

**Middle-School Physical Activity and Nutrition
(M-SPAN)
PARENT SURVEY OF CHILD HEALTH HABITS⁹⁹**

ID Code:

School Code:

DATE:

This survey will help us understand physical activity and other health habits of middle-school children. Your answers are very valuable. Please take a few minutes to complete this survey, then have your child return it to his or her teacher. Your child also has a survey to fill out. Please encourage him or her to complete it and return it to school tomorrow. If you have any questions, please call Dr. James F. Sallis or his staff at San Diego State University, 594-4815.

Answers should be about the middle-school child who brought this survey home.

Demographics

Q1. What is your **child's gender**? 0. Male 1. Female

Q2. What is your **child's height**? ____ feet ____ inches; **child's weight**? ____ pounds

Q3. What is your **child's birthday**? _____ month ____ day _____ year

Q4. Does your child have any **medical conditions or disabilities** that limit his or her physical activity?

0. No 1. Yes, please specify: _____

Q5. How do you identify your **child's racial or ethnic background**? (circle one number)

1. Asian/Pacific Islander
2. Black/African American
3. Native American Indian
4. Latino/Hispanic
5. White
6. Multi-racial/Multi-ethnic
7. Other (please specify) _____

Nutrition

The following questions should be completed by the person who does most of the cooking.

Q6. When you prepare chicken, how often do you remove the skin?

- | | |
|-----------------|--------------------------|
| 1. never | 4. always |
| 2. occasionally | 5. never prepare chicken |
| 3. usually | |

Q7. Which type of hamburger meat do you usually cook for your family?

- | | |
|------------|-------------------------|
| 1. regular | 3. extra-lean |
| 2. lean | 4. never cook hamburger |

Q8. How often do you trim the fat off meat before you cook it?

- | | |
|-----------------|--------------------|
| 1. never | 4. always |
| 2. occasionally | 5. never cook meat |
| 3. usually | |

Q9. What type of fat or oil do you use most often in cooking?

- | | |
|--|--|
| 1. lard | 5. margarine |
| 2. meat fat (beef/pork/chicken drippings or chorizo) | 6. vegetable oil (olive, corn, canola, peanut oil, etc.) |
| 3. butter | 7. PAM or vegetable spray only |
| 4. shortening | 8. never use fat or oil in cooking |

Q10. What type of milk do you usually serve?

- | | |
|------------------|------------------------------|
| 1. whole | 4. low fat, (1%) |
| 2. chocolate | 5. skim, nonfat, or powdered |
| 3. low fat, (2%) | 6. never use milk |

Q11. How often do you serve eggs?

- | | |
|-----------------------------|-----------------------------|
| 1. 5 or more times per week | 4. 1-3 times per month |
| 2. 3-4 times per week | 5. less than once per month |
| 3. 1-2 times per week | 6. never serve eggs |

Q12. When you buy or prepare refried beans, what type of fat are they usually made with?

- | | | |
|-----------------|---------------------------|------------------------------|
| 1. lard/butter | 4. vegetable oil | 7. don't know |
| 2. bacon grease | 5. PAM or vegetable spray | 8. never serve refried beans |
| 3. shortening | 6. none | |

Q13. How many days in an average week does your child take a **bag lunch** to school? _____ days per week.

Q14. If your child sometimes takes a bag lunch to school, please indicate whether the following foods tend to be “**regular**” (i.e., usual or typical fat content) or “**low-fat**” (i.e., reduced or non-fat content):

	<i>never use</i>	Fat Content	
		<i>regular</i>	<i>lower-fat or non-fat</i>
a. mayonnaise	0	1	2
b. sandwich meats	0	1	2
c. cheese	0	1	2
d. yogurt or pudding	0	1	2
e. potato or corn chips	0	1	2
f. cookies or desserts	0	1	2
g. candy or granola bars	0	1	2
h. other (specify): _____	0	1	2

	<i>never</i>	<i>rarely</i>	<i>some-times</i>	<i>often</i>	<i>always</i>
Q15. How often does your child ask for low fat foods for bag lunches?	0	1	2	3	4
Q16. How often does your child ask for low fat foods at home?	0	1	2	3	4
Q17. How often does your child ask for low fat foods at restaurants?	0	1	2	3	4
Q17P. Have you seen any articles on nutrition in your child's school newsletter?	0. No	1. Yes			

Child's Physical Activity

Q18. During the **past 7 days**, how many days did your child do physical activity or sports at these locations?
(Circle one number per location.)

	<u>Number of Days</u>								
a. school grounds (weekends only)	0	1	2						
b. school grounds (after-school only)	0	1	2	3	4	5			
c. public recreation center	0	1	2	3	4	5	6	7	
d. park or playground	0	1	2	3	4	5	6	7	
e. commercial facility (e.g., YMCA/YWCA, Boys and Girls Club, health club, dance studio)	0	1	2	3	4	5	6	7	
f. neighborhood (e.g., vacant lot; field)	0	1	2	3	4	5	6	7	
g. other location, specify: _____	0	1	2	3	4	5	6	7	

Q19. During a **typical week**, how often does a member of your household provide transportation so your child can go to a place where he or she can do physical activities or play sports? (Circle one number.)

Times per week: 0 1 2 3 4 5 6 7 or more times per week

Q20. At your child's school, are there **supervised physical activity programs** for all interested students?

	<u>No</u>	<u>Yes</u>	<u>Don't know</u>
a. Before school	0	1	2
b. During lunch break	0	1	2
c. After school	0	1	2
d. On weekends	0	1	2
e. During the summer	0	1	2

Q20P. Have you seen any articles on physical activity in your child's school newsletter? 0. No 1. Yes

Household Demographics

Q21. Who is the main person completing this form?

- | | |
|-----------------------|---------------------|
| 1. mother | 3. father |
| 2. other adult female | 4. other adult male |

Q22. What is the highest level of **education** completed by each parent or guardian in the household?
(Circle one number for each parent or guardian in household.)

Primary adult female caretaker

1. high school or less
2. some college, but no degree
3. associate degree in college-occupational program
4. associate degree in college-academic program
5. bachelors degree
6. masters degree
7. professional school degree
8. doctorate degree

Primary adult male caretaker

1. high school or less
2. some college, but no degree
3. associate degree in college-occupational program
4. associate degree in college-academic program
5. bachelors degree
6. masters degree
7. professional school degree
8. doctorate degree

Q23. How many children younger than age 18 live in this household most of the time? _____

**Thank you for completing this survey.
Please place it in the envelope and return it to your child's teacher.**

**Middle-School Physical Activity and Nutrition
(M-SPAN)
STUDENT SURVEY⁹⁹**

ID Code: _____

DATE: _____

School Code: _____

GRADE: _____

Demographics

Q1. When is your birthday? _____ month _____ day _____ year

Q2. What is your gender? 0. Male 1. Female

Q3. What is your height? _____ feet _____ inches

Q4. What is your weight? _____ pounds

Nutrition

Q5.A. **Today** (or the last day you were at school) did you ...

(Circle the best response for each item.)

	<u>No</u>	<u>Yes</u>
a. Bring your lunch to school?	0	1
b. Get your lunch from a cafeteria line ?	0	1
c. Buy a la carte snacks in the cafeteria or from a food cart?	0	1
d. Buy food from the school store ?	0	1

Q5.B. During a school week, how many days a week do you usually...

(Circle the best response for each item.)

	<u>Days per week</u>					
	0	1	2	3	4	5
z. Eat breakfast ?	0	1	2	3	4	5
a. Bring your lunch to school?	0	1	2	3	4	5
b. Get your lunch from the cafeteria line ?	0	1	2	3	4	5
c. Buy fast-food at school (e.g., prepared by Taco Bell or Pizza Hut)?	0	1	2	3	4	5
d. Buy a la carte snacks in the cafeteria?	0	1	2	3	4	5
e. Buy food from vending machines at school?	0	1	2	3	4	5
f. Buy food from the school store ?	0	1	2	3	4	5
g. Trade your lunch with a friend?	0	1	2	3	4	5
h. Skip lunch completely?	0	1	2	3	4	5
i. Get lunch or school snacks elsewhere ?	0	1	2	3	4	5

Where: _____

Q6. How much do you agree or disagree with this statement: *“I like school cafeteria food.”* (Circle one number.)

<u>strongly agree</u>	<u>somewhat agree</u>	<u>neutral</u>	<u>somewhat disagree</u>	<u>strongly disagree</u>
1	2	3	4	5

Q7. Outside of school, in a typical week how many times do you eat (or get take-out) at a *fast-food restaurant*?

_____ times/week

Q8. Do you *diet* to lose weight or to keep from gaining weight? 0. No 1. Yes

Q9. Do you *exercise* to lose weight or to keep from gaining weight? 0. No 1. Yes

The checklist below asks about food that you ate *yesterday*, from the time you got up until you went to bed. For each food or group of foods listed, circle “Yes” if you ate at least one of the foods yesterday or circle “No” if you did *not* eat at least one of the foods yesterday. For example, if you ate a hot dog yesterday, you should answer “Yes” for item #6. Another example is, if you did *not* eat any pizza or lasagna yesterday, answer “No” to item #11. Answer every question. You may have eaten some foods yesterday that are not on the checklist. That’s okay. We don’t want to know about those foods right now.

Some questions ask about foods that may have been added to other foods. For example, you may have added butter to a roll or salad dressing to a salad. Remember to answer “Yes” if you or somebody else added any of these types of foods to other foods that you ate, or if you ate these foods by themselves.

If you ate a food that is a combination of the foods on the checklist, such as a ham and cheese sandwich, be sure to answer “Yes” for all the foods that made up that food. For the ham and cheese sandwich, you would circle “Yes” for items #7 (ham) and #13 (cheese).

Q10. *Yesterday*, did you eat or drink any of these foods: (0) (1)

1.	Beef, such as steaks, roasts, fajitas or stir-fried beef, ribs, stew beef (not hamburger)	No	Yes
2.	Hamburgers, cheeseburgers, meatloaf, chili, tacos, other ground beef dishes	No	Yes
3.	Fried chicken, chicken nuggets, chicken patty, steak sticks, fried fish, fish nuggets, fried shrimp, fried oysters, chicken fried steak, egg rolls, dim-sum	No	Yes
4.	Turkey or chicken with skin eaten (not fried)	No	Yes
5.	Chicken salad, tuna salad, shrimp salad	No	Yes
6.	Hot dogs, frankfurters, corn dogs	No	Yes
7.	Cold cuts, bologna, ham, turkey luncheon meat, deli roast beef, other deli meat	No	Yes
8.	Bacon, sausage, chorizo, pickled pork	No	Yes
9.	Pork, including pork chops, spare ribs, roast pork	No	Yes
10.	Spaghetti or other pasta with meat and tomato sauce	No	Yes
11.	Pizza, lasagna	No	Yes
12.	Cheese dishes, such as macaroni and cheese, cheese nachos, cheese enchilada quesadillas	No	Yes
13.	Cheese or cheese spread, including American, Swiss, Cheddar	No	Yes
14.	Eggs, including scrambled, fried, omelets, hard boiled eggs, egg salad	No	Yes
15.	Whole milk (white or chocolate)	No	Yes
16.	2% fat milk (white or chocolate)	No	Yes
17.	Beans, such as red, white, baked, or refried beans	No	Yes
18.	French fries, hash browns, tater tots, potato rounds	No	Yes
19.	Spanish rice, fried rice, other mixed rice dishes	No	Yes
20.	Potato chips, corn chips, tortilla chips, popcorn, crackers, cheese puffs, other snack chips	No	Yes
21.	Peanut butter, peanuts	No	Yes
22.	Cookies and bars, muffins, sweet rolls, cakes, snack cakes, granola bars	No	Yes
23.	Doughnuts, brownies, pies, pastries, croissants	No	Yes
24.	Ice cream, ice cream bars (not frozen yogurt, popsicles, or fruit ice)	No	Yes
25.	Chocolate candy	No	Yes

Q11. *Yesterday, did you or anyone else add these foods to other foods you ate, or did you eat these foods by themselves:*

26.	Margarine	No	Yes
27.	Butter	No	Yes
28.	Mayonnaise	No	Yes
29.	Salad dressing such as Ranch, Italian, Thousand Island, French	No	Yes
30.	Gravy, cheese sauce	No	Yes
31.	Whipped cream, sour cream	No	Yes

Physical Activity

Q12. Have you been on any sports teams during the **past year** at school or outside of school.
(Circle either yes or no for each team in **both columns.**)

Sports Teams at School			Sports Teams Outside of School		
	No	Yes		No	Yes
a. baseball or softball	0	1	a. Baseball or softball	0	1
b. basketball	0	1	b. Basketball	0	1
c. cheerleading	0	1	c. Cheerleading	0	1
d. football	0	1	d. Football	0	1
e. golf	0	1	e. Golf	0	1
f. ice, field, roller hockey	0	1	f. Ice, field, roller hockey	0	1
g. soccer	0	1	g. Soccer	0	1
h. swimming	0	1	h. Swimming	0	1
i. tennis	0	1	i. Tennis	0	1
j. track and field	0	1	j. Track and field	0	1
k. volleyball	0	1	k. Volleyball	0	1
l. gymnastics	0	1	l. Gymnastics	0	1
o. wrestling	0	1	o. Wrestling	0	1
m. other (specify): _____	0	1	m. Other (specify): _____	0	1
n. other (specify): _____	0	1	n. Other (specify): _____	0	1

Q13. Have you taken any classes, lessons, or special programs **during the past year** (*outside of school only*)?
(Circle either yes or no for each.)

	<u>No</u>	<u>Yes</u>
a. dance (ballet, jazz, modern)	0	1
b. aerobics	0	1
c. figure skating	0	1
d. gymnastics	0	1
e. martial arts	0	1
f. skiing	0	1
g. swimming	0	1
h. tennis	0	1
i. other (specify): _____	0	1

Q14. How much do you agree or disagree with the statement: *“I like physical education (PE) class.”*

<u>strongly agree</u>	<u>somewhat agree</u>	<u>neutral</u>	<u>somewhat disagree</u>	<u>strongly disagree</u>
1	2	3	4	5

Q15. During an average school week, how many days do you go to **physical education class**? ____ days per week

During an average school week, how many days do you do **physical activity** ...

Q16. ... **before** school on the school grounds? ____ days per week ____ minutes per day

Q17. ... **during lunch** period? ____ days per week ____ minutes per day

Q18. ... **after** school on the school grounds? ____ days per week ____ minutes per day

This next part of the survey is about your activities over the past 7 days. Think about your physical activities during the past week, including those done before and after school, at school, at home and away from home, and on weekends. For sports, please report both practices and game play.

There are no right or wrong answers. No one does all these activities. Please be as accurate and honest as possible. For each activity listed, answer three questions:

- 1. Did you do this activity in the past 7 days? Circle yes or no.***
- 2. If yes, on how many days did you do the activity in the past 7 days?***
- 3. On average, how many minutes did you do this activity on the days that you did it?***

Q19. Outside of required school physical education classes, did you do this activity during the ***last 7 days***?

ACTIVITY	No	Yes	How many days in last 7 days?	On average, how many minutes did you do this activity each day?
<i>Sports & Dance</i>				
1. Baseball/softball	0	1	_____ days	_____ minutes
2. Basketball	0	1	_____ days	_____ minutes
3. Cheerleading, marching band, drill team	0	1	_____ days	_____ minutes
4. Dance (ballet, jazz, modern, tap)	0	1	_____ days	_____ minutes
5. Dancing (social, recreational)	0	1	_____ days	_____ minutes
6. Football	0	1	_____ days	_____ minutes
7. Golf	0	1	_____ days	_____ minutes
8. Gymnastics, tumbling, trampoline	0	1	_____ days	_____ minutes
9. Hockey (field, ice, or roller)	0	1	_____ days	_____ minutes
10. Martial arts: karate, judo, boxing	0	1	_____ days	_____ minutes
11. Racquet sports: badminton, tennis, racketball	0	1	_____ days	_____ minutes
12. Skating: ice, roller, in-line; skate boarding	0	1	_____ days	_____ minutes
13. Skiing: downhill, cross-country, water	0	1	_____ days	_____ minutes
14. Soccer	0	1	_____ days	_____ minutes
15. Volleyball	0	1	_____ days	_____ minutes
16. Wrestling—competitive	0	1	_____ days	_____ minutes
17. Other (specify):	0	1	_____ days	_____ minutes
<i>Exercise</i>				
18. Aerobics/aerobic dancing/bench aerobics	0	1	_____ days	_____ minutes
19. Calisthenics: push-ups, sit-ups, jumping jacks	0	1	_____ days	_____ minutes
20. Running, jogging, jumping rope	0	1	_____ days	_____ minutes
21. Swimming laps	0	1	_____ days	_____ minutes
22. Walking for exercise	0	1	_____ days	_____ minutes
23. Weight lifting/weight training	0	1	_____ days	_____ minutes
24. Exercise machine: cycle, treadmill, rower, climber	0	1	_____ days	_____ minutes
25. Other (specify):	0	1	_____ days	_____ minutes
<i>General Physical Activities</i>				
26. Bicycling	0	1	_____ days	_____ minutes
27. Hiking	0	1	_____ days	_____ minutes
28. Walking for transportation	0	1	_____ days	_____ minutes
29. Water play: in pool, lake, or ocean	0	1	_____ days	_____ minutes
30. Outdoor chores: mowing, raking, gardening	0	1	_____ days	_____ minutes
31. Indoor chores: mopping, vacuuming, sweeping	0	1	_____ days	_____ minutes
32. Other (specify):	0	1	_____ days	_____ minutes

ACTIVITY	No	Yes	How many days in last 7 days?	On average, how many minutes did you do this activity each day?
<i>Education & Entertainment</i>				
33. Computer /Internet	0	1	days	minutes
34. Video games	0	1	days	minutes
35. Homework, studying	0	1	days	minutes
36. Reading (not for school)	0	1	days	minutes
37. Sitting and talking with friends (not on phone); listening to music	0	1	days	minutes
38. Talking on the phone	0	1	days	minutes
39. Television or video watching	0	1	days	minutes
40. Other (specify):	0	1	days	minutes
41. Other (specify):	0	1	days	minutes

Miscellaneous Items

Q20. On a normal day, how many lowfat food choices are available...

	<i>Number Low-fat Food Choices</i>						
a. in your school <u>cafeteria line</u> ?	0	1	2	3	4	5+	Don't Know
b. at the <u>school store</u> ?	0	1	2	3	4	5+	Don't Know
c. on the <u>food cart</u> at lunch time?	0	1	2	3	4	5+	Don't Know

Q21. Is there fresh fruit available at lunch time on most days? 0. No 1. Yes

Q22. Have you participated in a healthy lunch contest at your school? 0. No 1. Yes

Q23. Have you participated in a taste test at your school to try a sample of a new food? 0. No 1. Yes

Q24. How many days per week do your PE teachers encourage you to do physical activity outside of PE class? 0 1 2 3 4 5

Q25. How many days per week does your school have supervised physical activity programs available...

a. before school?	0	1	2	3	4	5
b. during lunch at school?	0	1	2	3	4	5
c. after school?	0	1	2	3	4	5

Q26. Have you seen any posters about physical activity at your school? 0. No 1. Yes

Q27. Have you seen any posters about good nutrition at your school? 0. No 1. Yes

Q28. Have you heard any messages in the school's daily bulletin encouraging physical activity? 0. No 1. Yes

Q29. Have you heard any messages in the school's daily bulletin encouraging good nutrition? 0. No 1. Yes

Thank you for completing this survey.