

In-School Prevention of Obesity and Disease Intervention

Student Survey v6

Hello. Your answers to these questions will help us to improve PE and fitness activities for NC school children. **All of your answers are voluntary and private.** Individual responses will not be shared. This survey will take about 15 minutes to complete. If you have any questions about the survey contact NCAAHPERD at info@ncaahperd.org or 888-840-6500. Thank you.

About your Physical Education class.

1. How many physical Education (PE) classes do you have in a month? (Count the number of classes of PE with your PE teacher you have in a month and put the number in the box.)

2. How many minutes of physical Education (PE) class do you have in a regular class? (Count the number of minutes in 1 class of PE with your PE teacher and put the number in the box.)

3. In the past week, how often have you liked your Physical Education (PE) class?
Never Not Much Sometimes Often Always

4. During the past week, how often have you been bored in your Physical Education (PE) class?
Never Not Much Sometimes Often Always

5. During your Physical Education (PE) class, how many minutes do you spend actually exercising or playing sports?
I do not take PE Less than 10 min 10 to 20 min 21 to 30 min 31 to 40 min 41 to 50 min 51 to 60 min More than 60 min

6. I obey the rules when I play games or sports in my Physical Education (PE) class.
Never Not Much Sometimes Often Always

7. I feel welcome in my Physical Education (PE) class
Never Not Much Sometimes Often Always

8. When I need help in my Physical Education (PE) class, other students offer assistance.
Never Not Much Sometimes Often Always

9. I feel that my opinions are respected by other students and the teacher or coach in my Physical Education (PE) class
Never Not Much Sometimes Often Always

10. I listen when other students talk to me in my Physical Education (PE) class.
Never Not Much Sometimes Often Always

11. I have to wait in line to use PE equipment Physical Education (PE) during class?
Never Not Much Sometimes Often Always

12. Is the physical education equipment in good condition?
Excellent condition Very Good Good Fair Poor

About your physical activity.

13. I enjoy doing physical activity at school, such as recess, classroom energizers, sports, dance and exercise.
Never Not Much Sometimes Often Always

14. I enjoy doing physical activity at home, such as gardening or yard work, sports, dance, and exercise.
Never Not Much Sometimes Often Always

15. I believe that I **know how** to do a variety of physical activities.
Never Not Much Sometimes Often Always

16. I believe that I have the **skills** I need to do many different physical activities
Never Not Much Sometimes Often Always

17. During the past week, on how many days were you physically active for at least 60 minutes per day? (Add up all the time you spend in any kind of physical activity that increases your heart rate and makes you breathe hard some of the time)
1 day 2 days 3 days 4 days 5 days 6 days 7 days

18. On a school day, how much total time do you spend being physically active?
I am not physically active on school Less than 20 min 20 minutes to 1 hour More than 1 hour and up to 2 hours More than 2 hours and up to 3 hours 3 or more hours

19. On a Saturday or Sunday, how much total time do you spend being physically active?

I am not physically active on Sat or Sun
Less than 20 min
20 minutes to 1 hour
More than 1 hour and up to 2 hours
More than 2 hours and up to 3 hours
3 or more hours

About your screen time (the time you spend watching TV, playing video games, or on the computer.)

20. On a school day, how many hours do you watch TV?

I do not watch TV on a school day
Less than 1 hour per day
1 hour per day
2 hours per day
3 hours per day
4 hours per day
5 or more hours per day

21. On Saturday or Sunday, how many hours do you watch TV?

I do not watch TV on a Sat or Sunday
Less than 1 hour per day
1 hour per day
2 hours per day
3 hours per day
4 hours per day
5 or more hours per day

22. During the past week, how much total time do you spend playing video games or using a computer for something that is not school work? (Include activities such as Nintendo, Game Boy, Play Station, computer games and the internet)

I do not play video games or use a computer for non-school work
Less than 1 hour per day
1 hour per day
2 hours per day
3 hours per day
4 hours per day
5 or more hours per day

About what you drink and eat.

23. During the past week, how many times did you eat fruit? (Include raw, cooked, frozen, canned, or dried and 100% fruit juice)

I do not eat fruit
1 time
2 times
3 times
4 times
5 or more times

24. During the past week, how many times did you eat French Fries?

I do not eat French Fries
1 time
2 times
3 times
4 times
5 or more times

25. During the past week, how many times did you eat vegetables? (Include raw, cooked, frozen, canned, salad greens, 100% vegetable juice but do not count french fries)

I do not eat vegetables
1 time
2 times
3 times
4 times
5 or more times

26. During the past week, how many times did you drink a soft drink or sweetened beverage? (Include soda, fruit drinks, sweet tea, punch, Kool-Aid, sports drinks)

I do not drink soft drinks or sweetened beverages
1 time
2 times
3 times
4 times
5 or more times

27. During the past week, how many glasses of milk did you drink? (Include the milk you drank in a glass, cup, carton, or with cereal and count the half pint milk served at school as equal to 1 glass.)

I did not drink milk during the past 7 days
1 to 3 glasses during the past 7 days
4 to 6 glasses during the past 7 days
1 glass per day
2 glasses per day
3 glasses per day
4 or more glasses per day

28. During the past week, how many days did you eat breakfast?

0 days
1 day
2 days
3 days
4 days
5 days
6 days
7 days

29. During the past week, how many times did you eat dinner at home with your family? 0 times 1 time 2 times 3 times 4 times 5 times 6 times 7 times

About your health.

30. On a school night, how many hours of sleep do you get?

4 or less hours
5 hours
6 hours
7 hours
8 hours
9 hours
10 or more hours

31. How do you describe your health?

Poor Fair Good Very Good Excellent

32. Do you participate in any outside school activities such as sports, band, drama, clubs, S.O.S., etc? Yes No

33. How would describe your behavior in school

a. Have you ever received any special awards or recognitions? Yes No

b. Have you ever gotten in trouble in school with a teacher? Yes No

c. Have you ever gotten in trouble in school with a principal? Yes No

d. Do you ever skip classes? Yes No

e. Have you ever been suspended or given detention? Yes No

34. How would you describe your grades in school? Mostly A's Mostly B's Mostly C's Mostly D's Mostly F's None of these grades Not Sure