2010 National Youth Physical Activity and Nutrition Survey

This survey is about health behavior. It has been developed so you can tell us what you do that may affect your health. The information you give will be used to develop better health education for young people like yourself.

DO NOT write your name on this survey. The answers you give will be kept private. No one will know what you write. Answer the questions based on what you really do.

Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. If you are not comfortable answering a question, just leave it blank.

The questions that ask about your background will be used only to describe the types of students completing this survey. The information will not be used to find out your name. No names will ever be reported.

Make sure to read every question. Fill in the circles completely. When you are finished, follow the instructions of the person giving you the survey.

Thank you very much for your help.
DIRECTIONS

• Use a #2 pencil only.
• Make dark marks.
• Fill in a response like this:
  ○ Yes  ● No
• If you change your answer, erase your old answer completely.

1. How old are you?
   ○ 12 years old or younger
   ○ 13 years old
   ○ 14 years old
   ○ 15 years old
   ○ 16 years old
   ○ 17 years old
   ○ 18 years old or older

2. What is your sex?
   ○ Female
   ○ Male

3. In what grade are you?
   ○ 9th grade
   ○ 10th grade
   ○ 11th grade
   ○ 12th grade
   ○ Ungraded or other grade

4. Are you Hispanic or Latino?
   ○ Yes
   ○ No

5. What is your race? (Select one or more responses.)
   ○ American Indian or Alaskan Native
   ○ Asian
   ○ Black or African American
   ○ Native Hawaiian or Other Pacific Islander
   ○ White

6. How tall are you without your shoes on?
   Directions: Write your height in the shaded blank boxes. Fill in the matching oval below each number.

<table>
<thead>
<tr>
<th>Height</th>
<th>Answer:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feet</td>
<td>Inches</td>
</tr>
<tr>
<td>5  7</td>
<td></td>
</tr>
<tr>
<td>○ 3</td>
<td>○ 0</td>
</tr>
<tr>
<td>○ 4</td>
<td>○ 1</td>
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<td>● 5</td>
<td>○ 2</td>
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<td>○ 6</td>
<td>○ 3</td>
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<td>○ 7</td>
<td>○ 4</td>
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<td>○ 10</td>
<td></td>
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<td>○ 11</td>
<td></td>
</tr>
</tbody>
</table>

7. How much do you weigh without your shoes on?
   Directions: Write your weight in the shaded blank boxes. Fill in the matching oval below each number.

<table>
<thead>
<tr>
<th>Weight in Pounds</th>
<th>Answer:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  5  2</td>
<td></td>
</tr>
<tr>
<td>● 1 ○ 0 ○ 0</td>
<td>○ 1 ○ 0 ○ 0</td>
</tr>
<tr>
<td>○ 2 ○ 1 ○ 1</td>
<td>○ 2 ○ 1 ○ 1</td>
</tr>
<tr>
<td>○ 3 ○ 2 ● 2</td>
<td>○ 3 ○ 2 ○ 1</td>
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<tr>
<td>○ 4 ○ 3 ○ 3</td>
<td>○ 4 ○ 3 ○ 2</td>
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<tr>
<td>○ 5 ○ 4 ○ 4</td>
<td>○ 5 ○ 4 ○ 3</td>
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<td>● 5 ○ 5</td>
<td>○ 5 ○ 5</td>
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<td>○ 6 ○ 6</td>
<td>○ 6 ○ 6</td>
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<td>○ 7 ○ 7</td>
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<td>○ 8 ○ 8</td>
<td>○ 8 ○ 8</td>
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<td>○ 9 ○ 9</td>
<td>○ 9 ○ 9</td>
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</tbody>
</table>
The next 10 questions ask about physical activity.

8. Yesterday, were you physically active for a total of at least 60 minutes? (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.)
   ○ Yes
   ○ No

9. During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (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.)
   ○ 1 day
   ○ 2 days
   ○ 3 days
   ○ 4 days
   ○ 5 days
   ○ 6 days
   ○ 7 days

10. 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, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities?
    ○ 0 days
    ○ 1 day
    ○ 2 days
    ○ 3 days
    ○ 4 days
    ○ 5 days
    ○ 6 days
    ○ 7 days

11. 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
    ○ 1 day
    ○ 2 days
    ○ 3 days
    ○ 4 days
    ○ 5 days
    ○ 6 days
    ○ 7 days

12. On an average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Include activities such as Nintendo, Game Boy, PlayStation, Xbox, computer games, and the Internet.)
    ○ I do not play video or computer games or use a computer for something that is not school work
    ○ Less than 1 hour per day
    ○ 1 hour per day
    ○ 2 hours per day
    ○ 3 hours per day
    ○ 4 hours per day
    ○ 5 or more hours per day

13. On an average school day, how many hours do you spend watching DVDs or videos? Include DVDs or videos you watch on a TV, computer, iPod, or other portable device.
    ○ I do not watch DVDs or videos on an average school day
    ○ Less than 1 hour per day
    ○ 1 hour per day
    ○ 2 hours per day
    ○ 3 hours per day
    ○ 4 hours per day
    ○ 5 or more hours per day
14. On an average school day, how many hours do you watch TV?
   - I do not watch TV on an average school day
   - Less than 1 hour per day
   - 1 hour per day
   - 2 hours per day
   - 3 hours per day
   - 4 hours per day
   - 5 or more hours per day

15. In an average week when you are in school, on how many days do you go to physical education (PE) classes?
   - 0 days
   - 1 day
   - 2 days
   - 3 days
   - 4 days
   - 5 days

16. How much do you agree or disagree with the following statement? I enjoyed the physical education (PE) classes I took at school during the past 12 months.
   - I did not take PE during the past 12 months
   - Strongly disagree
   - Disagree
   - Neither agree nor disagree
   - Agree
   - Strongly agree

17. During the past 12 months, on how many sports teams did you play? (Include teams run by your school or community groups.)
   - 0 teams
   - 1 team
   - 2 teams
   - 3 or more teams
For each of the following activities, please mark (1) whether you did the activity during the past 12 months, and (2) on how many of the past 7 days you did the activity. Think about activities you did before and after school, in the evenings, and on the weekends, by yourself or with others. Do not include PE or gym class. Include activities you did just for fun or in competition.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Past 12 months</th>
<th>Number of days in past 7 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. Active video games (Wii, Dance Dance Revolution [DDR])</td>
<td>Yes</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>19. Aerobics</td>
<td>Yes</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>20. Baseball/softball</td>
<td>Yes</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>21. Basketball</td>
<td>Yes</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>22. Bike riding</td>
<td>Yes</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>23. Cheerleading</td>
<td>Yes</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>24. Dance</td>
<td>Yes</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>25. Field hockey/street hockey/roller hockey</td>
<td>Yes</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>26. Football</td>
<td>Yes</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>27. Frisbee</td>
<td>Yes</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>28. Golf</td>
<td>Yes</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>29. Gymnastics/tumbling</td>
<td>Yes</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>30. Hiking</td>
<td>Yes</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>31. Horseback riding</td>
<td>Yes</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>32. Ice hockey</td>
<td>Yes</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>33. Ice skating</td>
<td>Yes</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>34. Jumping rope</td>
<td>Yes</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>35. Lacrosse</td>
<td>Yes</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>36. Marching band</td>
<td>Yes</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>37. Martial arts (karate, tae kwon do, judo, etc.)</td>
<td>Yes</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>38. Racquetball</td>
<td>Yes</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>39. Roller blading/roller skating</td>
<td>Yes</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>40. Running/jogging</td>
<td>Yes</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>41. Skateboarding</td>
<td>Yes</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>42. Soccer</td>
<td>Yes</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>43. Surfing</td>
<td>Yes</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>44. Swimming</td>
<td>Yes</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>45. Tennis</td>
<td>Yes</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>46. Track and field</td>
<td>Yes</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>47. Volleyball</td>
<td>Yes</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>48. Waterskiing</td>
<td>Yes</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>49. Walking</td>
<td>Yes</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>50. Weightlifting</td>
<td>Yes</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>51. Wrestling</td>
<td>Yes</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>52. Yoga</td>
<td>Yes</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
</tbody>
</table>
53. How many TVs are in your home? (If you sleep in more than one home, answer based on the home you sleep in most.)
   - 0
   - 1
   - 2
   - 3
   - 4
   - 5 or more

54. Do you have a TV in your bedroom? (If you have more than one bedroom, answer based on the bedroom you sleep in most.)
   - Yes
   - No

55. In an average week when you are in school, on how many days do you walk or ride your bike to school when weather allows you to do so?
   - 0 days
   - 1 day
   - 2 days
   - 3 days
   - 4 days
   - 5 days

56. In an average week when you are in school, on how many days do you walk or ride your bike home from school when weather allows you to do so?
   - 0 days
   - 1 day
   - 2 days
   - 3 days
   - 4 days
   - 5 days
How much do you agree or disagree with each statement?
(Mark one answer for each statement.)

<table>
<thead>
<tr>
<th>When I am physically active…</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>57. I enjoy it.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>58. I find it fun.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>59. it gives me energy.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>60. my body feels good.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>61. it gives me a strong feeling of success.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
</tbody>
</table>

How much do you agree or disagree with each statement?
(Mark one answer for each statement.)

<table>
<thead>
<tr>
<th>62. At home there are enough pieces of sports equipment (such as balls, bicycles, skates) to use for physical activity.</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
</tr>
</thead>
<tbody>
<tr>
<td>63. There are playgrounds, parks, or gyms close to my home that are easy for me to get to.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>64. It is safe to be physically active by myself in my neighborhood.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
</tbody>
</table>

The next 4 questions ask about the adults you live with.
(Mark one answer for each statement.)

<table>
<thead>
<tr>
<th>During a typical week, how often does an adult in your household…</th>
<th>Never</th>
<th>1-2 times/week</th>
<th>3-4 times/week</th>
<th>5-6 times/week</th>
<th>Daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>65. encourage you to do physical activities or play sports?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>66. do a physical activity or play sports with you?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>67. provide transportation to a place where you can do physical activities or play sports?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>68. watch you participate in physical activities or sports?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
</tbody>
</table>
The next 16 questions ask about food you ate or drank during the past 7 days. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.

69. During the past 7 days, how many times did you eat fruit? (Do not count fruit juice.)
   ○ I did not eat fruit during the past 7 days
   ○ 1 to 3 times during the past 7 days
   ○ 4 to 6 times during the past 7 days
   ○ 1 time per day
   ○ 2 times per day
   ○ 3 times per day
   ○ 4 or more times per day

70. During the past 7 days, how many times did you eat green salad?
   ○ I did not eat green salad during the past 7 days
   ○ 1 to 3 times during the past 7 days
   ○ 4 to 6 times during the past 7 days
   ○ 1 time per day
   ○ 2 times per day
   ○ 3 times per day
   ○ 4 or more times per day

71. During the past 7 days, how many times did you eat potatoes? (Do not count French fries, fried potatoes, or potato chips.)
   ○ I did not eat potatoes during the past 7 days
   ○ 1 to 3 times during the past 7 days
   ○ 4 to 6 times during the past 7 days
   ○ 1 time per day
   ○ 2 times per day
   ○ 3 times per day
   ○ 4 or more times per day

72. During the past 7 days, how many times did you eat French fries or other fried potatoes, such as home fries, hash browns, or tater tots? (Do not count potato chips.)
   ○ I did not eat French fries or other fried potatoes during the past 7 days
   ○ 1 to 3 times during the past 7 days
   ○ 4 to 6 times during the past 7 days
   ○ 1 time per day
   ○ 2 times per day
   ○ 3 times per day
   ○ 4 or more times per day

73. During the past 7 days, how many times did you eat carrots?
   ○ I did not eat carrots during the past 7 days
   ○ 1 to 3 times during the past 7 days
   ○ 4 to 6 times during the past 7 days
   ○ 1 time per day
   ○ 2 times per day
   ○ 3 times per day
   ○ 4 or more times per day

74. During the past 7 days, how many times did you eat other vegetables? (Do not count green salad, potatoes, or carrots.)
   ○ I did not eat other vegetables during the past 7 days
   ○ 1 to 3 times during the past 7 days
   ○ 4 to 6 times during the past 7 days
   ○ 1 time per day
   ○ 2 times per day
   ○ 3 times per day
   ○ 4 or more times per day

75. During the past 7 days, how many times did you eat pizza? (Count pizza from a restaurant or school, frozen pizza, and pizza you made at home.)
   ○ I did not eat pizza during the past 7 days
   ○ 1 to 3 times during the past 7 days
   ○ 4 to 6 times during the past 7 days
   ○ 1 time per day
   ○ 2 times per day
   ○ 3 times per day
   ○ 4 or more times per day

76. During the past 7 days, how many times did you drink 100% fruit juices such as orange juice, apple juice, or grape juice? (Do not count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)
   ○ I did not drink 100% fruit juice during the past 7 days
   ○ 1 to 3 times during the past 7 days
   ○ 4 to 6 times during the past 7 days
   ○ 1 time per day
   ○ 2 times per day
   ○ 3 times per day
   ○ 4 or more times per day
77. During the past 7 days, how many times did you drink a can, bottle, or glass of soda or pop, such as Coke, Pepsi, or Sprite? (Do not count diet soda or diet pop.)
   ◦ 1 did not drink soda or pop during the past 7 days
   ◦ 1 to 3 times during the past 7 days
   ◦ 4 to 6 times during the past 7 days
   ◦ 1 time per day
   ◦ 2 times per day
   ◦ 3 times per day
   ◦ 4 or more times per day

78. During the past 7 days, how many times did you drink a can, bottle, or glass of diet soda or pop, such as Diet Coke, Diet Pepsi, or Sprite Zero?
   ◦ 1 did not drink diet soda or pop during the past 7 days
   ◦ 1 to 3 times during the past 7 days
   ◦ 4 to 6 times during the past 7 days
   ◦ 1 time per day
   ◦ 2 times per day
   ◦ 3 times per day
   ◦ 4 or more times per day

79. During the past 7 days, how many times did you drink a can, bottle, or glass of a sports drink such as Gatorade or PowerAde? (Do not count low-calorie sports drinks such as Propel or G2.)
   ◦ 1 did not drink sports drinks during the past 7 days
   ◦ 1 to 3 times during the past 7 days
   ◦ 4 to 6 times during the past 7 days
   ◦ 1 time per day
   ◦ 2 times per day
   ◦ 3 times per day
   ◦ 4 or more times per day

80. During the past 7 days, how many times did you drink a can, bottle, or glass of an energy drink, such as Red Bull or Jolt? (Do not count diet energy drinks or sports drinks such as Gatorade or PowerAde.)
   ◦ 1 did not drink energy drinks during the past 7 days
   ◦ 1 to 3 times during the past 7 days
   ◦ 4 to 6 times during the past 7 days
   ◦ 1 time per day
   ◦ 2 times per day
   ◦ 3 times per day
   ◦ 4 or more times per day

81. During the past 7 days, how many times did you drink a cup, can, or bottle of coffee, coffee drinks, or any kind of tea?
   ◦ I did not drink coffee, coffee drinks, or tea during the past 7 days
   ◦ 1 to 3 times during the past 7 days
   ◦ 4 to 6 times during the past 7 days
   ◦ 1 time per day
   ◦ 2 times per day
   ◦ 3 times per day
   ◦ 4 or more times per day

82. During the past 7 days, how many times did you drink a can, bottle, or glass of a sugar-sweetened beverage such as lemonade, sweetened tea or coffee drinks, flavored milk, Snapple, or Sunny Delight? (Do not count soda or pop, sports drinks, energy drinks, or 100% fruit juice.)
   ◦ I did not drink sugar-sweetened beverages during the past 7 days
   ◦ 1 to 3 times during the past 7 days
   ◦ 4 to 6 times during the past 7 days
   ◦ 1 time per day
   ◦ 2 times per day
   ◦ 3 times per day
   ◦ 4 or more times per day

83. During the past 7 days, how many times did you drink a bottle or glass of plain water? Count tap, bottled, and unflavored sparkling water.
   ◦ I did not drink water during the past 7 days
   ◦ 1 to 3 times during the past 7 days
   ◦ 4 to 6 times during the past 7 days
   ◦ 1 time per day
   ◦ 2 times per day
   ◦ 3 times per day
   ◦ 4 or more times per day

84. During the past 7 days, how many glasses of milk did you drink? (Count the milk you drank in a glass or cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass.)
   ◦ I did not drink milk during the past 7 days
   ◦ 1 to 3 glasses during the past 7 days
   ◦ 4 to 6 glasses during the past 7 days
   ◦ 1 glass per day
   ◦ 2 glasses per day
   ◦ 3 glasses per day
   ◦ 4 or more glasses per day
The next 6 questions ask about food you ate or drank yesterday. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.

85. Yesterday, how many times did you eat **fruit**? (Do **not** count fruit juice.)
   - 0 times
   - 1 time
   - 2 times
   - 3 times
   - 4 times
   - 5 or more times

86. Yesterday, how many times did you drink **100% fruit juices** such as orange juice, apple juice, or grape juice? (Do **not** count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)
   - 0 times
   - 1 time
   - 2 times
   - 3 times
   - 4 times
   - 5 or more times

87. Yesterday, how many times did you eat **green salad**?
   - 0 times
   - 1 time
   - 2 times
   - 3 times
   - 4 times
   - 5 or more times

88. Yesterday, how many times did you eat **potatoes**? (Do **not** count French fries, fried potatoes, or potato chips.)
   - 0 times
   - 1 time
   - 2 times
   - 3 times
   - 4 times
   - 5 or more times

89. Yesterday, how many times did you eat **carrots**?
   - 0 times
   - 1 time
   - 2 times
   - 3 times
   - 4 times
   - 5 or more times

90. Yesterday, how many times did you eat **other vegetables**? (Do **not** count green salad, potatoes, or carrots.)
   - 0 times
   - 1 time
   - 2 times
   - 3 times
   - 4 times
   - 5 or more times

The next 2 questions ask about how many cups of fruits and vegetables you eat or drink each day. Use the examples below as a guide when you answer these questions.

<table>
<thead>
<tr>
<th>1 CUP of FRUIT =</th>
<th>1 CUP of VEGETABLES =</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 small apple</td>
<td>3 broccoli spears, 5 in long</td>
</tr>
<tr>
<td>1 large banana</td>
<td>1 cup of cooked leafy greens</td>
</tr>
<tr>
<td>8 large strawberries</td>
<td>2 cups of cooked lettuce or raw greens</td>
</tr>
<tr>
<td>2 large plums</td>
<td>12 baby carrots</td>
</tr>
<tr>
<td>32 seedless grapes</td>
<td>1 large potato or sweet potato</td>
</tr>
<tr>
<td>1 cup of 100% juice</td>
<td>2 large celery stalks</td>
</tr>
<tr>
<td>½ cup dried fruit</td>
<td>1 cup of cooked beans</td>
</tr>
</tbody>
</table>

91. About how many cups of **fruit** (including frozen, canned, and dried fruit and 100% fruit juice) do you eat or drink each day?
   - None
   - ½ cup or less
   - ½ to 1 cup
   - 1 to 2 cups
   - 2 to 3 cups
   - 3 to 4 cups
   - 4 or more cups

92. About how many cups of **vegetables** (including frozen and canned vegetables and 100% vegetable juice) do you eat or drink each day?
   - None
   - ½ cup or less
   - ½ to 1 cup
   - 1 to 2 cups
   - 2 to 3 cups
   - 3 to 4 cups
   - 4 or more cups
The next 16 questions ask about meals you might have eaten during the past 7 days and the food available to you at home and at school.

93. During the past 7 days, on how many days did you eat breakfast or a morning meal?
   ○ 0 days
   ○ 1 day
   ○ 2 days
   ○ 3 days
   ○ 4 days
   ○ 5 days
   ○ 6 days
   ○ 7 days

94. During the past 7 days, on how many days did you eat lunch?
   ○ 0 days
   ○ 1 day
   ○ 2 days
   ○ 3 days
   ○ 4 days
   ○ 5 days
   ○ 6 days
   ○ 7 days

95. When you eat lunch at school, where do you usually get the food you eat?
   ○ I never eat lunch at school
   ○ From home
   ○ From somewhere at school
   ○ From somewhere else

96. When you get lunch at school, what do you usually get?
   ○ I do not get lunch at school
   ○ A complete school lunch from the school cafeteria (a meal sold at school that costs the same price every day)
   ○ A la carte items from the school cafeteria (items sold separately from a complete school lunch)
   ○ Salad bar from the school cafeteria
   ○ Fast food from the school cafeteria (such as McDonalds, Taco Bell, or KFC)
   ○ Food from a school vending machine, school canteen, or school store

97. In an average week when you are in school, on how many days do you eat all or part of a complete school lunch?
   ○ 0 days
   ○ 1 day
   ○ 2 days
   ○ 3 days
   ○ 4 days
   ○ 5 days

98. In an average week when you are in school, on how many days do you bring your own lunch to school from home?
   ○ 0 days
   ○ 1 day
   ○ 2 days
   ○ 3 days
   ○ 4 days
   ○ 5 days

99. On how many of the past 7 days did you eat dinner or an evening meal?
   ○ 0 days
   ○ 1 day
   ○ 2 days
   ○ 3 days
   ○ 4 days
   ○ 5 days
   ○ 6 days
   ○ 7 days

100. On school days, where do you usually eat dinner?
    ○ I do not usually eat dinner on school days
    ○ At home
    ○ At school
    ○ At a restaurant, including fast food restaurants
    ○ In a car, bus, or train
    ○ At a friend or relative’s house
    ○ Some place else
101. When you eat dinner at home, **how often is a television on while you are eating?**
   - I do not eat dinner at home
   - Never
   - Rarely
   - Sometimes
   - Most of the time
   - Always

102. During the past 7 days, on how many days did you eat dinner at home with at least one of your parents or guardians?
   - 0 days
   - 1 day
   - 2 days
   - 3 days
   - 4 days
   - 5 days
   - 6 days
   - 7 days

103. During the past 7 days, on how many days did you eat at least one meal or snack from a fast food restaurant such as McDonald’s, Taco Bell, or KFC?
   - 0 days
   - 1 day
   - 2 days
   - 3 days
   - 4 days
   - 5 days
   - 6 days
   - 7 days

104. How often are there **fruits or vegetables to snack on in your home**, such as carrots, celery, apples, bananas, or melon?
   - Never
   - Rarely
   - Sometimes
   - Most of the time
   - Always

105. How often are there foods such as chips, cookies, or cakes to snack on in your home?
   - Never
   - Rarely
   - Sometimes
   - Most of the time
   - Always

106. Does your school have a vending machine that students can use to purchase soda or pop, sports drinks, or fruit drinks that are not 100% juice, such as Coke, Gatorade, or Sunny Delight?
   - Yes
   - No
   - Not sure

107. Does your school have a vending machine that students can use to purchase snacks such as chips, cookies, crackers, cakes, pastries, chocolate candy, or other kinds of candy?
   - Yes
   - No
   - Not sure

108. Does your school have a vending machine that students can use to purchase fruits or vegetables? (Count dried fruit, such as raisins.)
   - Yes
   - No
   - Not sure

The next 12 questions ask about body weight.

109. How do you describe your weight?
   - Very underweight
   - Slightly underweight
   - About the right weight
   - Slightly overweight
   - Very overweight

110. Which of the following are you trying to do about your weight?
   - Lose weight
   - Gain weight
   - Stay the same weight
   - I am not trying to do anything about my weight
111. During the past 30 days, did you exercise to lose weight or to keep from gaining weight?
   - Yes
   - No

112. During the past 30 days, did you eat less food, fewer calories, or foods low in fat to lose weight to keep from gaining weight?
   - Yes
   - No

113. During the past 30 days, did you eat more fruits and vegetables to lose weight or keep from gaining weight?
   - Yes
   - No

114. During the past 30 days, did you eat fewer calories to lose weight or keep from gaining weight?
   - Yes
   - No

115. During the past 30 days, did you skip meals to lose weight or keep from gaining weight?
   - Yes
   - No

116. During the past 30 days, did you drink more water to lose weight or keep from gaining weight?
   - Yes
   - No

117. During the past 30 days, did you smoke cigarettes to help you lose weight or keep from gaining weight?
   - Yes
   - No
   - I do not smoke

118. During the past 30 days, did you go without eating for 24 hours or more (also called fasting) to lose weight or to keep from gaining weight?
   - Yes
   - No

119. During the past 30 days, did you take any diet pills, powders, or liquids without a doctor’s advice to lose weight or to keep from gaining weight? (Do not include meal replacement products such as Slim Fast.)
   - Yes
   - No

120. During the past 30 days, did you vomit or take laxatives to lose weight or to keep from gaining weight?
   - Yes
   - No