	3+
41. ...drink <b>fruit juice</b> ? Fruit juice is a drink that is <b>100% juice</b> , like orange juice, apple juice, or grape juice. <b>Do not count</b> punch, Kool-Aid®, sports drinks, or other fruit-flavored drinks like SunnyD® or Capri Sun®.	0	1	2	3+
42. ...drink any punch, Kool-Aid®, sports drink, or other <b>fruit-flavored drinks</b> ? <b>Do not count</b> 100% fruit juice.	0	1	2	3+
43. ...drink any <b>regular sodas</b> or soft drinks? <b>Do not count</b> diet sodas.	0	1	2	3+
44. ...drink any <b>diet sodas</b> or diet soft drinks?	0	1	2	3+

Yesterday, how many times did your 2nd grade child...

**(Choose one answer for each question)**

	None	1 Time	2 Times	3 or More Times
45. ...drink a cup, bottle, or can of coffee, tea, iced tea, or a coffee drink <b>without sugar</b> ? <b><u>Do not count</u></b> sweetened drinks or energy drinks.	0	1	2	3+
46. ...drink a cup, bottle, or can of coffee, tea, iced tea, or a coffee drink like Frappuccino® <b>with sugar</b> ? <b><u>Do not count</u></b> energy drinks.	0	1	2	3+
47. ...drink a <b>energy drink</b> ? Energy drinks are drinks like Red Bull®, Rockstar®, Monster®, or Jolt® that contain caffeine.	0	1	2	3+
48. ...drink a bottle or glass of <b>water</b> ? <b><u>Count</u></b> sparkling water or any other water drink that has 0 calories.	0	1	2	3+

49. Yesterday, did your **2nd grade child** eat breakfast? **(Choose only one)**

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

50. Yesterday did your **2nd grade child** eat an evening meal (supper or dinner)? **(Choose only one)**

- ☐ No, he/she didn't eat an evening meal yesterday.
- ☐ Yes, he/she ate an evening meal **that was homemade**.
- ☐ Yes, he/she ate an evening meal at home **that was not homemade** (frozen pizza, microwave meal, etc.).
- ☐ Yes, he/she ate an evening meal **from a fast food restaurant, pizza place, or sit-down restaurant** (Mexican, Italian, Indian, etc.).
- ☐ Yes, he/she ate an evening meal **from a place other than home or a restaurant**.

51. Last week, how often:

**(Choose one answer for each of the following questions)**

Never      Some of the time      Most of the time      All of the time

- |   |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| a. ...did your 2nd grade child eat breakfast?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. ...did you eat an evening meal together with your 2nd grade child?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. ...did your 2nd grade child watch TV while eating his or her evening meal?                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. ...did your 2nd grade child help you prepare your evening meal? <b><u>Do not count</u></b> frozen dinners. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. ...did your 2nd grade child eat dinner from a sit-down or fast food restaurant?                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

52. Last week, how often:

**(Choose one answer for each of the following questions)**

Never      Some of the time      Most of the time      All of the time

- |  |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| a. ...were fresh or frozen fruits served as snacks in your home?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. ...were fresh or frozen vegetables served at the evening meal in your home?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. ...was skim or nonfat milk served at meals or snacks in your home?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. ...was 100% whole-wheat or whole-grain bread or tortillas served at meals in your home?                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. ...was sugar-sweetened cereal (Frosted Flakes®, Froot Loops®, Cocoa Pebbles®, etc.) served at breakfast in your home? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. ...were sugar-sweetened drinks served at the evening meal in your home?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

53. What kind of milk does your 2nd grade child **usually** drink?

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

54. What type of *hot or cold* **cereal** does your 2nd grade child eat **most of the time**?

- ☐ My 2nd grade child does not eat hot or cold cereal.
- ☐ **Sweet** cereals like flavored oatmeal, flavored cream of wheat, Frosted Flakes®, or Froot Loops®
- ☐ **Plain** cereals like plain oatmeal or cream of wheat, Corn Flakes®, Cheerios®, Rice Krispies®, or Kix®

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

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

Nutrition Facts	
Serving Size 2/3 cup (55g)	
Servings Per Container About 8	
Amount Per Serving	
Calories 230	Calories from Fat 40
% Daily Value*	
<b>Total Fat</b> 8g	<b>12%</b>
Saturated Fat 1g	<b>5%</b>
Trans Fat 0g	<b>0%</b>
<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	

56. Do you think the lunch served in your 2nd grade child's school cafeteria is healthy?

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

57. Last week, how many days was your 2nd grade child **physically active for a total of at least 60 minutes per day**? *Add up all the time he/she spent in any kind of physical activity that increased his/her heart rate and made him/her breathe hard some of the time.*

- ☐ 0 days
- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days
- ☐ 6 days
- ☐ 7 days

58. Last week, how many days did your 2nd grade child **play outdoors for 30 minutes or more**? **Do not count** outdoor play during school hours.

- ☐ 0 days
- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days
- ☐ 6 days
- ☐ 7 days

59. My 2nd grade child does enough physical activity to maintain good health and fitness.

- ☐ Strongly disagree
- ☐ Somewhat disagree
- ☐ Neither disagree nor agree
- ☐ Somewhat agree
- ☐ Strongly agree

60. During the past 12 months, on how many **sports teams** did your 2nd grade child play?

**Examples:** soccer, basketball, baseball, softball, swimming, cheerleading, wrestling, track, football, dance, karate, tennis, and volleyball teams. **Do not include** PE classes.

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

61. Does your 2nd grade child currently take part in any other **organized physical activities, lessons or classes**?

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

- ☐ No
- ☐ Yes

62. On most days, what does your 2nd grade child **usually** do when he/she has a choice about how to spend leisure/free time?

- ☐ Almost always chooses activities like TV, reading, listening to music, computers, iPad®/tablet, or video games
- ☐ Usually chooses activities like TV, reading, listening to music, computers, iPad®/tablet, or video games
- ☐ Just as likely to choose active as inactive activities
- ☐ Usually chooses activities like bicycling, dancing, outdoor games, or active sports
- ☐ Almost always chooses activities like bicycling, dancing, outdoor games, or active sports

63. If the weather is good, I encourage my 2nd grade child to play outside.
- ☐ Strongly disagree ☐ Somewhat disagree ☐ Neither disagree nor agree ☐ Somewhat agree ☐ Strongly agree
64. How many hours **per day** does your 2nd grade child usually watch TV, DVDs, or movies **away from school**?  
**Count** TV shows or movies watched online or videos on YouTube®.
- ☐ My child doesn't watch TV, DVDs or movies ☐ Less than 1 hour ☐ 1 hour ☐ 2 hours ☐ 3 hours ☐ 4 hours ☐ 5 hours ☐ 6 hours or more
65. How many hours **per day** does your 2nd grade child usually spend using a computer or tablet/iPad®, smartphone **away from school for school work**?  
**Count** homework, studying, looking up information for school, or reading for pleasure.
- ☐ My child doesn't use a computer away from school for school work ☐ Less than 1 hour ☐ 1 hour ☐ 2 hours ☐ 3 hours ☐ 4 hours ☐ 5 hours ☐ 6 hours or more
66. How many hours **per day** does your 2nd grade child usually spend using a computer or tablet/iPad®, smartphone, or smart watch/Apple Watch® **away from school for anything except school work**?  
**Count** internet surfing, instant messaging or chatting.  
**Do not count** school work or games.
- ☐ My child doesn't use a computer away from school for non-school work ☐ Less than 1 hour ☐ 1 hour ☐ 2 hours ☐ 3 hours ☐ 4 hours ☐ 5 hours ☐ 6 hours or more
67. How many hours **per day** does your 2nd grade child 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.  
**Examples:** Fortnite®, Minecraft®, The Sims®, Pokemon®, Candy Crush®, Player Unknown Battleground® (PUBG), Super Smash Bros.®, Geometry Dash®
- ☐ My child doesn't play video or computer games ☐ Less than 1 hour ☐ 1 hour ☐ 2 hours ☐ 3 hours ☐ 4 hours ☐ 5 hours ☐ 6 hours or more
68. Does your 2nd grade child have an **electronic device** in the room where he/she **sleeps**?  
**Examples:** TV, computer, iPad®/tablet, phone, or gaming console
- ☐ No ☐ Yes ☐ I don't know
69. During the school week, does your 2nd grade child have a regular bedtime?
- ☐ None of the time ☐ Some of the time ☐ Most of the time ☐ Always
70. On an average school night, how many hours (hrs) of sleep does your 2nd grade child get?
- ☐ 5 hrs or less ☐ 7 hrs ☐ 9 hrs  
☐ 6 hrs ☐ 8 hrs ☐ 10 hrs or more
71. Does your **2nd grade child** have a **physical limitation or disability** that makes it harder for him/her to do things that other children his/her age can do?
- ☐ No  
☐ Yes, but my 2nd grade child can still play and do PE  
☐ Yes, and it keeps my 2nd grade child from playing or doing PE  
☐ I don't know/not sure
72. Does your **2nd grade child** have any food allergies?
- ☐ No ☐ Yes ☐ I don't know



73. Has a doctor or nurse ever told you that your 2nd grade child has **diabetes**?

- ☐ No
- ☐ Yes. My child is taking medication
- ☐ Yes. My child is not taking medication
- ☐ I don't know

74. During the past 12 months, how many times has your 2nd grade child's teeth or mouth been painful or sore?

- ☐ 0 times      ☐ 1 time      ☐ 2 or 3 times      ☐ 4 or 5 times      ☐ 6 or more times      ☐ I don't know

75. When is the last time your 2nd grade child 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

76. During the past 12 months, how many times has your 2nd grade child missed school because of problems with his/her teeth or mouth?

**Do not count** times he/she missed school for routine dental or orthodontic appointments.

- ☐ 0 times      ☐ 1 time      ☐ 2 or 3 times      ☐ 4 or 5 times      ☐ 6 or more times      ☐ Not sure

77. How many times a day does your 2nd grade child **usually** brush their teeth?

- ☐ 0 times      ☐ 1 time      ☐ 2 times      ☐ 3 or more times      ☐ I don't know

78. Which of the following best describes the purpose of dental sealants?

- ☐ To prevent tooth decay
- ☐ To fill cavities
- ☐ To improve appearance of teeth
- ☐ To hold dentures in place
- ☐ To protect teeth while playing sports
- ☐ I don't know

79. I am physically active with my 2nd grade child.

**Examples:** running, jogging, walking fast, bike riding, swimming, dancing, or skating.

- ☐ Never      ☐ Yes, some of the time      ☐ Yes, most of the time      ☐ Yes, all of the time      ☐ I have a disability or health condition that prevents me from being physically active      ☐ My 2nd grade child has a disability or health condition that prevents him/her from physical activity

80. I watch my 2nd grade child when he/she is being **physically active**.

- ☐ Never      ☐ Yes, some of the time      ☐ Yes, most of the time      ☐ Yes, all of the time      ☐ My 2nd grade child has a disability or health condition that prevents him/her from physical activity

Disagree      Slightly Disagree      Neutral      Slightly Agree      Agree

81. If my child says, "I'm not hungry," I try to get him or her to eat anyway.

- ☐      ☐      ☐      ☐      ☐

82. I offer sweets to my child as a reward for good behavior.

- ☐      ☐      ☐      ☐      ☐

83. I limit the amount of soda my child drinks.

- ☐      ☐      ☐      ☐      ☐

84. I limit the number of snacks my child eats.

- ☐      ☐      ☐      ☐      ☐

85. Are **you** physically active?

- ☐ Never      ☐ Yes, some of the time      ☐ Yes, most of the time      ☐ Yes, all of the time      ☐ I have a disability or health condition that prevents me from being physically active

86. How many hours of sleep do **you** normally get a night on a weekday?

- ☐ 5 hours or less      ☐ 6 hours      ☐ 7 hours      ☐ 8 hours      ☐ 9 hours      ☐ 10 hours or more

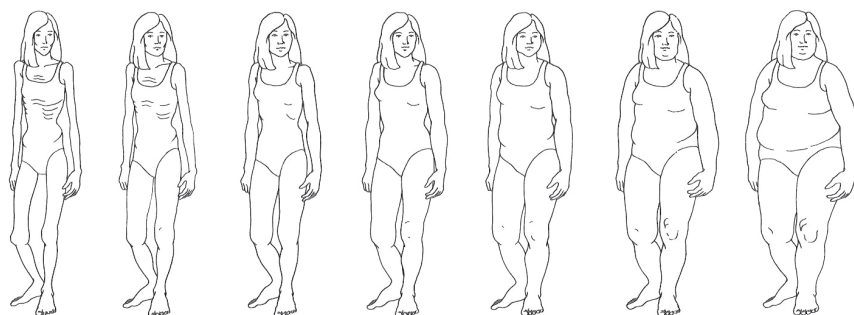
87. About how tall are **you** without shoes on?  
If unsure, give your best guess.

Feet	Inches	OR	Centimeters
0	0 0		0 0 0 . 0
1	1 1		1 1 1 . 1
2	2 2		2 2 2 . 2
3	3 3		3 3 3 . 3
4	4 4		4 4 4 . 4
5	5 5		5 5 5 . 5
6	6 6		6 6 6 . 6
7	7 7		7 7 7 . 7
8	8 8		8 8 8 . 8
9	9 9		9 9 9 . 9

88. About how much do **you** weigh without shoes on?  
If unsure, give your best guess.

Pounds	OR	Kilograms
0 0 0		0 0 0 . 0
1 1 1		1 1 1 . 1
2 2 2		2 2 2 . 2
3 3 3		3 3 3 . 3
4 4 4		4 4 4 . 4
5 5 5		5 5 5 . 5
6 6 6		6 6 6 . 6
7 7 7		7 7 7 . 7
8 8 8		8 8 8 . 8
9 9 9		9 9 9 . 9

(Fill in one bubble for each question)



89. Which of these bodies do you think an adult female **should** look like?

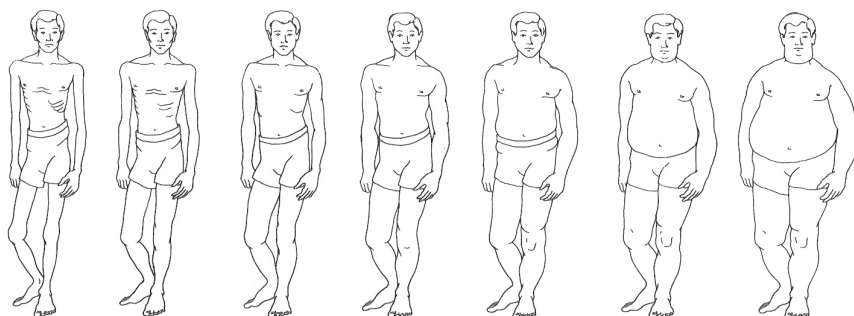
1 2 3 4 5 6 7

90. Which of these bodies looks most like you?

☐ I am not a female

1 2 3 4 5 6 7

(Fill in one bubble for each question)



91. Which of these bodies do you think an adult male **should** look like?

1 2 3 4 5 6 7

92. Which of these bodies looks most like you?

☐ I am not a male

1 2 3 4 5 6 7

93. How old was your 2nd grade child when he/she **completely stopped** breastfeeding or being fed breastmilk?

- ☐ My 2nd grade child was never breastfed or fed breastmilk
- |                                       |                                 |  |
|---------------------------------------|---------------------------------|--|
| <input type="radio"/> 1 month or less | <input type="radio"/> 6 months  | <input type="radio"/> 11 months        |
| <input type="radio"/> 2 months        | <input type="radio"/> 7 months  | <input type="radio"/> 1 year           |
| <input type="radio"/> 3 months        | <input type="radio"/> 8 months  | <input type="radio"/> More than 1 year |
| <input type="radio"/> 4 months        | <input type="radio"/> 9 months  | <input type="radio"/> I don't know     |
| <input type="radio"/> 5 months        | <input type="radio"/> 10 months |  |

94. How old was your 2nd grade child when he/she was first **fed formula** (even if to supplement breastmilk)?

- ☐ My 2nd grade child was never fed formula
- |                                       |                                 |  |
|---------------------------------------|---------------------------------|--|
| <input type="radio"/> 1 month or less | <input type="radio"/> 6 months  | <input type="radio"/> 11 months        |
| <input type="radio"/> 2 months        | <input type="radio"/> 7 months  | <input type="radio"/> 1 year           |
| <input type="radio"/> 3 months        | <input type="radio"/> 8 months  | <input type="radio"/> More than a year |
| <input type="radio"/> 4 months        | <input type="radio"/> 9 months  | <input type="radio"/> I don't know     |
| <input type="radio"/> 5 months        | <input type="radio"/> 10 months |  |

95. How old was your 2nd grade child when he/she was **first fed something other than breastmilk?**  
***This includes formula, juice, cow's milk, water, sugar water, solid foods, or anything else.***

- |                                       |                                 |  |
|---------------------------------------|---------------------------------|--|
| <input type="radio"/> 1 month or less | <input type="radio"/> 6 months  | <input type="radio"/> 11 months        |
| <input type="radio"/> 2 months        | <input type="radio"/> 7 months  | <input type="radio"/> 1 year           |
| <input type="radio"/> 3 months        | <input type="radio"/> 8 months  | <input type="radio"/> More than 1 year |
| <input type="radio"/> 4 months        | <input type="radio"/> 9 months  | <input type="radio"/> I don't know     |
| <input type="radio"/> 5 months        | <input type="radio"/> 10 months |  |

96. **Within the past 12 months** we worried whether our food would run out before we got money to buy more.

- ☐ Often true      ☐ Sometimes true      ☐ Never true

97. **Within the past 12 months** the food we bought just didn't last and we didn't have money to get more.

- ☐ Often true      ☐ Sometimes true      ☐ Never true

98. In your opinion, how safe are the routes to and from school for your 2nd grade child to walk or ride a bicycle?  
(Select the number that best represents your opinion)



99. What is the **highest level** of education completed by the **2nd grader's mother or female caregiver** in the home?  
***(This might be you)***

- |   |   |
|---|---|
| <input type="radio"/> Less than high school                       | <input type="radio"/> College degree (Undergrad/Bachelor's)                     |
| <input type="radio"/> High school or GED                          | <input type="radio"/> Graduate or professional degree (Master's, PhD, MD, etc.) |
| <input type="radio"/> Technical certificate or Associate's degree | <input type="radio"/> There is not a mother/female caregiver in our household   |
| <input type="radio"/> Some college but no degree                  | <input type="radio"/> I don't know  |

100. What is the **highest level** of education completed by the **2nd grader's father or male caregiver** in the home?  
***(This might be you)***

- |   |   |
|---|---|
| <input type="radio"/> Less than high school                       | <input type="radio"/> College degree (Undergrad/Bachelor's)                     |
| <input type="radio"/> High school or GED                          | <input type="radio"/> Graduate or professional degree (Master's, PhD, MD, etc.) |
| <input type="radio"/> Technical certificate or Associate's degree | <input type="radio"/> There is not a father/male caregiver in our household     |
| <input type="radio"/> Some college but no degree                  | <input type="radio"/> I don't know  |

**STOP HERE.**

**Thank you very much for your help!**



# School Physical Activity and Nutrition (SPAN) Project

## Parent Assent Form

Your Name: \_\_\_\_\_

2nd Grade Child's Name: \_\_\_\_\_

2nd Grade Child's School: \_\_\_\_\_

2nd Grade Child's Teacher: \_\_\_\_\_

Dear Parent:

This survey is being carried out in your 2nd grade child's school under the direction of the University of Texas School of Public Health and the Texas Department of State Health Services. We would like to ask you to take part by filling out this survey, which takes about 20 minutes. This will help us to better understand school programs that were created to improve the physical activity and eating behaviors of children in Texas.

**The 2nd grade child's primary caregiver should complete the survey.**

- The questionnaire asks about your 2nd grade child's and your own physical activity (exercise), eating habits in the school, neighborhood, and your household.
- There are no right or wrong answers.
- Participation is voluntary. Your choice to take part will not affect your child's grades in school or your child's ability to take part in any school activities.
- **After you complete the questionnaire, this page with your names will be removed and kept confidential.** Only a number will be used to identify you and your child.
- **The information collected is private and will be kept in a secure location. It will be available only to scientists and their staff. At the end of the project it will be destroyed.**
- The results of the study may be published, but we will never mention any student, parent, school name, or district name.
- You can skip a question if you do not want to answer it, and you may stop answering questions or taking part in this project at any time.
- There is no risk participating in this project.
- You have the right to review all student materials used in the project. Please see the Protection of Pupil Rights Act. 20 U.S.C. Section 1232(c)(1)(A). If you have questions about this study please call 1-866-346-6163 and ask to speak to someone about the SPAN study.
- This project has been reviewed by your child's school district, but they are not conducting the project activities.
- By filling out the survey, you agree to participate in the study.

**Thanks in advance for taking part in this project!**



# School Physical Activity and Nutrition (SPAN) 2nd Grade Parent Survey

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



To change your answer, erase completely



<p>1. What is today's date?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="radio"/> Jan  <input type="radio"/> Feb  <input type="radio"/> Mar  <input type="radio"/> Apr  <input type="radio"/> May  <input type="radio"/> June  <input type="radio"/> July  <input type="radio"/> Aug  <input type="radio"/> Sept  <input type="radio"/> Oct  <input type="radio"/> Nov  <input type="radio"/> Dec </div> <div style="width: 45%; text-align: center;"> <table border="1" style="margin: auto;"> <tr><td>1</td><td>11</td><td>21</td><td>31</td></tr> <tr><td>2</td><td>12</td><td>22</td><td></td></tr> <tr><td>3</td><td>13</td><td>23</td><td></td></tr> <tr><td>4</td><td>14</td><td>24</td><td></td></tr> <tr><td>5</td><td>15</td><td>25</td><td></td></tr> <tr><td>6</td><td>16</td><td>26</td><td></td></tr> <tr><td>7</td><td>17</td><td>27</td><td></td></tr> <tr><td>8</td><td>18</td><td>28</td><td></td></tr> <tr><td>9</td><td>19</td><td>29</td><td></td></tr> <tr><td>10</td><td>20</td><td>30</td><td></td></tr> </table> </div> <div style="width: 45%;"> <input type="radio"/> 2019  <input type="radio"/> 2020  <input type="radio"/> 2021  <input type="radio"/> 2022  <input type="radio"/> 2023  <input type="radio"/> 2024  <input type="radio"/> 2025  <input type="radio"/> 2026  <input type="radio"/> 2027 </div> </div>	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		<p>2. What are <b>you</b>?</p> <p><input type="radio"/> Male</p> <p><input type="radio"/> Female</p> <p><input type="radio"/> Prefer not to say</p>	<p>3. What is <b>your</b> age?</p> <table border="1" style="margin: auto;"> <tr><td></td><td></td></tr> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> </table>			0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	<p>4. What is your <b>home</b> zip code?</p> <table border="1" style="margin: auto;"> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td></tr> </table>						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
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<p>5. How do you most identify <b>yourself</b>? (<i>Choose only one</i>)</p> <p><input type="radio"/> Black or African-American</p> <p><input type="radio"/> Latino, Hispanic, or Mexican-American</p> <p><input type="radio"/> White, Caucasian, or Anglo</p> <p><input type="radio"/> Asian (from India or Pakistan)</p> <p><input type="radio"/> Asian (<b>not</b> from India or Pakistan)</p> <p><input type="radio"/> American Indian or Alaska Native</p> <p><input type="radio"/> Native Hawaiian or Pacific Islander</p> <p><input type="radio"/> Other _____</p>	<p>6. <b>Including yourself</b>, how many people live in your household?</p> <table style="width: 100%;"> <tr> <td>How many children are 5 years and under?</td> <td><input type="radio"/> 0</td> <td><input type="radio"/> 1</td> <td><input type="radio"/> 2</td> <td><input type="radio"/> 3+</td> </tr> <tr> <td>How many children are 6 – 11 years old?</td> <td><input type="radio"/> 0</td> <td><input type="radio"/> 1</td> <td><input type="radio"/> 2</td> <td><input type="radio"/> 3+</td> </tr> <tr> <td>How many children are 12 – 18 years old?</td> <td><input type="radio"/> 0</td> <td><input type="radio"/> 1</td> <td><input type="radio"/> 2</td> <td><input type="radio"/> 3+</td> </tr> <tr> <td>How many adults are 19 years and older?</td> <td><input type="radio"/> 0</td> <td><input type="radio"/> 1</td> <td><input type="radio"/> 2</td> <td><input type="radio"/> 3+</td> </tr> </table>			How many children are 5 years and under?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3+	How many children are 6 – 11 years old?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3+	How many children are 12 – 18 years old?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3+	How many adults are 19 years and older?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3+																																																																																																	
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<p>7. What is your relationship to the 2nd grade child you are completing the survey for?</p> <p><input type="radio"/> Mother</p> <p><input type="radio"/> Father</p> <p><input type="radio"/> Grandmother</p> <p><input type="radio"/> Grandfather</p> <p><input type="radio"/> Other _____</p>	<p>8. Is your <b>2nd grade child</b> a boy or girl?</p> <p><input type="radio"/> Boy</p> <p><input type="radio"/> Girl</p>	<p>10. What is your <b>2nd grade child's</b> birthdate?</p> <table border="1" style="margin: auto;"> <thead> <tr> <th colspan="2">MO</th> <th colspan="2">DAY</th> <th colspan="4">YEAR</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td></td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td></tr> <tr><td></td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td></tr> <tr><td></td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td></tr> <tr><td></td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td></tr> <tr><td></td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td></tr> <tr><td></td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td></tr> <tr><td></td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td></tr> <tr><td></td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td></tr> </tbody> </table>		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		3	3	3	3	3	3	3		4	4	4	4	4	4	4		5	5	5	5	5	5	5		6	6	6	6	6	6	6		7	7	7	7	7	7	7		8	8	8	8	8	8	8		9	9	9	9	9	9	9																					
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<p>11. Is your <b>2nd grade child</b> adopted?</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p>	<p>12. What was your <b>2nd grade child's</b> birth weight?</p> <p><input type="radio"/> Very Low Birth Weight: <b>Less than 3 lb 5 oz (1,499 grams)</b></p> <p><input type="radio"/> Low Birth Weight: <b>3 lb 6 oz - 5 lb 8 oz (1,500 - 2,499 grams)</b></p> <p><input type="radio"/> Normal Birth Weight: <b>5 lb 9 oz – 8 lb 13 oz (2,500 - 3,999 grams)</b></p> <p><input type="radio"/> High Birth Weight: <b>More than 8 lb 13 oz (4,000 grams)</b></p> <p><input type="radio"/> I don't know</p>																																																																																																																							

13. Was your **2nd grade child** a single birth?

- ☐ Yes
- ☐ No, my 2nd grade child was born a twin.
- ☐ No, my 2nd grade child was born a triplet or more.
- ☐ I don't know

14. How many weeks gestation was your **2nd grade child** born?

- ☐ Less than 34 weeks
- ☐ 34 – 36 weeks
- ☐ 37 – 40 weeks
- ☐ More than 40 weeks
- ☐ I don't know

15. How would you describe your **2nd grade child**?  
(**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 Pacific Islander
- ☐ Other \_\_\_\_\_

16. What language do you use with your **2nd grade child** most of the time? (**Choose only one**)

- ☐ English
- ☐ Spanish
- ☐ About the same in Spanish and English
- ☐ Other language \_\_\_\_\_
- ☐ About the same in another language and English \_\_\_\_\_

The next questions are about what your 2nd grade child ate **YESTERDAY**.

It is fine to have your child help you answer the questions since some of what he or she ate was at school.

If you have a school menu, that can help your child remember.

Yesterday, how many times did your 2nd grade child...

(**Choose one answer for each question**)

	None	1 Time	2 Times	3 or More Times
17. ...eat hamburger meat, hot dogs, sausage (chorizo), steak, bacon, or ribs?	0	1	2	3+
18. ...eat chicken nuggets, fried chicken, fried fish, fish sticks, or any other <b>fried meat</b> ?	0	1	2	3+
19. ...eat any <i>baked, grilled, broiled, or steamed</i> <b>chicken or fish</b> (examples of fish include shrimp, tuna, salmon, and sushi)?	0	1	2	3+
20. ...eat any peanuts, peanut butter, or other <b>nuts</b> such as pecans, walnuts, or almonds?	0	1	2	3+
21. ...eat any rice, macaroni, spaghetti, or pasta noodles that were <b>white</b> ?	0	1	2	3+
22. ...eat any rice, macaroni, spaghetti, quinoa, or pasta noodles that were <b>brown</b> ?	0	1	2	3+
23. ...eat any bread, tortillas, buns, bagels, or rolls that were <b>white</b> ?	0	1	2	3+
24. ...eat any bread, tortillas, buns, bagels, or rolls that were <b>brown</b> ?	0	1	2	3+
25. ...eat any <i>hot or cold</i> <b>cereal</b> ? Cereals include oatmeal, Cream of Wheat®, Froot Loops®, Cheerios®, and shredded wheat.	0	1	2	3+
26. ...eat <b>French fries, chips, or crackers</b> ? <b>Chips</b> are potato chips, tortilla chips, Cheetos®, corn chips, or other snack chips. <b>Crackers</b> are Saltines®, Triscuits®, Cheez-It® crackers or any other snack crackers.	0	1	2	3+



Yesterday, how many times did your 2nd grade child... (Choose one answer for each question)		None	1 Time	2 Times	3 or More Times
27. ...eat a <b>snack bar</b> ? Snack bars are protein bars, granola bars, and snack bars like FiberOne® bars, KIND®, LÄRABAR®, and Clif Bar®.		0	1	2	3+
28. ...eat any <b>starchy vegetables</b> like potatoes, corn, or peas? <b>Do not count</b> French fries, fried potatoes, potato chips, or any other type of chips.		0	1	2	3+
29. ...eat any <b>orange vegetables</b> like carrots, squash, or sweet potatoes?		0	1	2	3+
30. ...eat <b>salad made with lettuce</b> , or any <b>green vegetables</b> like spinach, green beans, broccoli, or other greens?		0	1	2	3+
31. ...eat any <b>other vegetables</b> like peppers, tomatoes, zucchini, asparagus, cabbage, cauliflower, cucumbers, mushrooms, eggplant, celery, or artichokes?		0	1	2	3+
32. ...eat <b>beans</b> such as pinto beans, baked beans, kidney beans, refried beans, or pork and beans? <b>Do not count</b> green beans.		0	1	2	3+
33. ...eat <b>fruit</b> ? Fruits are all fresh, frozen, canned, or dried fruits. <b>Do not count</b> fruit juice.		0	1	2	3+
34. ...eat a <b>frozen dessert</b> ? A frozen dessert is a cold, sweet food like ice cream, frozen yogurt, an ice cream bar, or a Popsicle®.		0	1	2	3+
35. ...eat cookies, brownies, sweet rolls, doughnuts, pies, or cake?		0	1	2	3+
36. ...eat any <b>candy</b> ? <b>Count</b> chewy, gummy, hard, chocolate, or any other type of candy. <b>Do not count</b> cookies, brownies, or gum.		0	1	2	3+
37. ...eat any kind of <b>cheese</b> , cheese spread, or cheese sauce? <b>Count</b> cheese on pizza or in dishes such as tacos, enchiladas, lasagna, sandwiches, cheeseburgers, or macaroni and cheese.		0	1	2	3+
38. ...drink <b>plain milk</b> ? <b>Count</b> milk on cereal. <b>Do not count</b> chocolate or other flavored milk.		0	1	2	3+
39. ...drink any kind of <b>flavored milk</b> ? <b>Count</b> chocolate, or other flavored milk or drinks made with milk, like a milkshake.		0	1	2	3+
40. ...eat <b>yogurt</b> or drink a yogurt drink? <b>Do not count</b> frozen yogurt.		0	1	2	3+
41. ...drink <b>fruit juice</b> ? Fruit juice is a drink that is <b>100% juice</b> , like orange juice, apple juice, or grape juice. <b>Do not count</b> punch, Kool-Aid®, sports drinks, or other fruit-flavored drinks like SunnyD® or Capri Sun®.		0	1	2	3+
42. ...drink any punch, Kool-Aid®, sports drink, or other <b>fruit-flavored drinks</b> ? <b>Do not count</b> 100% fruit juice.		0	1	2	3+
43. ...drink any <b>regular sodas</b> or soft drinks? <b>Do not count</b> diet sodas.		0	1	2	3+
44. ...drink any <b>diet sodas</b> or diet soft drinks?		0	1	2	3+

Yesterday, how many times did your 2nd grade child...

**(Choose one answer for each question)**

	None	1 Time	2 Times	3 or More Times
45. ...drink a cup, bottle, or can of coffee, tea, iced tea, or a coffee drink <b>without sugar</b> ? <b><u>Do not count</u></b> sweetened drinks or energy drinks.	0	1	2	3+
46. ...drink a cup, bottle, or can of coffee, tea, iced tea, or a coffee drink like Frappuccino® <b>with sugar</b> ? <b><u>Do not count</u></b> energy drinks.	0	1	2	3+
47. ...drink a <b>energy drink</b> ? Energy drinks are drinks like Red Bull®, Rockstar®, Monster®, or Jolt® that contain caffeine.	0	1	2	3+
48. ...drink a bottle or glass of <b>water</b> ? <b><u>Count</u></b> sparkling water or any other water drink that has 0 calories.	0	1	2	3+

49. Yesterday, did your **2nd grade child** eat breakfast? **(Choose only one)**

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

50. Yesterday did your **2nd grade child** eat an evening meal (supper or dinner)? **(Choose only one)**

- ☐ No, he/she didn't eat an evening meal yesterday.
- ☐ Yes, he/she ate an evening meal **that was homemade**.
- ☐ Yes, he/she ate an evening meal at home **that was not homemade** (frozen pizza, microwave meal, etc.).
- ☐ Yes, he/she ate an evening meal **from a fast food restaurant, pizza place, or sit-down restaurant** (Mexican, Italian, Indian, etc.).
- ☐ Yes, he/she ate an evening meal **from a place other than home or a restaurant**.

51. Last week, how often:

**(Choose one answer for each of the following questions)**

Never      Some of the time      Most of the time      All of the time

- |   |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| a. ...did your 2nd grade child eat breakfast?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. ...did you eat an evening meal together with your 2nd grade child?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. ...did your 2nd grade child watch TV while eating his or her evening meal?                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. ...did your 2nd grade child help you prepare your evening meal? <b><u>Do not count</u></b> frozen dinners. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. ...did your 2nd grade child eat dinner from a sit-down or fast food restaurant?                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

52. Last week, how often:

**(Choose one answer for each of the following questions)**

Never      Some of the time      Most of the time      All of the time

- |  |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| a. ...were fresh or frozen fruits served as snacks in your home?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. ...were fresh or frozen vegetables served at the evening meal in your home?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. ...was skim or nonfat milk served at meals or snacks in your home?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. ...was 100% whole-wheat or whole-grain bread or tortillas served at meals in your home?                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. ...was sugar-sweetened cereal (Frosted Flakes®, Froot Loops®, Cocoa Pebbles®, etc.) served at breakfast in your home? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. ...were sugar-sweetened drinks served at the evening meal in your home?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

53. What kind of milk does your 2nd grade child **usually** drink?

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

54. What type of *hot or cold* **cereal** does your 2nd grade child eat **most of the time**?

- ☐ My 2nd grade child does not eat hot or cold cereal.
- ☐ **Sweet** cereals like flavored oatmeal, flavored cream of wheat, Frosted Flakes®, or Froot Loops®
- ☐ **Plain** cereals like plain oatmeal or cream of wheat, Corn Flakes®, Cheerios®, Rice Krispies®, or Kix®

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

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

Nutrition Facts	
Serving Size 2/3 cup (55g)	
Servings Per Container About 8	
Amount Per Serving	Calories from Fat 40
Calories 230	
% Daily Value*	
Total Fat 8g	12%
Saturated Fat 1g	5%
Trans Fat 0g	0%
Cholesterol 0mg	0%
Sodium 160mg	7%
Total Carbohydrate 37g	12%
Dietary Fiber 4g	16%
Sugars 1g	
Protein 3g	

56. Do you think the lunch served in your 2nd grade child's school cafeteria is healthy?

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

57. Last week, how many days was your 2nd grade child **physically active for a total of at least 60 minutes per day**? *Add up all the time he/she spent in any kind of physical activity that increased his/her heart rate and made him/her breathe hard some of the time.*

- ☐ 0 days
- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days
- ☐ 6 days
- ☐ 7 days

58. Last week, how many days did your 2nd grade child **play outdoors for 30 minutes or more**? **Do not count** outdoor play during school hours.

- ☐ 0 days
- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days
- ☐ 6 days
- ☐ 7 days

59. My 2nd grade child does enough physical activity to maintain good health and fitness.

- ☐ Strongly disagree
- ☐ Somewhat disagree
- ☐ Neither disagree nor agree
- ☐ Somewhat agree
- ☐ Strongly agree

60. During the past 12 months, on how many **sports teams** did your 2nd grade child play?

**Examples:** soccer, basketball, baseball, softball, swimming, cheerleading, wrestling, track, football, dance, karate, tennis, and volleyball teams. **Do not include** PE classes.

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

61. Does your 2nd grade child currently take part in any other **organized physical activities, lessons or classes**?

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

- ☐ No
- ☐ Yes

62. On most days, what does your 2nd grade child **usually** do when he/she has a choice about how to spend leisure/free time?

- ☐ Almost always chooses activities like TV, reading, listening to music, computers, iPad®/tablet, or video games
- ☐ Usually chooses activities like TV, reading, listening to music, computers, iPad®/tablet, or video games
- ☐ Just as likely to choose active as inactive activities
- ☐ Usually chooses activities like bicycling, dancing, outdoor games, or active sports
- ☐ Almost always chooses activities like bicycling, dancing, outdoor games, or active sports

63. If the weather is good, I encourage my 2nd grade child to play outside.

- ☐ Strongly disagree ☐ Somewhat disagree ☐ Neither disagree nor agree ☐ Somewhat agree ☐ Strongly agree

64. How many hours **per day** does your 2nd grade child usually watch TV, DVDs, or movies **away from school**?  
**Count** TV shows or movies watched online or videos on YouTube®.

- ☐ My child doesn't watch TV, DVDs or movies ☐ Less than 1 hour ☐ 1 hour ☐ 2 hours ☐ 3 hours ☐ 4 hours ☐ 5 hours ☐ 6 hours or more

65. How many hours **per day** does your 2nd grade child usually spend using a computer or tablet/iPad®, smartphone **away from school for school work**?

**Count** homework, studying, looking up information for school, or reading for pleasure.

- ☐ My child doesn't use a computer away from school for school work ☐ Less than 1 hour ☐ 1 hour ☐ 2 hours ☐ 3 hours ☐ 4 hours ☐ 5 hours ☐ 6 hours or more

66. How many hours **per day** does your 2nd grade child usually spend using a computer or tablet/iPad®, smartphone, or smart watch/Apple Watch® **away from school for anything except school work**?

**Count** internet surfing, instant messaging or chatting.

**Do not count** school work or games.

- ☐ My child doesn't use a computer away from school for non-school work ☐ Less than 1 hour ☐ 1 hour ☐ 2 hours ☐ 3 hours ☐ 4 hours ☐ 5 hours ☐ 6 hours or more

67. How many hours **per day** does your 2nd grade child 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.

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

- ☐ My child doesn't play video or computer games ☐ Less than 1 hour ☐ 1 hour ☐ 2 hours ☐ 3 hours ☐ 4 hours ☐ 5 hours ☐ 6 hours or more

68. Does your 2nd grade child have an **electronic device** in the room where he/she **sleeps**?

**Examples:** TV, computer, iPad®/tablet, phone, or gaming console

- ☐ No ☐ Yes ☐ I don't know

69. During the school week, does your 2nd grade child have a regular bedtime?

- ☐ None of the time ☐ Some of the time ☐ Most of the time ☐ Always

70. On an average school night, how many hours (hrs) of sleep does your 2nd grade child get?

- ☐ 5 hrs or less ☐ 7 hrs ☐ 9 hrs  
☐ 6 hrs ☐ 8 hrs ☐ 10 hrs or more

71. Does your **2nd grade child** have a **physical limitation or disability** that makes it harder for him/her to do things that other children his/her age can do?

- ☐ No  
☐ Yes, but my 2nd grade child can still play and do PE  
☐ Yes, and it keeps my 2nd grade child from playing or doing PE  
☐ I don't know/not sure

72. Does your **2nd grade child** have any food allergies?

- ☐ No ☐ Yes ☐ I don't know

73. Has a doctor or nurse ever told you that your 2nd grade child has **diabetes**?

- ☐ No
- ☐ Yes. My child is taking medication
- ☐ Yes. My child is not taking medication
- ☐ I don't know

74. During the past 12 months, how many times has your 2nd grade child's teeth or mouth been painful or sore?

- ☐ 0 times      ☐ 1 time      ☐ 2 or 3 times      ☐ 4 or 5 times      ☐ 6 or more times      ☐ I don't know

75. When is the last time your 2nd grade child 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

76. During the past 12 months, how many times has your 2nd grade child missed school because of problems with his/her teeth or mouth?

**Do not count** times he/she missed school for routine dental or orthodontic appointments.

- ☐ 0 times      ☐ 1 time      ☐ 2 or 3 times      ☐ 4 or 5 times      ☐ 6 or more times      ☐ Not sure

77. How many times a day does your 2nd grade child **usually** brush their teeth?

- ☐ 0 times      ☐ 1 time      ☐ 2 times      ☐ 3 or more times      ☐ I don't know

78. Which of the following best describes the purpose of dental sealants?

- ☐ To prevent tooth decay
- ☐ To fill cavities
- ☐ To improve appearance of teeth
- ☐ To hold dentures in place
- ☐ To protect teeth while playing sports
- ☐ I don't know

79. I am physically active with my 2nd grade child.

**Examples:** running, jogging, walking fast, bike riding, swimming, dancing, or skating.

- ☐ Never      ☐ Yes, some of the time      ☐ Yes, most of the time      ☐ Yes, all of the time      ☐ I have a disability or health condition that prevents me from being physically active      ☐ My 2nd grade child has a disability or health condition that prevents him/her from physical activity

80. I watch my 2nd grade child when he/she is being **physically active**.

- ☐ Never      ☐ Yes, some of the time      ☐ Yes, most of the time      ☐ Yes, all of the time      ☐ My 2nd grade child has a disability or health condition that prevents him/her from physical activity

Disagree      Slightly Disagree      Neutral      Slightly Agree      Agree

81. If my child says, "I'm not hungry," I try to get him or her to eat anyway.

- ☐      ☐      ☐      ☐      ☐

82. I offer sweets to my child as a reward for good behavior.

- ☐      ☐      ☐      ☐      ☐

83. I limit the amount of soda my child drinks.

- ☐      ☐      ☐      ☐      ☐

84. I limit the number of snacks my child eats.

- ☐      ☐      ☐      ☐      ☐

85. Are **you** physically active?

- ☐ Never      ☐ Yes, some of the time      ☐ Yes, most of the time      ☐ Yes, all of the time      ☐ I have a disability or health condition that prevents me from being physically active

86. How many hours of sleep do **you** normally get a night on a weekday?

- ☐ 5 hours or less      ☐ 6 hours      ☐ 7 hours      ☐ 8 hours      ☐ 9 hours      ☐ 10 hours or more

87. About how tall are **you** without shoes on?  
If unsure, give your best guess.

Feet	Inches	Centimeters
0	0 0	0 0 0 . 0
1	1 1	1 1 1 . 1
2	2 2	2 2 2 . 2
3	3 3	3 3 3 . 3
4	4 4	4 4 4 . 4
5	5 5	5 5 5 . 5
6	6 6	6 6 6 . 6
7	7 7	7 7 7 . 7
8	8 8	8 8 8 . 8
9	9 9	9 9 9 . 9

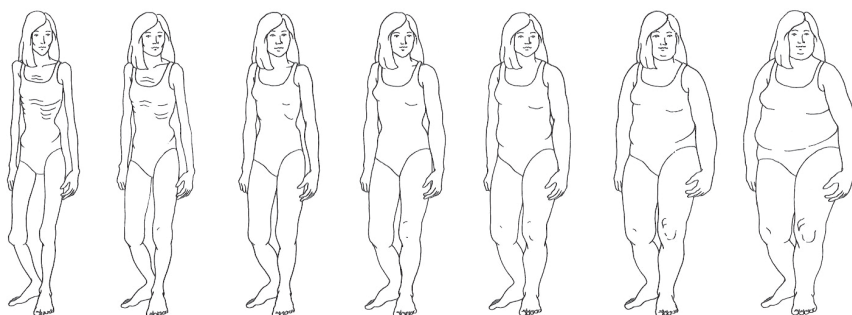
OR

88. About how much do **you** weigh without shoes on?  
If unsure, give your best guess.

Pounds	Kilograms
0 0 0	0 0 0 . 0
1 1 1	1 1 1 . 1
2 2 2	2 2 2 . 2
3 3 3	3 3 3 . 3
4 4 4	4 4 4 . 4
5 5 5	5 5 5 . 5
6 6 6	6 6 6 . 6
7 7 7	7 7 7 . 7
8 8 8	8 8 8 . 8
9 9 9	9 9 9 . 9

OR

(Fill in one bubble for each question)



89. Which of these bodies do you think an adult female **should** look like?

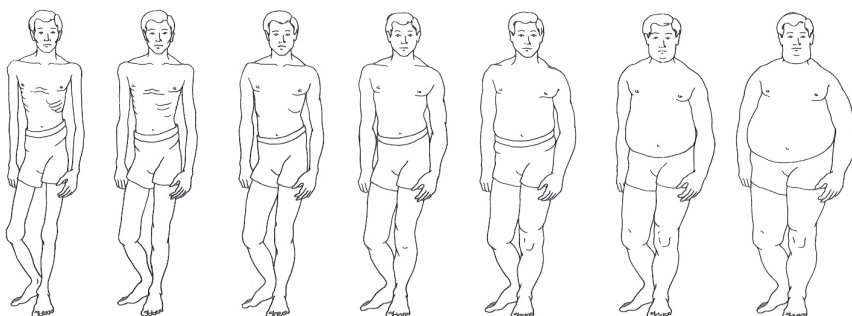
1 2 3 4 5 6 7

90. Which of these bodies looks most like you?

☐ I am not a female

1 2 3 4 5 6 7

(Fill in one bubble for each question)



91. Which of these bodies do you think an adult male **should** look like?

1 2 3 4 5 6 7

92. Which of these bodies looks most like you?

☐ I am not a male

1 2 3 4 5 6 7

93. How old was your 2nd grade child when he/she **completely stopped** breastfeeding or being fed breastmilk?

- ☐ My 2nd grade child was never breastfed or fed breastmilk
- |                                       |                                 |  |
|---------------------------------------|---------------------------------|--|
| <input type="radio"/> 1 month or less | <input type="radio"/> 6 months  | <input type="radio"/> 11 months        |
| <input type="radio"/> 2 months        | <input type="radio"/> 7 months  | <input type="radio"/> 1 year           |
| <input type="radio"/> 3 months        | <input type="radio"/> 8 months  | <input type="radio"/> More than 1 year |
| <input type="radio"/> 4 months        | <input type="radio"/> 9 months  | <input type="radio"/> I don't know     |
| <input type="radio"/> 5 months        | <input type="radio"/> 10 months |  |

94. How old was your 2nd grade child when he/she was first **fed formula** (even if to supplement breastmilk)?

- ☐ My 2nd grade child was never fed formula
- |                                       |                                 |  |
|---------------------------------------|---------------------------------|--|
| <input type="radio"/> 1 month or less | <input type="radio"/> 6 months  | <input type="radio"/> 11 months        |
| <input type="radio"/> 2 months        | <input type="radio"/> 7 months  | <input type="radio"/> 1 year           |
| <input type="radio"/> 3 months        | <input type="radio"/> 8 months  | <input type="radio"/> More than a year |
| <input type="radio"/> 4 months        | <input type="radio"/> 9 months  | <input type="radio"/> I don't know     |
| <input type="radio"/> 5 months        | <input type="radio"/> 10 months |  |

95. How old was your 2nd grade child when he/she was **first fed something other than breastmilk?**  
***This includes formula, juice, cow's milk, water, sugar water, solid foods, or anything else.***

- |                                       |                                 |  |
|---------------------------------------|---------------------------------|--|
| <input type="radio"/> 1 month or less | <input type="radio"/> 6 months  | <input type="radio"/> 11 months        |
| <input type="radio"/> 2 months        | <input type="radio"/> 7 months  | <input type="radio"/> 1 year           |
| <input type="radio"/> 3 months        | <input type="radio"/> 8 months  | <input type="radio"/> More than 1 year |
| <input type="radio"/> 4 months        | <input type="radio"/> 9 months  | <input type="radio"/> I don't know     |
| <input type="radio"/> 5 months        | <input type="radio"/> 10 months |  |

96. **Within the past 12 months** we worried whether our food would run out before we got money to buy more.

- ☐ Often true      ☐ Sometimes true      ☐ Never true

97. **Within the past 12 months** the food we bought just didn't last and we didn't have money to get more.

- ☐ Often true      ☐ Sometimes true      ☐ Never true

98. In your opinion, how safe are the routes to and from school for your 2nd grade child to walk or ride a bicycle?  
(Select the number that best represents your opinion)



99. What is the **highest level** of education completed by the **2nd grader's mother or female caregiver** in the home?  
***(This might be you)***

- |   |   |
|---|---|
| <input type="radio"/> Less than high school                       | <input type="radio"/> College degree (Undergrad/Bachelor's)                     |
| <input type="radio"/> High school or GED                          | <input type="radio"/> Graduate or professional degree (Master's, PhD, MD, etc.) |
| <input type="radio"/> Technical certificate or Associate's degree | <input type="radio"/> There is not a mother/female caregiver in our household   |
| <input type="radio"/> Some college but no degree                  | <input type="radio"/> I don't know  |

100. What is the **highest level** of education completed by the **2nd grader's father or male caregiver** in the home?  
***(This might be you)***

- |   |   |
|---|---|
| <input type="radio"/> Less than high school                       | <input type="radio"/> College degree (Undergrad/Bachelor's)                     |
| <input type="radio"/> High school or GED                          | <input type="radio"/> Graduate or professional degree (Master's, PhD, MD, etc.) |
| <input type="radio"/> Technical certificate or Associate's degree | <input type="radio"/> There is not a father/male caregiver in our household     |
| <input type="radio"/> Some college but no degree                  | <input type="radio"/> I don't know  |

**STOP HERE.**

**Thank you very much for your help!**

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Height						
<input type="radio"/> Refd Meas	<input type="radio"/> Refd Shoe	<input type="radio"/> Cast	<input type="radio"/> Time	<input type="radio"/> Hair Access	<input type="radio"/> Heavy Obj	<input type="radio"/> Other
Weight						
<input type="radio"/> Refd Meas	<input type="radio"/> Refd Shoe	<input type="radio"/> Cast	<input type="radio"/> Time	<input type="radio"/> Hair Access	<input type="radio"/> Heavy Obj	<input type="radio"/> Other
<input type="radio"/> Comments: _____						

### TRIAL 1:

[illegible]

## TRIAL 2:

[illegible]

## What is 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)
	(3)	(3)	(3)	(3)	(3)	(3)	(3)
	(4)	(4)	(4)	(4)	(4)	(4)	(4)
	(5)	(5)	(5)	(5)	(5)	(5)	(5)
	(6)	(6)	(6)	(6)	(6)	(6)	(6)
	(7)	(7)	(7)	(7)	(7)	(7)	(7)
	(8)	(8)	(8)	(8)	(8)	(8)	(8)
	(9)	(9)	(9)	(9)	(9)	(9)	(9)

**Campus ID #**

[illegible]

DO NOT WRITE IN THIS AREA