

**School Physical Activity and Nutrition
(SPAN) Project
Student Assent**

YOUR NAME: _____

SCHOOL: _____

GRADE: _____

- You will be asked to answer questions about your food choices and physical activity (exercise).
- An adult will weigh you, measure your height, and write the results on the last page of the questionnaire.
- No one at school or at home will see your answers, how tall you are, or what you weigh.
- 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.
- After you complete the questionnaire and are measured for height and weight, the page with your name on it (Student Assent Form) 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 QUESTIONNAIRE

8th/11th Grades

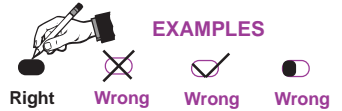
The following questions are about what kids your age eat, what they know about nutrition, and their physical activity (exercise). Your answers will help us learn about students in Texas and will be used to design better health programs. Read each question carefully and pick the answer that is true for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



STUDENT INFORMATION

What school do you go to? _____

1A. Bubble in your school ID #.

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

1B. Bubble in today's date.

<input type="checkbox"/> Jan	<input type="checkbox"/> 2001
<input type="checkbox"/> Feb	<input type="checkbox"/> 2002
<input type="checkbox"/> Mar	
<input type="checkbox"/> Apr	
<input type="checkbox"/> May	
<input type="checkbox"/> Jun	
<input type="checkbox"/> Jul	
<input type="checkbox"/> Aug	
<input type="checkbox"/> Sep	
<input type="checkbox"/> Oct	
<input type="checkbox"/> Nov	
<input type="checkbox"/> Dec	

2. Bubble in your grade.

<input type="checkbox"/> 8 th
<input type="checkbox"/> 11 th

3. Bubble in your birth date.

<input type="checkbox"/> Jan	<input type="checkbox"/> 1980
<input type="checkbox"/> Feb	<input type="checkbox"/> 1981
<input type="checkbox"/> Mar	<input type="checkbox"/> 1982
<input type="checkbox"/> Apr	<input type="checkbox"/> 1983
<input type="checkbox"/> May	<input type="checkbox"/> 1984
<input type="checkbox"/> Jun	<input type="checkbox"/> 1985
<input type="checkbox"/> Jul	<input type="checkbox"/> 1986
<input type="checkbox"/> Aug	<input type="checkbox"/> 1987
<input type="checkbox"/> Sep	<input type="checkbox"/> 1988
<input type="checkbox"/> Oct	<input type="checkbox"/> 1989
<input type="checkbox"/> Nov	<input type="checkbox"/> 1990
<input type="checkbox"/> Dec	

4. Bubble in your age

<input type="checkbox"/> 8
<input type="checkbox"/> 9
<input type="checkbox"/> 10
<input type="checkbox"/> 11
<input type="checkbox"/> 12
<input type="checkbox"/> 13
<input type="checkbox"/> 14
<input type="checkbox"/> 15
<input type="checkbox"/> 16
<input type="checkbox"/> 17
<input type="checkbox"/> 18
<input type="checkbox"/> 19
<input type="checkbox"/> 20

5. Bubble in your sex.

<input type="checkbox"/> Male
<input type="checkbox"/> Female

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

<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American
<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> White, non-Hispanic, non-Latino
<input type="checkbox"/> Other

7. How tall do you think you are?

<input type="checkbox"/> 3 ft.	<input type="checkbox"/> 0 in.
<input type="checkbox"/> 4 ft.	<input type="checkbox"/> 1 in.
<input type="checkbox"/> 5 ft.	<input type="checkbox"/> 2 in.
<input type="checkbox"/> 6 ft.	<input type="checkbox"/> 3 in.
<input type="checkbox"/> 7 ft.	<input type="checkbox"/> 4 in.
	<input type="checkbox"/> 5 in.
	<input type="checkbox"/> 6 in.
	<input type="checkbox"/> 7 in.
	<input type="checkbox"/> 8 in.
	<input type="checkbox"/> 9 in.
	<input type="checkbox"/> 10 in.
	<input type="checkbox"/> 11 in.

8. What do you think you weigh?

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

These questions are about YESTERDAY.

NONE	1 TIME	2 TIMES	3 or More Times
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9. Yesterday, how many times did you eat hamburger meat, hot dogs, sausage (chorizo), steak, bacon, or ribs?	0	1	2	3+
10. Yesterday, how many times did you eat battered or fried chicken, chicken nuggets, chicken fried steak, fried pork chops, or fried fish?	0	1	2	3+
11. Yesterday, how many times did you eat gravy (either on a food or by itself)?	0	1	2	3+
12. Yesterday, how many times did you eat peanuts or peanut butter?	0	1	2	3+
13. Yesterday, how many times did you eat any kind of cheese, cheese spread or a cheese sauce? <i>Include</i> cheese on pizza or in dishes such as tacos, enchiladas, lasagna, sandwiches, cheeseburgers or macaroni and cheese.	0	1	2	3+
14. Yesterday, how many times did you drink any kind of milk? <i>Include</i> chocolate or other flavored milk, milk on cereal, and drinks made with milk.	0	1	2	3+
15. Yesterday, how many times did you eat yogurt or cottage cheese or drink a yogurt drink? Do not count frozen yogurt.	0	1	2	3+
16. Yesterday, how many times did you eat rice, macaroni, spaghetti, or pasta noodles?	0	1	2	3+
17. Yesterday, how many times did you eat any type of bread, bun, bagel, tortilla, or roll?	0	1	2	3+
18. Yesterday, how many times did you eat hot or cold cereal?	0	1	2	3+
19. Yesterday, how many times did you eat French fries or chips? <i>Include</i> potato chips, tortilla chips, Cheetos®, corn chips, or other snack chips.	0	1	2	3+
20. Yesterday, how many times did you eat vegetables? <i>Include</i> all cooked and uncooked vegetables; salads; and boiled, baked and mashed potatoes. Do not count French fries or chips.	0	1	2	3+
21. Yesterday, how many times did you eat beans such as pinto beans, baked beans, kidney beans, refried beans, or pork and beans? Do not count green beans.	0	1	2	3+
22. Yesterday, how many times did you eat fruit? Do not count juice.	0	1	2	3+
23. Yesterday, how many times did you drink fruit juice? <i>Fruit juice</i> is a 100% juice drink like orange juice, apple juice, or grape juice. Do not count punch, Kool-Aid®, sports drinks, and other fruit flavored drinks.	0	1	2	3+
24. Yesterday, how many times did you drink any punch, Kool-Aid®, sports drinks, or other fruit-flavored drinks? Do not count fruit juice.	0	1	2	3+
25. Yesterday, how many times did you drink any sodas or soft drinks?	0	1	2	3+
26. Yesterday, how many times did you eat some type of frozen dessert? <i>A frozen dessert</i> is a cold, sweet food like ice cream, frozen yogurt, an ice cream bar, or a Popsicle.	0	1	2	3+
27. Yesterday, how many times did you eat sweet rolls, doughnuts, cookies, brownies, pies or cakes?	0	1	2	3+
28. Yesterday, how many times did you eat chocolate candy? Do not count brownies or chocolate cookies.	0	1	2	3+
29. Yesterday, how many meals did you eat?	0	1	2	3+
30. Yesterday, how many times did you eat or drink a snack? <i>A snack</i> is any food or beverage that you eat or drink before, after, or between meals.	0	1	2	3+

31. What type of milk do you usually drink? (Fill in only ONE)

- Regular (whole) milk Combination of the above types of milk
 Low-fat (2%, 1 1/2%, 1%) milk I don't drink milk
 Skim, nonfat, or 1/2% milk

32. Are the foods you usually eat:

- High in fat Some high in fat, some low in fat Low in fat

33. Are you a vegetarian?

- No, I eat meat (beef, pork, fish, or chicken).
 Yes, but sometimes I eat meat (beef, pork, fish, or chicken).
 Yes, I never eat meat (beef, pork, fish, or chicken).

34. Do you usually take a vitamin or mineral pill?

- Yes No

35. When you think about the way you usually eat, would you say that your eating habits are:

- Much healthier than those of most people my age
 Somewhat healthier than those of most people my age
 About the same as those of most people my age
 Somewhat less healthy than those of most people my age
 Much less healthy than those of most people my age

36. Do you usually eat or drink something for breakfast?

- Almost Always or Always Sometimes Almost Never or Never

37. Do you eat the school lunch served in the cafeteria?

- Almost Always or Always Sometimes Almost Never or Never

38. How often do you read nutrition labels on food packages to decide whether or not to eat a food?

- Almost Always or Always Sometimes Almost Never or Never

39. How often do you read nutrition labels on food packages to decide whether or not to buy a food?

- Almost Always or Always Sometimes Almost Never or Never

40. On how many of the past 7 days did you exercise or take part in physical activity that made your heart beat fast and made you breathe hard for at least 20 minutes? (For example: basketball, soccer, running or jogging, fast dancing, swimming laps, tennis, fast bicycling, or similar aerobic activities)

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

41. On how many of the past 7 days did you take part in physical activity or exercise for at least 30 minutes where your heart did not beat fast or you did not breathe hard, such as fast walking, slow bicycling, skating, pushing a lawn mower, or mopping floors?

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

42. On how many of the past 7 days did you do exercises to strengthen or tone your muscles, such as push-ups, sit-ups, or weight lifting?

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

43. In an average week when you are in school, on how many days do you go to physical education (PE) classes?

- 0 days 2 days 4 days
 1 day 3 days 5 days

44. During an average physical education (PE) class, how many minutes do you spend actually exercising or playing sports?

- I do not take PE 10 to 20 minutes 31 to 40 minutes 51 to 60 minutes
 Less than 10 minutes 21 to 30 minutes 41 to 50 minutes More than 60 minutes

45. During the past 12 months, on how many sports teams run by your school did you play (do not include PE classes)? Sports teams include soccer, basketball, baseball, swimming, gymnastics, wrestling, track, football, tennis and volleyball teams.

- 0 teams 1 team 2 teams 3 teams or more

46. During the past 12 months, on how many sports teams run by organizations outside of your school (like the park district or summer leagues) did you play? Sports teams include soccer, basketball, baseball, swimming, gymnastics, wrestling, track, football, tennis and volleyball teams.

- 0 teams 1 team 2 teams 3 teams or more

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

- Yes No

48. How many hours per day do you usually watch TV or video movies?

- I don't watch TV or video movies 3-4 hours a day
 Less than 1 hour a day More than 4 hours a day
 1-2 hours a day

49. How many hours per day do you usually spend on the computer or playing video games like Nintendo®, Sega®, or arcade games?

- I don't play video games or use the computer 3-4 hours a day
 Less than 1 hour a day More than 4 hours a day
 1-2 hours a day

50. Have you ever tried to lose weight?

Yes

No

51. Are you trying to lose weight now?

Yes

No

52. Would you like to:

Weigh more

Weigh less

Have weight stay about the same

53. Compared to other students in your grade who are as tall as you, do you think you weigh:

The right amount

Too much

Too little (or not enough)

54. Have you ever seen the Food Guide Pyramid?

Yes

No

55. From which food group should you eat the most servings each day? Choose only one group.

Breads, cereals, rice, pasta

Meats, fish, poultry, beans, eggs, nuts

Dairy products (milk, cheese, yogurt)

Vegetables

Fats, oils, sweets

Don't know

Fruits

56. From which food group should you eat the *fewest* servings each day? Choose only one group.

Breads, cereals, rice, pasta

Meats, fish, poultry, beans, eggs, nuts

Dairy products (milk, cheese, yogurt)

Vegetables

Fats, oils, sweets

Don't know

Fruits

57. How many total servings of fruits and vegetables should you eat each day?

At least 2 servings

At least 5 servings

At least 3 servings

Don't know

At least 4 servings

58. What is the recommended amount of Calories from fat that you should get from the foods that you eat?

Not more than 10% of the total food energy (Calories) in your diet

Not more than 20% of the total food energy (Calories) in your diet

Not more than 25% of the total food energy (Calories) in your diet

Not more than 30% of the total food energy (Calories) in your diet

Not more than 35% of the total food energy (Calories) in your diet

59. Which contains the most Calories?

One gram of protein

One gram of fat

One gram of carbohydrate

60. What you eat can make a difference in your chances of getting heart disease or cancer.

True

False

Don't know

61. People who are overweight are more likely to have a higher risk of health problems than people who are not overweight.

True

False

Don't know

62. People who are underweight are more likely to have a higher risk of health problems than people who are not underweight.

True

False

Don't know

63. There is so much information about healthy ways to eat that it's hard to know what to believe.

Agree

Neither Agree nor Disagree

Disagree

64. The foods that I eat and drink are healthy so there is no reason for me to make changes.

Agree

Neither Agree nor Disagree

Disagree

65. Skipping meals such as breakfast or lunch affects my ability to do well in my classes.

Agree

Neither Agree nor Disagree

Disagree

66. I think that learning about the relationship between food and health is important for students my age to know.

Agree

Neither Agree nor Disagree

Disagree

67. I think that learning about the relationship between physical activity and health is important for students my age to know.

Agree

Neither Agree nor Disagree

Disagree

68. I am willing to try new foods.

Almost Always or Always

Sometimes

Almost Never or Never

69. I like to eat the school lunch served in the cafeteria.

Almost Always or Always

Sometimes

Almost Never or Never

70. I think the school lunch served in the cafeteria is nutritious.

Almost Always or Always

Sometimes

Almost Never or Never

71. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?

Yes

No

Thank you very much for your help!

PLEASE DO NOT WRITE IN THIS AREA

Student's Height

Student's Weight

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

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

Comments:

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