

## Student Health Assessment Questionnaire (SHAQ)

Today you will be asked to complete a survey that assesses what young people typically eat and what they do for physical activity. The results of the survey will help schools design better health programs, offer food choices that students like, and provide fun physical activities. The survey should take about 15 minutes to complete.

This survey is not a test, and there are no right and wrong answers. Your teachers will not see your answers and they will not be sent home for your parents to review. We ask that you answer the questions as honestly as possible and select the one answer that is most true for you.

Some of the questions on the survey will ask you how many times you ate or drank a certain type of food or drink yesterday. If you cannot remember the exact number of times you ate or drank this item, you can simply use your best estimate. In addition, you do not need to report the *number* of the particular items you ate or drank (e.g., 8 strawberries or 2 pieces of watermelon). Instead, you are asked to report how many *times* during the day you ate these items. In addition, a number of the survey items will ask you to recall the number of times you did something in a typical week. Please consider “a week” to be a full seven days, not just the five-day school week.

The first question below requests your seven-digit school ID number. If you are unsure what number to enter here, please ask the teacher or other adult in the room to help you.

### Student Information. Please provide the following information about yourself.

- ❖ What is your seven-digit school ID Number (your username when you log-in to computers)? \_\_\_\_\_
- ❖ What is your birth date?    Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_
- ❖ Are you a:     Boy     Girl
- ❖ In what grade are you?     3<sup>rd</sup>     4<sup>th</sup>     5<sup>th</sup>     6<sup>th</sup>     7<sup>th</sup>     8<sup>th</sup>  
 9<sup>th</sup>     10<sup>th</sup>     11<sup>th</sup>     12<sup>th</sup>

**Eating Habits. Please choose the one answer that is true for you.**

1. Yesterday, where did you get breakfast?
  - I didn't eat breakfast yesterday
  - Home
  - School cafeteria
  - Restaurant or fast food such as McDonald's, Burger King, Pizza Hut, etc.
  - School vending machines
  - Other
  
2. Yesterday, where did you get lunch?
  - I didn't eat lunch yesterday
  - I brought my lunch from home
  - School cafeteria
  - Restaurant or fast food such as McDonald's, Burger King, Pizza Hut, etc.
  - School vending machines
  - Other
  
3. How often do you eat fast food (such as McDonald's, Burger King, Taco Bell, Pizza Hut, etc.)?

<input type="checkbox"/> Never or almost never	<input type="checkbox"/> 4 times per week
<input type="checkbox"/> 1 time per week	<input type="checkbox"/> 5 times per week
<input type="checkbox"/> 2 times per week	<input type="checkbox"/> 6 times or more per week
<input type="checkbox"/> 3 times per week	
  
4. How often do you eat dinner with your family?

<input type="checkbox"/> Never or almost never	<input type="checkbox"/> 4 times per week
<input type="checkbox"/> 1 time per week	<input type="checkbox"/> 5 times per week
<input type="checkbox"/> 2 times per week	<input type="checkbox"/> 6 times or more per week
<input type="checkbox"/> 3 times per week	
  
5. Last week, how often was at least one type of vegetable (other than potatoes) served at dinner in your home?

<input type="checkbox"/> 0 times	<input type="checkbox"/> 4 times
<input type="checkbox"/> 1 time	<input type="checkbox"/> 5 times
<input type="checkbox"/> 2 times	<input type="checkbox"/> 6 times or more
<input type="checkbox"/> 3 times	
  
6. Last week, how often was at least one type of fruit served at dinner in your home?

<input type="checkbox"/> 0 times	<input type="checkbox"/> 4 times
<input type="checkbox"/> 1 time	<input type="checkbox"/> 5 times
<input type="checkbox"/> 2 times	<input type="checkbox"/> 6 times or more
<input type="checkbox"/> 3 times	

7. Last week, how often were soft drinks (soda, pop, Gatorade) served at dinner in your home?

- |                                  |  |
|----------------------------------|--|
| <input type="checkbox"/> 0 times | <input type="checkbox"/> 4 times         |
| <input type="checkbox"/> 1 time  | <input type="checkbox"/> 5 times         |
| <input type="checkbox"/> 2 times | <input type="checkbox"/> 6 times or more |
| <input type="checkbox"/> 3 times |  |

**Eating Habits (continued).**

These questions are about what you ate *yesterday*. **Shade in only one circle for each question.**

	None	1 time	2 times	3 times	4 times or more
8. Yesterday, how many meals did you eat? Count breakfast, lunch, and dinner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Yesterday, did you eat French fries or chips? Chips are potato chips, tortilla chips, Cheetos, corn chips, or other snack chips.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Yesterday, how many times did you eat candy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Yesterday, how many times did you eat donuts, cookies, brownies, pies, or cakes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Yesterday, did you eat <u>fruit</u> ? Do not count fruit juice.					
13. Yesterday, did you eat any vegetables? Vegetables are all cooked and uncooked vegetables, including salads. Do not count French fries, potato chips, potatoes or corn.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

These questions are about the **types** of vegetables you ate *yesterday*.

14. Yesterday, how many times did you eat any starchy vegetables like potatoes, corn, or peas? Do not count French fries or chips.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Yesterday, how many times did you eat any orange vegetables like carrots, squash, or sweet potatoes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Yesterday, how many times did you eat a salad made with lettuce, or any green vegetables like spinach, green beans, broccoli, or other greens?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Yesterday, how many times did you eat beans such as pinto beans, baked beans, kidney beans, refried beans, or pork and beans?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

These questions are about what you drank *yesterday*.

18. Yesterday, did you drink fruit juice? Fruit juice is a drink that is 100% juice like orange juice, apple juice, or grape juice. Do not count Hi-C, Kool-Aid, or Twister.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Yesterday, did you drink sweetened fruit drinks? Sweetened fruit drinks include Hi-C, Kool-Aid, Twister, Hawaiian Punch, and lemonade.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Yesterday, did you drink any sports drinks? Sports drinks include Gatorade, Powerade, and Vitamin Water.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Yesterday, how many times did you drink sweetened energy drinks? Sweetened energy drinks include Red Bull, Monster, and Rockstar. <b>(HS ONLY)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Yesterday, how many times did you drink sweetened coffee beverages? Sweetened coffee beverages include Starbuck's Double-Shot, sweetened iced-coffee, and Starbuck's Frappuccino. <b>(HS ONLY)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Yesterday, did you drink any <i>diet</i> soft drinks? Diet soft drinks include Diet Coke, Diet Pepsi, Diet Sprite, Diet 7 Up, and Diet Rootbeer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Yesterday, did you drink <u>regular (not diet) soft drinks</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Yesterday, did you drink any 8 ounce glasses of water?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Physical Activity.

Shade in only one circle for each question.

<p>26. <b>Last week</b>, how many days did you exercise or participate in physical activity that made your heart beat fast and made you breathe hard for at least 30 minutes, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar activities?</p> <p> <input type="checkbox"/> 0 days                      <input type="checkbox"/> 4 days  <input type="checkbox"/> 1 day                        <input type="checkbox"/> 5 days  <input type="checkbox"/> 2 days                        <input type="checkbox"/> 6 days  <input type="checkbox"/> 3 days                        <input type="checkbox"/> 7 days </p>
<p>27. <b>Last week</b>, how many days did you exercise or participate in physical activity for at least 30 minutes that didn't make your heart beat fast or make you breathe hard, such as walking, skating, or playing at a pool?</p> <p> <input type="checkbox"/> 0 days                      <input type="checkbox"/> 4 days  <input type="checkbox"/> 1 day                        <input type="checkbox"/> 5 days  <input type="checkbox"/> 2 days                        <input type="checkbox"/> 6 days  <input type="checkbox"/> 3 days                        <input type="checkbox"/> 7 days </p>

28. In the past week, how many days did you do exercises to strengthen or tone your muscles, such as push-ups, sit-ups, or weight lifting? **(HS ONLY)**

- |                                 |                                 |
|---------------------------------|---------------------------------|
| <input type="checkbox"/> 0 days | <input type="checkbox"/> 4 days |
| <input type="checkbox"/> 1 day  | <input type="checkbox"/> 5 days |
| <input type="checkbox"/> 2 days | <input type="checkbox"/> 6 days |
| <input type="checkbox"/> 3 days | <input type="checkbox"/> 7 days |

29. Yesterday, how many times during the school day did you participate in physical activity? Include recess, PE class, and classroom activities.

- None
- 1 time
- 2 times
- 3 times
- 4 or more times

30. Yesterday, how many hours did you watch shows, DVDs, or movies on the TV, computer, iPad, or other screen **away from school?**

- |   |  |
|---|--|
| <input type="checkbox"/> I do not watch TV, DVDs, or movies | <input type="checkbox"/> 3 hours         |
| <input type="checkbox"/> Less than 1 hour                   | <input type="checkbox"/> 4 hours         |
| <input type="checkbox"/> 1 hour                             | <input type="checkbox"/> 5 or more hours |
| <input type="checkbox"/> 2 hours                            |  |

31. Yesterday, how many hours did you play video games or computer games **away from school?** Include games played on Xbox, Nintendo, PlayStation, Wii, computer, iPad, or smartphone.

- |  |  |
|--|--|
| <input type="checkbox"/> I do not play video or computer games | <input type="checkbox"/> 3 hours         |
| <input type="checkbox"/> Less than 1 hour                      | <input type="checkbox"/> 4 hours         |
| <input type="checkbox"/> 1 hour                                | <input type="checkbox"/> 5 or more hours |
| <input type="checkbox"/> 2 hours                               |  |

32. Yesterday, how many hours did you spend doing anything else on the computer, iPad, smartphone, or other electronic device **away from school?** Include time spent doing homework, looking at websites, and social networking.

- |  |  |
|--|--|
| <input type="checkbox"/> I do not use the computer | <input type="checkbox"/> 3 hours         |
| <input type="checkbox"/> Less than 1 hour          | <input type="checkbox"/> 4 hours         |
| <input type="checkbox"/> 1 hours                   | <input type="checkbox"/> 5 hours or more |
| <input type="checkbox"/> 2 hours                   |  |

33. During the past 12 months, on how many sports teams did you play? (Include any after-school teams run by your school, church, or community groups). Do not include PE classes at school.

- None     1 team     2 teams     3 or more teams

35. I have parents or guardians who...

Fill in one answer for each statement	Never	Almost never	Sometimes	Almost always	Always
Want me to exercise or be physically active	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercise with me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spend time teaching me to play a sport or do a physical activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat lots of fruit and vegetables with me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drink water instead of a soft drink with me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cook a meal with me (breakfast, lunch, dinner)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SAMPLE