



Classroom Code:

Building Code:

USD #:

PLEASE DO NOT REMOVE THIS FORM





Information About You

1. What is your Date of birth? Example April 10, 1991=

/ /

/ /

2. Are you a: (mark one)

- Girl
- Boy

3. Are you Hispanic or Latino? (mark one)

- Yes
- No
- Don't know / Not sure
- Refuse to answer

4. How do you describe yourself? (mark all that apply)

- American Indian or Alaska Native
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Asian
- White
- Don't Know / Not Sure
- Refuse to Answer

5. What is the primary language spoken in your home? (mark one)

- English
- Spanish
- Vietnamese
- Other
- Don't know / Not sure
- Refuse to answer

6. Your grade: (mark one)

- 6th grade
- 7th grade
- 8th grade
- 9th grade
- 10th grade
- 11th grade
- 12th grade
- Don't know / Not sure
- Refuse to answer

7. In school, I make: (mark one)

- Mostly A's
- Mostly B's
- Mostly C's
- Mostly D's
- Mostly F's
- Letter grades not given
- Don't know / Not sure
- Refuse to Answer

8. What is the highest level of education completed by your mother or female guardian? (mark one)

- Less than high school
- High school
- Some college, or associates degree
- Graduated college
- Master's degree or above
- Don't know / Not sure
- Does not apply

9. What is the highest level of education completed by your father or male guardian? (mark one)

- Less than high school
- High school
- Some college, or associates degree
- Graduated college
- Master's degree or above
- Don't know / Not sure
- Does not apply



Information About You

10. Do you get school breakfast or lunch for free or at a reduced cost?

- Yes
- No
- Don't know / Not sure
- Refuse to answer

11. During the current school year, for how many days have you been suspended from school for disciplinary reasons?

- None
- 1
- 2
- 3
- 4
- 5 or more
- Don't know / Not sure
- Refuse to answer

12. During the current school year, how many days have you received in-school suspension for disciplinary reasons?

- None
- 1
- 2
- 3
- 4
- 5 or more
- Don't know / Not sure
- Refuse to answer

13. How tall are you without your shoes on?
Write your height in the shaded blank boxes.
Fill in the matching oval next to each number.

Height	
Feet	Inches
<input type="radio"/> 3	<input type="radio"/> 0
<input type="radio"/> 4	<input type="radio"/> 1
<input type="radio"/> 5	<input type="radio"/> 2
<input type="radio"/> 6	<input type="radio"/> 3
<input type="radio"/> 7	<input type="radio"/> 4
	<input type="radio"/> 5
	<input type="radio"/> 6
	<input type="radio"/> 7
	<input type="radio"/> 8
	<input type="radio"/> 9
	<input type="radio"/> 10
	<input type="radio"/> 11

14. How much do you weigh without your shoes on?
Write your weight in the shaded blank boxes. Fill in the matching oval next to each number. If you weigh less than 100 pounds leave "Column A" blank

Weight		
Pounds		
A.	B.	C.
<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4
	<input type="radio"/> 5	<input type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8
	<input type="radio"/> 9	<input type="radio"/> 9



Information About You

15. How many hours during the school week do you currently work at a job or business? (Enter "00" for none)

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16. How many hours on the weekend do you currently work at a job or business? (Enter "00" for none)

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Information About Your Health

17. Would you say that in general your health is:

- Excellent
- Very Good
- Good
- Fair
- Poor
- Don't know / Not sure
- Refuse to answer

18. How do you describe your weight?

- Very underweight
- Slightly underweight
- About the right weight
- Slightly overweight
- Very overweight
- Don't know / Not sure
- Refuse to answer

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

- Lose weight
- Gain weight
- Stay the same weight
- I am not trying to do anything about my weight
- Don't know / Not sure
- Refuse to answer

20. Have you ever been told by a doctor that you have diabetes?

- Yes
- No
- Don't know/Not sure
- Refuse to answer

21. During the current school year, how many days have you missed school for any reason? Do NOT COUNT school activities. (Enter "000" for none)

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22. During the current school year, how many days have you missed school due to illness? (Enter "000" for none)

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Please Proceed to the next section



What You Drink

23. In the past 7 days how often did you drink regular pop/soda? DO NOT INCLUDE diet pop/soda.

- I did not drink regular pop/soda during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day
- Don't know / Not sure
- Refuse to answer

24. In the past 7 days how often did you drink diet pop/soda?

- I did not drink diet pop/soda during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day
- Don't know / Not sure
- Refuse to answer

25. In the past 7 days how often did you drink sweetened drinks such as Hawaiian Punch®, lemonade, Kool-Aid®, Fruitopia®, sweet tea, Sunny D®, Snapple®, or sports drinks such as Gatorade® or Powerade® DO NOT COUNT 100% fruit juice.

- I did not drink sweetened drinks during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day
- Don't know / Not sure
- Refuse to answer

26. In the past 7 days how often did you drink 100% fruit juices such as orange juice, apple juice, or grape juice? DO NOT COUNT punch, Kool-Aid®, Fruitopia®, sweet tea, Sunny D®, Snapple® or sports drinks such as Gatorade® or Powerade®.

- I did not drink 100% fruit juice during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day
- Don't know / Not sure
- Refuse to answer

27. In the past 7 days how often did you drink white milk? Include the milk you drank in a glass, bottle and carton or with cereal.

- I did not drink white milk during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day
- Don't know/Not sure
- Refuse to answer

28. In the past 7 days how often did you drink chocolate milk or other flavored milk like strawberry or vanilla? Include the milk you drank in a glass, bottle or carton

- I did not drink flavored milk during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day
- Don't know/Not sure
- Refuse to answer



What You Drink

29. What TYPE of WHITE milk do you usually use?

- I do not drink white milk
- Whole milk
- 2% milk
- 1% milk
- Skim/non-fat milk
- Soy milk
- Lactaid
- Don't know/Not sure
- Refuse to answer

30. In the past 7 days how often did you drink water?

- I did not drink water during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day
- Don't know/Not sure
- Refuse to answer

What You Eat

Think about the past 7 DAYS and all the meals and snacks you've had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.

Remember: Please mark ONE answer for each question in this section.

31. During the past 7 days, how often did you eat fruit?
Include fresh fruit, fruit salad, raisins, apricots or other dried fruits. DO NOT COUNT fruit juice, punch, lemonade, Gatorade® or Sunny Delight®.

- I did not eat fruit during the past 7 days
- Some but less than 1 time per day
- About 1 time per day
- About 2 times per day
- About 3 times per day
- About 4 times per day
- About 5 or more times per day
- Don't know / Not Sure
- Refuse to answer

32. During the past 7 days, how often did you eat vegetables?
Include carrots or other fresh vegetables, raw or cooked vegetables, green salad or potatoes. DO NOT COUNT French fries or potato chips.

- I did not eat vegetables during the past 7 days
- Some but less than 1 time per day
- About 1 time per day
- About 2 times per day
- About 3 times per day
- About 4 times per day
- About 5 or more times per day
- Don't know / Not Sure
- Refuse to answer

33. During the past 7 days, how often did you eat French fries or fried potatoes?

- I did not eat French Fries or fried potatoes during the past 7 days
- Some but less than 1 time per day
- About 1 time per day
- About 2 times per day
- About 3 times per day
- About 4 times per day
- About 5 or more times per day
- Don't know / Not sure
- Refuse to answer

34. During the past 7 days, how many food or drink items did you buy from vending machines in your school?

- There are no vending machines in my school
- My school has vending machines, but I did not use one in the past 7 days
- 1 to 3 items in the past 7 days
- 4 to 6 items in the past 7 days
- 7 or more items in the past 7 days
- Don't know/Not sure
- Refuse to answer



What You Eat

35. During the past 7 days, which of the following did you buy from a school vending machine? (*Mark all that apply*)

- There are no vending machines in my school
- My school has vending machines, but I did not use one in the past 7 days
- Diet beverages (pop/soda, tea, etc.)
- Regular pop/soda
- Sweetened drinks other than pop/soda (like Fruitopia®, Snapple®, Iced tea, Sunny D® or sports drinks such as Gatorade®, Powerade®)
- Water
- 100% Fruit juice or fruit
- Salty snacks, NOT low fat (like Doritos®, Fritos®, Potato Chips)
- Candy of any kind
- Cookies, brownies, snack cakes and granola bars
- Ice Cream
- Other
- Don't know/Not sure
- Refuse to answer

36. In the past 7 days, how many times did you eat at a restaurant such as McDonald's, Pizza Hut or other pizza place, Burger King, Wendy's, Dairy Queen and so on...?

- Did NOT eat at a restaurant in the past 7 days
- 1 time in the past 7 days
- 2 to 3 times in the past 7 days
- 4 to 6 times in the past 7 days
- 7 or more times in the past 7 days
- Don't know / Not sure
- Refuse to answer

37. Overall, when you think about the foods you ate over the past 12 months, would you say your diet was low, medium or high in fat?

- Low
- Medium
- High
- Don't know / Not sure
- Refuse to answer

38. How often do you sit down with other members of your family to eat a meal?

- Never
- Some days
- Most days
- Every day
- Don't know / Not sure
- Refuse to answer

Please Proceed to the next section



How You Spend Your Time

Remember: Please mark ONE answer for each question in this section.

39. Is there a television in the room where you sleep?

- Yes
- No
- Don't know / Not sure
- Refuse to answer

40. Please select the sentence that best describes how much TV you are allowed to watch:

- I can watch as much TV as I want
 - My parents or other adults I live with sometimes limit how much TV I may watch
 - My parents or other adults I live with always limit how much TV I may watch
 - Don't know / Not sure
 - Refuse to Answer
-

41. Do your parents/guardians have rules about which television programs or movies you are allowed to watch?

- Yes
- No
- Don't know/Not sure
- Refuse to answer

42. During a typical school week (Monday-Friday), how many hours do you watch TV?

- I do not watch TV during a typical school week
 - Some but less than 5 hours per week
 - 5 hours to less than 10 hours per week
 - 10 to less than 15 hours per week
 - 15 to less than 20 hours per week
 - 20 to less than 25 hours per week
 - 25 to less than 30 hours per week
 - 30 hours or more per week
 - Don't know / Not sure
 - Refuse to answer
-

43. During a typical school week (Monday-Friday), how many hours do you spend watching video tapes or DVDs?

- I do not watch video tapes or DVDs during a typical school week
- Some but less than 5 hours per week
- 5 hours to less than 10 hours per week
- 10 to less than 15 hours per week
- 15 to less than 20 hours per week
- 20 to less than 25 hours per week
- 25 to less than 30 hours per week
- 30 hours or more per week
- Don't know / Not sure
- Refuse to answer

44. During a typical school week (Monday-Friday), how many hours do you spend using the Internet for fun (like for shopping or email)?

- I do not use the Internet during a typical school week
- Some but less than 5 hours per week
- 5 hours to less than 10 hours per week
- 10 to less than 15 hours per week
- 15 to less than 20 hours per week
- 20 to less than 25 hours per week
- 25 to less than 30 hours per week
- 30 hours or more per week
- Don't know / Not sure
- Refuse to answer



How You Spend Your Time

Remember: Please mark ONE answer for each question in this section.

45. During a typical school week (Monday-Friday), how many hours do you spend playing interactive electronic games (computer games, Nintendo®, PlayStation®, GameBoy® or any similar system)?

- I do not play interactive electronic games during a typical school week
- Some but less than 5 hours per week
- 5 hours to less than 10 hours per week
- 10 to less than 15 hours per week
- 15 to less than 20 hours per week
- 20 to less than 25 hours per week
- 25 to less than 30 hours per week
- 30 hours or more per week
- Don't know / Not sure
- Refuse to answer

46. During a typical school week (Monday-Friday), how many hours do you spend doing homework or reading?

- I do not do homework or read during a typical school week
- Some but less than 5 hours per week
- 5 hours to less than 10 hours per week
- 10 to less than 15 hours per week
- 15 to less than 20 hours per week
- 20 to less than 25 hours per week
- 25 to less than 30 hours per week
- 30 hours or more per week
- Don't know / Not sure
- Refuse to answer

47. During a typical weekend (Saturday-Sunday), how many hours do you watch TV?

- I do not watch TV during a typical weekend
- Some but less than 5 hours per weekend
- 5 hours to less than 10 hours per weekend
- 10 to less than 15 hours per weekend
- 15 to less than 20 hours per weekend
- 20 to less than 25 hours per weekend
- 25 to less than 30 hours per weekend
- 30 hours or more per weekend
- Don't know / Not sure
- Refuse to answer

48. During a typical weekend (Saturday-Sunday), how many hours do you spend watching video tapes or DVDs?

- I do not watch video tapes or DVDs during a typical weekend
- Some but less than 5 hours per weekend
- 5 hours to less than 10 hours per weekend
- 10 to less than 15 hours per weekend
- 15 to less than 20 hours per weekend
- 20 to less than 25 hours per weekend
- 25 to less than 30 hours per weekend
- 30 hours or more per weekend
- Don't know / Not sure
- Refuse to answer

49. During a typical weekend (Saturday-Sunday), how many hours do you spend doing homework or reading?

- I do not do homework or read during a typical weekend
- Some but less than 5 hours per weekend
- 5 hours to less than 10 hours per weekend
- 10 to less than 15 hours per weekend
- 15 to less than 20 hours per weekend
- 20 to less than 25 hours per weekend
- 25 to less than 30 hours per weekend
- 30 hours or more per weekend
- Don't know / Not sure
- Refuse to answer

50. During a typical weekend (Saturday-Sunday), how many hours do you spend playing interactive electronic games (computer games, Nintendo®, PlayStation®, GameBoy® or any similar system)?

- I do not play interactive electronic games during a typical weekend
- Some but less than 5 hours per weekend
- 5 hours to less than 10 hours per weekend
- 10 to less than 15 hours per weekend
- 15 to less than 20 hours per weekend
- 20 to less than 25 hours per weekend
- 25 to less than 30 hours per weekend
- 30 hours or more per weekend
- Don't know / Not sure
- Refuse to answer



How You Spend Your Time

51. During a typical weekend (Saturday-Sunday), how many hours do you spend using the Internet for fun (like for shopping or email)?

- I do not use the Internet during a typical weekend
 - Some but less than 5 hours per weekend
 - 5 hours to less than 10 hours per weekend
 - 10 to less than 15 hours per weekend
 - 15 to less than 20 hours per weekend
 - 20 to less than 25 hours per weekend
 - 25 to less than 30 hours per weekend
 - 30 hours or more per weekend
 - Don't know / Not sure
 - Refuse to answer
-

Physical Activity

Physical Activity is any activity that increases your heart rate and makes you get out of breath some of the time.

Physical Activity can be done in sports, playing with friends, or walking to school.

Some examples of **physical activity** are running, brisk walking, rollerblading, biking, skateboarding, dancing, swimming, soccer, basketball, football, volleyball and surfing.

For the following two questions (52,53) add up all the time you spend in physical activity each day (don't include physical education or gym class).

52. Over the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days
- Don't know / Not sure
- Refuse to answer

53. Over a typical or usual week, on how many days were you physically active for a total of at least 60 minutes per day?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days
- Don't know / Not sure
- Refuse to answer



Physical Activity

Remember: Please mark ONE answer for each question in this section.

54. In a typical or usual week when you are in school, on how many days do you go to physical education (PE) classes?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days

55. During a typical or usual physical education (PE) class, how many minutes do you spend actually exercising or playing sports?

- I do not take PE
- Less than 10 minutes
- 10 to 20 minutes
- 21 to 30 minutes
- 31 to 40 minutes
- 41 to 50 minutes
- 51 to 60 minutes
- More than 60 minutes

56. When weather permits, on how many days per week do you usually walk to school?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days

57. When weather permits, on how many days per week do you usually ride a bicycle to school?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days

58. Have you been on any sports teams during the past year at school or outside of school?
(Mark either yes or no for each item in both columns.)

Sports Teams at School	No	Yes	Sports Teams Outside of School	No	Yes
a. Baseball or Softball	<input type="radio"/>	<input type="radio"/>	a. Baseball or Softball	<input type="radio"/>	<input type="radio"/>
b. Basketball	<input type="radio"/>	<input type="radio"/>	b. Basketball	<input type="radio"/>	<input type="radio"/>
c. Cheerleading	<input type="radio"/>	<input type="radio"/>	c. Cheerleading	<input type="radio"/>	<input type="radio"/>
d. Football	<input type="radio"/>	<input type="radio"/>	d. Football	<input type="radio"/>	<input type="radio"/>
e. Golf	<input type="radio"/>	<input type="radio"/>	e. Golf	<input type="radio"/>	<input type="radio"/>
f. Ice, Field, Roller Hockey	<input type="radio"/>	<input type="radio"/>	f. Ice, Field, Roller Hockey	<input type="radio"/>	<input type="radio"/>
g. Soccer	<input type="radio"/>	<input type="radio"/>	g. Soccer	<input type="radio"/>	<input type="radio"/>
h. Swimming	<input type="radio"/>	<input type="radio"/>	h. Swimming	<input type="radio"/>	<input type="radio"/>
i. Tennis	<input type="radio"/>	<input type="radio"/>	i. Tennis	<input type="radio"/>	<input type="radio"/>
j. Track and Field	<input type="radio"/>	<input type="radio"/>	j. Track and Field	<input type="radio"/>	<input type="radio"/>
k. Volleyball	<input type="radio"/>	<input type="radio"/>	k. Volleyball	<input type="radio"/>	<input type="radio"/>
l. Gymnastics	<input type="radio"/>	<input type="radio"/>	l. Gymnastics	<input type="radio"/>	<input type="radio"/>
m. Wrestling	<input type="radio"/>	<input type="radio"/>	m. Wrestling	<input type="radio"/>	<input type="radio"/>
n. Other (specify): _____	<input type="radio"/>	<input type="radio"/>	n. Other (specify): _____	<input type="radio"/>	<input type="radio"/>



Physical Activity

59. Have you taken any classes, lessons, or special programs during the past year (outside of school only)?
(Mark either yes or no for each item.)

	No	Yes
a. Dance (ballet, jazz, modern)	<input type="radio"/>	<input type="radio"/>
b. Aerobics	<input type="radio"/>	<input type="radio"/>
c. Figure Skating	<input type="radio"/>	<input type="radio"/>
d. Gymnastics	<input type="radio"/>	<input type="radio"/>
e. Martial Arts	<input type="radio"/>	<input type="radio"/>
f. Skiing	<input type="radio"/>	<input type="radio"/>
g. Swimming	<input type="radio"/>	<input type="radio"/>
h. Tennis	<input type="radio"/>	<input type="radio"/>
n. Other (specify): _____	<input type="radio"/>	<input type="radio"/>

Thank You For Completing This Survey!



K-CHAMP Data Form

ANTHROPOMETRY DATA FORM Kansas Department of Health & Environment Spring 2005

Directions: To keep the measurements standardized, please adhere to the CDC guidelines outlined in the protocol provided in your packet. Important steps to remember prior to measuring height and weight include: 1. have students remove their shoes. 2. have students remove heavy outer clothing (such as sweaters, jackets and vests) 3. have students remove hair ornaments, buns, (if possible) anything that could interfere with achieving an accurate measurement. Remember, when measuring height and weight make sure the headpiece fits snugly against the crown of the head. Please document any problems you experience when measuring height and/or weight in the space provided below.

Height: Please take two measurements of the student's height using either the *English Formula or Metric Formula*. The repeat measurement should agree within 1/4 inch English or 1 cm Metric. If the second measurement does not agree within 1/4 inch or 1 cm, please take a third reading. The measurement should be recorded to the *nearest 1/8 inch when using the English Formula and 0.1 cm if you choose to use the Metric Formula*. Please mark the appropriate circle below indicating which measurement formula was utilized for data collection.

<input type="radio"/> English: (record in inches)	1st Reading	2nd Reading	3rd Reading (if needed)
	<input type="text"/> <input type="text"/> & <input type="text"/> /8 in.	<input type="text"/> <input type="text"/> & <input type="text"/> /8 in.	<input type="text"/> <input type="text"/> & <input type="text"/> /8 in.
or			
<input type="radio"/> Metric (record in centimeters)	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> cm	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> cm	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> cm

Weight: Please take two measurements of the student's weight using *either the English Formula or Metric Formula*. The measurements should be recorded to the nearest 1/4 pound for English or 0.1 kg for Metric. Please mark the appropriate circle below indicating which measurement formula was utilized for data collection.

<input type="radio"/> English: (record in inches)	1st Reading	2nd Reading
	<input type="text"/> <input type="text"/> <input type="text"/> & <input type="text"/> /4 lbs.	<input type="text"/> <input type="text"/> <input type="text"/> & <input type="text"/> /4 lbs.
or		
<input type="radio"/> Metric (record in centimeters)	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> kg	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> kg

Height & Weight Interference: Please indicate if there were any problems with retrieving an accurate height and/or weight measurement.

- Wearing bulky or heavy clothing, cast/splint, leg braces
- Other (please specify) _____
(student in wheelchair, pregnancy, etc.)

Form Completed by:
Initials (first, middle, last)

Today's Date: / /