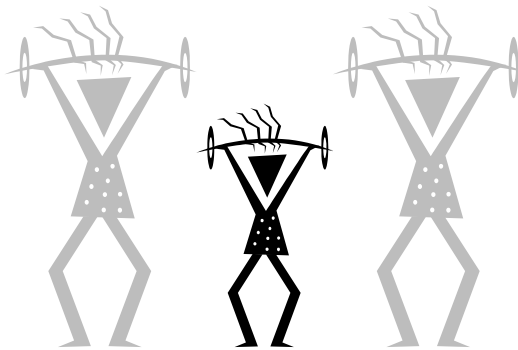


Nutrition & Physical Activity Survey



School _____

Survey Date _____

About You

1. What grade are you in? 4th grade 5th grade 6th grade

2. What is your sex? Female Male

3. How do you describe yourself?

(Check one or more responses)

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> White |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Asian - please specify: | <input type="checkbox"/> No answer |

4. What languages are spoken in your home?

- | | |
|----------------------------------|---|
| <input type="checkbox"/> English | <input type="checkbox"/> Other (please name language) |
| <input type="checkbox"/> Spanish | |

Physical Activity

5. On how many of the past **7 days** did you exercise or participate in physical activity for **at least 20 minutes** that made you sweat and breathe hard?

Count activities such as basketball, soccer, running, fast bicycling, fast dancing or similar aerobic activities.

- | | |
|---------------------------------|-------------------------------------|
| <input type="checkbox"/> 0 days | <input type="checkbox"/> 5 days |
| <input type="checkbox"/> 1 day | <input type="checkbox"/> 6 days |
| <input type="checkbox"/> 2 days | <input type="checkbox"/> 7 days |
| <input type="checkbox"/> 3 days | <input type="checkbox"/> don't know |
| <input type="checkbox"/> 4 days | <input type="checkbox"/> no answer |

6. On how many of the past **7 days** did you participate in physical activity for **at least 30 minutes** that did **not** make you sweat or breathe hard?

Count activities such as fast walking, slow bicycling, skating, pushing a lawn mower, or mopping floors.

- | | |
|---------------------------------|-------------------------------------|
| <input type="checkbox"/> 0 days | <input type="checkbox"/> 5 days |
| <input type="checkbox"/> 1 day | <input type="checkbox"/> 6 days |
| <input type="checkbox"/> 2 days | <input type="checkbox"/> 7 days |
| <input type="checkbox"/> 3 days | <input type="checkbox"/> don't know |
| <input type="checkbox"/> 4 days | <input type="checkbox"/> no answer |

7. In general, what do you do during recess? (check all that apply)

- I play on the playground equipment.
- I play ball with my friends.
- I play other games, such as hop scotch, jump rope, tag, four square, etc.
- I sit or stand and talk to my friends.
- I do school work, read, or don't go to recess.
- Other (please explain) _____
- _____

8. At recess, is there enough equipment (balls, jump ropes, etc) for everyone to play who wants to play?

- Yes
- No
- Don't know

9. Are you physically active in any of these ways? (check all that apply)

- I walk or bike at least part of the way to or from school.
- I do exercise or a physical activity before school.
- I am active during a PE class at school.
- I am active during recess at school.
- I participate in a team sport at school. How many sports teams are you on each year? _____
- I participate in cheer, dance, or drill teams at school.
- I participate in sports, activity teams, or exercise outside of school.
- I walk or bike to get places (errands, friends' houses, the park, etc.) when I'm not at school.
- Don't know
- No answer

10. If you **do not** walk or bike to school, would you like to?

- Yes
- No
- Don't know

11. What activities would you like available to do at school?

- | | | |
|--|--|--|
| <input type="checkbox"/> Aerobics | <input type="checkbox"/> Martial Arts
(karate, tae kwon do, etc.) | <input type="checkbox"/> Dance
(modern, hiphop, etc.) |
| <input type="checkbox"/> Kickboxing | <input type="checkbox"/> Running/Jogging | <input type="checkbox"/> Walking Group |
| <input type="checkbox"/> Jump Rope | <input type="checkbox"/> Open Gym | <input type="checkbox"/> Weight Lifting |
| <input type="checkbox"/> Non-team
Baseball/Softball | <input type="checkbox"/> Non-team Basketball | <input type="checkbox"/> Non-team Volleyball |
| <input type="checkbox"/> Yoga | <input type="checkbox"/> Non-team Soccer | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> Ultimate Frisbee | |

12. On an average **school day**, how many hours do you watch TV?

- | | |
|--|--|
| <input type="checkbox"/> I do not watch TV on an average day | <input type="checkbox"/> 4 hours per day |
| <input type="checkbox"/> less than one hour per day | <input type="checkbox"/> 5 hours per day |

- 1 hour per day
- 2 hours per day
- 3 hours per day

- 6 or more hours per day
- Don't know
- No answer

Nutrition

13. Most weeks, how many times per week do you eat or drink food or beverages from each of these sources **during school?**

	Number of Times per Week					
Cafeteria - school breakfast	0	1	2	3	4	5+
Cafeteria - school lunch	0	1	2	3	4	5+
Food from home	0	1	2	3	4	5+
Other:	0	1	2	3	4	5+

14. Most weeks, how many times per week do you eat or drink the following **during school?**

	Number of Times per Week					
Soda or pop	0	1	2	3	4	5+
Milk	0	1	2	3	4	5+
Water	0	1	2	3	4	5+
Sports drink	0	1	2	3	4	5+
Fruit juice	0	1	2	3	4	5+
Candy	0	1	2	3	4	5+
Chips	0	1	2	3	4	5+
Ice Cream	0	1	2	3	4	5+
Cookies, cakes, pastry, doughnuts or desserts	0	1	2	3	4	5+
Crackers, pretzels, or snack mix	0	1	2	3	4	5+
Hamburger	0	1	2	3	4	5+
French Fries	0	1	2	3	4	5+
Pizza	0	1	2	3	4	5+
Sandwich	0	1	2	3	4	5+
Fruits	0	1	2	3	4	5+
Vegetables or salad	0	1	2	3	4	5+
Main dish from school lunch	0	1	2	3	4	5+
Noodles or rice from home or instant mix	0	1	2	3	4	5+

15. How happy are you with the kinds of food you can buy at the school cafeteria?

Happy

OK

Not happy

16. What foods would you like to be able to get at school?

You're done!!

Thanks for answering our questions!