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| Procedure  This is the survey that was distributed to 220 students in those English classes:  **AP Biology Research Survey**  **Ashley & Heath**  ***Please fill out this survey completely and as honestly as possible. The responses are completely anonymous. Thank you.***  1) What is your gender? Female Male  2) What grade are you in? 9 10 11 12  3) What activities do you do weekly that would be considered exercise? Check all that apply.  Weight lifting Lacrosse  Track (running) Rugby  Soccer Biking  Basketball Power walking  Hiking other aerobic sports \_\_\_\_\_\_\_\_\_\_  4) On average, how often do you exercise aerobically? (hours per week)  2 or less 3-4 5-7 8 or more  5) On average, how many hours of sleep do you get per night?  3 or less 4-6 7-8 9 or more  6) On average, how would you rate your stress level on a scale of 1-10? 1= no stress,  10= extremely stressed. \_\_\_\_\_\_\_\_\_\_  7) Have you recently experienced any traumatic, stress-causing situation? (example: family death, pregnancy, divorce)  Yes No  8) When you are feeling stress, do you find yourself eating more or less than normal?  9) Is the food that you eat when you are stressed healthy? Yes No  10) What food group makes up the greatest portion of your diet? Circle one.  Fruits Vegetables Grains Meats Dairy Fats & Sweets  11) On average, how often do you eat food rich with zinc or zinc supplements? (foods with zinc include red & white meat, shellfish)  Once a week or less 2-3 times a week 4-5 times a week 6 or more  12) On average, how often in a week do you eat foods rich with iron or iron supplements?  (foods with iron include green leafy vegetables, red meat)  1 or less times 2-3 times 4-5 times 6 or more times  13) On a scale from 1-10, how would you rate your nutrition level/ eating habits? (1=unhealthy, 10=very healthy)  14) Do you take vitamin supplements regularly?  Yes No  15) Do you regularly intake of vitamin C? (example: oranges and orange juice)  Yes No  16) Do you normally take any medication that would affect your immune system�s efficiency? (example: steroids, hormones)  Yes No  17) Are you inflicted with any diseases that would affect your immune system?  Yes No  18) Do you or your parents have a history of chronic illness?(chronic=sick all of the time)  Yes No  19) On average, how often are you sick per year?  2 or less times 3-4 times 5-6 times 7 or more times  20) On average, how long does your sickness last?  2 days or less 3-7 days 8-14 days 15 days or more  [[back](http://docs.google.com/procedure.html)]  [[Home](http://docs.google.com/home.html)][[Introduction](http://docs.google.com/introduction.html)][[Hypothesis](http://docs.google.com/hypothesis.html)][[Procedure](http://docs.google.com/procedure.html)][[Data](http://docs.google.com/data.html)][[Conclusions](http://docs.google.com/conclusions.html)][[Bilio/Links](http://docs.google.com/biblio.html)]  [[2002 Projects](http://docs.google.com/AP2002/index.html)][[2001 Projects](http://docs.google.com/index.html)][[2000 Projects](http://docs.google.com/AP2000/index.html)][[1999 Projects](http://docs.google.com/AP99/index.html)][[1998 Projects](http://docs.google.com/AP98/index.html)] |