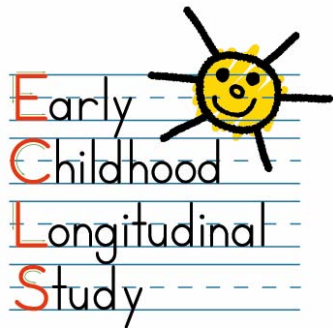


**APPENDIX A**

**ECLS-K**

**Spring 2007 Grade 8 Student Questionnaire**

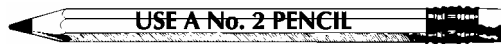


# Spring 2007 Grade 8 Student Questionnaire

Prepared for the U.S. Department of Education  
National Center for Education Statistics by:

Westat  
1650 Research Boulevard  
Rockville, Maryland 20850

Use a #2 pencil to complete this questionnaire.



L A B E L

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1850-0750. Approval expires 01/31/2009. The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instruction, search existing data resources, gather the data needed, and complete and review the information collected. If you have any comments concerning the accuracy of the time estimate or suggestions for improving the survey instrument, please write to: U.S. Department of Education, Washington, D.C. 20202-4700. If you have comments or concerns regarding the status of your individual response to this survey, write directly to: National Center for Education Statistics, 1990 K Street, N.W., Washington, D.C. 20006-5650.

The collection of information in this survey is authorized by Public Law 107-279 Education Sciences Reform Act of 2002, Title I, Part C, Sec. 151(b) and Sec. 153(a). Participation is voluntary. You may skip questions you do not wish to answer; however, we hope that you will answer as many questions as you can. Your responses are protected from disclosure by federal statute (PL 107-279, Title I, Part C, Sec. 183). All responses that relate to or describe identifiable characteristics of individuals may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose, unless otherwise compelled by law. Data will be combined to produce statistical reports. No individual data that links your name, address, telephone number, or identification number with your responses will be included in the statistical reports.

## MARKING DIRECTIONS

PLEASE READ CAREFULLY AND USE A SOFT LEAD (#2) PENCIL TO COMPLETE THIS QUESTIONNAIRE.

## CHECKING BOXES

It is important that you check the box next to your answers and print clearly.

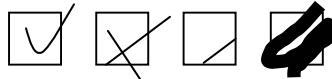
Shown below is the correct way to mark your answers, along with examples of incorrect ways.

**Correct Mark:**



**Incorrect Marks:**

Light and thin, outside the box, thick or scrawled.



## PRINTING ANSWERS IN BOXES:

Print entire answer in box. Answers should be printed clearly and should not touch or cross any of the box lines. Do not cross zeroes or sevens. That is, do not write a zero with a line through it like this – 0, and do not write a seven with a line through it like this – 7.

Write digits like this:

1 2 3 4 5 6 7 8 9 0

Write words like this:

Harry Potter

## GENERAL INSTRUCTIONS

**PLEASE READ EACH QUESTION CAREFULLY.** It is important that you follow the directions for responding to each kind of question. Here are examples of the three types of items:

### I. MARK ONE RESPONSE

1. **What is the color of your eyes?**  
**MARK ONE RESPONSE.**

- Brown  
 Blue  
 Green  
 Another color

**If the color of your eyes is green, you would mark the circle beside green.**

### II. MARK ALL THAT APPLY

2. **Last week, did you do any of the following?**  
**MARK ALL THAT APPLY.**

- Saw a play  
 Went to a movie  
 Attended a sporting event  
 None of the above

**If you went to a movie and attended a sporting event last week, but did not see a play, you would mark the two circles as shown.**

### III. MARK ONE RESPONSE ON EACH LINE.

3. **Do you plan to do any of the following next week?**  
**MARK ONE RESPONSE ON EACH LINE.**

- |                              | Yes                                 | No                                  | Don't know               |
|------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| a. Study at a friend's house | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| b. Go to a museum            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Visit a relative          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**If you plan to study at a friend's house, do not plan to go to a museum, and do not plan to visit a relative, you would mark one box on each line as shown.**

**THIS IS THE END OF THE EXAMPLES.**

**THIS QUESTIONNAIRE IS NOT A TEST.**

**WE HOPE YOU WILL ANSWER EVERY QUESTION (OTHER THAN THE ONES YOU ARE DIRECTED TO SKIP OVER), BUT YOU MAY SKIP ANY QUESTION YOU DO NOT WISH TO ANSWER.**

**PLEASE GO TO THE NEXT PAGE  
TO BEGIN THE QUESTIONNAIRE.**

# YOUR SCHOOL EXPERIENCES

1. This school year, how often did you ...

MARK ONE RESPONSE ON EACH LINE.

	Never	Sometimes	Often	Always
a. Feel like you fit in at your school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Feel close to classmates at your school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Feel close to teachers at your school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Enjoy being at your school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Feel safe at your school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How important are good grades...

MARK ONE RESPONSE ON EACH LINE.

	Not important	Somewhat important	Important	Very Important
a. To you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. To your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Overall, about how many hours do you spend on homework each week both in and out of school combined?

hours per week

4. In the past year, have you...

MARK ONE RESPONSE ON EACH LINE.

	Yes	No
a. Had a tutor or mentor to help with your reading skills?	<input type="checkbox"/>	<input type="checkbox"/>
b. Had a tutor or mentor to help with your math skills?	<input type="checkbox"/>	<input type="checkbox"/>
c. Attended summer school for a class you did not do well in during the school year?	<input type="checkbox"/>	<input type="checkbox"/>
d. Attended summer school so that you could take an advanced or enrichment course?	<input type="checkbox"/>	<input type="checkbox"/>

5. As things stand now, how far in school do you think you will get?

MARK ONE RESPONSE ONLY.

- Less than high school graduation
- High school graduation or GED only
- Attend or complete a 2-year program in a community college or vocational school
- Attend college, but not complete a 4-year degree
- Graduate from a 4-year college
- Obtain a Master's degree or equivalent
- Obtain a Ph.D., M.D., or other advanced degree
- Don't know

6. Among your close friends, how important is it to them that they...

MARK ONE RESPONSE ON EACH LINE.

	Not important	Somewhat important	Very important	Not applicable, I have no close friends.
a. Attend classes regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Get good grades?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Continue their education past high school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. How often are the following statements true?

MARK ONE RESPONSE ON EACH LINE.

	Never	Seldom	Sometimes	Often	Always
a. My classmates think it is important to be my friend.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My classmates like me the way I am.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My classmates care about my feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My classmates like me as much as they like others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. My classmates really care about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# ACTIVITIES

1. Have you participated in the following school-sponsored activities this school year?

MARK ONE RESPONSE ON EACH LINE.

	Did not participate	Participated	Participated as an officer, leader, or captain
a. School sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Drama or music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. School clubs (e.g., school yearbook, newspaper, hobby club, photography)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. In a typical week, how many total hours do you spend on all school-sponsored extracurricular activities (sports, clubs, or other activities)?

hours per week

3. How often do you spend time...

MARK ONE RESPONSE ON EACH LINE.

	Rarely or never	Less than once a week	Once or twice a week	Every day or almost every day
a. Having friends over to your home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Hanging out at a friend's home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Out with friends (not at someone's home)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Talking with friends on the telephone or Internet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Working on hobbies, arts, crafts, or playing a musical instrument?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Taking music, art, foreign language, or dance classes outside of school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Playing non-school sports?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. In an organized non-school activity (such as, scouts, 4-H, or youth groups)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. At home by yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Using a computer for school work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. How many hours of reading do you do each week not counting schoolwork?  
(Do not count any school-assigned reading.)

hours

5. What are the titles of the last two books you have read? (Do not count any school-assigned reading.)

ENTER NAME OF THE PUBLICATION.

a. 1<sup>st</sup> book

b. 2<sup>nd</sup> book

Did not read any books

6. How many days in the past week did you ...  
WRITE A NUMBER ON EACH LINE.

Number of  
days

a. Read national or local news in a newspaper or  
from an online news service?

b. Watch national or local news on TV?

7. How many hours a day do you usually watch TV, videotapes, or DVDs?  
WRITE A NUMBER ON EACH LINE.

Hours  
per day

a. On weekdays

b. On weekends

8. Do you have a TV in your bedroom? (If you have more than one bedroom, please tell us about the bedroom you spend the most time in.)

Yes

No

9. How many hours a day do you play computer or videogames such as Nintendo, Play Station, or Xbox? WRITE A NUMBER ON EACH LINE.

	Hours per day
a. On weekdays	<input type="text"/>
b. On weekends	<input type="text"/>

10. How many hours a day do you spend on the Internet? WRITE A NUMBER ON EACH LINE.

	Hours per day
a. On weekdays	<input type="text"/>
b. On weekends	<input type="text"/>

## ABOUT YOURSELF

- 1. How true is each of these about you?  
MARK ONE RESPONSE ON EACH LINE.**

	Not at all true	A little bit true	Mostly true	Very true
a. Math is one of my best subjects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I feel angry when I have trouble learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I like reading.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I worry about taking tests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I get good grades in math.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I often feel lonely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. English is one of my best subjects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I feel sad a lot of the time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I like math.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I worry about doing well in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I enjoy doing work in reading.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I worry about finishing my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. I enjoy doing work in math.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. I worry about having someone to hang out with at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. I get good grades in English.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. I feel ashamed when I make mistakes at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### REFERENCES

1. Adapted with permission from Self-Description Questionnaire II (SDQII; Marsh, 1990).

**2. How do you feel about the following statements?**

**MARK ONE RESPONSE ON EACH LINE.**

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
a. I feel good about myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I don't have enough control over the direction my life is taking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. In my life, good luck is more important than hard work for success.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I feel I am a person of worth, the equal of other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I am able to do things as well as most other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Every time I try to get ahead, something or somebody stops me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. My plans hardly ever work out, so planning only makes me unhappy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. On the whole, I am satisfied with myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I certainly feel useless at times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. At times I think I am no good at all.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. When I make plans, I am almost certain I can make them work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I feel I do not have much to be proud of.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Chance and luck are very important for what happens in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3. What adult do you talk to when you need...**

**MARK ALL THAT APPLY IN EACH ROW.**

	<b>Parent</b>	<b>Adult relative</b>	<b>Adult at school</b>	<b>Other adult</b>	<b>No one</b>
a. Someone to cheer you up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Help with school work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Advice about making important decisions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4. What kid do you talk to when you need...  
MARK ALL THAT APPLY IN EACH ROW.**

	Brother or sister	Friends at school	Other friends	No one
a. Someone to cheer you up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Help with school work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Advice about making important decisions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5. Is English your native language (the first language you learned to speak when you were a child)?**

- Yes (**GO TO NEXT SECTION ON PAGE 15**)  
 No

**6. How often do you speak your native language with...  
MARK ONE RESPONSE ON EACH LINE.  
IF AN EXAMPLE DOES NOT APPLY TO YOU, MARK "Does not apply."**

	Never	Sometimes	About half of the time	Always or most of the time	Does not apply
a. your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. your brothers and sisters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. friends in your school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. friends outside of your school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## WEIGHT AND EXERCISE

1. **How would you describe your weight?**

**MARK ONE RESPONSE.**

- Very underweight
- Slightly underweight
- About the right weight
- Slightly overweight
- Very overweight

2. **Are you trying to do any of the following about your weight?**

**MARK ONE RESPONSE.**

- Lose weight
- Gain weight
- Stay the same weight
- I am not trying to do anything about my weight

3. **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, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic exercise?**

**MARK ONE RESPONSE.**

- |                                 |                                 |                                 |
|---------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> 0 days | <input type="checkbox"/> 3 days | <input type="checkbox"/> 6 days |
| <input type="checkbox"/> 1 days | <input type="checkbox"/> 4 days | <input type="checkbox"/> 7 days |
| <input type="checkbox"/> 2 days | <input type="checkbox"/> 5 days |                                 |

4. **In an average week when you are in school, on how many days do you go to physical education (PE) classes?**

**MARK ONE RESPONSE.**

- |                                 |                                 |
|---------------------------------|---------------------------------|
| <input type="checkbox"/> 0 days | <input type="checkbox"/> 3 days |
| <input type="checkbox"/> 1 days | <input type="checkbox"/> 4 days |
| <input type="checkbox"/> 2 days | <input type="checkbox"/> 5 days |



## YOUR DIET

**These questions are about buying food and drinks at your school. Please only think about buying things at school; do not think about eating at school.**

1. In your school, can kids buy candy, ice cream, cookies, cakes, brownies or other sweets in the school?

- Yes  
 No (GO TO QUESTION 4)

2. During the last week that you were in school, how many times did you buy candy, ice cream, cookies, cakes, brownies or other sweets at school?  
MARK ONE RESPONSE.

- I did not buy any at school during the last week in school  
(GO TO QUESTION 4)  
 1 or 2 times during the last week in school  
 3 or 4 times during the last week in school  
 1 time per day  
 2 times per day  
 3 times per day  
 4 or more times per day

3. During the last week that you were in school, where in the school did you usually buy candy, ice cream, cookies, cakes, brownies or other sweets?  
MARK ONE RESPONSE.

- Vending machine in school  
 School cafeteria  
 Somewhere else in school

4. In your school, can kids buy potato chips, corn chips (Fritos, Doritos), Cheetos, pretzels, popcorn, crackers or other salty snack foods at school?

- Yes  
 No (GO TO QUESTION 7)

5. During the last week that you were in school, how many times did you buy salty snack foods at school?

**MARK ONE RESPONSE.**

- I did not buy any at school during the last week in school  
(GO TO QUESTION 7)
- 1 or 2 times during the last week in school
- 3 or 4 times during the last week in school
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

6. During the last week that you were in school, where in the school did you usually buy salty snack foods?

**MARK ONE RESPONSE.**

- Vending machine in school
- School cafeteria
- Somewhere else in school

7. In your school, can kids buy soda pop (EXAMPLES Coke, Pepsi, Mountain Dew), sports drinks (EXAMPLE Gatorade), or fruit drinks that are not 100% fruit juice (EXAMPLES Kool-Aid, Hi-C, Fruitopia, Fruitworks) in the school?

- Yes
- No (GO TO QUESTION 10)

8. During the last week that you were in school, how many times did you buy soda pop, sports drinks, or fruit drinks at school?

MARK ONE RESPONSE.

- I did not buy any at school during the last week in school  
(GO TO QUESTION 10)
- 1 or 2 times during the last week in school
- 3 or 4 times during the last week in school
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

9. During the last week that you were in school, where in the school did you usually buy soda pop, sports drinks, or fruit drinks?

MARK ONE RESPONSE.

- Vending machine in school
- School cafeteria
- Somewhere else in school

**The next 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.**

10. During the past 7 days, how many glasses of milk did you drink? (Include all types of milk, including cow's milk, soy milk or any other kind of milk; include the milk you drank in a glass or cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass.)

MARK ONE RESPONSE.

- I did not drink milk during the past 7 days (GO TO QUESTION 12)
- 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

**11. What kind of milk did you drink during the past 7 days?  
MARK ONE RESPONSE.**

- Regular milk from a cow (including whole milk, low fat milk, chocolate milk, or any other kind of cow's milk)
- Soy milk
- Both regular milk and soy milk
- Some other kind of milk

**12. 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.)  
MARK ONE RESPONSE.**

- 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

**13. During the past 7 days, how many times did you drink soda pop (EXAMPLES Coke, Pepsi, Mountain Dew), sports drinks (EXAMPLE Gatorade), or fruit drinks that are not 100% fruit juice (EXAMPLES Kool-Aid, Hi-C, Fruitopia, Fruitworks)?  
MARK ONE RESPONSE.**

- I did not drink any 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

14. During the past 7 days, how many times did you eat green salad?  
MARK ONE RESPONSE.

- I did not eat any 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

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

- 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

16. During the past 7 days, how many times did you eat carrots?  
MARK ONE RESPONSE.

- 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

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

**MARK ONE RESPONSE.**

- 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

18. **During the past 7 days, how many times did you eat fruit, such as apples, bananas, oranges, berries or other fruit? (Do not count fruit juice.)**

**MARK ONE RESPONSE.**

- 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

19. **During the past 7 days, about how many times did you eat a meal or snack from a fast food restaurant such as McDonald's, Pizza Hut, Burger King, KFC (Kentucky Fried Chicken), Taco Bell, Wendy's and so on?**

**MARK ONE RESPONSE.**

- I did not eat food from a fast food restaurant 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

20. **Date questionnaire completed:**

**MONTH**

**DAY**

**YEAR**

**THANK YOU FOR YOUR COOPERATION.**