

Upgrade – Student Health Assessment Questionnaire (SHAQ) Fall 2024



Instructions: Today, you will be asked to complete a survey that assesses what young people typically eat and what they do for physical activity. The results of the survey will help schools design better health programs, offer food choices that students like, and provide fun physical activities. The survey should take about 15 minutes to complete. This survey is not a test, and there are no right and wrong answers. Your teacher will not see your answers and they will not be sent home for your parents to review. We ask that you answer the questions as honestly as possible and select the one answer that is most true for you. Some of the questions on the survey will ask you how many times you ate or drank a certain type of food or drink yesterday. If you cannot remember the exact number of times you ate or drank this item, you can simply use your best estimate. In addition, you do not need to report the number of the particular items you ate or drank (for example, 8 strawberries or 2 pieces of watermelon). Instead, you are asked to report how many times during the day you ate these items. In addition, a number of the survey items will ask you to think about the number of times you did something in a typical week. Please consider “a week” to be a full seven days, not just the five-day school week.

Student Information									
1. You are a:									
Boy			Girl			Prefer not to answer			
2. In what grade are you?									
3 rd	4 th	5 th	6 th	7 th	8 th	9 th	10 th	11 th	12 th
3. Yesterday, were you absent from school?									
Yes					No				
Eating Habits									
4. Yesterday, where did you get lunch?									
I didn't eat lunch yesterday		I brought my lunch from home		School cafeteria		Restaurant or fast food such as McDonald's Burger King, Pizza Hut, etc.		Other	
5. How often do you eat dinner with your family at home?									
Never or almost never	1 time per week	2 times per week	3 times per week	4 times per week	5 times per week	6 or more times per week			
6. Does your family have rules about what you are allowed and not allowed to eat?									
Yes			No			I don't know			
7. Yesterday, did you eat breakfast?									
No, I didn't eat breakfast yesterday.		Yes, I ate breakfast at home yesterday.		Yes, I ate breakfast at school yesterday.			Yes, I ate breakfast somewhere other than home or school yesterday.		
Eating Habits: These questions are about what you ate yesterday.									
8. Yesterday, how many times did you eat french fries or chips? Chips are potato chips, tortilla chips, Cheetos, corn chips, or other snack chips.				None	1 time	2 times	3 times	4 times or more	
9. Yesterday, how many times did you eat candy?				None	1 time	2 times	3 times	4 times or more	

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10. Yesterday, how many times did you eat donuts, cookies, brownies, pies, or cakes?	None	1 time	2 times	3 times	4 times or more
11. Yesterday, how many times did you eat vegetables? Vegetables are all cooked and uncooked vegetables, including salads. Do not count french fries, potato chips, potatoes or corn.	None	1 time	2 times	3 times	4 times or more
12. Yesterday, how many times did you eat fruit? Do not count fruit juice.	None	1 time	2 times	3 times	4 times or more
Eating Habits: These questions are about the types of vegetables you ate yesterday.					
13. Yesterday, how many times did you eat orange vegetables like carrots, orange peppers, squash, or sweet potatoes?	None	1 time	2 times	3 times	4 times or more
14. Yesterday, how many times did you eat red vegetables like tomatoes or red peppers?	None	1 time	2 times	3 times	4 times or more
15. Yesterday, how many times did you eat green vegetables like spinach, green beans, broccoli, or other greens or a salad made with lettuce?	None	1 time	2 times	3 times	4 times or more
16. Yesterday, how many times did you eat beans such as pinto beans, baked beans, kidney beans, refried beans, or pork and beans?	None	1 time	2 times	3 times	4 times or more
17. Yesterday, how many times did you eat starchy vegetables like white potatoes, corn, or peas? Do not count French fries or chips.	None	1 time	2 times	3 times	4 times or more
Eating Habit: These questions are about what you drank yesterday.					
18. Yesterday, how many times did you drink sweetened sports drinks? Sweetened sports drinks include Gatorade and Powerade.	None	1 time	2 times	3 times	4 times or more
19. Yesterday, how many times did you drink diet soft drinks? Diet soft drinks include, Diet Coke, Diet Pepsi, Diet Sprite, Diet 7 Up, and Diet Rootbeer.	None	1 time	2 times	3 times	4 times or more
20. Yesterday, how many times did you drink regular (not diet) soft drinks?	None	1 time	2 times	3 times	4 times or more
21. Yesterday, how many times did you drink sweetened energy drinks? Sweetened energy drinks include Red Bull, Monster, and Rockstar.	None	1 time	2 times	3 times	4 times or more
22. Yesterday, how many times did you drink a bottle or glass of water?	None	1 time	2 times	3 times	4 times or more
23. Yesterday, how many times did you drink white milk?	None	1 time	2 times	3 times	4 times or more
24. Yesterday, how many times did you drink flavored milk (chocolate, strawberry)?	None	1 time	2 times	3 times	4 times or more
25. How sure are you that you can choose to eat a piece of fruit instead of candy for a snack?	Not sure	A little sure		Very sure	

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26. How sure are you that you can choose to drink water instead of a soda when you are thirsty?	Not sure	A little sure	Very sure		
Physical Activity					
27. Yesterday, did you exercise or participate in physical activity for at least 60 minutes (1 hour), such as walking, skating, playing outside, basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar activities?					
Yes		No			
28. Last week, on which days did you exercise or participate in physical activity for at least 60 minutes (1 hour), such as walking, skating, playing outside, basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar activities?					
Monday	Yes	No	Not Sure		
Tuesday	Yes	No	Not Sure		
Wednesday	Yes	No	Not Sure		
Thursday	Yes	No	Not Sure		
Friday	Yes	No	Not Sure		
Saturday	Yes	No	Not Sure		
Sunday	Yes	No	Not Sure		
29. How much fun is being physically active at school?					
Not at all		A little	A lot		
30. During the past 12 months, on how many sports teams did you play? (Include any after-school teams run by your school, church, or community groups). Do not include PE classes at school.					
None	1 team	2 teams	3 or more teams		
Eating & Physical Activity at Home					
31. How often do you do the following activities at home?					
Eat fruit and vegetables	Never	Almost never	Sometimes	Almost Always	Always
Drink water	Never	Almost never	Sometimes	Almost Always	Always
Eat junk food	Never	Almost never	Sometimes	Almost Always	Always
Help prepare meals or cook with a grown-up	Never	Almost never	Sometimes	Almost Always	Always
Spend time play outside	Never	Almost never	Sometimes	Almost Always	Always
Spend time watching TV, playing video games, or on social media	Never	Almost never	Sometimes	Almost Always	Always