

# CATCH In-School Student Survey (K-2)

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Student Assent (Survey administrators please read aloud to students):

- My name is \_\_\_\_\_, and I am from the Health Department.
- Today I would like to find out about foods you may eat, activities you may do, and what you know about nutrition and physical activity.
- I would also like to know 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 weighted or measured, tell me and you can skip that part
- Tell your teacher or parents, if you are worried or unhappy about anything that happens during the questions.
- Do you have any questions?

Please check this box if you understand all of this.

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

**SURVEY ADMINISTRATORS PLEASE PREFILL THE DATE AND ANY KNOWN INFORMATION, THEN ASSIST STUDENTS WITH COMPLETING THE REMAINING DEMOGRAPHIC INFORMATION.**

## Part 1 – Student Information

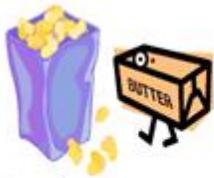
1. Today's date: \_\_\_\_\_
2. School: \_\_\_\_\_
3. First name: \_\_\_\_\_
4. Last name: \_\_\_\_\_
5. Grade: \_\_\_\_\_
6. Date of Birth (month, day, and year): \_\_\_\_\_
7. Are you a boy or girl? \_\_\_\_\_

OSDH use only: ID# \_\_\_\_\_

**STUDENTS BEGIN HERE:**

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

8.



Buttered popcorn



unbuttered popcorn

9.



doughnut



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

10.



Green salad



French fries

11.



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



whole milk

12.



Playing video games



Playing at the park

13.



Playing on the computer



Playing Sports

14.



100% orange juice



orange-flavored drink

15.



white bread



whole-grain bread

16.



gummy fruit candy



fresh fruit

17.



water



soft drink (soda)

18.



Watching TV



Riding a bike

19.



Playing video games



Playing outside