

CATCH In-School Student Survey (3-5)

Student Assent:

- You are being asked to be part of a research project for the health department.
- This project will help adults find out about foods you may eat, activities you may do, and what you know about nutrition and physical activity.
- You will also be asked about how much you weigh and how tall you are.
- This is NOT a test and you will not be graded.
- Your answers will only be used by the health department to learn more about students like you.
- The teachers and others students in your school will never know your answers.
- Your parent or guardian has said that it is ok for you to answer these questions.
- You can skip any questions you do not want to answer.
- If you do not want to be weighed or measured, tell me and you can skip that part.
- You will not get anything for answering the questions.
- Tell your teacher or parents, if you are worried or unhappy about anything that happens during the questions.

If you understand all of this and agree to it, please write your name and today's date on the lines below.

Student Name

Date

OSDH use only: ID# _____

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FOR SURVEY ADMINISTRATOR USE ONLY:

Student's Height

			.		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	

Student's Weight

			.		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	

Please check this box to verify that you verbally received the student's permission to collect height and weight.

- Please measure height in centimeters (cm)
- Please measure weight in kilograms (kg)
- Please round to the nearest tenth (xxx.x)
 - .01-.04 round down
 - .05-.09 round up

STUDENTS BEGIN HERE:

Part 1 – Student Information

1. Today's date: _____
2. School: _____
3. First name: _____
4. Last name: _____
5. Grade: _____
6. Date of Birth (month, day, and year): _____
7. Are you a boy or girl? _____

OSDH use only: ID# _____

Part 2 – Behavior

INSTRUCTIONS: Please read the questions carefully and circle the letter that best fits your answer for each question.

8. How many days of the week do you exercise, play sports, or play hard?

Examples are: martial arts, dance, gymnastics, tennis, tag, running, basketball, jump roping, riding bikes, swimming, and other games and sports.



- a. 0
- b. 1-2
- c. 3-4
- d. 5 or more

9. Yesterday, how many hours did you watch TV or movies, spend time on the computer, or play video games?

Examples are: Xbox®, Nintendo DS, PlayStation® or arcade games



- a. I did not watch TV or movies, spend time on the computer, or play video games yesterday.
- b. Less than 1 hour
- c. 1 hour
- d. 2 hours
- e. 3 hours
- f. 4 hours or more

10. Yesterday did you eat any fried meat with crust?

Examples are: fried chicken, chicken nuggets, chicken fried steak, fried fish, or fried pork chops



- a. No, I didn't eat any of the foods listed above yesterday.
- b. Yes, I ate one of these foods **1 time** yesterday.
- c. Yes, I ate one of these foods **2 times** yesterday.
- d. Yes, I ate one of these foods **3 or more times** yesterday.

11. Yesterday, did you eat French Fries or chips?

Examples are: potato chips, tortilla chips, Cheetos[®], corn chips, or other snack chips



- a. No, I didn't eat any French Fries or chips yesterday.
- b. Yes, I ate French Fries or chips **1 time** yesterday.
- c. Yes, I ate French Fries or chips **2 times** yesterday.
- d. Yes, I ate French Fries or chips **3 or more times** yesterday.

12. Yesterday, did you eat any vegetables?

Examples are: salads, boiled/baked/mashed potatoes, all cooked and uncooked vegetables

Do not count French Fries or Chips



- a. No, I didn't eat any vegetables yesterday.
- b. Yes, I ate vegetables **1 time** yesterday.
- c. Yes, I ate vegetables **2 times** yesterday.
- d. Yes, I ate vegetables **3 times** yesterday.
- e. Yes, I ate vegetables **4 times** yesterday.
- f. Yes, I ate vegetables **5 or more times** yesterday.

13. Yesterday, did you eat fruit?

Do not count fruit juice.



- a. No, I didn't eat any fruit yesterday.
- b. Yes, I ate fruit **1 time** yesterday.
- c. Yes, I ate fruit **2 times** yesterday.
- d. Yes, I ate fruit **3 times** yesterday.
- e. Yes, I ate fruit **4 times** yesterday.
- f. Yes, I ate fruit **5 or more times** yesterday.

14. Yesterday, did you drink fruit juice?

Fruit Juice is a drink, which is 100% juice, like orange juice, apple juice, or grape juice.

Do not count punch, Kool-Aid[®], sports drinks, or other fruit flavored drinks.



- a. No, I didn't drink any fruit juice yesterday.
- b. Yes, I drank fruit juice **1 time** yesterday.
- c. Yes, I drank fruit juice **2 times** yesterday.
- d. Yes, I drank fruit juice **3 or more times** yesterday.

15. Yesterday, did you drink punch, Kool-Aid[®], sports drinks, soda, soft drinks, or other fruit flavored drinks?
Do not count fruit juice.



- a. No, I didn't drink any of these drinks yesterday.
- b. Yes, I drank one of these drinks **1 time** yesterday.
- c. Yes, I drank one of these drinks **2 times** yesterday.
- d. Yes, I drank one of these drinks **3 or more times** yesterday

16. Yesterday, did you eat a frozen dessert?

Examples are: cold, sweet foods like ice cream, frozen yogurt, an ice cream bar, or a popsicle.



- a. No, I didn't eat any frozen dessert yesterday.
- b. Yes, I ate a frozen dessert **1 time** yesterday.
- c. Yes, I ate a frozen dessert **2 times** yesterday.
- d. Yes, I ate a frozen dessert **3 or more times** yesterday.

17. Yesterday did you eat sweet rolls, doughnuts, cookies, brownies, pies, or cake?



- a. No, I didn't eat any of the foods listed above yesterday.
- b. Yes, I ate one of these foods **1 time** yesterday.
- c. Yes, I ate one of these foods **2 times** yesterday.
- d. Yes, I ate one of these foods **3 or more times** yesterday.

18. Yesterday, did you eat any candy?



- a. No, I didn't eat any candy yesterday.
- b. Yes, I ate candy **1 time** yesterday.
- c. Yes, I ate candy **2 times** yesterday.
- d. Yes, I ate candy **3 or more times** yesterday.

19. Yesterday, did you eat breakfast?

- a. Yes
- b. No

Part 3 – Knowledge

INSTRUCTIONS: Circle one of the foods in each pair that you think is **better for your health**.

20.



corn tortilla



flour tortilla

21.

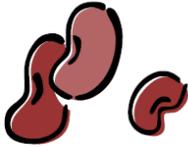


doughnut



whole-grain, low sugar
cereal and low-fat milk

22.



beans



macaroni and cheese

23.



1% low-fat or skim
(fat-free) milk



whole milk

24.



bologna



peanut butter

25.



green salad



french fries

26.



100% orange juice



orange-flavored drink

27.



veggie pizza



pepperoni pizza

28.



gummy fruit candy



fresh fruit

29.



water



soft drink (soda)

30.

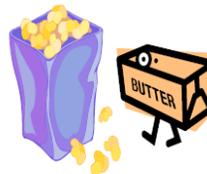


white bread



whole-grain bread

31.



buttered popcorn



unbuttered popcorn