

Health In Motion Physical Education for Progress FACT SHEET

Q: Who is gathering the data?

A: Cleveland Metropolitan School District Elementary, Middle & High Schools. Specifically, the Physical Education Department is coordinating the data collection activities.

Q: Why is this information being collected?

A: The United States Department of Education (DOE) has awarded Cleveland Metropolitan School District the Carol M. White PEP Grant. As a condition of this grant, CMSD must provide the DOE with data collected during the grant to show the positive effects that the funding is having on students in the Cleveland Metropolitan School District.

Q: Why are parents being asked to help in this project?

A: Parents of Grades K-12 grade students are asked to help remind their child to fill out the pedometer log before going to bed at night so that we receive accurate numbers. Your K-4th grade child will need to record pedometer steps for 4 days and your 5th -12th grade child will need to record pedometer steps for 7 days.

Q: What is a pedometer, and why are they being used?

A: A pedometer is a small device worn on the waistband, which counts the number of steps the wearer takes and how active the wearer is. We need this data to find out if students are really becoming more active as a result of the Health In Motion training their Physical Education teachers are receiving.

Q: What is the PACER test, and why is it given?

A: The PACER test is part of the physical fitness testing that all CMSD students take each year as a piece of the "FITNESSGRAM" program. It helps us understand student's endurance level. We need to use this test to show that student's endurance levels are improving as a result of the grant.

Q: Can I view a copy of the surveys?

A: Yes, a copy of the nutrition questions (asking about eating fruits and vegetables), and the physical activity questions in the survey can be viewed by speaking with your child's Physical Education teacher, or online at CMSD website.

Q: How long will the surveys take?

A: They are very short, and should take the student between 5 to 10 minutes to finish.

A: Desiree Powell, M.Ed.
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PEP Program Director
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Longer Gym Class Periods Reduce Childhood Obesity

Article from Medical Daily

Requiring more time in physical education in schools is a good way to fight the childhood obesity epidemic.

More time in gym class actually does reduce the likelihood that young children will become obese, according to a new study published in the *Journal of Health Economics*. The findings are some of the first evidence that physical education (PE) directly impacts the weight of elementary school children, say the researchers. Organizations including the U.S. Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics (AAP) have been advocating for longer gym class periods for some time, recommending that children under the age of 17 should spend at least one hour per day in some kind of physical activity. More physical education is a sound policy in combating the growing obesity epidemic in the U.S., the study suggests. In 2010, 32.6 percent of American youths aged 6-11 were overweight, and 18 percent were obese. States that are serious about reducing children's obesity risk should increase the mandatory amount of time students spend in PE, write the researchers, and enforce existing standards better.

John Cawley, professor of policy analysis and management at Cornell University, worked with economics professors David Frisvold of Emory University and Chad Meyerhoefer of Lehigh University, to analyze data from the Early Childhood Longitudinal Study, Kindergarten Cohort (ECLS-K), which collected health and recreational data from a nationally representative sample of kindergarteners in the 1998-99 school year to fifth grade in the spring of 2004.

Since they were unable to conduct a randomized experiment of the effect of PE on children's weight, the researchers settled on a "natural experiment" — by seeing how existing differences affect children's weight and body mass index (BMI).

Different states have different requirements for the mandatory minimum amount of time that elementary school children spend in PE, so Cawley's team used the variation among states as the marker for their natural experiment.

They compared weight and BMI data from the ECLS-K by state, and found that an extra 60 minutes per week in gym class reduced the fifth-graders' likelihood of obesity by 4.8 percent.

The researchers wrote that in states without explicit PE time requirements for elementary school students, an extra 60 minutes per week is enough to bring those states up to the physical activity recommendations of the CDC and AAP.

The study also found a gender difference in the effect of gym class on students' weight. While increased PE time significantly reduced boys' weight, there wasn't as much of an effect for girls.

The researchers wrote that this difference might stem from the fact that PE for boys in this sample complemented other extracurricular activities like organized sports, while PE tended to replace such physical activities outside of school for girls.

Significantly, the analysis found no evidence that more time in gym class harmed academic performance.

Other recent studies have found that longer gym class periods for young children can actually improve academic achievement, along with increasing muscle strength.

Source: Cawley, J., Frisvold, D., Meyerhoefer, C. The Impact of Physical Education on Obesity among Elementary School Children. *Journal of Health Economics*. 2013.

Cleveland Metropolitan School District PEP Action Plan

School Physical Education for Progress Checklist

Objective	Year 1	Year 2	Year 3	Fully in Place
School Action Plans				
Meets regularly throughout the school year to support development, implementation, monitoring of GPRA Measures and data collection equipment.				
My school develops a strong school plan including strategies for nutrition education, physical education and activity, and nutrition guidelines for all foods available on the school campus.				
My school includes Health In Motion Physical Education for Progress objectives and measures in our school accountability and improvement plans.				
Programs & Practices				
My school provides students with age appropriate, culturally sensitive nutrition education.				
My school provides quality Physical Education that is standards-based to develop the knowledge, skills, behaviors, attitudes and confidence needed to be physically active for life.				
My school provides students with 60 minutes of daily physical activity (including Physical Education).				
My school provides all students eligible for free or reduced price meals with a healthy breakfast and lunch.				
My school provides access to healthy foods/beverages wherever food is served, sold, or shared on campus.				
My school health services team refers students to health professionals for overweight/obesity treatment.				
School-Family-Community Partnerships				
My school communicates with students and families and community members to promote the adoption of healthy eating and physical activity behaviors among students.				
My schools develops and implements strategies for motivating students and families to participate in school-based programs and activities that promote healthy eating and physical activity.				

Principal Signature

Date

Physical Education Teacher Signature

Date

PEP Grant

Fitness Testing

FitnessGram

Name: _____ Period: _____ Teacher: _____ Age: _____

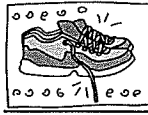
Aerobic Capacity: The ability of your heart and lungs to deliver blood to muscles

Muscular Strength: The ability of the muscles to exert an external force.

Muscular Endurance: The ability of muscles to exert themselves repeatedly.

Flexibility: The range of motion available in a joint.

Component of Health-related Fitness	Goal (see back)	Test 1 (Baseline)	Test 2 (Mid-line)	Test 3 (Final)	What can you do to improve your score?
PACER					
Curl-ups					
Trunk Lift					
Push-ups					
Back Saver Sit and Reach					
<u>Body Composition</u> (BMI – Skinfold Measurements) The relative percentage of muscles, fat, bone and other tissues that comprise the body.		Height: Weight: BMI:	Height: Weight: BMI:	Height: Weight: BMI:	



PEP Grant Pedometer Data Collection
Cleveland Metropolitan School District

Student Name: _____ School: _____

Grade: _____ PE Teacher: _____ Pedometer#: _____

Date and Time pedometer first worn by student	Time:	Date:
	Number of steps taken that day	Time and date this number was recorded from pedometer
Day 1-2/3		
Day 2-2/4		
Day 3-2/5		
Day 4-2/6		

Directions:

1. Affix the pedometer to the child's clothing at a time that ensures that the pedometer captures steps for a close to a full day as possible.
2. Check every morning that the pedometer has been reset to zero steps.
3. Each night, the pedometer should be removed before bedtime. At that point, the day's step count should be recorded in the chart above by the student's parent or guardian.
4. On the next school day after Day 4, return the pedometer and this log to school. For 5th - 12th grade, it will be returned after Day 7.
5. If the student is sick during one or more days that he/she is supposed to be wearing the pedometer, note that in the middle column in the table above on the appropriate day. Steps do not need to be recorded when the student is sick.
6. The pedometers are the property of the Cleveland Metropolitan School District. Pedometers must be returned to the student's physical education teacher at the end of the data collection period (4 days for K-4 and 7 days for 5-12). **Students who do not return the pedometer issued to them will be charged to replace the pedometer at a cost of \$30/pedometer.**

CMSD PEP Grant Nutrition Log

Dear Parent or Guardian;

To complete a daily nutrition log, students will use check marks to record the number of *times* each day Fruits, Vegetables and Dairy were consumed. Please identify the *exact* fruit and vegetable.

Please assist your child in filling out this log BOTH FRONT AND BACK

The nutrition log works best if completed in the evening.

Name: _____ Student Identification Number: _____

PE Teacher: _____ Grade: _____ Age: _____

DATE:	How many times did you eat fruit ? (Do not count fruit juice.)	How many times did you eat green salad ?	How many times did you eat potatoes ? (Do not count French fries, fried potatoes, or potato chips.)	How many times did you eat carrots ?	How many times did you eat other vegetables ? (Do not count green salad, potatoes, or carrots.)	How many times did you drink low-fat milk or eat low-fat milk products ? (1% or skim products)
Tuesday-1/24						
Wednesday-1/25						
Thursday-1/26						
Friday-1/27						
TOTAL	Fruit _____	Green Salad _____	Potato _____	Carrots _____	Other vegetables _____	Drink low-fat milk or eat low-fat milk products _____
Parent Signature						

*Please use your responses in the table to answer the following questions found **on the back** of this sheet.
Please assist your child in answering the following questions. Use your responses in the table on the front of this sheet*

Please **circle** the answer that corresponds to the completed table.

1. During the past 7 days, how many times did you eat **fruit**? (Do **not** count fruit juice.)

- A. I did not eat fruit during the past 7 days
- B. 1 to 3 times during the past 7 days
- C. 1 time per day
- D. 2 times per day
- E. 3 times per day
- F. 4 or more times per day

2. During the past 7 days, how many times did you eat **green salad**?

- A. I did not eat green salad during the past 7 days
- B. 1 to 3 times during the past 7 days
- C. 1 time per day
- D. 2 times per day
- E. 3 times per day
- F. 4 or more times per day

3. During the past 7 days, how many times did you eat **potatoes**? (Do **not** count french fries, fried potatoes, or potato chips.)

- A. I did not eat potatoes during the past 7 days
- B. 1 to 3 times during the past 7 days
- C. 1 time per day
- D. 2 times per day
- E. 3 times per day
- F. 4 or more times per day

4. During the past 7 days, how many times did you eat **carrots**?

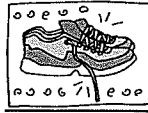
- A. I did not eat carrots during the past 7 days
- B. 1 to 3 times during the past 7 days
- C. 1 time per day
- D. 2 times per day
- E. 3 times per day
- F. 4 or more times per day

5. During the past 7 days, how many times did you eat **other vegetables**? (Do **not** count green salad, potatoes, or carrots.)

- A. I did not eat other vegetables during the past 7 days
- B. 1 to 3 times during the past 7 days
- C. 1 time per day
- D. 2 times per day
- E. 3 times per day
- F. 4 or more times per day

6. During the past 7 days, how many times did you drink **low-fat milk** or eat **low-fat milk products**?

- A. I did not drink low-fat milk or eat low-fat milk products during the past 7 days
- B. 1 to 3 times during the past 7 days
- C. 1 time per day
- D. 2 times per day
- E. 3 times per day
- F. 4 or more times per day



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Day 1-2/3		
Day 2-2/4		
Day 3-2/5		
Day 4-2/6		
Day 5-2/7		
Day 6-2/8		
Day 7-2/9		

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CMSD PEP Grant Nutrition Log

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Please assist your child in filling out this log BOTH FRONT AND BACK

The nutrition log works best if completed in the evening.

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PE Teacher: _____ Grade: _____ Age: _____

DATE:	How many times did you eat fruit? (Do not count fruit juice.)	How many times did you eat green salad?	How many times did you eat potatoes? (Do not count French fries, fried potatoes, or potato chips.)	How many times did you eat carrots?	How many times did you eat other vegetables? (Do not count green salad, potatoes, or carrots.)	How many times did you drink low-fat milk or eat low-fat milk products? (1% or skim products)
Tuesday-1/24						
Wednesday-1/25						
Thursday-1/26						
Friday-1/27						
Saturday-1/28						
Sunday-1/29						
Monday-1/30						
TOTAL	Fruit _____	Green Salad _____	Potato _____	Carrots _____	Other vegetables _____	Drink low-fat milk or eat low-fat milk products _____
Parent Signature						

Please use your responses in the table to answer the following questions found on the back of this sheet.

Please **circle** the answer that corresponds to the completed table.

1. During the past 4 days, how many times did you eat **fruit**? (Do **not** count fruit juice.)
 - A. I did not eat fruit during the past 4 days
 - B. 1 to 3 times during the past 4 days
 - C. 1 time per day
 - D. 2 times per day
 - E. 3 times per day
 - F. 4 or more times per day

2. During the past 4 days, how many times did you eat **green salad**?
 - A. I did not eat green salad during the past 4 days
 - B. 1 to 3 times during the past 4 days
 - C. 1 time per day
 - D. 2 times per day
 - E. 3 times per day
 - F. 4 or more times per day

3. During the past 4 days, how many times did you eat **potatoes**? (Do **not** count french fries, fried potatoes, or potato chips.)
 - A. I did not eat potatoes during the past 4 days
 - B. 1 to 3 times during the past 4 days
 - C. 1 time per day
 - D. 2 times per day
 - E. 3 times per day
 - F. 4 or more times per day

4. During the past 4 days, how many times did you eat **carrots**?
 - A. I did not eat carrots during the past 4 days
 - B. 1 to 3 times during the past 4 days
 - C. 1 time per day
 - D. 2 times per day
 - E. 3 times per day
 - F. 4 or more times per day

5. During the past 4 days, how many times did you eat **other vegetables**? (Do **not** count green salad, potatoes, or carrots.)
 - A. I did not eat other vegetables during the past 4 days
 - B. 1 to 3 times during the past 4 days
 - C. 1 time per day
 - D. 2 times per day
 - E. 3 times per day
 - F. 4 or more times per day

6. During the past 4 days, how many times did you drink **low-fat milk** or eat **low-fat milk products**?
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 - B. 1 to 3 times during the past 4 days
 - C. 1 time per day
 - D. 2 times per day
 - E. 3 times per day
 - F. 4 or more times per day

3DPAR



3DPAR

Dates of: (Sunday)

(Monday)

(Tuesday)

Name: _____

Grade: _____

Teacher: _____

3 Day Physical Activity Recall (3DPAR)

Instructions

We want to know how you spend your day. Please enter the activities you did for the past 3 days starting with Sunday.

1. For **each** time period, write in the activity number that matches the **main** activity you did during that time. If you did more than one activity during the 30 minutes, record the activity that you did for **most** of the time. Do not leave any box under **Activity Number** blank. Put a number in every box. Don't use arrows or other marks to indicate you did one activity for several hours. There are bold categories to help you find the activities you did like School, Homework and Physical Activity. If you can't find an activity that you did, just ask a New Moves staff person for help.
2. Activities 1-23 are in a shaded box. These activities do not involve much movement. If you do any of these activities, write the number in the activity number column then leave the other columns blank.
3. For activities 24-65, rate how physically hard each activity was. Place an X in the box to say the activity was one of the following intensities.

INTENSITY SCALE

Light – slow breathing and little or no movement

Examples: stretching, badminton

Moderate – normal breathing and some movement Examples: walking, household chores

Hard – increased breathing and moderate movement Examples: walking quickly, dancing

Very Hard – hard breathing and quick movement Examples: running, biking fast or uphill

*****Please ask your teacher if you have any questions. Thank you for filling out this form.**

Activity Codes

EATING

1. Eating a meal
2. Snacking
3. Cooking or preparing food

SLEEP/BATHING

4. Getting dressed
5. Getting ready (hair, makeup, ect)
6. Showering/bathing
7. Sleep

SCHOOL

8. Sitting in class
9. Lunch/Free time/Study hall

HOMEWORK

10. Homework on the computer
11. Other homework

TRANSPORTATION – INACTIVE

12. Riding in a car or bus

AFTER SCHOOL/SPARE TIME/WORK - INACTIVE

13. Church/Religion
 14. Hanging around
 15. Listening to music (sitting)
 16. Music lessons/playing instrument
 17. Club/Student activity – inactive (like year book, math club...)
 18. Playing video games
 19. Surfing the internet, Instant Messaging, emailing, shopping online
 20. Reading
 21. Watching TV or movies
 22. Talking on the phone
 23. Working or Volunteering – inactive (like receptionist, cashier...)
- ### AFTER SCHOOL/SPARE TIME/WORK - ACTIVE
24. Working or Volunteering – active (like waitress, babysitting...)
 25. Doing house chores (like vacuuming, dusting, washing dishes...)
 26. Yard work (like mowing, shoveling...)
 27. Shopping
 28. Club/Student activity – active (like cheerleading, marching band)

ACTIVE TRANSPORTATION

29. Travel by walking
30. Travel by bicycling

PHYSICAL ACTIVITY

31. Aerobics, jazzercise, water aerobics
32. Basketball
33. Bicycling
34. Bowling
35. Calisthenics (like sit-ups, jumping jacks...)
36. Cheerleading, drill team, dance line
37. Dancing
38. Exercise machine
39. Football
40. Frisbee or catch
41. Golf/mini golf
42. Gymnastics/tumbling
43. Hiking
44. Hockey
45. Jumping rope
46. Kick boxing or martial arts
47. Lacrosse
48. Rollerblading, ice skating, roller skating
49. Running/jogging
50. Skateboarding
51. Skiing cross country
52. Sledding, tobogganing, bobsledding
53. Snowboarding or skiing down hill
54. Soccer
55. Softball/baseball
56. Swimming (laps)
57. Swimming (play, pool games...)
58. Tennis, racquetball, badminton
59. Trampoline
60. Track and field
61. Volleyball
62. Walking for exercise
63. Weightlifting/circuit training
64. Yoga, stretching, Pilates
65. Other ...please explain

EXAMPLE

	Activity Number	Light	Moderate	Hard	Very Hard
2:00-2:30	8 (math class)	X			
2:30-3:00	30 (biking home)				X
3:00-3:30	25 (cleaning your room)		X		
3:30-4:00	36 (dance practice)			X	
4:00-4:30	2 (snacking)				

DAY: Sunday

Put an X to rate the intensity of each activity (24-65)

	Activity #	Light	Moderate	Hard	Very Hard
Morning	6:00-6:30am				
	6:30-7:00am				
	7:00-7:30am				
	7:30-8:00am				
	8:00-8:30am				
	8:30-9:00am				
	9:00-9:30am				
	9:30-10:00am				
	10:00-10:30am				
	10:30am-11:00am				
	11:00-11:30am				
	11:30-12:00pm				

	Activity #	Light	Moderate	Hard	Very Hard
Afternoon	12:00-12:30pm				
	12:30-1:00pm				
	1:00-1:30pm				
	1:30-2:00pm				
	2:00-2:30pm				
	2:30-3:00pm				
	3:00-3:30pm				
	3:30-4:00pm				
	4:00-4:30pm				
	4:30-5:00pm				

	Activity #	Light	Moderate	Hard	Very Hard
Evening	5:00-5:30pm				
	5:30-6:00pm				
	6:00-6:30pm				
	6:30-7:00pm				
	7:00-7:30pm				
	7:30-8:00pm				
	8:00-8:30pm				
	8:30-9:00pm				
	9:00-9:30pm				
	9:30-10:00pm				
	10:00-10:30pm				
	10:30-11:00pm				
	11:00-11:30pm				
	11:30-12:00am				

DAY: Monday

Put an X to rate the intensity of each activity (24-65)

	Activity #	Light	Moderate	Hard	Very Hard
Morning	6:00-6:30am				
	6:30-7:00am				
	7:00-7:30am				
	7:30-8:00am				
	8:00-8:30am				
	8:30-9:00am				
	9:00-9:30am				
	9:30-10:00am				
	10:00-10:30am				
	10:30am-11:00am				
	11:00-11:30am				
	11:30-12:00pm				

	Activity #	Light	Moderate	Hard	Very Hard
Afternoon	12:00-12:30pm				
	12:30-1:00pm				
	1:00-1:30pm				
	1:30-2:00pm				
	2:00-2:30pm				
	2:30-3:00pm				
	3:00-3:30pm				
	3:30-4:00pm				
	4:00-4:30pm				
	4:30-5:00pm				

	Activity #	Light	Moderate	Hard	Very Hard
Evening	5:00-5:30pm				
	5:30-6:00pm				
	6:00-6:30pm				
	6:30-7:00pm				
	7:00-7:30pm				
	7:30-8:00pm				
	8:00-8:30pm				
	8:30-9:00pm				
	9:00-9:30pm				
	9:30-10:00pm				
	10:00-10:30pm				
	10:30-11:00pm				
	11:00-11:30pm				
11:30-12:00am					

DAY: Tuesday

Put an X to rate the intensity of each activity (24-65)

	Activity #	Light	Moderate	Hard	Very Hard
Morning	6:00-6:30am				
	6:30-7:00am				
	7:00-7:30am				
	7:30-8:00am				
	8:00-8:30am				
	8:30-9:00am				
	9:00-9:30am				
	9:30-10:00am				
	10:00-10:30am				
	10:30am-11:00am				
	11:00-11:30am				
	11:30-12:00pm				

	Activity #	Light	Moderate	Hard	Very Hard
Afternoon	12:00-12:30pm				
	12:30-1:00pm				
	1:00-1:30pm				
	1:30-2:00pm				
	2:00-2:30pm				
	2:30-3:00pm				
	3:00-3:30pm				
	3:30-4:00pm				
	4:00-4:30pm				
	4:30-5:00pm				

	Activity #	Light	Moderate	Hard	Very Hard
Evening					
	5:00-5:30pm				
	5:30-6:00pm				
	6:00-6:30pm				
	6:30-7:00pm				
	7:00-7:30pm				
	7:30-8:00pm				
	8:00-8:30pm				
	8:30-9:00pm				
	9:00-9:30pm				
	9:30-10:00pm				
	10:00-10:30pm				
	10:30-11:00pm				
11:00-11:30pm					
11:30-12:00am					

PEP Grant Survey

1. Fitness and Nutrition

In an effort to provide you with the best strategies for your health and fitness, please respond to the questions below. Your responses are confidential, and the data gathered from this survey will be used only in terms of the percentage of responses.

*** 1. What is your age?**

2. During the past 7 days, on how many days were you physically active for a total of 60 minutes per day? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time)

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

3. On an average school day, how many hours do you watch TV?

- I do not watch TV on an average 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

PEP Grant Survey

4. On an average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Include activities such as Xbox, PlayStation, Nintendo DS, iPod touch, Facebook, and the Internet.)

- I do not play video or computer games or use a computer for something that is not 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

5. In an average 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

6. During the past 12 months, on how many sports teams did you play? (Count any teams run by your school or community groups)

- 0 teams
- 1 team
- 2 teams
- 3 or more teams

PEP Grant Survey

7. During the past 7 days, how many times did you drink a can, bottle, or glass of soda or pop, such as Coke, Pepsi or Sprite? (Do not count diet soda or diet pop)

- I did not drink soda or pop 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

* 8. Approximately how much do you weigh?

* 9. What is your height in inches? (To convert feet to inches, multiply by 12), then add any additional inches.

Example: 5 foot 2 inches = 5×12 (60) + 2 inches = a height of 62 inches

PEP Grant Survey

2. Nutrition

The next 7 questions ask about food you ate or drank during the past 7 days. Think about all the meals and snacks you 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.

1. During the past 7 days, how many times did you drink 100% fruit juices such as orange juice, apple juice, or grape juice? (Do not count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)

- 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

2. During the past 7 days, how many times did you eat fruit? (Do not count fruit juice)

- I did not eat fruit 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

3. During the past 7 days, how many times did you eat green salad?

- I did not eat green salad 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

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4. During the past 7 days, how many times did you eat potatoes? (Do not count french fries, fried potatoes, or potato chips.)

- I did not eat potatoes 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

5. During the past 7 days, how many times did you eat carrots?

- I did not eat carrots 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

6. During the past 7 days, how many times did you eat other vegetables? (Do not count green salad, potatoes, or carrots.)

- I did not eat other vegetables 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