## SNAP Student Survey School Nutrition and Activity Project

These questions are about the health and eating habits of students like yourself. Read each question carefully and be as honest as you can when you answer the questions. The information you give will be kept completely secret and confidential. Your answers will only be seen by researchers at the University of Prince Edward Island. Your teachers, principal, parents, etc. will not see your answers. The survey is anonymous so please do NOT put your name on any of the pages.

For each question please mark your answer by making a dark pencil mark that fills the circle completely. Fill in only one (1) circle for each question unless the instructions tell you to do something different.

## Section 1. All about me.

This section asks questions about you.

1.	What grade are you in?	4.		v often do you have nething for breakfast?		
	o 5 o 6		0	<b>.</b>		
			0	Every day		
			0	Some days		
2.	How old are you?		0	Rarely		
			0	Weekends only		
	<ul><li>10 years or younger</li></ul>		0	Never		
	○ 11 years					
	○ 12 years	5.	Wh	at type of milk do you		
	0 13 years or older		usually drink?			
			0	Whole milk		
3.	Are you a girl or a boy?		0	2% white		
			0	1% white		
	О Воу		0	Skim milk		
	○ Girl		0	Chocolate milk		
			0	Don't drink milk		

## Section 2. The Foods I Eat

6. How often have you eaten any of these foods <u>in the last seven days</u>? For each food, please fill in the circle.

Food	At least twice a day	once a day	4 to 6 times/week	1 to 3 times/week	never
Milk (alone or on cereal)	0	0	0	0	0
Cheese	0	0	0	0	0
Yogurt and frozen yogurt	0	0	0	0	0
Eggs	0	0	0	0	0
Ice Cream	0	0	0	0	0
French fries	0	0	0	0	0
Other kinds of potatoes	0	0	0	0	0
Salad	0	0	0	0	0
Other vegetables	0	0	0	0	0
Beans (baked, chickpeas, kidney beans, lentils, tofu)	0	0	0	0	0
Peanut butter	0	0	0	0	0
Fruit	0	0	0	0	0
Fruit Juice	0	0	0	0	0
Bread, bagels, pitas, English muffins, crackers, tortillas	Ο	0	0	0	0
Rice	0	0	0	0	0

Food	At least twice a day	once a day	4 to 6 times/week	1 to 3 times/week	never
Spaghetti, macaroni, or other pasta	0	0	0	0	0
Pizza	0	0	0	0	0
Cheerios, Shreddies Rice Krispies, Corn Flakes, Raisin Bran, Frosted Flakes and other cold cereals	0	0	0	0	0
Oatmeal, Cream of Wheat and other cooked cereals	0	0	0	0	0
Hamburgers, beef, pork, hot dogs, sausages, lunch meats, other meat	0	0	0	0	0
Chicken, turkey, fish	0	0	0	0	0
Cakes, cookies, pie, doughnuts	0	0	0	0	0
Potato chips, tortilla or nacho chips, Cheesic pretzels, other snack fo		0	0	0	0
Candy, chocolate bars	0	0	0	0	0
Regular (not diet) soft drinks	0	0	0	0	0

## Section 3. The Activities I Take Part In

This section asks questions about the types of activities that you take part in.

3-1. Think about the last year. Think about the activities that you do, when you are not at school. How often do you usually...

· · ·	Never	Less than once a week	1 to 3 times a week	4 or more times a week
a. Play sports or do physical activity <u>WITHOUT</u> a coach or instructor (such as riding a bike, skateboarding, rollerblading, etc.)?	0	0	Ο	0
b. Play sports <u>WITH</u> a coach or instructor, other than in gym class (such as soccer, swimming lessons, hockey, gymnastics, etc.)?	0	0	Ο	0
c. Use a computer or play video games?	0	0	0	0
d. Watch TV?	0	0	0	0

3-2. On average, about how many hours per day do you spend on the following activities, **not including school hours**?

	Less than 1 1 hour a day	-2 hours a day	3-4 hours a day	5-6 hours day	a 7 or more hours a day
a. Using a computer or playing video games	0	0	0	0	0
b. Watching TV	0	0	0	0	0

Thank you for taking part in this survey!