



Health Behavior Survey

Middle and High School Version
for Survey Administrator

Please read the following introduction to the students.

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 help us understand health behaviors in youth and to develop better programs for young people like yourself.

Completing this survey is voluntary. If you are not comfortable answering a question, just leave it blank. However, the answers you give are very important and we hope that you will choose to answer all of the questions. The answers you give will be kept private.

After each question and its possible answers are read, choose the one best answer based on what you really do. Don't pick an answer just because you think that's what someone wants you to say. Several of the questions (7, 8, 10, 12, and 13) ask about servings of drinks and food. Please refer to the serving size chart on the next page to answer those questions.

Please fill in completely the circle next to your answer choice. If you would like to change your answer, please erase completely.

Thank you very much for your help!



Serving Size Chart

Question 7:



Questions 8 and 10:

- Refer to medium glass in picture above. The liquid in the glass equals 8 oz.

Question 12:

Vegetable*	Serving Size	Comparison
100% vegetable juice	$\frac{3}{4}$ cup (6 oz)	Small glass in picture
Raw, cooked, frozen or canned vegetables	$\frac{1}{2}$ cup	Small computer mouse or large egg
Cooked, canned or frozen peas and beans	$\frac{1}{2}$ cup	Small computer mouse or large egg
Raw leafy vegetables (salad greens)	1 cup	Fist or tennis ball

Question 13:

Fruit*	Serving Size	Comparison
100% fruit juice	$\frac{3}{4}$ cup (6 oz)	Small glass in picture
Raw, cooked, frozen or canned (in 100% juice) fruit	$\frac{1}{2}$ cup	Small computer mouse or large egg
Dried fruit	$\frac{1}{4}$ cup	Golf ball or small egg
Piece of fruit	1 medium	Tennis ball

* Source: United States Department of Agriculture Food and Nutrition Service

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Name _____

Today's Date ____/____/____
(MM) (DD) (YYYY)

What is your date of birth? ____/____/____
(MM) (DD) (YYYY)

Make sure that each student LEGIBLY PRINTS her/his first and last name, the date the survey is being completed, and date of birth.

Please read the prompts in italics following each question.

1. Compared to others of the same age/sex, are you:

- ☐ a. A lot more physically active than most
- ☐ b. A little more physically active than most
- ☐ c. Average – same as most
- ☐ d. A little less physically active than most
- ☐ e. A lot less physically active than most
- ☐ f. Don't know / not sure

Physical activity includes any time spent moving around including walking, active time in PE, sports, marching band, dancing.

2. 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?

- ☐ a. 1 day
- ☐ b. 2 days
- ☐ c. 3 days
- ☐ d. 4 days
- ☐ e. 5 days
- ☐ f. 6 days
- ☐ g. 7 days
- ☐ h. 0 days
- ☐ i. Don't know / not sure

Examples include basketball, soccer, running, fast bicycling, swimming laps, or fast dancing. This refers to 20 minutes in a row and includes PE time as long as it was active PE time.

3. How many hours of television do you watch on the typical school day (week day)?

- ☐ a. 1 hour or less
- ☐ b. 2 hours
- ☐ c. 3 hours
- ☐ d. 4 hours
- ☐ e. 5 hours
- ☐ f. 6 hours or more
- ☐ g. None
- ☐ h. Don't know / not sure

This TV time includes watching movie videos or DVDs but does not include playing computer or video games. If you fall between two levels, round up. For example, if you watch 2 ½ hours of TV, you should select 3 hours.

4. How many hours of television do you watch on the typical weekend day?

- ☐ a. 1 hour or less
- ☐ b. 2 hours
- ☐ c. 3 hours
- ☐ d. 4 hours
- ☐ e. 5 hours
- ☐ f. 6 hours or more
- ☐ g. None
- ☐ h. Don't know / not sure

This TV time includes watching movie videos or DVD's but does not include playing computer or video games. If you fall between two levels, round up. For example, if you watch 2 ½ hours of TV, you should select 3 hours.

5. On a typical day, how many times do you drink soda? Do not count diet soda.

- ☐ a. 1 time
- ☐ b. 2 times
- ☐ c. 3 or more times
- ☐ d. None
- ☐ e. Don't know / not sure

FOR PROGRAM STAFF USE ONLY:

ID Number: _____

Location: _____

County code: _____

Gender: F M

Height: _____ feet _____ inches Self-Reported? Y

Weight: _____ pounds Self-Reported? Y

Measurement date: ____/____/____

Remind students not to write in this box. Information to be completed by project staff.

6. **On a typical day, how many times do you drink sweetened beverages such as sweet tea, punch, Kool-aid, sports drinks or fruit drinks?**
Do not count 100% fruit juices.

- ☐ a. 1 time
- ☐ b. 2 times
- ☐ c. 3 or more times
- ☐ d. None
- ☐ e. Don't know / not sure

This does not include sodas/soft drinks. Also, don't include artificially sweetened beverages such as Crystal Light.

7. **How much soda or other sweetened beverage do you typically drink each time?**

- ☐ a. Small glass (4-6 ounces)
- ☐ b. Medium glass (8-12 ounces)
- ☐ c. Large glass (16-20+ ounces)
- ☐ d. 1 can (12 ounces)
- ☐ e. 1 bottle (16-20 ounces)
- ☐ f. Don't typically drink soft drinks or soda
- ☐ g. Don't know / not sure

Refer to serving size chart. Do not include 100% fruit juice. Choose "a. Small glass" for drink boxes and pouches. If you drink less than a small glass of beverage, choose "f. Don't typically drink soft drinks or soda".

8. **On a typical day, how many glasses of milk do you drink?**

- ☐ a. Less than 1 glass
- ☐ b. 1 glass
- ☐ c. 2 glasses
- ☐ d. 3 glasses
- ☐ e. 4 or more glasses
- ☐ f. None
- ☐ g. Don't know / not sure

Refer to serving size chart. A glass is the same amount in a small carton at school or an 8-ounce drinking glass (medium glass in the picture). Include any milk you have with cereal. This does not include soymilk or calcium fortified juices, but does include Lactaid. If you do not drink milk, choose "f. None" and then skip to Q10.

9. **What type of milk do you usually drink?**

- ☐ a. Skim or non-fat
- ☐ b. Lowfat (1/2 – 1%)
- ☐ c. Reduced fat (2%)
- ☐ d. Whole
- ☐ e. Flavored lowfat or skim
- ☐ f. Flavored 2% or whole
- ☐ g. Don't know / not sure

If you do not know what type of milk you drink at home, answer based on what you drink at school. If you drink different types of milk at home and school, choose the type of milk you drink most often.

10. **On a typical day, how many glasses of water do you drink?**

- ☐ a. Less than 1 glass
- ☐ b. 1 glass
- ☐ c. 2 glasses
- ☐ d. 3 glasses
- ☐ e. 4 or more glasses
- ☐ f. None
- ☐ g. Don't know / not sure

Refer to serving size chart. A glass is 8 ounces (medium glass in the picture).

11. **When you are thirsty, you are most likely to drink:**

- ☐ a. Diet soda, unsweetened tea, or artificially sweetened beverage
- ☐ b. Juice
- ☐ c. Milk
- ☐ d. Non-diet/regular soda, sweet tea, or another sweetened drink (Kool-aid, punch)
- ☐ e. Sports drink (Gatorade, PowerAde)
- ☐ f. Water
- ☐ g. Don't know / not sure

Pick only one answer.

12. **On a typical day, how many servings of vegetables do you eat? Do not include French fries.**

- ☐ a. 1 serving
- ☐ b. 2 servings
- ☐ c. 3 or more servings
- ☐ d. None
- ☐ e. Don't know / not sure

Refer to serving size chart. Include vegetables you eat at home and at school. If you eat less than one serving, choose "d. None".

13. **On a typical day, how many servings of fruit do you eat?**

- ☐ a. 1 serving
- ☐ b. 2 servings
- ☐ c. 3 or more servings
- ☐ d. None
- ☐ e. Don't know / not sure

Refer to serving size chart. Include 100% fruit juice. Include fruit and juice you consume at home and at school. If you eat less than one serving, choose "d. None".

14. **On a typical day, how many times do you eat French fries or chips? Chips are potato chips, tortilla chips, cheetos, corn chips or other snack chips.**

- ☐ a. 1 time
- ☐ b. 2 times
- ☐ c. 3 or more times
- ☐ d. None
- ☐ e. Don't know / not sure

15. How many times a week do you eat food from a fast food restaurant like Burger King, Chick-Fil-A, Bojangles, or Pizza Hut?

- ☐ a. Less than once a week
- ☐ b. Once a week
- ☐ c. 2 times a week
- ☐ d. 3 to 5 times a week
- ☐ e. More than 5 times a week
- ☐ f. Don't know / not sure

This includes breakfast, lunch, or dinner eaten at a fast food restaurant.

16. When you eat at a restaurant that offers different sizes of food or drinks, how often do you order the large, "super size" or "biggie size"?

- ☐ a. Always
- ☐ b. Almost all of the time
- ☐ c. Some of the time
- ☐ d. Never
- ☐ e. Don't know / not sure

17. When you are hungry and want a snack, you are most likely to eat:

- ☐ a. Candy
- ☐ b. Chips
- ☐ c. Cereal
- ☐ d. Cookies, cake, Pop-Tarts
- ☐ e. Fruit
- ☐ f. Vegetables
- ☐ g. Yogurt, ice cream, pudding or cheese
- ☐ h. Some other snack: _____
- ☐ i. Don't know / not sure

Pick only one answer.

18. Besides your lunch, how often do you buy extra food or drinks at school?

- ☐ a. Every day
- ☐ b. 1-2 times per week
- ☐ c. 3-4 times per week
- ☐ d. Never buy anything extra
- ☐ e. Don't know / not sure

This means buying a la carte items or food and drinks from vending machines at school during school hours.

19. On how many school days per week do you eat breakfast?

- ☐ a. 1 day
- ☐ b. 2 days
- ☐ c. 3 days
- ☐ d. 4 days
- ☐ e. 5 days
- ☐ f. Don't know / not sure

This can be breakfast at home or school.

20. How do you describe your weight?

- ☐ a. Very underweight
- ☐ b. Slightly underweight
- ☐ c. About the right weight
- ☐ d. Slightly overweight
- ☐ e. Very overweight
- ☐ f. Don't know / not sure

21. Which of the following are you trying to do about your weight?

- ☐ a. Lose weight
- ☐ b. Gain weight
- ☐ c. Stay the same weight
- ☐ d. Not trying to do anything about my weight
- ☐ e. Don't know / not sure

22. Are you of Hispanic or Latino origin?

- ☐ a. Yes
- ☐ b. No
- ☐ c. Unknown

23. Which of the following groups would you say best describes your race?

- ☐ a. White
- ☐ b. Black
- ☐ c. American Indian
- ☐ d. Asian
- ☐ e. Native Hawaiian or Other Pacific Islander
- ☐ f. Unknown

24. What is your sex?

- ☐ a. Female
- ☐ b. Male

25. What grade are you in?

- ☐ a. 6th grade
- ☐ b. 7th grade
- ☐ c. 8th grade
- ☐ d. 9th grade
- ☐ e. 10th grade
- ☐ f. 11th grade
- ☐ g. 12th grade

26. On a typical day, where do you go after school?

- ☐ a. Home
- ☐ b. An after school program at my school or at another school
- ☐ c. An after school program at another location
- ☐ d. To a friend's house
- ☐ e. To a relative's house
- ☐ f. Another place
- ☐ g. Not currently in school
- ☐ h. Don't know / not sure

If you go to different places after school during the week, pick the one you go to most often.