

# Nutrition Questionnaire for High School (Grades 9–12)

**“During the past 4 weeks, how often did you eat  
a serving of each of the foods listed here?”**

**Example: Mark only one X for each food**

	last 4 weeks		each week			each day			
	0	1-3	1	2-4	5-6	1	2-3	4-5	6+
Number of times	0	1-3	1	2-4	5-6	1	2-3	4-5	6+
Milk				<b>X</b>					
Hot chocolate	<b>X</b>								

ID #

Sex (circle one) M (male) F (female)

Race (circle one):

1. White
2. Black/African American
3. Native Hawaiian/Pacific Islander
4. Asian
5. American Indian/Alaskan
6. Other \_\_\_\_\_

Hispanic (circle one): Yes No

Grade \_\_\_\_\_

DOB: \_\_\_\_\_ / \_\_\_\_\_ / 19\_\_\_\_

Date height/weight measured \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Weight (pounds)	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
Height (inches)	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>

	last 4 weeks		each week			each day			
	0	1-3	1	2-4	5-6	1	2-3	4-5	6+
Number of times	0	1-3	1	2-4	5-6	1	2-3	4-5	6+
Milk									
Hot chocolate									
Cheese, plain or in sandwiches									
Yogurt									
Ice cream (cones, sandwiches, sundaes)									
Pudding									
Milk Shake									

0    1    2    3    4    5    6    7    8

What kind of milk do you usually drink? (Check one)

- whole                       1%                       chocolate milk  
 2%                               skim                       other \_\_\_\_\_

	last 4 weeks		each week			each day			
	0	1-3	1	2-4	5-6	1	2-3	4-5	6+
Number of times	0	1-3	1	2-4	5-6	1	2-3	4-5	6+
Orange juice or grapefruit juice									
Other juice									
Fruit drinks (Hi-C, Kool-aid, lemonade, sportsdrink)									
Orange or grapefruit									
Banana									
Apple or applesauce									
Grapes									
Peaches, pears, or apricots									
Strawberries									
Melon									
Fruit cocktail, mixed fruit									
Pineapple									
Raisins or prunes									
Fun fruit or fruit rollups									

0    1    2    3    4    5    6    7    8

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**Mark only one X for each food**

How often did you eat a serving of these foods during the past 4 weeks?

Number of times	last 4 weeks		each week			each day			
	0	1-3	1	2-4	5-6	1	2-3	4-5	6+
Corn									
Peas									
Tomatoes, tomato sauce, salsa									
Peppers (green, red or hot)									
Carrots									
Broccoli									
Green beans									
Spinach									
Greens (mustard, turnip, kale)									
Mixed vegetables									
Squash, orange or winter									
Zucchini, yellow squash									
French fries, fried potatoes, tater tots									
Potatoes (baked, boiled, or mashed)									
Sweet potatoes or yams									
Cabbage, coleslaw or cauliflower									
Okra									
Lettuce salad									
Salad dressing or mayonnaise									

0    1    2    3    4    5    6    7    8

Number of times	last 4 weeks		each week			each day			
	0	1-3	1	2-4	5-6	1	2-3	4-5	6+
Chips (potato, corn or others)									
Popcorn or pretzels									
Crackers									
Nuts									
Cookies or brownies									
Cake or cupcake									
Pie									
Jello									
Chocolate or candy bar									
Other candy (not chocolate)									
Coffee or tea									
Soda, soft drink, pop (not sugar free)									
Soda, soft drink, pop (sugar free)									

0    1    2    3    4    5    6    7    8

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Number of times	last 4 weeks		each week			each day			
	0	1-3	1	2-4	5-6	1	2-3	4-5	6+
Beans (baked, chili, or other)									
Rice									
Spaghetti or other pasta									
Pizza									
Tacos, burritos									
Macaroni and cheese									
Hot dogs									
Hamburger (prepared any way)									
Canned tuna									
Fried fish, fish sticks									
Other fish									
Cold cuts (baloney, ham, salami)									
Fried chicken, chicken nuggets									
Other chicken or turkey									
Pork chops, pork steak, roast, or ribs									
Steak or roast (beef, deer)									
Liver, organ meats									
Peanut Butter									
Ham, baked or steak									
Bread (slice), toast, roll or pita									
Butter (not margarine)									
Margarine									

0 1 2 3 4 5 6 7 8

Number of times	last 4 weeks		each week			each day			
	0	1-3	1	2-4	5-6	1	2-3	4-5	6+
Vegetable soup									
Other soup									
Cornbread or tortilla									
Eggs									
Bacon									
Hot cereal, grits									
Cold cereal									
Donut									
Sweet roll, muffin, or pop tart									
Pancake, waffle, or french toast									
English muffin or bagel									
Biscuit									

0 1 2 3 4 5 6 7 8

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## Physical Activity Questions for High School Students

The following questions are about physical activity. Choose only one answer for each question.

1. On how many of the past 7 days, did you exercise or participate in sports activities for **at least 20 minutes that made you sweat and breathe hard**, such as basketball, jogging, swimming laps, tennis, fast bicycling or similar aerobic activities?  
 0 days     1 day     2 days     3 days     4 days     5 days     6 days     7 days
2. On how many of the past 7 days, did you do stretching exercises, such as toe touching, knee bending, or leg stretching?  
 0 days     1 day     2 days     3 days     4 days     5 days     6 days     7 days
3. On how many of the past 7 days, did you do exercises to strengthen or tone your muscles, such as push-ups, sit-ups, or weight lifting?  
 0 days     1 day     2 days     3 days     4 days     5 days     6 days     7 days
4. On how many of the past 7 days, did you walk or bicycle for at least 30 minutes at a time (include walking or bicycling to and from school).  
 0 days     1 day     2 days     3 days     4 days     5 days     6 days     7 days
5. In an average week when you are at 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 an average physical education (PE) class, how many minutes do you spend actually exercising or playing sports?  
 0 I do not take PE     1 Less than 10 minutes     2 10 to 20 minutes     3 21 to 30 minutes  
 4 more than 30 minutes
7. During the past 12 months, on how many sports teams run by your school did you play? (Do not include PE classes).  
 0 teams     1 team     2 teams     3 or more teams
8. During the past 12 months, on how many sports teams run by organizations outside of your school did you play?  
 0 teams     1 team     2 teams     3 or more teams
9. On an average school day, how many hours do you watch television?  
 0 I do not watch TV on an average school day     1 less than 1 hour per day     2 1 hour per day  
 3 2 hours per day     4 3 hours per day     5 4 hours per day     6 5 or more hours per day