

| | | |
|---------------|--|---------|
| Reference 77 | Nutrition and Cooking Skills | 77-1 |
| Reference 125 | Gimme 5 Psychosocial Assessment | 125-2 |
| Reference 126 | ProChildren | 126-9 |
| Reference 127 | School-Based Nutrition Monitoring (SBNM) questionnaire | 127-13 |
| Reference 128 | Project EAT | 128-16 |
| Reference 129 | CATCH Psychosocial Assessment | 129-19 |
| Reference 130 | Dietary Questionnaire (no name) | 130-41 |
| Reference 131 | USDA Continuing Survey of Food Intake | 131-46 |
| Reference 135 | Adapted a Measure from Measures of Norms/SE & Focus Groups for NSLP Participants | 135-47 |
| Reference 136 | SE-FRUIT & SE-VEG (no name) | 136-48 |
| Reference 137 | Food Preferences (no name) | 137-49 |
| Reference 138 | The Child Nutrition Questionnaire (CNQ) | 138-50 |
| Reference 139 | Psychosocial (no name) | 139-57 |
| Reference 140 | Family Food behavior Survey (FFBS) | 140-58 |
| Reference 141 | Perceptions of the Home Food Environment (no name) | 141-59 |
| Reference 142 | Scale devised from 3 components of CDCs school health index (no name) | 142-60 |
| Reference 143 | Perceptions of School Environment | 143-63 |
| Reference 144 | The Kids Eating Disorder Survey (KEDS) | 144-64 |
| Reference 145 | Youth Risk Behavior Survey - Middle School Version (2009), Body Weight Behavior Middle School Version | 145-66 |
| Reference 146 | Children and Youth Physical Self-Perception Profile (CY-PSPP) | 146-87 |
| Reference 147 | Body esteem scale | 147-93 |
| Reference 148 | Project EAT Body Image | 148-94 |
| Reference 149 | Meanings of Eating Index (MEI) | 149-95 |
| Reference 151 | PACE+ Screener for Fat Intake | 151-96 |
| Reference 152 | Fast Food and Beverage Screener | 152-97 |
| Reference 153 | A Day in the Life Questionnaire (DILQ) | 153-100 |
| Reference 154 | Pizza Please: An Interactive Nutrition Evaluation | 154-104 |
| Reference 155 | Eating Habits Questionnaire (EHQ) | 155-110 |
| Reference 156 | Children’s Dietary Questionnaire (CDQ) | 156-120 |
| Reference 157 | Harvard FFQ | 157-121 |

| | | |
|---------------|--|---------|
| Reference 158 | CATCH Trial Food Checklist..... | 158-122 |
| Reference 159 | PACE Adolescent Psychosocial and Stage-of-Change Measures Related to Physical Activity and Sedentary Behavior..... | 159-123 |
| Reference 160 | Stages of Exercise Behavior Change (SEBC)..... | 160-130 |
| Reference 161 | Children’s Attraction to Physical Activity Questionnaire (CAPA) | 161-131 |
| Reference 162 | Physical Activity Questionnaire for Children/Adolescents (PAQ-C/A) | 162-132 |
| Reference 163 | Physical Activity Questionnaire for Children/Adolescents (PAQ-C/A) | 163-138 |
| Reference 164 | Previous Day Physical Activity Recall (PDPAR) | 164-144 |
| Reference 165 | Activity Questionnaire for Adults and Adolescents (AQuAA)..... | 165-148 |
| Reference 166 | Godin-Leisure Time Exercise Questionnaire | 166-150 |
| Reference 167 | School Health Action, Planning and Evaluation System (SHAPES) | 167-151 |
| Reference 168 | Adolescent Physical Activity Recall Questionnaire (APARQ)..... | 168-162 |
| Reference 169 | Yesterday’s Activity Checklist | 169-163 |
| Reference 170 | CLASS instrument | 170-164 |
| Reference 171 | Screen Time (Robinson)..... | 171-167 |
| Reference 172 | Screen Time (average) | 172-168 |
| Reference 173 | Physical Environmental Factors..... | 173-169 |
| Reference 174 | Walking/Cycling barriers to specific destination | 174-172 |
| Reference 175 | Neighborhood Parks and Streets Measure (no name)..... | 175-173 |
| Reference 176 | Neighborhood Environment Walkability Scale Youth (NEWS-Y)..... | 176-174 |
| Reference 177 | School Environment and Policy Factors (no name)..... | 177-183 |
| Reference 178 | Physical Activity and Media Inventory (PAMI) | 178-184 |
| Reference 179 | Active Where | 179-188 |
| Reference 180 | SE for PA, made own scale (no name) based on previous measures..... | 180-215 |
| Reference 181 | Decisional Balance and SE for Sedentary Behaviors | 181-216 |
| Reference 182 | Various Psychosocial | 182-218 |
| Reference 183 | Barriers and Perceived Benefits to PA (no name) | 183-219 |
| Reference 184 | Risk Watch | 184-220 |
| Reference 185 | Trauma Nurses Talk Tough (TNTT) pre and post test on knowledge | 185-28 |
| Reference 186 | ThinkFirst | 186-30 |
| Reference 187 | Reckless Behavior Questionnaire (RBQ)..... | 187-33 |
| Reference 188 | Speeding Attitudes Test..... | 188-34 |

| | | |
|---------------|---|--------|
| Reference 189 | Adolescent Risk Taking Scale (ARTS) | 189-35 |
| Reference 190 | Olweus bully questionnaire and revised Olweus bully questionnaire | 190-36 |
| Reference 193 | Sensation Seeking Scale (SSS)..... | 193-43 |
| Reference 194 | Brief Sensation Seeking Scale (BSSS)..... | 194-45 |
| Reference 195 | Peer Behavior Inventory (PBI) | 195-46 |
| Reference 196 | Friend's Delinquent Behavior - Denver Youth Survey | 196-47 |
| Reference 197 | Teen Conflict Survey | 197-48 |
| Reference 198 | Attitude toward gang violence (no name) | 198-55 |
| Reference 199 | Attitudes towards guns and violence (no name) | 199-57 |
| Reference 200 | Psychosocial variables related to texting and driving | 200-59 |
| Reference 201 | Psychosocial variables related to texting | 201-65 |
| Reference 202 | DRIVE study questionnaire | 202-66 |
| Reference 203 | Follow-up to Saunders et al. (1997) | 203-68 |
| Reference 204 | | 204-69 |

Reference 77 **Nutrition and Cooking Skills**

Using a scale of 1- never, 2- rarely, 3- sometimes, 4- often, and 5- all the time.

1. I make meals that require more than three ingredients (typically packaged convenience foods like Kraft Dinner Easy-Mac need only a couple more ingredients to complete the meal).
2. I am able to visualize the meal I am going to make and how the food items will come together on the plate.
3. I make a grocery list; I plan food for the week; I plan what meals I will make each day.
4. I am aware of the necessary food hygiene measures to take while preparing food and cleaning up.
5. I do not need to use recipes because I know through experience which combinations of ingredients can make a tasty meal.
6. I am able to create a meal out of leftovers.
7. I am able to do house chores while cooking.
8. I am distracted from cooking and meal preparation whenever my children are around.
9. I create meals from scratch without convenience food ingredients.
10. I know my family's specific food tastes/requirements.
11. I know how to create home-made meals that both satisfy my family and do not involve convenience foods.
12. I do not need to use measuring devices (ex: cups, tbsp, tsp, scale) when I create meals from scratch.
13. I know how long certain food items (potatoes, meat, lasagne) will take to cook.
14. I can plan according to food item cooking times so that all the items are completed and served at the same time.
15. I make sure I have the basic ingredients on storage.
16. I am flexible and can make a meal out of whatever ingredients I have within the house.

Knowledge of Fruits and Vegetables

Instructions: These questions are about fruits and vegetables. Please do not write on these pages. Instead, please darken the circle for the best answer for each question on your blue answer sheet. Remember to darken only one circle for each question.

1. Fruits and vegetables have lots of

- fat
- protein
- cholesterol
- vitamins
- calories

2. How many servings of fruits and vegetables do you think a person should eat each day for good health?

- 1
- 2
- 3
- 5
- 7

3. Who needs to eat plenty of fruits and vegetables?

- children
- adults
- teenagers
- grandparents
- all of the above

4. What is an important first step in trying to change your own behavior?

- Just do it.
- Set a realistic goal.
- Pick a reward for when you do change your behavior.
- Do what someone else tells you to do.
- Do something to remind you to think about it.

5. When you set a goal, you need to decide

- What you will do.
- When you will do it.
- Where you will do it.
- How you will do it.
- all of the above

6. Let's say you are used to eating 2 servings of fruits and vegetables every day, but you want to eat more. A realistic first goal would be for you to eat _____ servings of fruits and vegetables every day for a while.

- 2
- 3
- 4
- 5
- 6

7. Let's say you've set a goal, but did not reach it. The first thing you should do to help you try to reach that goal is:

- Make a new plan.
- Find other ways that might work.
- Choose the best way.
- Analyze what didn't work.
- Forget about that goal for awhile.

8. You will be more likely to get more fruits and vegetables at home when you ask for them if you:

- Ask the family member who usually buys the food.
- Are positive and polite when you ask.
- Ask at the "right" time (or at an appropriate time).
- Are realistic in what you ask for.
- Do all of the above.

9. What could you do to decide whether to eat your favorite fruit or your favorite candy bar?

- Think about all the qualities of fruits and candy bars that are important to you.
- Talk to your friends about what they like.
- Ask your mom what is best.
- See which one costs less.
- See what the people around you are eating.

10. Let's say you are about to eat breakfast. You have dry cereal with milk, toast with margarine, and apple juice. Which of these foods could you add if you are trying to eat more fruits and vegetables?

- Orange Kool-aid
- Apple butter on toast
- Whole (sliced) banana on cereal
- Blueberry donut
- Strawberry pop tart

11. Let's say you are about to eat supper. You have fried chicken, corn, roll with margarine, and milk. Which of these foods could you add if you are trying to eat more fruits and vegetables?

- Potato chips
- Macaroni and cheese
- Rice
- Peach pie
- Broccoli

12. Let's say you set a goal to eat grapes as a snack after school. When you got home from school, all the grapes were gone. What could you have done instead?

- Eaten a fruit roll-up
- Eaten an apple
- Eaten a peanut butter and grape jelly sandwich
- Eaten some corn chips
- Drank grape Hi-C

13. Which of these things could one friend do to help another friend eat more fruits and vegetables at supper?

- Call them and remind them.
- Help them think of a specific fruit or vegetable to add.
- Help them practice asking their parents for more fruits and vegetables.
- Go to the store with them so they can buy a fruit or vegetable.
- All of the above.

14. Let's say you want to have more fruits and vegetables at home. Which of these is most likely to work best?

- Complain to your parents that they're not buying enough fruits and vegetables.
- Interrupt your parents while they are talking and ask them to buy more fruits and vegetables.
- Wait until your parents get back from the grocery store and then ask why they didn't buy more fruits and vegetables.
- Politely ask your parents to please buy more fruits and vegetables the next time they go to the grocery store.
- Go to the grocery store with your parents and put some fruit in the cart when they're not looking.

15. Let's say your family is going on a picnic. You are trying to eat more fruits and vegetables so you could:

- Make sure the potato chips get packed.
- Offer to pack some oranges and bananas.
- Offer to pack the grape jelly.
- Offer to pack the orange sodas.
- Make sure the apple pie gets packed.

16. Pretend your family is going out to eat supper at a fast food place. You order a hamburger, fries and a milkshake. How could you add another serving of fruit and vegetable to your meal?

- Order a cherry turnover for dessert.
- Make sure you ordered a strawberry milkshake instead of a chocolate one.
- Order a slice of pickle on your burger.
- Order orange juice to drink.
- Eat ketchup on your fries.

R9 – Asking Behaviors – Child

DIRECTIONS: We are interested in what you have asked members of your family, for example your mom, dad, or guardian, about having fruit and vegetables. We are only interested in what you asked them to do in the last 2 weeks, even if they didn't do it. There are no right or wrong answers, just what you did.

| In the last two weeks, did you ask someone in your family to.... | A Yes | B No | C I don't have to ask |
|---|------------------|-----------------|----------------------------------|
| 1. have fruit or vegetables at home for breakfast? | A | B | C |
| 2. have fruit or vegetables at home for snacks? | A | B | C |
| 3. have fruit or vegetables at home for dinner? | A | B | C |
| 4. have fruit or vegetables when you went out to eat? | A | B | C |
| 5. go with them shopping for fruit and vegetables? | A | B | C |
| 6. go to a restaurant or fast food place because it serves fruit or vegetables? | A | B | C |
| 7. buy fruit or vegetables? | A | B | C |
| 8. have fruit or vegetables out so you can reach them in your house? | A | B | C |
| 9. In the last two weeks, did you write fruit or vegetables on the family grocery list? | A | B | C |

R7 – Outcome Expectations – Child

DIRECTIONS: We want to know what you think will happen if you eat fruit and vegetables everyday. There are no right or wrong answers, just your opinion. Please select the response that best describes how much you agree or disagree with each of the below sentences.

| If I eat fruit and vegetables every day.... | A I disagree very much | B I disagree a little | C I am not sure | D I agree a little | E I agree very much |
|--|-----------------------------------|----------------------------------|----------------------------|-------------------------------|--------------------------------|
| 1. my friends will make fun of me. | A | B | C | D | E |
| 2. it will keep me from getting fat. | A | B | C | D | E |
| 3. my family will be proud of me. | A | B | C | D | E |
| 4. I will have a prettier smile. | A | B | C | D | E |
| 5. my friends will not come to my house to eat. | A | B | C | D | E |
| 6. my friends will start eating them too. | A | B | C | D | E |
| 7. I will be healthier. | A | B | C | D | E |
| 8. I will have more energy. | A | B | C | D | E |
| 9. I will have stronger eyes. | A | B | C | D | E |
| 10. I will become stronger. | A | B | C | D | E |
| 11. I will have less energy than if I eat a candy bar. | A | B | C | D | E |
| 12. I will think better in class. | A | B | C | D | E |
| 13. I will not enjoy eating that meal or snack. | A | B | C | D | E |

R4 – Preferences – Child

| DIRECTIONS: Mark two answers for each, choose A or B; then choose C or D or E. | A I have eaten this | B I have not eaten this | C I do not like this | D I like this a little | E I like this a lot |
|---|-------------------------------|-----------------------------------|--------------------------------|----------------------------------|-------------------------------|
| 1. carrots | A | B | C | D | E |
| 2. celery | A | B | C | D | E |
| 3. greens (collard, mustard, or turnip) | A | B | C | D | E |
| 4. potatoes | A | B | C | D | E |
| 5. corn | A | B | C | D | E |
| 6. peas (green, sweet, or English) | A | B | C | D | E |
| 7. tomatoes | A | B | C | D | E |
| 8. broccoli | A | B | C | D | E |
| 9. lettuce | A | B | C | D | E |
| 10. green, string, or snap beans | A | B | C | D | E |
| 11. peaches | A | B | C | D | E |
| 12. apple juice | A | B | C | D | E |
| 13. banana | A | B | C | D | E |
| 14. apple | A | B | C | D | E |
| 15. cantaloupe | A | B | C | D | E |
| 16. grapes | A | B | C | D | E |
| 17. orange juice | A | B | C | D | E |
| 18. orange | A | B | C | D | E |
| 19. fruit salad (fresh or canned) | A | B | C | D | E |
| 20. applesauce | A | B | C | D | E |

| Right after school, I would prefer to have.... | | | (circle A or B in below) | |
|---|-----------|---|--------------------------|----------|
| 1. A. my favorite fruit | OR | B. my favorite cookie | A | B |
| 2. A. my favorite fruit | OR | B. my favorite candy bar | A | B |
| 3. A. peanut butter on bread | OR | B. my favorite raw vegetable & dip | A | B |
| 4. A. peanut butter on bread | OR | B. my favorite fruit | A | B |
| 5. A. my favorite fruit | OR | B. chips | A | B |
| 6. A. chips | OR | B. my favorite raw vegetable & dip | A | B |
| 7. A. my favorite soft drink | OR | B. my favorite fruit | A | B |
| 8. A. my favorite candy bar | OR | B. my favorite raw vegetable & dip | A | B |

R3 – Self Efficacy – Child

DIRECTIONS: We want to know how sure you are that you can do things to eat more fruit and vegetables. There are no right or wrong answers, just your opinion. Please select the item that best describes your belief.

| | A I disagree very much | B I disagre e a little | C I am not sure | D I agree a little | E I agree very much |
|--|--|--|---------------------------------|------------------------------------|-------------------------------------|
| I think I can.... | | | | | |
| 1. write my favorite fruit or vegetable on the family's shopping list? | A | B | C | D | E |
| 2. ask someone in my family to buy my favorite fruit or vegetable? | A | B | C | D | E |
| 3. go shopping with my family for my favorite fruit or vegetable? | A | B | C | D | E |
| 4. pick out my favorite fruit or vegetable at the store and put it in the shopping basket? | A | B | C | D | E |
| 5. ask someone in my family to make my favorite vegetable dish for dinner? | A | B | C | D | E |
| 6. ask someone in my family to serve my favorite fruit at dinner? | A | B | C | D | E |
| 7. ask someone in my family to have fruit and fruit juices out where I can reach them? | A | B | C | D | E |
| 8. ask someone in my family to have vegetables sticks out where I can reach them? | A | B | C | D | E |

At breakfast I think I can....

| | | | | | |
|--|---|---|---|---|---|
| 9. drink a glass of my favorite juice? | A | B | C | D | E |
| 10. add my favorite fruit to my favorite cereal? | A | B | C | D | E |

For lunch at school, I think I can....

| | | | | | |
|------------------------------------|---|---|---|---|---|
| 11. eat a vegetable that's served? | A | B | C | D | E |
| 12. eat a fruit that's served? | A | B | C | D | E |

For lunch at home, I think I can....

| | | | | | |
|--|---|---|---|---|---|
| 13. eat carrot or celery sticks instead of chips? | A | B | C | D | E |
| 14. eat my favorite fruit instead of my usual dessert? | A | B | C | D | E |

For a snack, I think I can choose....

| | | | | | |
|--|---|---|---|---|---|
| 15. my favorite fruit instead of my favorite cookie? | A | B | C | D | E |
| 16. my favorite fruit instead of my favorite candy bar? | A | B | C | D | E |
| 17. my favorite raw vegetable with dip instead of my favorite cookie? | A | B | C | D | E |
| 18. my favorite raw vegetable with dip instead of my favorite candy bar? | A | B | C | D | E |
| 19. my favorite raw vegetable with dip instead of chips? | A | B | C | D | E |

For dinner or supper, I think I can....

| | | | | | |
|--|---|---|---|---|---|
| 20. eat a casserole with vegetables? | A | B | C | D | E |
| 21. eat my favorite fruit instead of my usual dessert? | A | B | C | D | E |

I think I can....

| | | | | | |
|--|---|---|---|---|---|
| 22. eat 2 or more servings of fruit or fruit juice each day? | A | B | C | D | E |
| 23. eat 3 or more servings of vegetables each day? | A | B | C | D | E |
| 24. eat 5 or more servings of fruit and vegetables each day? | A | B | C | D | E |

R8 – Social Norms – Child

DIRECTIONS: For each of the below questions please fill in the circle of the letter for the sentence which describes you best. There are no right or wrong answers, just what describes you best.

1. Fill in the circle of the letter that best describes your family.

| | | | |
|---|---|---|---|
| A | B | C | D |
|---|---|---|---|

- | |
|--|
| A. Most people in my family think that eating 2 or more servings of fruit or juice each day is a very good thing for me to do. |
| B. Most people in my family think that eating 2 or more servings of fruit or juice each day is a good thing for me to do. |
| C. Most people in my family think that eating 2 or more servings of fruit or juice each day is not important for me to do. |
| D. I do not know what most people in my family think about eating 2 or more servings of fruit or juice each day. |

2. Fill in the circle of the letter that best describes your family.

| | | | |
|---|---|---|---|
| A | B | C | D |
|---|---|---|---|

- | |
|--|
| A. Most people in my family think that eating 3 or more servings of vegetables each day is a very good thing for me to do. |
| B. Most people in my family think that eating 3 or more servings of vegetables each day is a good thing for me to do. |
| C. Most people in my family think that eating 3 or more servings of vegetables each day is not important for me to do. |
| D. I do not know what most people in my family think about eating 3 or more servings of vegetables each day. |

3. Fill in the circle of the letter that best describes most kids your age.

| | | | |
|---|---|---|---|
| A | B | C | D |
|---|---|---|---|

- | |
|---|
| E. Most kids my age think that eating 2 or more servings of fruit or juice each day is a very good thing to do. |
| F. Most kids my age think that eating 2 or more servings of fruit or juice each day is a good thing to do. |
| G. Most kids my age think that eating 2 or more servings of fruit or juice each day is not important to do. |
| H. I do not know what most kids my age think about eating 2 or more servings of fruit or juice each day. |

4. Fill in the circle of the letter that best describes most kids your age.

| | | | |
|---|---|---|---|
| A | B | C | D |
|---|---|---|---|

- | |
|--|
| E. Most kids my age think that eating 3 or more servings of vegetables each day is a very good thing for me to do. |
| F. Most kids my age think that eating 3 or more servings of vegetables each day is a good thing for me to do. |
| G. Most kids my age think that eating 3 or more servings of vegetables each day is not important for me to do. |
| H. I do not know what most kids my age think about eating 3 or more servings of vegetables each day. |

Reference 126

ProChildren

Personal

Self-rated intake

- Do you think that you eat much or a little fruit?
- Do you think that you eat more or less fruit than most boys and girls of your age?

Knowledge

- How much fruit do you think you should eat to have a healthy diet?

Attitudes

- To eat fruit every day makes me feel good
- To eat fruit every day gives me more energy

Liking

- I like to eat fruit every day
- Fruit tastes good

General self-efficacy

- It is difficult for me to eat fruit every day
- If I decide to eat fruit every day, I can do it

Intention

- I want to eat fruit every day

Habit

- To eat fruit every day is a habit for me

Preferences

- Which of the following fruits do you like or dislike?
- List of 12 fruits: apples, bananas, pears, oranges, tangerines, plums, peaches, melon, strawberries, grapes, cherries, kiwis

Perceived barriers

- When you *do not* eat fruit, is it because...it takes too much time to eat fruit?
- When you *do not* eat fruit, is it because...you want to eat something else (e.g. sweets)?
- When you *do not* eat fruit, is it because...your fingers get greasy?
- When you *do not* eat fruit, is it because...fruit get squeezed in the school bag?

Perceived social environmental

Subjective norm

- My mother eats fruit every day
- My father eats fruit every day
- My best friend eats fruit every day

Active parental encouragement

My mother encourages me to eat fruit every day

My father encourages me to eat fruit every day

Demand family rule

Do your parents demand that you
eat fruit every day?

Allow family rule

Are you allowed to eat as much fruit as
you like at home?

Perceived physical environmental

Availability at home

If you tell at home what fruit you like,
will it be bought?

Are there usually different kinds of fruits available
in your home?

Is there usually fruit available at home that you like?

Availability at school & leisure

Can you get fruit at school either by buying it or
getting it for free?

Can you get fruit at your friend's house, when you
spend the afternoon there?

Can you get fruit at the place where you have
your leisure-time activity (e.g. club, sports place),
either by buying it or getting it for free?

Personal

Self-rated intake

- Do you think that you eat much or a little vegetables?
- Do you think that you eat more or less vegetables than most boys and girls of your age?

Knowledge

- How many vegetables do you think you should eat to have a healthy diet?

Attitudes

- To eat vegetables every day makes me feel good
- To eat vegetables every day gives me more energy

Liking

- I like to eat vegetables every day
- Vegetables taste good

General self-efficacy

- It is difficult for me to eat vegetables every day
- If I decide to eat vegetables every day, I can do it

Intention

- I want to eat vegetables every day

Habit

- To eat vegetables every day is a habit for me

Preferences

- Which of the following vegetables do you like or dislike? List of 12 vegetables: tomatoes, cucumber, salad, cabbage, spinach, leek, green beans, onion, carrots, broccoli, cauliflower, green peas

Perceived barriers

- When you *do not* eat vegetables, is it because...it takes too much time to eat vegetables?
- When you *do not* eat vegetables, is it because... you are still hungry after having eaten vegetables?
- When you *do not* eat vegetables, is it because...you want to eat something else (e.g. sweets)?
- When you *do not* eat vegetables, is it because...vegetables get squeezed in the school bag?

Perceived social environmental

Subjective norm

- My mother eats vegetables every day
- My father eats vegetables every day
- My best friend eats vegetables every day

Active parental encouragement

My mother encourages me to eat
vegetables every day

My father encourages me to eat
vegetables every day

Demand family rule

Do your parents demand that you eat
vegetables every day?

Allow family rule

Are you allowed to eat as many vegetables
as you like at home?

Perceived physical environmental

Availability at home

If you tell at home what vegetables you like,
will it be bought?

Are there usually different kinds of vegetables
available in your home?

Are there usually vegetables available at
home that you like?

Availability at school & leisure

Can you get vegetables at school either by buying
it or getting it for free?

Can you get vegetables at your friend's house,
when you spend the afternoon there?

Can you get vegetables at the place where you
have your leisure-time activity (e.g. club,
sports place), either by buying it or getting it for free?

Food and meal choice behavior “Did You Consume These Foods Yesterday?” questions (n=254)

Gravy, on a food or by itself
 Peanuts or peanut butter
 Hamburger meat, hot dogs, sausage (chorizo), steak, bacon, ribs
 Hot or cold cereal
 Milk, including chocolate or other flavor, milk on cereal, drinks with milk
 100% fruit juice (not punch, sports drinks, fruit-flavored drinks)
 Number of meals eaten
 Any kind of cheese, cheese spread, cheese sauce, including on pizza, or other
 Beans, including pinto, baked, kidney, refried, pork and beans (not green)
 Rice, macaroni, spaghetti, pasta
 Frozen dessert such as ice cream, frozen yogurt, ice cream bar, popsicle
 Fried chicken, nuggets, chicken fried steak, fried pork chops, fried fish
 Chocolate candy (not brownies or chocolate cakes)
 Fruit (not juice)
 Number of snacks eaten
 Any type of bread, bun, bagel, tortilla, roll
 Vegetables, including salads and potatoes (not french fries or chips)
 Sweet rolls, doughnuts, cookies, brownies, pies, cakes
 French fries or chips, including potato chips, tortilla or corn chips, cheese puffs

Food and meal choice behavior “What Foods/Meals Do You Usually Consume?” questions (n=259)

Type of milk (fat content)
 Vegetarian status
 Vitamins/minerals supplementation
 Eat breakfast
 Type of frozen dessert (fat content)
 Eat school lunch
 Type of foods in general (fat content)
 Health of usual eating habits compared with peers
 Type of sweet roll, doughnuts, cookies, brownies, pies, cakes (fat content)
 Eat lunch
 Eat dinner

Food selection skills “Ever” questions (n=259)

Read nutrition labels on food packages
 Use nutrition labels to make eating decisions
 Use nutrition labels to make purchasing decisions

Physical activity “Exercise” questions (n=254)

Days of exercise with heart beat fast/breathe hard, 20 min, past 7 days
 Days of exercise to strengthen or tone muscles, past 7 days
 Days of stretching exercise, past 7 days
 Days of walking or bicycling, including to/from school, 30 min, past 7 days

Physical activity “Activity” questions (n=259)

Number of school sports teams (not physical education classes), past 12 mos
Number of days of physical education class attendance in an average week
Number of hours of video game playing per day, usual
Number of outside school sports teams, past 12 mo
Number of hours of TV watching per day, usual

Weight behavior questions (n=259)

Weight preference: would like to weigh more, less, about the same
Ever tried to lose weight
Currently trying to lose weight
Weight compared with peers: too much, too little, about right

Nutrition knowledge questions (n=259)

Seen Food Guide Pyramid
Most servings per day from which food group
Recommended percentage of calories from fat
Highest calorie content: 1 g of fat, carbohydrate, or protein
Total servings of fruits and vegetables in a day
Knowledge of Dietary Guidelines for Americans
Fewest servings per day from which food group

Nutrition attitude questions (n=259)

Liking of school cafeteria lunch
Nutritional value of school lunch
Willingness to try new foods
Skipping meals and effect on school performance
Importance of learning about food and health
I eat healthfully—no reason to make changes
So much information about healthful eating—hard to know what to believe
Diet and chance of heart disease, cancer
Underweight and risk of health problems
Overweight and risk of health problems

Milk, including chocolate or other flavor,
milk on cereal, drinks with milk
Beans, including pinto, baked, kidney,
refried, pork and beans (not green)

French fries or chips, including potato
chips, tortilla or corn chips, cheese
puffs
Rice, macaroni, spaghetti, pasta
Hot or cold cereal

Vegetables, including salads, potatoes
(not french fries or chips)
Chocolate candy (not brownies or
chocolate cakes)

Any kind of cheese, cheese spread,
cheese sauce, including on pizza, or
other
Sweet rolls, doughnuts, cookies,
brownies, pies, cakes

Fruit (not juice)
Frozen dessert such as ice cream,
frozen yogurt, ice cream bar, popsicle
Fried chicken, nuggets, chicken fried
steak, fried pork chops, fried fish
Gravy, on a food or by itself

Peanuts or peanut butter
100% fruit juice (not punch, sports
drinks, fruit flavored drinks)
Hamburger meat, hot dogs, sausage
(chorizo), steak, bacon, ribs
Any type of bread, bun, bagel, tortilla,
roll

Reference 128 **Project EAT****Parental support for healthy eating**

“My mother cares about eating healthy food.” “My mother encourages me to eat healthy food.” (same questions for father). 4-item, 4 responses ranging from “not at all” to “very much.”

Peer support for healthy eating

“Many of my friends care about eating healthy food.” 4 responses ranging from “not at all” to “very much.”

Frequency of family meals

“During the past 7 days, how many times did all, or most, of your family living in your house eat a meal together?” Response, open ended

Parental presence at meals

“On how many of the past 7 days was at least one of your parents in the room with you when you ate dinner?” Response, open ended

Priority of family meals

“In my family, it is important that the family eat at least one meal a day together.” “In my family, we are expected to be home for dinner.” “I am often just too busy to eat dinner with my family.” “In my family, different schedules make it hard to eat meals together on a regular basis.” “In my family, it is often difficult to find a time when family members can sit down to a meal together.” 4 responses ranging from “strongly disagree” to “strongly agree.” Scoring was reversed on the last 3 items.

Food availability

“Which of these statements best describes the food eaten in your household in the last 12 months?” 4 responses ranging from “Often we don’t have enough to eat” to “We always have enough to eat and the kinds of food we want”

Absence of hunger

“How often during the last 12 months have you been hungry because your family couldn’t afford more food?” 4 responses ranging from “almost every month” to “I have not been hungry for this reason”

SES

Composite variable based primarily on parental level of education, defined by the higher level of either parent. In cases of missing data on educational level for both parents other variables used included eligibility for public assistance, eligibility for free or reduced-cost school meals, and parental employment status.

Fruits and vegetables

“Fruits and vegetables are available in my house.” 4 responses ranging from “never” to “always.”

Vegetables at dinner

“Vegetables are served at dinner in my house.” 4 responses ranging from “never” to “always.”

Fruit juice

“We have fruit juice in our house.” 4 responses ranging from “never” to “always.”

Fruits

“I like the taste of most fruits.” 4 responses ranging from “strongly disagree” to “strongly agree.”

Vegetables

“Most vegetables taste bad.” 4 responses ranging from “strongly disagree” to “strongly agree.”

Healthy foods

“Most healthy foods just don’t taste that great.” 4 responses ranging from “strongly disagree” to “strongly agree.”

Unhealthy foods

“Most unhealthy foods taste better than healthy foods.” 4 responses ranging from “strongly disagree” to “strongly agree.”

Concern about health

“How much do you care about. . . (a) eating healthy foods? and (b) being healthy?” 4 responses ranging from “not at all” to “very much.” “How strongly do you agree with the following statements? (a) Teenagers don’t need to be concerned about their eating habits; (b) At this point in my life, I am not very concerned about my health; and (c) Teenagers don’t need to worry about their health.” 4 responses ranging from “strongly disagree” to “strongly agree.” Scoring was reversed on the last 3 items.

Perceived benefits of healthy eating

“The types of food I eat affect . . . (a) my health; (b) how I look; (c) my weight; (d) how well I do in sports; and (e) how well I do in school.” 4 responses ranging from “strongly disagree” to “strongly agree.”

Body satisfaction

Body satisfaction scale including 10 items assessing satisfaction with different body parts. 5 responses ranging from “very dissatisfied” to “very satisfied.”

Weight concerns

“How strongly do you agree with the following statements? (a) I think a lot about being thinner; and (b) I am worried about gaining weight.” 4 responses ranging from “strongly disagree” to “strongly agree.”

Social situations

“If you wanted to, how sure are you that you could eat healthy foods when you are . . . (a) at the mall; (b) with your friends; (c) at a fast food restaurant?” 6 responses ranging from “not at all sure” to “very sure.”

Emotional situations

“If you wanted to, how sure are you that you could eat healthy foods when you are . . . (a) stressed out; (b) feeling down; (c) bored?” 6 responses ranging from “not at all sure” to “very sure.”

Normal situations

“If you wanted to, how sure are you that you could eat healthy foods when you are . . . (a) hungry after school; (b) alone; (c) eating dinner with your family?” 6 responses ranging from “not at all sure” to “very sure.”

Breakfast

“During the past week, how many days did you eat breakfast?”

Lunch

“During the past week, how many days did you eat lunch?”

Dinner

“During the past week, how many days did you eat dinner?”

Dieting frequency

“How often have you gone on a diet during the past year? By “diet” we mean changing the way you eat so you can lose weight?” 5 responses ranging from “never” to “I am always dieting.”

Unhealthy weight control behaviors

“Have you done any of the following things in order to lose weight or keep from gaining weight during the past year? (a) fasted; (b) ate very little food; (c) took diet pills; (d) made myself vomit; (e) used laxatives; (f) used diuretics; (g) used food substitute; (h) skipped meals; (i) smoked more cigarettes.” Number of methods used was calculated.

Healthy weight control behaviors

“Have you done any of the following things in order to lose weight or keep from gaining weight during the past year? (a) exercise; (b) ate more fruits and vegetables; (c) ate less high-fat foods; (d) ate less sweets.” Number of methods used was calculated.

Fast food intake

“In the past week, how often did you eat something from a fast food restaurant (like McDonald’s, Burger King, Hardee’s, etc)?”

| |
|---|
| CHILD AND ADOLESCENT TRIAL FOR CARDIOVASCULAR HEALTH HEALTH BEHAVIOR QUESTIONNAIRE |
|---|

GENERAL INFORMATION

Affix ID Label Here:

1. Student ID # _____
2. Form Version: 10 / 12 / 93
3. Today's Date: ____ / ____ / ____ 3a. Time ____ : ____
4. Measurement Period
1. Fall 1991
 2. Spring 1992
 3. Fall 1992
 4. Spring 1993
 5. Fall 1993
 6. Spring 1994
5. CATCH Staff Initials: _____
6. Language Version: English1
 Spanish2

INTRODUCTION: This is a questionnaire about health. There are no right or wrong answers. Please read each question and answer the best you can. Do not work ahead. Stop at the end of each section. Remember no one at school will see your answers.

SECTION A: WHAT WOULD YOU DO?

INSTRUCTIONS: Circle one of the two foods that you would pick if you had to choose just one.

1. If you were at the movies, which one would you pick?



popcorn with salt or butter



popcorn without salt or butter

2. Which one would you pick to fix with dinner?



fresh or frozen vegetables



canned vegetables

3. If you were going to eat your lunch, which would you do?



eat the food without adding salt



shake salt on the food before eating

4. Which would you put on your hamburger?



catsup



tomato

5. Which would you pick to drink?



regular (whole) milk



low fat or skim milk

6. Which food would you eat for a snack?



candy bar



fresh fruit

7. What would you put on your toast?



margarine



butter

8. Which would you do if you were going to eat a piece of chicken?



leave on the skin



take off the skin and not eat the skin

9. Which food would you ask for?



frozen yogurt



ice cream

10. Which food would you ask your parents to buy?



plain bread sticks



salted crackers

11. Which would you choose to cook if you were going to help make dinner at home?



french fries



baked potato

12. Which would you do if you were going to eat cooked vegetables?



eat without butter



add butter

13. Which would you order if you were going to eat at a fast food restaurant?



a regular hamburger



a salad from the salad bar

STOP HERE

SECTION B: WHAT FOODS DO YOU EAT MOST OF THE TIME?

INSTRUCTIONS: Circle one of the two foods that you eat most often.

1.



cookies



an apple

2.



hot dog



chicken

3.



buttered popcorn



unbuttered popcorn

4.



bran muffin with margarine



french toast with butter and syrup

INSTRUCTIONS: Circle one of the two foods that you eat most often.



chocolate cake



an orange



ice cream



fresh fruit popsicle



sweet roll



whole wheat roll



turkey



bologna



regular (whole) milk



low-fat or skim milk

INSTRUCTIONS: Circle one of the two foods that you eat most often.



no salt



salt



frozen yogurt



ice cream



french toast



whole wheat toast



margarine



butter



regular hamburger



lean hamburger

STOP HERE

SECTION C: WHICH FOOD IS BETTER FOR YOUR HEALTH?

INSTRUCTIONS: Circle one of the two foods that you think is better for your health.



whole wheat bread



white bread



broiled beef



broiled fish



cold cereal



eggs and bacon



beef



beans



chicken



regular hamburger

INSTRUCTIONS: Circle one of the two foods that you think is better for your health.

6.



regular (whole) milk



low-fat or skim milk

7.



peanut butter



bologna

8.



frozen yogurt



ice cream

9.



green salad



french fries

10.



raisins



candy bar

INSTRUCTIONS: Circle one of the two foods that you think is better for your health.

11



butter



margarine

12.



frozen corn



canned corn

13.



french fries



baked potato

14



regular peanut butter



freshly ground peanut butter

STOP HERE

SECTION D: THINGS YOU DO MOST OF THE TIME

INSTRUCTIONS: The questions in this section ask about what you most of the time. Please answer by circling either YES or NO for each question.

- | | | |
|--|--------|-------|
| 1. Do you choose or fix your own food for breakfast? | 1. YES | 2. NO |
| 2. Do you choose or fix your own lunch on school days? | 1. YES | 2. NO |
| 3. Do you choose foods at the grocery store? | 1. YES | 2. NO |
| 4. Do you choose what you want to eat from the dinner table? | 1. YES | 2. NO |
| 5. Do you choose or fix your own snacks? | 1. YES | 2. NO |
| 6. Do you eat fresh fruit at home? | 1. YES | 2. NO |
| 7. Do you eat ice cream at home? | 1. YES | 2. NO |
| 8. Do you eat chips at home? | 1. YES | 2. NO |
| 9. Do you put salt on you food at the dinner table? | 1. YES | 2. NO |

STOP HERE

SECTION E: PHYSICAL ACTIVITY

INSTRUCTIONS: The questions in this section ask about physical activity. Please answer by circling either YES or NO for each question.

Note: Being physically active means doing exercises like running, jogging, walking fast, bike riding, swimming, dancing, skating, or any other activity that makes you breathe faster and your heart beat faster.

- | | | |
|--|--------|-------|
| 1. One or both of my parents are physically active. They do exercises like running, jogging, walking fast, bike riding, swimming, dancing, or skating. | 1. YES | 2. NO |
| 2. One or both of my parents do exercises with me like running, jogging, walking fast, bike riding, swimming, dancing, or skating. | 1. YES | 2. NO |
| 3. Most of my friends are physically active. | 1. YES | 2. NO |
| 4. Most of my teachers are physically active. | 1. YES | 2. NO |
| 5. Most of my friends want me to be physically active when we play. | 1. YES | 2. NO |
| 6. My friends and I have fun when we're physically active playing together. | 1. YES | 2. NO |
| 7. One or both of my parents want me to stay inside when I want to be physically active outside. | 1. YES | 2. NO |
| 8. One or both of my parents will not let me do physical activities when I want to. | 1. YES | 2. NO |
| 9. One or both of my parents like to watch me when I am being physically active. | 1. YES | 2. NO |
| 10. When I am physically active, one or both of my parents smile and cheer for me. | 1. YES | 2. NO |
| 11. Most of my classroom teachers criticize people who exercise. | 1. YES | 2. NO |
| 12. When I am physically active at recess, most of my classroom teachers tell me to stop. | 1. YES | 2. NO |

- | | | |
|--|--------|-------|
| 13. When I am physically active in PE class, my PE teacher tells me I am doing a good job. | 1. YES | 2. NO |
| 14. Most of my friends tease me a lot when I am physically active. | 1. YES | 2. NO |
| 15. When doing sports, most of my classmates choose me last for their team. | 1. YES | 2. NO |
| 16. When I am physically active, most of my friends make fun of me. | 1. YES | 2. NO |
| 17. When doing sports most of my classmates want me on their team. | 1. YES | 2. NO |
| 18. When I am physically active, most of my friends tell me I am a good player. | 1. YES | 2. NO |

STOP HERE

SECTION F: SMOKING - FRIENDS AND FAMILY

INSTRUCTIONS: The questions in this section ask about the smoking habits of you friends and family. Please answer by circling either "YES" or "NO" for each question.

- | | | |
|--|--------|-------|
| 1. Does your best friend smoke? | 1. YES | 2. NO |
| 2. Does your mother or stepmother smoke? | 1. YES | 2. NO |
| 3. Does your father or stepfather smoke? | 1. YES | 2. NO |
| 4. Do you have a sister or brother who smokes? | 1. YES | 2. NO |
| 5. If you wanted cigarettes, are they easy for you to get at home? | 1. YES | 2. NO |

STOP HERE

SECTION G: Part I – YOUR SMOKING HABITS

| |
|--|
| <p>INSTRUCTIONS: The following questions in the first part of this section ask you about smoking. Please answer by circling either <u>agree</u>, <u>in between</u>, or <u>disagree</u> for each question.</p> |
|--|

- | | | | |
|---|----------|---------------|-------------|
| 1. I don't want to smoke. | 1. Agree | 2. In Between | 3. Disagree |
| 2. I have no reason to start smoking. | 1. Agree | 2. In Between | 3. Disagree |
| 3. I have no interest in smoking cigarettes. | 1. Agree | 2. In Between | 3. Disagree |
| 4. I don't feel like I want to start smoking. | 1. Agree | 2. In Between | 3. Disagree |
| 5. I don't feel any need to start smoking. | 1. Agree | 2. In Between | 3. Disagree |
| 6. I never think that I will start smoking. | 1. Agree | 2. In Between | 3. Disagree |
| 7. I do not have any plans to start smoking. | 1. Agree | 2. In Between | 3. Disagree |
| 8. I have started to smoke a little. | 1. Agree | 2. In Between | 3. Disagree |
| 9. Every so often I think about smoking cigarettes. | 1. Agree | 2. In Between | 3. Disagree |
| 10. I wanted to see what smoking was like so I'm trying it out. | 1. Agree | 2. In Between | 3. Disagree |
| 11. I am smoking a little to see if I like it. | 1. Agree | 2. In Between | 3. Disagree |
| 12. Sometimes I think I may start smoking cigarettes. | 1. Agree | 2. In Between | 3. Disagree |
| 13. I decided to see what smoking is like. | 1. Agree | 2. In Between | 3. Disagree |
| 14. I may give smoking a try. | 1. Agree | 2. In Between | 3. Disagree |

STOP HERE

SECTION G: Part II – YOUR SMOKING HABITS

INSTRUCTIONS: The questions in the second part of this section ask you about your smoking habits. If you have ever taken even one puff of a cigarette, circle either agree, in between, or disagree for each question. If you have never taken even one puff of a cigarette, circle never smoked for each question.

- | | | | | |
|---|----------|---------------|-------------|-----------------|
| 1. I don't want to quit smoking. | 1. Agree | 2. In Between | 3. Disagree | 4. Never Smoked |
| 2. Smoking is something I don't want to stop doing. | 1. Agree | 2. In Between | 3. Disagree | 4. Never Smoked |
| 3. I am not going to stop smoking because it makes me feel good. | 1. Agree | 2. In Between | 3. Disagree | 4. Never Smoked |
| 4. I don't want to cut down on the amount I smoke. | 1. Agree | 2. In Between | 3. Disagree | 4. Never Smoked |
| 5. I don't think about stopping smoking because I really like it. | 1. Agree | 2. In Between | 3. Disagree | 4. Never Smoked |
| 6. I don't think about breaking my smoking habit. | 1. Agree | 2. In Between | 3. Disagree | 4. Never Smoked |
| 7. I'm going to keep smoking at least as much as I do now. | 1. Agree | 2. In Between | 3. Disagree | 4. Never Smoked |

STOP HERE

SECTION H: WHAT DO OTHER PEOPLE WANT YOU TO EAT

INSTRUCTIONS: The questions in this section ask about what other people want you to eat. Please answer by circling either YES or NO for each question.

1. Who wants you to eat popcorn without salt and butter on it?

- | | | |
|------------------|--------|-------|
| a. Your parents | 1. YES | 2. NO |
| b. Your teachers | 1. YES | 2. NO |
| c. Your friends | 1. YES | 2. NO |

2. Who wants you to eat lots of fruits and vegetables?

- | | | |
|------------------|--------|-------|
| a. Your parents | 1. YES | 2. NO |
| b. Your teachers | 1. YES | 2. NO |
| c. Your friends | 1. YES | 2. NO |

3. Who wants you to eat food without putting salt on it from the salt shaker?

- | | | |
|------------------|--------|-------|
| a. Your parents | 1. YES | 2. NO |
| b. Your teachers | 1. YES | 2. NO |
| c. Your friends | 1. YES | 2. NO |

4. Who wants you to drink skim or low fat milk instead of whole milk?

- | | | |
|------------------|--------|-------|
| a. Your parents | 1. YES | 2. NO |
| b. Your teachers | 1. YES | 2. NO |
| c. Your friends | 1. YES | 2. NO |

5. Who wants you to eat margarine instead of butter?

- | | | |
|------------------|--------|-------|
| a. Your parents | 1. YES | 2. NO |
| b. Your teachers | 1. YES | 2. NO |
| c. Your friends | 1. YES | 2. NO |

6. Who wants you to eat the chicken meat without the skin?

- | | | |
|------------------|--------|-------|
| a. Your parents | 1. YES | 2. NO |
| b. Your teachers | 1. YES | 2. NO |
| c. Your friends | 1. YES | 2. NO |

7. Who wants you to eat a salad from the salad bar instead of eating a hamburger?

- | | | |
|------------------|--------|-------|
| a. Your parents | 1. YES | 2. NO |
| b. Your teachers | 1. YES | 2. NO |
| c. Your friends | 1. YES | 2. NO |

STOP HERE

SECTION I: HOW SURE ARE YOU?

INSTRUCTIONS: The questions in this section ask how sure you are about being able to eat some of the foods below. Please answer by circling either Not Sure, A Little Sure, or Very Sure for each question.

- | | | | |
|---|-------------|------------------|--------------|
| 1. How sure are you that you can eat food without adding salt from a shaker? | 1. NOT SURE | 2. A LITTLE SURE | 3. VERY SURE |
| 2. How sure are you that you can eat fresh or frozen vegetables instead of canned vegetables? | 1. NOT SURE | 2. A LITTLE SURE | 3. VERY SURE |
| 3. How sure are you that you can ask your parents for popcorn without salt and butter? | 1. NOT SURE | 2. A LITTLE SURE | 3. VERY SURE |
| 4. How sure are you that you can ask for lettuce and tomato instead of pickles on your hamburger? | 1. NOT SURE | 2. A LITTLE SURE | 3. VERY SURE |
| 5. How sure are you that you can drink low fat white milk instead of regular white milk? | 1. NOT SURE | 2. A LITTLE SURE | 3. VERY SURE |
| 6. How sure are you that you can eat cereal instead of a donut? | 1. NOT SURE | 2. A LITTLE SURE | 3. VERY SURE |
| 7. How sure are you that you can eat fresh fruit instead of a candy bar? | 1. NOT SURE | 2. A LITTLE SURE | 3. VERY SURE |
| 8. How sure are you that you can eat toast with margarine instead of real butter? | 1. NOT SURE | 2. A LITTLE SURE | 3. VERY SURE |
| 9. How sure are you that you can take the skin off of chicken (and not eat the skin)? | 1. NOT SURE | 2. A LITTLE SURE | 3. VERY SURE |
| 10. How sure are you that you can ask for frozen yogurt instead of ice cream? | 1. NOT SURE | 2. A LITTLE SURE | 3. VERY SURE |
| 11. How sure are you that you can ask | 1. NOT SURE | 2. A LITTLE SURE | 3. VERY SURE |

- | | | | | |
|-----|--|-------------|------------------|--------------|
| | your parents to buy bread sticks instead of salted crackers? | SURE | SURE | SURE |
| 12. | How sure are you that you can eat a baked potato instead of french fries? | 1. NOT SURE | 2. A LITTLE SURE | 3. VERY SURE |
| 13. | How sure are you that you can drink fruit juice instead of a soft drink (soda pop)? | 1. NOT SURE | 2. A LITTLE SURE | 3. VERY SURE |
| 14. | How sure are you that you can eat cooked vegetables without adding real butter to them? | 1. NOT SURE | 2. A LITTLE SURE | 3. VERY SURE |
| 15. | How sure are you that you can eat a salad from the salad bar at a fast food restaurant instead of ordering a hamburger and fries? | 1. NOT SURE | 2. A LITTLE SURE | 3. VERY SURE |

STOP HERE

SECTION J: PHYSICAL ACTIVITY

INSTRUCTIONS: The questions in this section ask how sure you are about being able to eat some of the foods below. Please answer by circling either Not Sure, A Little Sure, or Very Sure for each question.

- | | | | | |
|----|--|----------------|---------------------|-----------------|
| 1. | How sure are you that you can choose to jog during recess? | 1. NOT SURE | 2. A LITTLE SURE | 3. VERY SURE |
| 2. | How sure are you that you can be physically active 3-5 times a week? | 1. NOT SURE | 2. A LITTLE SURE | 3. VERY SURE |
| 3. | How sure are you that you can exercise and keep moving for most of the time in physical education class? | 1. NOT SURE | 2. A LITTLE SURE | 3. VERY SURE |
| 4. | How sure are you that you can improve your physical fitness by running or biking 3-5 times a week? | 1. NOT SURE | 2. A LITTLE SURE | 3. VERY SURE |
| 5. | How sure are you that you can keep up a steady pace without stopping for 15-20 minutes when you are physically active? | 1. NOT SURE | 2. A LITTLE SURE | 3. VERY SURE |

STOP HERE

SECTION K: ALL ABOUT ME

INSTRUCTIONS: This section asks questions about you. Please circle one answer to each question.

1. What language do you use with your parents most of the time?

1. English
2. Spanish
3. French
4. Other

2. What language do you use with your friends most of the time?

1. English
2. Spanish
3. French
4. Other

END HERE

Appendix

The questionnaire must be completed in each section; you must answer each item with only one choice; it is important that you complete it by yourself; don't leave any item without an answer. If you have any doubt don't hesitate to ask the dietician or the teacher.

Your answers will remain anonymous and the data collected will be used only for research.

Section B. Food Frequency Consumption

The items are designed to record your food habits.

When more than one food are present altogether, answer the question "yes" if you consume even only one of these.

- B1. Do you drink milk/milk and coffee/cappuccino or do you eat yogurt every day? yes no
- B2. If yes, how many glasses/cups of milk/milk and coffee/cappuccino/yogurt do you consume every day? 1-2 3-4 more than 4
- B3. If no, how many times do you consume milk/milk and coffee/cappuccino/yogurt during 1 week? 1-2 3-4 more than 4 1 time in 10-15 days never
- B4. Do you eat pasta/rice/bread/potatoes every day? yes no
- B5. If yes, how many portions (250 g, cooked and dressed) of pasta/rice/bread/potatoes do you eat every day? 1-2 3-4 more than 4
- B6. If no, how many times do you eat pasta/rice/bread/potatoes during 1 week? 1-2 3-4 more than 4 1 time in 10-15 days never
- B7. Do you eat fruit and vegetable every day? yes no
- B8. If yes, how many portions (200 g) of fruit and vegetables do you eat every day? 1-2 3-4 more than 4
- B9. If no, how many times do you eat fruit and vegetables during 1 week? 1-2 3-4 more than 4 1 time in 10-15 days never

- B10. How many times do you eat meat in 1 week?
- 1-2
 3-4
 1 time every day
 2 times every day
 1 time in 10-15 days
 never
- B11. How many times do you eat fish in 1 week?
- 1-2
 3-4
 more than 4
 1 time in 10-15 days
 never
- B12. How many times do you eat eggs in 1 week?
- 1-2
 3-4
 more than 4
 1 time in 10-15 days
 never
- B13. How many times do you eat cheese in 1 week?
- 1-2
 3-4
 more than 4
 1 time in 10-15 days
 never
- B14. How many times do you eat ham, salami and sausages in 1 week?
- 1-2
 3-4
 more than 4
 1 time in 10-15 days
 never
- B15. How many times do you eat legumes in 1 week?
- 1-2
 3-4
 more than 4
 1 time in 10-15 days
 never
- B16. How many times do you eat sweets and cakes in 1 week?
- 1-2
 3-4
 1 time every day
 more than 1 time daily
 1 time in 10-15 days
 never
- B17. How many times do you eat fried potatoes in 1 week?
- 1-2
 3-4
 1 time every day
 2 times every day
 1 time in 10-15 days
 never
- B18. How times do you eat in a fast-food in 1 week?
- 1-2
 more than 2 times
 1 time in 10-15 days
 never
- B19. How many times do you eat in a pizzeria in 1 week?
- 1-2
 more than 2 times
 1 time in 10-15 days
 never
- B20. How many times do you drink in a pub in 1 week?
- 1-2
 more than 2 times
 1 time in 10-15 days
 never
- B21. Do you drink wine?
- yes
 no
- B22. If yes, how many times do you drink wine in 1 week?
- 1-2
 3-4
 1 time in 10-15 days
 every day
- B23. Do you drink beer?
- yes
 no
- B24. If yes, how many times do you drink beer in 1 week?
- 1-2
 3-4
 1 time in 10-15 days
 every day
- B25. Do you drink aperitifs and alcoholic drinks?
- yes
 no
- B26. If yes, how many times do you drink aperitifs and alcoholic drinks in 1 week?
- 1-2
 3-4
 1 time in 10-15 days
 every day
- B27. Do you drink whisky, gin, cognac and vodka?
- yes
 no
- B28. If yes, how many times do you drink whisky, gin, cognac and vodka in 1 week?
- 1-2
 3-4
 1 time in 10-15 days
 every day

Section C. Food Habits

- C1. Do you eat breakfast?
- always
 often
 sometimes
 never
- C2. Which beverage do you consume at breakfast?
- milk/milk and coffee/cappuccino/yogurt
 fruit juice
 tea/coffee
 chocolate
- C3. At breakfast you eat:
- biscuits/cakes/crackers/breakfast cereals/bread
 fruit
 sausages and cheese
 pizza/focaccia/toast
- C4. Do you eat at least 2 portions (200g) of fruit every day?
- always
 often
 sometimes
 never
- C5. Do you eat at least 2 portions (200g) of vegetables every day?
- always
 often
 sometimes
 never
- C6. Do you usually eat a cake or a dessert at meals?
- always
 often
 sometimes
 never

- C7. Do you usually drink wine or beer at meals? always
 often
 sometimes
 never
- C8. Do you usually eat breakfast, lunch and dinner every day? always
 often
 sometimes
 never
- C9. Your diet:
 is different every day
 is different only sometimes during a week
 is different only during the weekend days
 is very monotonous
- C10. Your diet is based mainly on:
 high protein content foods (meat, fish, eggs, cheese, dried legumes)
 high fat content foods (sausages, focacce, fried potatoes, cakes with butter and cream)
 high carbohydrate content foods (bread, pasta, rice, potatoes, biscuits)
 different foods every day
- C11. Your snacks are based mainly on:
 fruit/fruit juice/fruit and milk shakes/yogurt
 biscuits/crackers/bread/stick bread
 fried potatoes/pop corn/krapfen/peanuts/soft drinks
 sweets/chocolate/ice cream/cakes
- C12. Which beverages do you usually drink between meals?
 mineral water
 soft drinks (cola, orange, soda, iced tea, tonic water, etc.)
 wine/beer
 fruit/fruit juice/fruit and milk shakes
- C13. Do you drink at least one glass of milk or do you eat at least one cup of yogurt every day? always
 often
 sometimes
 never
- C14. Do you drink at least 1–1.5l of mineral water every day? always
 often
 sometimes
 never

Section D. Physical Activity and Lifestyle

- D1. Do you usually practice a physical activity? always during the entire year
 only in some seasons
 sometimes
 never
- D2. How many hours do you practice it? 1–2h in a week
 3–4h in a week
 more than 4h in a week
 no hour

- D3. What do you prefer to do during free time? walking
 watching TV/listening to music/using the computer/reading a book
 practicing a sport
 shopping
- D4. How many hours do you spend on the computer or watching TV? 1–2h a day
 3–4h a day
 5–6h a day
 more than 6h a day
- D5. The physical activity that you practice at school: are tiring
 are boring
 stimulates you to practice sports even out of school
 make you feel well
- D6. Your lifestyle is: very sedentary
 sedentary
 moderately active
 very active

Section E. Healthy and Unhealthy Dietary Habits and Food

- E1. According to you, which is a healthy diet?
 a diet rich in different foods
 foods rich in protein (meat, fish, eggs, cheese, dried legumes)
 a diet without any fats
 eating fish very often
- E2. According to you, which is the healthiest eating behaviour?
 drinking two glasses of milk/eating two cups of yogurt every day
 preferring cooked vegetables to uncooked vegetables
 eating always cheese instead of meat
 when you eat snacks, preferring fruit/fruit juice/biscuits and crackers
- E3. According to you, which is a healthy food?
 a food rich in protein
 a food rich in calories
 a microbiologically tested food
 a food without preservatives and additives
- E4. According to you, which is the healthiest food?
 washed vegetables ready to eat
 a canned food
 a food very rich in dressing
 a fried food
- E5. According to you, which is the healthiest cooking method?
 cooking on a grill/in boiled water
 frying/braising
 cooking in the oven without fats
 cooking in a pan with fats

Section F. Self-efficacy

- F1. Do you think you are able to choose anything by yourself? yes
 no
 I don't know
- F2. Do you think you are able to use advice aimed at improving your well-being? yes
 no
 I don't know
- F3. Do you think you are able to modify your diet if needed? yes
 no
 I don't know
- F4. Do you think you are able to loose or to gain weight if needed? yes
 no
 I don't know
- F5. Do you think you are able to use nutrition advice aimed at improving your dietary habits? yes
 no
 I don't know
- F6. Do you think you are able to use nutrition advice aimed at improving your health status? yes
 no
 I don't know
- F7. Do you think you are able to practice a constant physical activity in order to improve your well-being? yes
 no
 I don't know
- F8. Do you think you are able to practice a constant physical activity in order to improve your physical aspect? yes
 no
 I don't know

Section G. Barriers to Change

- G1. Do you have some influence on cooking food at home? yes
 no
- G2. Do you know which foods must be restricted to reduce dietary intake of fats and cholesterol? yes
 no
- G3. Do you know which foods must be restricted to reduce dietary intake of sugar? yes
 no
- G4. Do you know which foods must be eaten to increase dietary intake of fibre? yes
 no
- G5. Do you know which benefits you could gain by eating a healthy diet? yes
 no
- G6. Do you know how to improve your diet? yes
 no
- G7. Do you know how much you must eat to satisfy your energy requirement? yes
 no
- G8. Do you know how important it is not to be influenced by your friends in choosing your food? yes
 no
- G9. Do you think that your family would support your efforts in improving your food habits? yes
 no

Section H. Nutrition Knowledge

- H1. Which different foods contain carbohydrates? meat
 butter
 bread
 cheese
- H2. Which different foods do not contain dietary fibre? wholemeal bread
 beans
 white bread
 meat
- H3. Which different foods are less rich in fat? hamburger with mayonnaise
 grilled meat
 focaccia
 sandwich with salami
- H4. Which different foods are richer in protein? dry legumes
 dover sole
 spaghetti with tomato sauce
 apple
- H5. Which different foods are richer in calories? bread
 potatoes
 fruit salad
 tiramisú
- H6. Which different substances contain more energy? protein
 carbohydrates
 fat
 alcohol
- H7. What are the functions of vitamins and minerals?
 to put on muscular tissue
 to lose body fat
 to catalyse biochemical reactions in the body
 to provide energy
- H8. According to you, what is 'a balanced diet'?
 a diet rich in protein
 a diet poor in fat
 a diet without carbohydrates
 a diet containing all nutrients in proper quantities
- H9. According to you, what is 'daily energy expenditure'?
 energy consumed in the whole day
 energy consumed during sleep
 energy consumed only for physical activity
 energy consumed for maintaining body temperature at 37°C
- H10. What are 'biological foods'?

- foods grown without any use of chemical fertilizer
- foods grown in greenhouse
- foods without additive and preservatives
- foods grown in a ground far from the highway

H11. What are 'transgenic foods'?

- foods imported from foreign countries
- foods in which different fragments of DNA have been included
- foods without potentially pathogenus germs
- foods without toxic substances

Section I. Knowledge on Food Safety

I.1. A food intoxication is:

- an infection caused by lack of vitamins
- a disease caused by the consumption of foods contaminated by pathogenic germs
- a disease caused by an excessive consumption of food
- a disease caused by assumption of a chemical toxin

I.2. Which of the following are caused by food intoxication?

- vomit, diarrhoea, fever
- only vomit and diarrhoea
- it depends on the type of causative germ
- fever, sore throat and cough

I.3. Which of the following are most responsible for food intoxication?

- inadequate preservation
- contamination of food prior to cooking
- manipulation of cooked food immediately prior to consumption
- inadequate washing of plates and silver ware

I.4. Which of the following foods are mostly implicated in the onset of food intoxication?

- eggs and cream
- vegetables
- frozen meat
- biscuits

I.5. Which of the following behaviours can cause cross-contamination of foods?

J.4. Do you usually wash fruit that must not be peeled before eating it?

- always
- often
- sometimes
- never

J.5. After drinking a glass of milk, do you usually put the milk in the fridge?

- always
- often
- sometimes
- never

J.6. If you realize you have left the milk out of the fridge during the night, what do you do?

- you throw it away
- you tell your mother to throw it away
- you put it in the fridge again
- you drink it

- use of the same utensils for cooked and raw foods
- washing one's hands after having handling raw foods and before handling cooked foods
- using different surfaces for cooked and raw foods
- keeping cooked and raw foods separated

I.6. How can you transmit Salmonella?

- by coughing on the food
- by touching foods without having washed one's hands
- by sneezing on the food
- by smoking while preparing the food

I.7. Which is the optimum temperature for bacterial growth?

- from 0°C to +4°C
- from +4°C to +60°C
- beyond 60°C
- under -5°C

I.8. Do cold temperatures kill pathogenic germs which may be present in foods?

- rarely
- no, on the contrary it facilitates growth
- no, it inhibits growth
- yes, always

I.9. Does heat kill germs?

- yes, always
- no, never
- yes, above 40°C
- yes, above 60°C

I.10. Which of the following diseases can be transmitted by ingestion of contaminated foods?

- hepatitis A
- AIDS
- pneumonia
- the flu

Section J. Food Safety and Behaviour in Hygiene Practices

J.1. When you buy packaged food, do you check the expiry date?

- always
- often
- sometimes
- never

J.2. Do you read the instruction for use and for preservation written on the packaged foods?

- always
- often
- sometimes
- never

J.3. Do you wash your hands before eating and before touching foods?

- always
- often
- sometimes
- never

J.7. If the butcher touches ham with his hands, do you eat it?

- always
- often
- sometimes
- never

J.8. Do you eat canapé lying out for a long time at the bar?

- always
- often
- sometimes
- never

Reference 131 **USDA Continuing Survey of Food Intake****Items:**

1. Please classify the following foods into one of these categories “fat”, “fibre (roughage)”, “protein”, “sugar” and “starches (complex carbohydrates)”

wholemeal bread/chapatti/roti; white fish (e.g. cod, plaice)—grilled; oily fish (e.g. sardines, tuna tinned in brine); hard cheese (e.g. cheddar); whole milk; skimmed milk; potatoes (boiled); red meat (e.g. lamb, beef, bacon); poultry (e.g. chicken without skin); sunflower margarine; butter; pulses (peas, beans, lentils); jam; chocolate; white rice (boiled); plain sweet biscuits (e.g. digestive, rich tea); bananas; apples; bran flakes (without milk).

2. Are the following foods high in iron, calcium, salt or vitamin C?

oily fish (e.g. sardines, tuna tinned in brine); hard cheese (e.g. cheddar); whole milk; skimmed milk; sunflower margarine; oranges; red meat (e.g. beef, lamb)—roast; raw carrots

3. Do health experts recommend that adults in this country should eat more, the same amount, or less?

whole milk, wholemeal bread, potatoes, fruit, green vegetables, fish, saturated fats, added sugar, starches, fibre and salt. (increase consumption of these items except whole milk, salt, added sugar and saturated fats, for which the recommendation was to eat less)

5. How many servings of fruit and vegetables that health experts recommend we should eat per day?

Participants

Leading Statements for Self-efficacy Scales:**PCA***Responses: I cannot=0, A little sure I can=1, Very sure I can=2*

*At school, how sure are you that you can. . .

† When you eat at the school snack bar, how sure are you that you can . . .

Questions from Fruit Self-efficacy Scale

* . . .bring fruit from home to eat every time you bring your lunch?

† . . .buy fruit once or twice a week?

† . . .buy fruit at every lunch?

† . . .buy fruit even if your friends are not?

* . . .bring a fruit from home to eat when you bring your lunch, even if your friends are not?

* . . .bring fruit from home to eat once or twice a week?

* . . .eat a serving of fruit at every lunch?

* . . .eat a serving of fruit once or twice a week?

* . . .eat a serving of fruit even if your friends do not?

Questions from Vegetable Self-efficacy Scale

* . . .eat a serving of raw vegetables like raw carrot sticks once or twice a week?

* . . .eat a serving of raw vegetables like carrot sticks even if your friends are not eating raw vegetables?

* . . .bring a serving of vegetable from home to eat when you bring your lunch even if your friends are not?

How sure are you that you can ask your mom to put a serving of vegetables like carrot sticks in the lunch she prepares for you?

How sure are you that you can finish eating a serving of vegetable, even if your friend says something bad about vegetables?

† . . .buy a vegetable even if your friends are not?

* . . .eat a serving of cooked vegetable even if your friends are not eating a vegetable?

* . . .bring a serving of vegetable from home to eat every time you bring your lunch?

† . . .buy a vegetable once or twice a week?

* . . .eat a serving of cooked vegetable once or twice a week?

Questions from FV Social Norms Scale

‡Most kids eat a serving of cooked vegetables at school lunch.

‡My friends eat a serving of cooked vegetables at school lunch when I am with them.

§How much do your friends encourage you to eat a serving of cooked vegetables at school lunch?

‡Most kids eat a serving of fruit at school lunch.

‡My friends eat a serving of fruit at school lunch when I am with them.

§How much do your friends encourage you to eat a serving of fruit at school lunch?

‡Most kids eat a serving of raw vegetables like carrot sticks at school lunch.

| | |
|---------------|--|
| Reference 136 | SE-FRUIT & SE-VEG (no name) |
| SE-FRUIT | <p>1 serving (½ cup) of fruit each day</p> <p>2 servings (1 cup) of fruit each day</p> <p>3 servings (1½ cups) of fruit each day</p> |
| SE-VEG | <p>1 serving (½ cup) of vegetables each day</p> <p>2 servings (1 cup) of vegetables each day</p> <p>3 servings (1½ cups) of vegetables each day</p> |
| PEFV-P | <p>Get your parents to buy fruit for snacks</p> <p>Get your parents to fix your favorite vegetable dish</p> <p>Get your parents to keep 100% juice in the refrigerator</p> <p>Get your parents to fix an FV snack</p> |
| PEFV-S | <p>Get the after-school staff to offer dried fruit snacks (like raisins, banana chips, and apricots)</p> <p>Get the after-school staff to offer applesauce cups or fruit cups (like fruit cocktail)</p> <p>Get the after-school staff to offer FV snack options</p> <p>Get the after-school staff to offer 100% real-fruit juice</p> |

Reference 137

Food Preferences (no name)

| | |
|--|--|
| Entrée factor: | |
| Fast and familiar foods ($\alpha = 0.74$) ^a | |
| Chicken nuggets | |
| Hot dog | |
| Hamburger | |
| Macaroni and cheese | |
| Lasagna | |
| Pizza | |
| Spaghetti | |
| Peanut butter and jelly sandwich | |
| Grilled cheese | |
| Ethnic ($\alpha = 0.83$) | |
| Fajitas | |
| Quesadilla | |
| Taco | |
| Chili | |
| Bean burrito | |
| Sub sandwich | |
| Chicken Caesar salad | |
| Meatball sub | |
| Beef, pork, and BBQ ($\alpha = 0.80$) | |
| BBQ beef sandwich | |
| BBQ pork sandwich | |
| Beef French dip | |
| vegetarian or vegetable emphasis ($\alpha = 0.75$) | |
| Vegetarian lasagna | |
| Vegetarian chili | |
| Stir fry | |
| Fish or casserole ($\alpha = 0.76$) | |
| Tuna noodle casserole | |
| Tuna sandwich | |
| Chicken noodle casserole | |
| Fish sandwich | |
| Side dish factors | |
| Starches and sweets ($\alpha = 0.81$) | |
| French fries | |
| Tater tots | |
| Bagels | |
| Muffins | |
| Baked potatoes | |
| Doughnuts | |
| Washed potatoes | |
| White bread | |
| Tortilla | |
| Fruit juice | |
| Corn | |
| Chocolate milk | |
| Yogurt | |
| Banana bread | |
| Cheese ($\alpha = 0.89$) | |
| Cheese omelet | |
| Slice cheese | |
| String cheese | |
| Fruit ($\alpha = 0.88$) | |
| Pears | |
| Oranges | |
| Peaches | |
| Mandarin oranges | |
| Strawberries | |
| Raspberries | |
| Blueberries | |
| Pineapple | |
| Cantaloupe | |
| Grapes | |
| Applesauce | |
| Apples | |
| Bananas | |
| Watermelon | |
| Raisins | |
| Vegetables and sides ($\alpha = 0.91$) | |
| Cauliflower | |
| Collards | |
| Spinach | |
| Brown rice | |
| Green bean casserole | |
| Black-eyed peas | |
| Broccoli | |
| Refried beans | |
| Spanish rice | |
| Green peas | |
| Celery | |
| White rice | |
| Carrot sticks | |
| Green beans | |
| Cherry tomatoes | |
| Tossed salad | |

Modified child nutrition questionnaire

This questionnaire asks about what you eat and drink. It starts with some general questions about what you think about fruit and vegetables and then about what you eat and drink at different times.

The teacher and classroom helpers will help you fill out this questionnaire.

The information will be used to describe all of the children in years 5, 6 & 7 as a group. Your individual information will be kept private and confidential.

Your Name _____

Year level (for example yr 6) _____

What you usually eat and drink

1. Think about today. Describe what you drink at each time?

Tick as many boxes as apply

| Drinks you will have/have had today at: | Recess | Lunch | After school (<i>not including dinner</i>) |
|--|--------------------------|--------------------------|--|
| | 1 | 2 | 3 |
| Nothing to drink | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cordial | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fruit Juice or fruit juice drink | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Regular Soft Drink or Energy/Sports Drink (eg. <i>Powerade</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Diet Soft Drink (eg Coke Zero, Diet Fanta) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Water | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Milk/flavoured milk | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. Think about today. Describe what you eat at each time?

Tick as many boxes as apply

| Foods you will have/have eaten today at: | Recess | Lunch | After school (<i>not including dinner</i>) |
|--|--------------------------|--------------------------|--|
| | 1 | 2 | 3 |
| Nothing to eat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Potato crisps or similar snack (eg twisties) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Chocolate/Chocolate bar | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lollies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Muesli bar/ fruit bar | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yoghurt / custard | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Savoury biscuits (eg saladas, jatz & dip) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sweet biscuits/Cake/Muffin/Doughnut | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Icecream/Iceblock | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vegetables or salad | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fruit (fresh or canned) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dried fruit (eg sultanas) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hot chips/French fries/wedges | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pie/Pastie/Sausage roll | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hot dog | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pizza | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sandwich/roll | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bread/toast | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Spaghetti/pasta/noodles/rice | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Soup | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. In the class room, how often do you have a 'fruit and/or vegetable break'?

Tick one box

Never/rarely

Once/week

Most days/week

Every day

1

2

3

4

4. In class time, do you usually have a drink on your desk?

Tick one box

1. Not allowed2. No, even though it is allowed3. Yes - If yes, what do you usually drink? _____**5. How often do you usually do the following?**

Tick one box in each row

| | Never/rarely OR Less than once/week | About 1-3 times/week | About 4-6 times/week | Every day |
|--|--|--------------------------|--------------------------|--------------------------|
| | 1 | 2 | 3 | 4 |
| a. Drink water | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Drink fruit juice or fruit juice drink | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Drink softdrink (<u>not</u> including <i>diet</i> softdrink) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Carry a water bottle | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Eat chocolate or lollies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Eat hot chips/French fries/wedges | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Eat potato crisps or similar snack (eg twisties) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Help choose or buy groceries for the family | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Help prepare your dinner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Eat dinner with most of the family | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Eat dinner in front of the television | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Eat snacks in front of the television | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| |
|--------------------------------|
| What do you think about |
|--------------------------------|

6. How strongly do you agree or disagree with the following statements?*Tick one box in each row*

| | Strongly agree | Agree | Not sure | Agree | Strongly disagree |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 1 | 2 | 3 | 4 | 5 |
| a. Eating vegetables makes me feel healthy | <input type="checkbox"/> |
| b. I like the taste of many vegetables | <input type="checkbox"/> |
| c. In my home, vegetables are served at dinner most nights | <input type="checkbox"/> |
| d. I like tasting new vegetables that I haven't tried before | <input type="checkbox"/> |
| e. It is easy to prepare vegetables to eat eg make a salad | <input type="checkbox"/> |
| f. Eating fruit makes me feel healthy | <input type="checkbox"/> |
| g. I like the taste of most fruit | <input type="checkbox"/> |
| h. Fruit is an easy snack | <input type="checkbox"/> |
| i. I like tasting new fruits that I haven't tried before | <input type="checkbox"/> |
| j. In my home fruit is available to eat at any time | <input type="checkbox"/> |
| l. I like to drink water | <input type="checkbox"/> |
| m. I ask my parents to buy foods or drinks that I see advertised on television | <input type="checkbox"/> |
| n. My parents encourage me to eat fruit and vegetables | <input type="checkbox"/> |
| o. Most of my teachers encourage the students to eat fruit and vegetables | <input type="checkbox"/> |

7. Where did you/will you get your recess from today?

Tick one box

| | | | | | |
|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|---|
| Home | Canteen | Shop outside of school | Friends | No recess today | |
| 1 | 2 | 3 | 4 | | 5 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

8. Where did you/will you get your lunch from today?

Tick one box

| | | | | | |
|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|---|
| Home | Canteen | Shop outside of school | Friends | No lunch today | |
| 1 | 2 | 3 | 4 | | 5 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

About fruit and vegetables you eat

9. How many serves of vegetables do you usually eat each day?

(1 serve = 1 cup of salad vegetables, OR ½ a cup of cooked vegetables, OR 1 medium potato)

Tick one box

1. I don't eat vegetables
2. Less than 1 serve a day
3. 1-2 serves a day
4. 3-5 serves a day
5. More than 5 serves a day

10. How many serves of fruit do you usually eat each day?

(1 serve = 1 medium piece, OR 2 small pieces of fruit eg mandarins or apricots, OR 1 cup of diced pieces)

Tick one box

1. I don't eat vegetables
2. Less than 1 serve a day
3. 1-2 serves a day
4. 3-5 serves a day
5. More than 5 serves a day

11. Below is a list of different types of fruits (fresh, canned or dried). For each fruit please indicate answer PART A and PART B.

PART A: Please indicate if you ate this fruit yesterday, by ticking the box that applies to you, for each fruit

PART B: Please indicate if you like this fruit by ticking the box that applies to you, for each fruit

Tick one box in each row

| Type of fruit | PART A | | PART B | | |
|---------------|----------------------------|-----------------------------------|---------------------------------------|--------------------------|----------------------------|
| | I ate this fruit yesterday | I didn't eat this fruit yesterday | Never had it or don't know what it is | Yes I like this fruit | No I don't like this fruit |
| | 1 | 2 | 3 | 4 | 5 |
| Apple | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Apricot | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Banana | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Grapes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Kiwi fruit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mandarin | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Nectarine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Orange | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Peach | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pear | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pineapple | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Plum | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rockmelon | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Strawberries | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Watermelon | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

12. Below is a list of different types of vegetables (fresh, canned or frozen).

For each vegetable please answer PART A and PART B

PART A: Please indicate if you ate this vegetable yesterday, by ticking the box that applies to you, for each vegetable

PART B: Please indicate if you like this vegetable by ticking the box that applies to you, for each vegetable

Tick one box in each row

| Type of vegetable | I ate this vegetable yesterday 1 | I didn't eat this vegetable yesterday 2 |
|--|-------------------------------------|--|
| a. Beans (green) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Beetroot | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Broccoli | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Brussel sprouts | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Cabbage | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Capsicum | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Carrot | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Cauliflower | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Celery | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Chinese greens | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Corn | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Cucumber | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Eggplant | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Legumes (baked beans, chickpeas, lentils, kidney beans) | <input type="checkbox"/> | <input type="checkbox"/> |
| o. Lettuce | <input type="checkbox"/> | <input type="checkbox"/> |
| p. Mushroom | <input type="checkbox"/> | <input type="checkbox"/> |
| q. Peas | <input type="checkbox"/> | <input type="checkbox"/> |
| r. Potato (not hot chips) | <input type="checkbox"/> | <input type="checkbox"/> |
| s. Potato fried eg hot chips/ french fries/wedges | <input type="checkbox"/> | <input type="checkbox"/> |
| t. Pumpkin | <input type="checkbox"/> | <input type="checkbox"/> |
| u. Spinach | <input type="checkbox"/> | <input type="checkbox"/> |
| v. Sweet potato | <input type="checkbox"/> | <input type="checkbox"/> |
| w. Tomato | <input type="checkbox"/> | <input type="checkbox"/> |
| x. Zucchini | <input type="checkbox"/> | <input type="checkbox"/> |
| y. Squash | <input type="checkbox"/> | <input type="checkbox"/> |

☺ **Fantastic, you've finished**

THANK YOU

Reference 139 **Psychosocial (no name)**

Parental support (4 items)

- I think I can ask my parents to sign me up for a sport or other physical activity
- My family thinks I should do physical activities
- My parents show or tell me they really like it when I do physical activities
- If I asked my parents to do physical activities with me, they probably would

Outcome expectations (6 items)

- If I did physical activities on most days
- I could find a physical activity to do that I enjoy
- It would be boring
- It would be fun
- It would help me make new friends
- It would help me spend more time with my friends
- It would make me feel good about myself

Parental beliefs (4 items)

- Kids who do regular physical activities have more self-confidence
- Kids who do regular physical activities are healthy
- Kids who do physical activities have problems in school
- Kids who do regular physical activities will be healthier adults

Parental barriers (5 items)

- Transportation problems prevent my child from participating in activities [he/she/they] would like to do
- There are plenty of opportunities for my child to participate in activities where I live
- My child is not able to participate in some activities because they are too expensive
- I have enough time to keep my child involved in activities
- I feel comfortable letting my child play outside near our home

- (3) Child chooses foods from what is served
- (16) My child eats snacks/meals whenever s/he wants
- (1) I decide how many snacks child has
- (13) I allow child to eat snacks whenever s/he wants
- (9) My child wanders during meals
- (11) I decide what child eats between meals
- (8) I decide my child's snacktime
- (17) I decide the time when child eats meals
- (6) Child has regular snack and mealtime routine
- (5) I allow child to take food between meals
- (20) My child and I sit and eat together
- (12) When child eats I am another room
- (15) I sit down with child when s/he eats
- (10) I eat dinner with child
- (14) Child shops for food with me
- (18) My child and I watch TV while eating meals
- (4) Child eats and watches TV at mealtimes
- (19) My child and I eat at fast food restaurants
- (2) Child chooses food items while shopping
- (7) Child chooses which food to have for meals

Food rules (% yes)

Fruit How many fruit servings the child should eat

When to eat fruit

Snacks How many snacks the child is allowed to eat

When to eat snacks

Which snacks to eat

Breakfast How often the child should eat breakfast

What to eat for breakfast

Availability and accessibility ‡

Fruit Buy on request (scale 1-5)

Liked fruit in the house (scale 1 to 5)

In a place that catches the eye (% yes)

Fruit to take to school (0 to 5 days)

Snacks Buy on request (% yes)

Snacks in the house (scale 1-5)

Snacks to take to school (0 to 5 days)

Breakfast Buy on request (% yes)

Table set (scale 1-5)

Importance of teaching benefits of healthy eating
 Importance of teaching children to eat a healthy breakfast
 Importance of teaching to accept different body sizes among students
 Importance of teaching to eat plenty of fruits and vegetables
 Importance of teaching how to select healthy choices from each food group
 (eg. Food Guide Pyramid)
 Importance of students working with family on health education homework
 Importance of teaching how to control one's eating habits
 Importance of teaching how to make a range of healthy snacks
 Importance of teaching how to recognize hunger and fullness
 Importance of teaching to drink and eat foods that are low in fat and added sugars
 Importance of teaching goal setting and decision making skills for healthy eating
 Importance of teaching how to read food labels
 Importance of teaching how to balance food intake and physical activity
 Importance of teaching the effect of family, media, and culture on one's diet
 Importance of teaching students how to help others to eat healthy

**Importance of teaching benefits
of physical activity**

**Importance of teaching the role
of physical activity in keeping a
healthy weight**

**Importance of teaching ways to be
more physically active**

**Importance of opportunities for physical
activity at school and in the community**

**Importance of teaching goal setting and
decision-making skills for physical activity**

**Importance of teaching examples of
physical activity and physical inactivity**

- Importance of the physical education program supporting students being active in community physical activities (eg, clubs, teams, bike paths, playgrounds)**
- Importance of students being allowed to use the school's gym after school hours (eg, evenings, weekends)**
- Importance of physical education teachers avoiding practices that result in student inactivity (eg, using games that eliminate students, having students waiting on the sidelines for a turn)**
- Importance of the school prohibiting the use of physical activity to punish students in physical education classes (eg, running laps or doing push-ups for bad behavior)**
- Importance of the school informing parents of their child's weight and height**
- Importance of the school measuring each child's weight and height**

- Importance of schools not using food as reward (eg, giving fast-food coupons for good behavior) or punishment (eg, not giving out a snack because of bad behavior)**
- Importance of students to have enough time to eat school meals (eg, at least 10 minutes for breakfast and 20 minutes for lunch)**
- Importance of school fund-raising to not sell candy, chips, and soft drinks**
- Importance of school meals including a variety of foods (ie, 2 choices of fruits, 2 choices of vegetables, 2 choices of entrees)**
- Importance of the school food service offering low-fat and skim milk every day**
- Importance of the à la carte offerings to include at least 1 low-fat fruit, vegetable, and dairy product every day**
- Importance of the school food service to always try to reduce the fat content of foods served to students**
- Importance of the school's food service manager to have a nutrition-related college degree and certification**
- Importance of elementary schools offering a breakfast program**
- Importance of places other than the cafeteria (eg, vending machines, concession stands, school stores) to offer low-fat fruit, vegetable, and dairy products every day**

Reference 143 **Perceptions of School Environment**

Scale of 1=very unhappy – 7=happy for question 1; scale of 1= strongly disagree to 7=strongly agree for 2-22; scale of 1=poor-7=excellent for question 23-28

Question

-
1. How happy are you with the school foodservice overall?
-
2. Foods on the serving line are presented attractively.
-
3. Foodservice staff listen to students.
-
4. The choices of food allow me to meet religious needs.
-
5. Information on fat content in foods is available.
-
6. The choices of food allow me to meet my ethnic and cultural preferences.
-
7. Foodservice staff treat me with respect.
-
8. Information on calories contained in food is available.
-
9. School foodservice prices are reasonable for the amount of food I get.
-
10. Tables in the dining room are clean.
-
11. Nutrition information on food products is posted.
-
12. Theme days/special events are offered.
-
13. Foodservice staff are courteous.
-
14. Time given for meal periods is adequate.
-
15. Foodservice staff smile and greet me when I am served.
-
16. Special events and promotions are offered.
-
17. Number of serving lines is adequate.
-
18. Foodservice staff are friendly.
-
19. The dining area temperature is comfortable.
-
20. Noise level in the dining area is OK.
-
21. Time available to eat once seated is adequate.
-
22. Foodservice staff answer my questions.
-
23. Quality of food choices is . . .
-
24. Quality of the brands of food offered is . . .
-
25. Quality of the ingredients used is . . .
-
26. Flavor of the food is . . .
-
27. Appearance of the foodservice staff is . . .
-
28. Variety of food offered is . . .

Reference 144 **The Kids Eating Disorder Survey (KEDS)**

CIRCLE THE BEST ANSWER BELOW. IF YOU ARE NOT SURE, CIRCLE THE QUESTION MARK.

- | | | | |
|--|-----|----|---|
| 1. Do you want to lose weight now? | YES | NO | ? |
| 2. Have you <u>ever</u> thought that you looked fat to other people? | YES | NO | ? |
| 3. Have you <u>ever</u> been afraid to eat because you thought you would gain weight? | YES | NO | ? |
| 4. Have you <u>ever</u> tried to lose weight by <u>dieting</u> ? (Dieting means eating at least some food, but less than you usually eat) | YES | NO | ? |
| 5. Have you <u>ever</u> tried to lose weight by <u>fasting</u> ? (Fasting means eating no solid food for at least 24 hours) | YES | NO | ? |
| 6. Have you <u>ever</u> made yourself throw up (<u>vomit</u>) to lose weight? | YES | NO | ? |
| 7. Have you <u>ever</u> <u>exercised a lot</u> to lose weight? (A lot means more than one hour a day every day) | YES | NO | ? |
| 8. Have you <u>ever</u> taken <u>diet pills</u> to lose weight? | YES | NO | ? |
| 9. Have you <u>ever</u> taken <u>diuretics or water pills</u> to lose weight? | YES | NO | ? |
| 10. Have you <u>ever</u> taken <u>laxatives</u> to lose weight? | YES | NO | ? |
| 11. Circle the example below that is <u>similar</u> to the <u>largest</u> amount of food you have <u>ever</u> eaten in <u>less than two hours</u> (even if you did not eat exactly the same foods) | | | |

Example 1: Less food than in example two

Example 2: Two doughnuts and a cup of ice cream and two cookies

Example 3: Four doughnuts and a pint of ice cream and five cookies

Example 4: Six doughnuts and a quart of ice cream and ten cookies

Example 5: Eight doughnuts and a half gallon of ice cream and fifteen cookies

Example 6: More food than in Example 5.

12. How many times have you
- ever
- eaten
- the amount of food you circled above
- ?

1 or 2 times only

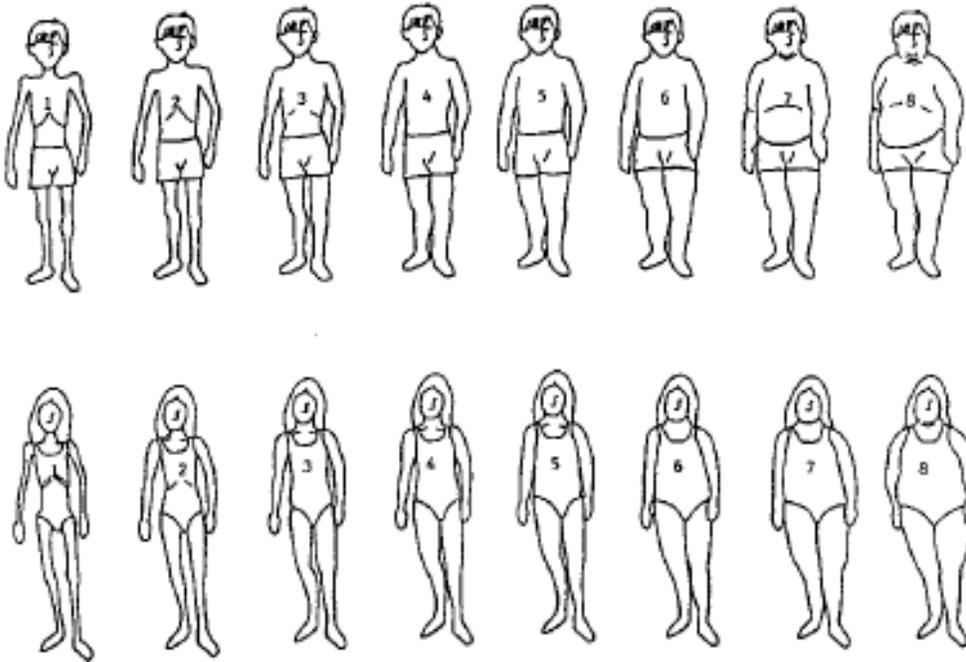
3-12 times

13-24 times

25-50 times

More than 50 times

Figure A-1: Instructions: *Circle* the drawing that *most looks like you*, then *underline* the drawing you would *most like to look like*.



2011 State and Local Youth Risk Behavior Survey

This survey is about health behavior. It has been developed so you can tell us what you do that may affect your health. The information you give will be used to improve health education for young people like yourself.

DO NOT write your name on this survey. The answers you give will be kept private. No one will know what you write. Answer the questions based on what you really do.

Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. If you are not comfortable answering a question, just leave it blank.

The questions that ask about your background will be used only to describe the types of students completing this survey. The information will not be used to find out your name. No names will ever be reported.

Make sure to read every question. Fill in the ovals completely. When you are finished, follow the instructions of the person giving you the survey.

Thank you very much for your help.

DIRECTIONS

- Use a #2 pencil only.
- Make dark marks.
- Fill in a response like this: A B C D
- If you change your answer, erase your old answer completely.

1. How old are you?
 - A. 12 years old or younger
 - B. 13 years old
 - C. 14 years old
 - D. 15 years old
 - E. 16 years old
 - F. 17 years old
 - G. 18 years old or older
2. What is your sex?
 - A. Female
 - B. Male
3. What is your grade?
 - A. 9th grade
 - B. 10th grade
 - C. 11th grade
 - D. 12th grade
 - E. Ungraded or other grade
4. Are you Hispanic or Latino?
 - A. Yes
 - B. No
5. What is your race? (Select one or more responses.)
 - A. American Indian or Alaska Native
 - B. Asian
 - C. Black or African American
 - D. Native Hawaiian or Other Pacific Islander
 - E. White

6. How tall are you without your shoes on?

Directions: Write your height in the shaded blank boxes. Fill in the matching oval below each number.

Example

| Height | |
|--------|--------|
| Feet | Inches |
| 5 | 7 |
| (3) | (0) |
| (4) | (1) |
| ● | (2) |
| (6) | (3) |
| (7) | (4) |
| | (5) |
| | (6) |
| | ● |
| | (8) |
| | (9) |
| | (10) |
| | (11) |

| Height | |
|--------|--------|
| Feet | Inches |
| | |
| (3) | (0) |
| (4) | (1) |
| (5) | (2) |
| (6) | (3) |
| (7) | (4) |
| | (5) |
| | (6) |
| | (7) |
| | (8) |
| | (9) |
| | (10) |
| | (11) |

7. How much do you weigh without your shoes on?

Directions: Write your weight in the shaded blank boxes. Fill in the matching oval below each number.

Example

| Weight | | |
|--------|-----|-----|
| Pounds | | |
| 1 | 5 | 2 |
| (0) | (0) | (0) |
| ● | (1) | (1) |
| (2) | (2) | ● |
| (3) | (3) | (3) |
| | (4) | (4) |
| | ● | (5) |
| | (6) | (6) |
| | (7) | (7) |
| | (8) | (8) |
| | (9) | (9) |

| Weight | | |
|--------|-----|-----|
| Pounds | | |
| | | |
| (0) | (0) | (0) |
| (1) | (1) | (1) |
| (2) | (2) | (2) |
| (3) | (3) | (3) |
| | (4) | (4) |
| | (5) | (5) |
| | (6) | (6) |
| | (7) | (7) |
| | (8) | (8) |
| | (9) | (9) |

The next 4 questions ask about safety.

8. When you rode a bicycle during the past 12 months, how often did you wear a helmet?
 - A. I did not ride a bicycle during the past 12 months
 - B. Never wore a helmet
 - C. Rarely wore a helmet
 - D. Sometimes wore a helmet
 - E. Most of the time wore a helmet
 - F. Always wore a helmet

9. How often do you wear a seat belt when riding in a car driven by someone else?
 - A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always

10. During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?
 - A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times

11. During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?
 - A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times

The next 10 questions ask about violence-related behaviors.

12. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club?
 - A. 0 days
 - B. 1 day
 - C. 2 or 3 days
 - D. 4 or 5 days
 - E. 6 or more days

13. During the past 30 days, on how many days did you carry a **gun**?
- A. 0 days
 - B. 1 day
 - C. 2 or 3 days
 - D. 4 or 5 days
 - E. 6 or more days
14. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club **on school property**?
- A. 0 days
 - B. 1 day
 - C. 2 or 3 days
 - D. 4 or 5 days
 - E. 6 or more days
15. During the past 30 days, on how many days did you **not** go to school because you felt you would be unsafe at school or on your way to or from school?
- A. 0 days
 - B. 1 day
 - C. 2 or 3 days
 - D. 4 or 5 days
 - E. 6 or more days
16. During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club **on school property**?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or 7 times
 - F. 8 or 9 times
 - G. 10 or 11 times
 - H. 12 or more times
17. During the past 12 months, how many times were you in a physical **fight**?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or 7 times
 - F. 8 or 9 times
 - G. 10 or 11 times
 - H. 12 or more times

18. During the past 12 months, how many times were you in a physical fight in which you were injured and had to be treated by a doctor or nurse?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times
19. During the past 12 months, how many times were you in a physical fight on school property?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or 7 times
 - F. 8 or 9 times
 - G. 10 or 11 times
 - H. 12 or more times
20. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?
- A. Yes
 - B. No
21. Have you ever been physically forced to have sexual intercourse when you did not want to?
- A. Yes
 - B. No

The next 2 questions ask about bullying. Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when 2 students of about the same strength or power argue or fight or tease each other in a friendly way.

22. During the past 12 months, have you ever been bullied on school property?
- A. Yes
 - B. No
23. During the past 12 months, have you ever been electronically bullied? (Include being bullied through e-mail, chat rooms, instant messaging, Web sites, or texting.)
- A. Yes
 - B. No

The next 5 questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.

24. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?
 - A. Yes
 - B. No
25. During the past 12 months, did you ever seriously consider attempting suicide?
 - A. Yes
 - B. No
26. During the past 12 months, did you make a plan about how you would attempt suicide?
 - A. Yes
 - B. No
27. During the past 12 months, how many times did you actually attempt suicide?
 - A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times
28. If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?
 - A. I did not attempt suicide during the past 12 months
 - B. Yes
 - C. No

The next 11 questions ask about tobacco use.

29. Have you ever tried cigarette smoking, even one or two puffs?
 - A. Yes
 - B. No

30. How old were you when you smoked a whole cigarette for the first time?
- A. I have never smoked a whole cigarette
 - B. 8 years old or younger
 - C. 9 or 10 years old
 - D. 11 or 12 years old
 - E. 13 or 14 years old
 - F. 15 or 16 years old
 - G. 17 years old or older
31. During the past 30 days, on how many days did you smoke cigarettes?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days
32. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?
- A. I did not smoke cigarettes during the past 30 days
 - B. Less than 1 cigarette per day
 - C. 1 cigarette per day
 - D. 2 to 5 cigarettes per day
 - E. 6 to 10 cigarettes per day
 - F. 11 to 20 cigarettes per day
 - G. More than 20 cigarettes per day
33. During the past 30 days, how did you usually get your own cigarettes? (Select only one response.)
- A. I did not smoke cigarettes during the past 30 days
 - B. I bought them in a store such as a convenience store, supermarket, discount store, or gas station
 - C. I bought them from a vending machine
 - D. I gave someone else money to buy them for me
 - E. I borrowed (or bummed) them from someone else
 - F. A person 18 years old or older gave them to me
 - G. I took them from a store or family member
 - H. I got them some other way

34. During the past 30 days, on how many days did you smoke cigarettes on school property?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days
35. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?
- A. Yes
 - B. No
36. During the past 12 months, did you ever try to quit smoking cigarettes?
- A. I did not smoke during the past 12 months
 - B. Yes
 - C. No
37. During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days
38. During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip on school property?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days

39. During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days

The next 6 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

40. During your life, on how many days have you had at least one drink of alcohol?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 9 days
 - D. 10 to 19 days
 - E. 20 to 39 days
 - F. 40 to 99 days
 - G. 100 or more days
41. How old were you when you had your first drink of alcohol other than a few sips?
- A. I have never had a drink of alcohol other than a few sips
 - B. 8 years old or younger
 - C. 9 or 10 years old
 - D. 11 or 12 years old
 - E. 13 or 14 years old
 - F. 15 or 16 years old
 - G. 17 years old or older
42. During the past 30 days, on how many days did you have at least one drink of alcohol?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days

43. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 to 5 days
 - E. 6 to 9 days
 - F. 10 to 19 days
 - G. 20 or more days
44. During the past 30 days, how did you usually get the alcohol you drank?
- A. I did not drink alcohol during the past 30 days
 - B. I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station
 - C. I bought it at a restaurant, bar, or club
 - D. I bought it at a public event such as a concert or sporting event
 - E. I gave someone else money to buy it for me
 - F. Someone gave it to me
 - G. I took it from a store or family member
 - H. I got it some other way
45. During the past 30 days, on how many days did you have at least one drink of alcohol on school property?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days

The next 4 questions ask about marijuana use. Marijuana also is called grass or pot.

46. During your life, how many times have you used marijuana?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 to 99 times
 - G. 100 or more times

47. How old were you when you tried marijuana for the first time?
- A. I have never tried marijuana
 - B. 8 years old or younger
 - C. 9 or 10 years old
 - D. 11 or 12 years old
 - E. 13 or 14 years old
 - F. 15 or 16 years old
 - G. 17 years old or older
48. During the past 30 days, how many times did you use marijuana?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times
49. During the past 30 days, how many times did you use marijuana on school property?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times

The next 10 questions ask about other drugs.

50. During your life, how many times have you used any form of cocaine, including powder, crack, or freebase?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times
51. During the past 30 days, how many times did you use any form of cocaine, including powder, crack, or freebase?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times

52. During your life, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times
53. During your life, how many times have you used heroin (also called smack, junk, or China White)?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times
54. During your life, how many times have you used methamphetamines (also called speed, crystal, crank, or ice)?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times
55. During your life, how many times have you used ecstasy (also called MDMA)?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times
56. During your life, how many times have you taken steroid pills or shots without a doctor's prescription?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times

57. During your life, how many times have you taken a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times
58. During your life, how many times have you used a needle to inject any illegal drug into your body?
- A. 0 times
 - B. 1 time
 - C. 2 or more times
59. During the past 12 months, has anyone offered, sold, or given you an illegal drug on school property?
- A. Yes
 - B. No

The next 7 questions ask about sexual behavior.

60. Have you ever had sexual intercourse?
- A. Yes
 - B. No
61. How old were you when you had sexual intercourse for the first time?
- A. I have never had sexual intercourse
 - B. 11 years old or younger
 - C. 12 years old
 - D. 13 years old
 - E. 14 years old
 - F. 15 years old
 - G. 16 years old
 - H. 17 years old or older

62. During your life, with how many people have you had sexual intercourse?
- A. I have never had sexual intercourse
 - B. 1 person
 - C. 2 people
 - D. 3 people
 - E. 4 people
 - F. 5 people
 - G. 6 or more people
63. During the past 3 months, with how many people did you have sexual intercourse?
- A. I have never had sexual intercourse
 - B. I have had sexual intercourse, but not during the past 3 months
 - C. 1 person
 - D. 2 people
 - E. 3 people
 - F. 4 people
 - G. 5 people
 - H. 6 or more people
64. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?
- A. I have never had sexual intercourse
 - B. Yes
 - C. No
65. The **last time** you had sexual intercourse, did you or your partner use a condom?
- A. I have never had sexual intercourse
 - B. Yes
 - C. No
66. The **last time** you had sexual intercourse, what **one** method did you or your partner use to prevent pregnancy? (Select only **one** response.)
- A. I have never had sexual intercourse
 - B. No method was used to prevent pregnancy
 - C. Birth control pills
 - D. Condoms
 - E. Depo-Provera (or any injectable birth control), Nuva Ring (or any birth control ring), Implanon (or any implant), or any IUD
 - F. Withdrawal
 - G. Some other method
 - H. Not sure

The next 5 questions ask about body weight.

67. How do you describe your weight?
- A. Very underweight
 - B. Slightly underweight
 - C. About the right weight
 - D. Slightly overweight
 - E. Very overweight
68. Which of the following are you trying to do about your weight?
- A. Lose weight
 - B. Gain weight
 - C. Stay the same weight
 - D. I am not trying to do anything about my weight
69. During the past 30 days, did you go without eating for 24 hours or more (also called fasting) to lose weight or to keep from gaining weight?
- A. Yes
 - B. No
70. During the past 30 days, did you take any diet pills, powders, or liquids without a doctor's advice to lose weight or to keep from gaining weight? (Do not include meal replacement products such as Slim Fast.)
- A. Yes
 - B. No
71. During the past 30 days, did you vomit or take laxatives to lose weight or to keep from gaining weight?
- A. Yes
 - B. No

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.

72. 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.)
- A. I did not drink 100% fruit juice during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
73. 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. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
74. 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. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
75. 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. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day

76. 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. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
77. 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. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
78. 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.)
- A. I did not drink soda or pop during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day

The next 5 questions ask about physical activity.

79. During the past 7 days, on how many days were you physically active for a total of at least 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.)
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days

80. On an average school day, how many hours do you watch TV?
- A. I do not watch TV on an average school day
 - B. Less than 1 hour per day
 - C. 1 hour per day
 - D. 2 hours per day
 - E. 3 hours per day
 - F. 4 hours per day
 - G. 5 or more hours per day
81. 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.)
- A. I do not play video or computer games or use a computer for something that is not school work
 - B. Less than 1 hour per day
 - C. 1 hour per day
 - D. 2 hours per day
 - E. 3 hours per day
 - F. 4 hours per day
 - G. 5 or more hours per day
82. In an average week when you are in school, on how many days do you go to physical education (PE) classes?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
83. During the past 12 months, on how many sports teams did you play? (Count any teams run by your school or community groups.)
- A. 0 teams
 - B. 1 team
 - C. 2 teams
 - D. 3 or more teams

The next 3 questions ask about other health-related topics.

84. Have you ever been taught about AIDS or HIV infection in school?
- A. Yes
 - B. No
 - C. Not sure

85. Has a doctor or nurse ever told you that you have asthma?
- A. Yes
 - B. No
 - C. Not sure
86. Do you still have asthma?
- A. I have never had asthma
 - B. Yes
 - C. No
 - D. Not sure

**This is the end of the survey.
Thank you very much for your help.**

Reference 145 YRBS - Body Weight Behavior Middle School Version

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

- A. Very underweight
- B. Slightly underweight
- C. About the right weight
- D. Slightly overweight
- E. Very overweight

2. Which of the following are you trying to do about your weight?

- A. **Lose** weight
- B. **Gain** weight
- C. **Stay** the same weight
- D. I am **not trying to do anything** about my weight

3. During the past 30 days, did you **go without eating for 24 hours or more** (also called fasting) to lose weight or to keep from gaining weight?

- A. Yes
- B. No

4. During the past 30 days, did you **take any diet pills, powders, or liquids** without a doctor's advice to lose weight or to keep from gaining weight? (Do **not** include meal replacement products such as Slim Fast.)

- A. Yes
- B. No

5. During the past 30 days, did you **vomit or take laxatives** to lose weight or to keep from gaining weight?

- A. Yes
- B. No

What I Am Like

INSTRUCTIONS:

- The following statements deal with your interests in physical activity.
- Please read both statements in each row.
- Decide which of the two statements is most like you (left statement vs. right statement).
- Once you pick a side, mark whether this is “REALLY TRUE FOR ME” or “SORT OF TRUE FOR ME” by marking the appropriate box with an X.
- Please choose only ONE answer.
- Remember: *There are no right or wrong answers; simply choose the one that is best for you.*

SAMPLE:

| REALLY TRUE FOR ME | SORT OF TRUE FOR ME | | | | SORT OF TRUE FOR ME | REALLY TRUE FOR ME |
|--------------------|---------------------|---|---------------|---|---------------------|--------------------|
| | X | <i>Some kids would rather play outdoors in their spare time</i> | but... | <i>Other kids would rather watch T.V.</i> | | |

CY-PSPP:

1)

| REALLY TRUE FOR ME | SORT OF TRUE FOR ME | | | | SORT OF TRUE FOR ME | REALLY TRUE FOR ME |
|--------------------|---------------------|--|---------------|--|---------------------|--------------------|
| | | <i>Some kids do very well at all kinds of sports</i> | but... | <i>Other kids don't feel that they are very good when it comes to sports</i> | | |

2)

| REALLY TRUE FOR ME | SORT OF TRUE FOR ME | | | | SORT OF TRUE FOR ME | REALLY TRUE FOR ME |
|--------------------|---------------------|--|---------------|--|---------------------|--------------------|
| | | <i>Some kids feel uneasy when it comes to doing vigorous physical exercise</i> | but... | <i>Other kids feel confident when it comes to doing vigorous physical exercise</i> | | |

3)

| REALLY TRUE FOR ME | SORT OF TRUE FOR ME | | | | SORT OF TRUE FOR ME | REALLY TRUE FOR ME |
|--------------------|---------------------|---|---------------|---|---------------------|--------------------|
| | | <i>Some kids feel that they have a good-looking (fit-looking) body compared to other kids</i> | but... | <i>Other kids feel that compared to most, their body doesn't look so good</i> | | |

4)

| REALLY TRUE FOR ME | SORT OF TRUE FOR ME | | | | SORT OF TRUE FOR ME | REALLY TRUE FOR ME |
|--------------------|---------------------|--------------------------------------|---------------|--------------------------------------|---------------------|--------------------|
| | | <i>Some kids feel that they lack</i> | but... | <i>Other kids feel that they are</i> | | |

| | | | | | | |
|--|--|--|--|---|--|--|
| | | <i>strength compared to kids their age</i> | | <i>stronger than other kids their age</i> | | |
|--|--|--|--|---|--|--|

5)

| REALLY TRUE FOR ME | SORT OF TRUE FOR ME | | | | SORT OF TRUE FOR ME | REALLY TRUE FOR ME |
|--------------------|---------------------|---|---------------|---|---------------------|--------------------|
| | | <i>Some kids are proud of themselves physically</i> | <i>but...</i> | <i>Other kids don't have much to be proud of physically</i> | | |

6)

| REALLY TRUE FOR ME | SORT OF TRUE FOR ME | | | | SORT OF TRUE FOR ME | REALLY TRUE FOR ME |
|--------------------|---------------------|--|---------------|--|---------------------|--------------------|
| | | <i>Some kids are often unhappy with themselves</i> | <i>but...</i> | <i>Other kids are pretty pleased with themselves</i> | | |

7)

| REALLY TRUE FOR ME | SORT OF TRUE FOR ME | | | | SORT OF TRUE FOR ME | REALLY TRUE FOR ME |
|--------------------|---------------------|--|---------------|--|---------------------|--------------------|
| | | <i>Some kids wish they could be a lot better at sports</i> | <i>but...</i> | <i>Other kids feel that they are good enough at sports</i> | | |

8)

| REALLY TRUE FOR ME | SORT OF TRUE FOR ME | | | | SORT OF TRUE FOR ME | REALLY TRUE FOR ME |
|--------------------|---------------------|---|---------------|--|---------------------|--------------------|
| | | <i>Some kids have a lot of stamina for vigorous physical exercise</i> | <i>but...</i> | <i>Other kids soon get out of breath and have to slow down or quit</i> | | |

9)

| REALLY TRUE FOR ME | SORT OF TRUE FOR ME | | | | SORT OF TRUE FOR ME | REALLY TRUE FOR ME |
|--------------------|---------------------|---|---------------|---|---------------------|--------------------|
| | | <i>Some kids find it difficult to keep their bodies looking good physically</i> | <i>but...</i> | <i>Other kids find it easy to keep their bodies looking good physically</i> | | |

10)

| REALLY TRUE FOR ME | SORT OF TRUE FOR ME | | | | SORT OF TRUE FOR ME | REALLY TRUE FOR ME |
|--------------------|---------------------|--|---------------|--|---------------------|--------------------|
| | | <i>Some kids think that they have stronger muscles than other kids their age</i> | <i>but...</i> | <i>Other kids feel that they have weaker muscles than other kids their age</i> | | |

11)

| REALLY TRUE FOR ME | SORT OF TRUE FOR ME | | | | SORT OF TRUE FOR ME | REALLY TRUE FOR ME |
|--------------------|---------------------|----------------------------------|---------------|--|---------------------|--------------------|
| | | <i>Some kids don't feel very</i> | <i>but...</i> | <i>Other kids really feel good about</i> | | |

| | | | | | | |
|--|--|--|--|------------------------------|--|--|
| | | <i>confident about themselves physically</i> | | <i>themselves physically</i> | | |
|--|--|--|--|------------------------------|--|--|

12)

| REALLY TRUE FOR ME | SORT OF TRUE FOR ME | | <i>but...</i> | | SORT OF TRUE FOR ME | REALLY TRUE FOR ME |
|--------------------|---------------------|--|---------------|---|---------------------|--------------------|
| | | <i>Some kids are happy with themselves as a person</i> | | <i>Other kids are often not happy with themselves</i> | | |

13)

| REALLY TRUE FOR ME | SORT OF TRUE FOR ME | | <i>but...</i> | | SORT OF TRUE FOR ME | REALLY TRUE FOR ME |
|--------------------|---------------------|---|---------------|---|---------------------|--------------------|
| | | <i>Some kids think they could do well at just about any new sports activity they haven't tried before</i> | | <i>Other kids are afraid they might not do well at sports they haven't ever tried</i> | | |

14)

| REALLY TRUE FOR ME | SORT OF TRUE FOR ME | | <i>but...</i> | | SORT OF TRUE FOR ME | REALLY TRUE FOR ME |
|--------------------|---------------------|--|---------------|--|---------------------|--------------------|
| | | <i>Some kids don't have much stamina and fitness</i> | | <i>Other kids have lots of stamina and fitness</i> | | |

15)

| REALLY TRUE FOR ME | SORT OF TRUE FOR ME | | <i>but...</i> | | SORT OF TRUE FOR ME | REALLY TRUE FOR ME |
|--------------------|---------------------|--|---------------|--|---------------------|--------------------|
| | | <i>Some kids are pleased with the appearance of their bodies</i> | | <i>Other kids wish that their bodies looked in better shape physically</i> | | |

16)

| REALLY TRUE FOR ME | SORT OF TRUE FOR ME | | <i>but...</i> | | SORT OF TRUE FOR ME | REALLY TRUE FOR ME |
|--------------------|---------------------|---|---------------|---|---------------------|--------------------|
| | | <i>Some kids lack confidence when it comes to strength activities</i> | | <i>Other kids are very confident when it comes to strength activities</i> | | |

17)

| REALLY TRUE FOR ME | SORT OF TRUE FOR ME | | <i>but...</i> | | SORT OF TRUE FOR ME | REALLY TRUE FOR ME |
|--------------------|---------------------|--|---------------|---|---------------------|--------------------|
| | | <i>Some kids are very satisfied with themselves physically</i> | | <i>Other kids are often dissatisfied with themselves physically</i> | | |

18)

| REALLY TRUE FOR ME | SORT OF TRUE FOR ME | | <i>but...</i> | | SORT OF TRUE FOR ME | REALLY TRUE FOR ME |
|--------------------|---------------------|--|---------------|--|---------------------|--------------------|
| | | <i>Some kids don't like the way they</i> | | <i>Other kids do like the way they are</i> | | |

| | | | | | | |
|--|--|-------------------------------|--|---------------------------|--|--|
| | | <i>are leading their life</i> | | <i>leading their life</i> | | |
|--|--|-------------------------------|--|---------------------------|--|--|

19)

| REALLY TRUE FOR ME | SORT OF TRUE FOR ME | | <i>but...</i> | | SORT OF TRUE FOR ME | REALLY TRUE FOR ME |
|--------------------|---------------------|--|---------------|--|---------------------|--------------------|
| | | <i>In games and sports some kids usually watch instead of play</i> | | <i>Other kids usually play rather than watch</i> | | |

20)

| REALLY TRUE FOR ME | SORT OF TRUE FOR ME | | <i>but...</i> | | SORT OF TRUE FOR ME | REALLY TRUE FOR ME |
|--------------------|---------------------|--|---------------|---|---------------------|--------------------|
| | | <i>Some kids try to take part in energetic physical exercise whenever they can</i> | | <i>Other kids try to avoid doing energetic exercise if they can</i> | | |

21)

| REALLY TRUE FOR ME | SORT OF TRUE FOR ME | | <i>but...</i> | | SORT OF TRUE FOR ME | REALLY TRUE FOR ME |
|--------------------|---------------------|---|---------------|--|---------------------|--------------------|
| | | <i>Some kids feel that they are often admired for their good-looking bodies</i> | | <i>Other kids feel that they are seldom admired for they way their bodies look</i> | | |

22)

| REALLY TRUE FOR ME | SORT OF TRUE FOR ME | | <i>but...</i> | | SORT OF TRUE FOR ME | REALLY TRUE FOR ME |
|--------------------|---------------------|--|---------------|---|---------------------|--------------------|
| | | <i>When strong muscles are needed, some kids are the first to step forward</i> | | <i>Other kids are the last to step forward when strong muscles are needed</i> | | |

23)

| REALLY TRUE FOR ME | SORT OF TRUE FOR ME | | <i>but...</i> | | SORT OF TRUE FOR ME | REALLY TRUE FOR ME |
|--------------------|---------------------|--|---------------|---|---------------------|--------------------|
| | | <i>Some kids are unhappy with how they are and what they can do physically</i> | | <i>Other kids are happy with how they are and what they can do physically</i> | | |

24)

| REALLY TRUE FOR ME | SORT OF TRUE FOR ME | | <i>but...</i> | | SORT OF TRUE FOR ME | REALLY TRUE FOR ME |
|--------------------|---------------------|---|---------------|---|---------------------|--------------------|
| | | <i>Some kids like the kind of person they are</i> | | <i>Other kids often wish they were someone else</i> | | |

25)

| REALLY TRUE FOR ME | SORT OF TRUE FOR ME | | <i>but...</i> | | SORT OF TRUE FOR ME | REALLY TRUE FOR ME |
|--------------------|---------------------|-------------------------------------|---------------|--|---------------------|--------------------|
| | | <i>Some kids feel that they are</i> | | <i>Other kids don't feel they can play</i> | | |

| | | | | | | |
|--|--|---|--|----------------|--|--|
| | | <i>better than others their age at sports</i> | | <i>as well</i> | | |
|--|--|---|--|----------------|--|--|

26)

| REALLY TRUE FOR ME | SORT OF TRUE FOR ME | | | | SORT OF TRUE FOR ME | REALLY TRUE FOR ME |
|--------------------|---------------------|--|---------------|--|---------------------|--------------------|
| | | <i>Some kids soon have to quit running and exercising because they get tired</i> | <i>but...</i> | <i>Other kids can run and do exercises for a long time without getting tired</i> | | |

27)

| REALLY TRUE FOR ME | SORT OF TRUE FOR ME | | | | SORT OF TRUE FOR ME | REALLY TRUE FOR ME |
|--------------------|---------------------|---|---------------|--|---------------------|--------------------|
| | | <i>Some kids are confident about how their bodies look physically</i> | <i>but...</i> | <i>Other kids feel uneasy about how their bodies look physically</i> | | |

28)

| REALLY TRUE FOR ME | SORT OF TRUE FOR ME | | | | SORT OF TRUE FOR ME | REALLY TRUE FOR ME |
|--------------------|---------------------|--|---------------|---|---------------------|--------------------|
| | | <i>Some kids feel that they are not as good as others when physical strength is needed</i> | <i>but...</i> | <i>Other kids feel they are among the best when physical strength is needed</i> | | |

29)

| REALLY TRUE FOR ME | SORT OF TRUE FOR ME | | | | SORT OF TRUE FOR ME | REALLY TRUE FOR ME |
|--------------------|---------------------|--|---------------|--|---------------------|--------------------|
| | | <i>Some kids have a positive feeling about themselves physically</i> | <i>but...</i> | <i>Other kids feel somewhat negative about themselves physically</i> | | |

30)

| REALLY TRUE FOR ME | SORT OF TRUE FOR ME | | | | SORT OF TRUE FOR ME | REALLY TRUE FOR ME |
|--------------------|---------------------|--|---------------|--|---------------------|--------------------|
| | | <i>Some kids are very happy being the way they are</i> | <i>but...</i> | <i>Other kids wish they were different</i> | | |

31)

| REALLY TRUE FOR ME | SORT OF TRUE FOR ME | | | | SORT OF TRUE FOR ME | REALLY TRUE FOR ME |
|--------------------|---------------------|---|---------------|--|---------------------|--------------------|
| | | <i>Some kids don't do well at new outdoor games</i> | <i>but...</i> | <i>Other kids are good at new games right away</i> | | |

32)

| REALLY TRUE FOR ME | SORT OF TRUE FOR ME | | | | SORT OF TRUE FOR ME | REALLY TRUE FOR ME |
|--------------------|---------------------|---|---------------|--|---------------------|--------------------|
| | | <i>When it comes to activities like</i> | <i>but...</i> | <i>Other kids soon have to quit to</i> | | |

| | | | | | | |
|--|--|---|--|--------------------|--|--|
| | | <i>running, some kids are able to keep on going</i> | | <i>take a rest</i> | | |
|--|--|---|--|--------------------|--|--|

33)

| REALLY TRUE FOR ME | SORT OF TRUE FOR ME | | | | SORT OF TRUE FOR ME | REALLY TRUE FOR ME |
|--------------------|---------------------|--|---------------|---|---------------------|--------------------|
| | | <i>Some kids don't like how their bodies look physically</i> | but... | <i>Other kids are pleased with how their bodies look physically</i> | | |

34)

| REALLY TRUE FOR ME | SORT OF TRUE FOR ME | | | | SORT OF TRUE FOR ME | REALLY TRUE FOR ME |
|--------------------|---------------------|---|---------------|--|---------------------|--------------------|
| | | <i>Some kids think that they are strong, and have good muscles compared to other kids their age</i> | but... | <i>Other kids think that they are weaker, and don't have such good muscles as other kids their age</i> | | |

35)

| REALLY TRUE FOR ME | SORT OF TRUE FOR ME | | | | SORT OF TRUE FOR ME | REALLY TRUE FOR ME |
|--------------------|---------------------|---|---------------|--|---------------------|--------------------|
| | | <i>Some kids wish that they could feel better about themselves physically</i> | but... | <i>Other kids always seem to feel good about themselves physically</i> | | |

36)

| REALLY TRUE FOR ME | SORT OF TRUE FOR ME | | | | SORT OF TRUE FOR ME | REALLY TRUE FOR ME |
|--------------------|---------------------|--|---------------|--|---------------------|--------------------|
| | | <i>Some kids are not very happy with the way they do a lot of things</i> | but... | <i>Other kids think the way they do things is fine</i> | | |

Thank You!

Reference 147 **Body esteem scale**

Instructions: On this page are listed a number of body parts and functions. Please read each item and indicate how you feel about this part or function of your own body using the following scale:

- 1 = Have strong negative feelings
 2 = Have moderate negative feelings
 3 = Have no feeling one way or the other
 4 = Have moderate positive feelings
 5 = Have strong positive feelings

Factor Loading (see below)

| | Male | Female |
|---------------------------|---------------|--------|
| 1. body scent | _____ | SA |
| 2. appetite | _____ PC | WC |
| 3. nose | _____ PA | SA |
| 4. physical stamina | _____ PC | PC |
| 5. reflexes | _____ PC | PC |
| 6. lips | _____ PA | SA |
| 7. muscular strength | _____ UBS | PC |
| 8. waist | _____ PC | WC |
| 9. energy level | _____ PC | PC |
| 10. thighs | _____ PC | WC |
| 11. ears | _____ PA | SA |
| 12. biceps | _____ UBS | PC |
| 13. chin | _____ PA | SA |
| 14. body build | _____ UBS | WC |
| 15. physical coordination | _____ UBS, PC | PC |
| 16. buttocks | _____ PA | WC |
| 17. agility | _____ PC | PC |
| 18. width of shoulders | _____ UBS | |
| 19. arms | _____ UBS | |
| 20. chest or breasts | _____ UBS | SA |
| 21. appearance of eyes | _____ PA | SA |
| 22. cheeks/cheekbones | _____ PA | SA |
| 23. hips | _____ PA | WC |
| 24. legs | _____ | WC |
| 25. figure or physique | _____ UBS, PC | WC |
| 26. sex drive | _____ UBS | SA |
| 27. feet | _____ PA | |
| 28. sex organs | _____ PA | SA |
| 29. appearance of stomach | _____ PC | WC |
| 30. health | _____ PC | PC |
| 31. sex activities | _____ | SA |
| 32. body hair | _____ | SA |
| 33. physical condition | _____ PC | PC |
| 34. face | _____ PA | SA |
| 35. weight | _____ PC | WC |

Reference 148 **Project EAT Body Image**

Have you done any of the following things in order to lose weight or keep from gaining weight during the past year? (yes/no for each method).

- (1) took diet pills
- (2) made myself vomit
- (3) used laxatives
- (4) used diuretics
- (5) fasted
- (6) ate very little food
- (7) used food substitute (powder/special drink)
- (8) skipped meals
- (9) smoked more cigarettes

Table 2: MEI Factor Structure from Sample 1

I eat because...

it helps me deal with anger.
it helps me get over fights with friends or family.
it helps me feel better when things are not going well.
I feel like I have no control.
it helps me deal with loneliness.
it helps me deal with sadness.
it makes me feel like I am in control.
makes me feel less lonely.
makes me feel less sad.
it makes me feel smart about my health.
it makes me feel more energetic.
it makes me feel healthy.
if makes me feel like I am taking care of myself.
it makes me feel stronger.
it is part of watching sports with my friends.
I can't stop eating.
then my family will leave me alone about my weight.
eating certain foods makes me and my friends stand out.
eating certain foods makes me and my friends stand out.
it makes me feel good.
it makes me feel happy.
it makes me feel better.
everyone else is doing it.
so my friends/family members don't have to eat alone.
it is part of being with my family.
I don't want my parents to be mad at me.

PACE+ Dietary Fat Screening Measure

Think about all the foods you ate over the past 7 days as part of a meal or as a snack. Check how often you ate each food item listed – from “did not eat it this week” to “more than twice each day.”

| Example: If you ate a ham, cheese, and mayonnaise sandwich with a cookie in the past 7 days, be sure to count each of these foods. | | | | | | |
|--|--------------------------|-------------------------|-------------------------|-------------------------|-------------------------|--------------------------|
| In the <u>past 7 days</u> how often did you eat... | Did not eat it this week | Once this week | 2 to 3 times this week | 4 to 6 times this week | Once or twice each day | More than twice each day |
| Hamburgers, beef taco or burrito, meatloaf | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| Beef such as steaks or roasts | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| Fried chicken, chicken nuggets, fried fish, fish sticks, lumpia | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| Hot dogs or corn dogs | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| Cold cuts/lunch meats (ham, salami, bologna) | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| Bacon, sausage, chorizo | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| Eggs, omelet, quiche (not egg substitutes) | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| Pasta with meat sauce | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| Pizza with meat toppings | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| Pizza with cheese | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| Pasta with cheese or cream sauce | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| Whole or 2% milk | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| Ice cream, malt shake (not frozen yogurt) | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| French fries, tater tots, onion rings | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| Potato chips, tortilla chips, buttered popcorn | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| Cake, cookies, brownies, candy bars | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| Doughnuts, pastries, muffins | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| Cheese or cheese spread | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| Regular margarine or butter (not diet or lite) | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| Salad dressings, mayonnaise (not diet or lite) | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| Peanut butter, other nuts, sunflower seeds | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| SCORING: Add up points in each column. You get a 0 for each check in column 1, a 1 for column 2, and so on. Sum the column values. | | | | | | |
| | | | | | TOTAL SCORE: | |

| Screener items | Response options |
|--|--|
| <i>Beverages: Frequencies</i> | |
| -How often do you drink regular soda or pop, not including diet soda pop? | a. Never or rarely b. 1 time per month |
| -How often do you drink diet or sugar free soda pop? | c. 2-3 times per month |
| -How often do you drink sports drinks (such as Gatorade, Powerade, etc.)? | d. 1-2 times per week e. 3-4 times per week |
| -How often do you drink other sweetened beverages (such as sweetened teas, juice drinks, punch or lemonade)? | f. 5-6 times per week g. 1 time per day |
| -How often do you drink milk as a beverage, NOT in cereal? | h. 2 times per day i. 3 or more times per day |
| -How often do you drink coffee drinks such as lattes, mochas, Frappuccinos, and Macchiatos (not including regular coffee)? | |

| Screener items | Response options |
|---|---|
| <i>Beverages: Amounts</i> | |
| -Each time you drink regular soda or pop, how much do you usually drink? | <ul style="list-style-type: none"> a. Less than one can b. One 12 oz. can (1.5 cups) |
| -Each time you drink diet soda or pop, how much do you usually drink? | <ul style="list-style-type: none"> c. More than one can d. I never drink regular/diet soda or pop* |
| How much water, including sparkling water, do you drink? | <ul style="list-style-type: none"> a. 0-1 cup per day (1 cup=8 oz) b. 2-4 cups per day c. 5-8 cups per day d. Over 8 cups per day |
| <i>Fast food</i> | |
| In the past month, how many times did you buy food at a restaurant where food is ordered at a counter or at a drive-through window (there is no waiter/waitress)? | <ul style="list-style-type: none"> a. Never or rarely b. 1 time per month c. 2-3 times per month d. 1-2 times per week e. 3-4 times per week f. 5-6 times per week g. 1 time per day h. 2 times per day i. 3 or more times per day |

| Screener items | Response options |
|--|------------------|
| <p>If you went to these types of restaurants in the past month, which restaurants did you go to?</p> <ul style="list-style-type: none"> a. Traditional (“burger-and-fries”) fast food restaurant, such as McDonalds, Burger King, Arby’s, Wendy’s, White Castle b. Mexican fast food restaurant, such as Taco Bell, Taco Johns or Chipotle c. Fried chicken, such as KFC d. Sandwich or sub shop (like Subway, Panera, Quiznos) e. Pizza parlor or restaurant f. Asian fast food (such as Chinese, Vietnamese, Korean) g. Bakery or donut shop h. Bagel shop i. Coffee shop j. Ice cream and burger shop (like Dairy Queen, Culvers) k. Snack Bars in stores like Target, Walmart and KMart | Yes/No |

*Response option D available only in validity testing (i.e., reliability testing only included options A-C)

A DAY IN THE LIFE OF...

Name.....

Age.....

Boy

Girl

What did you do?

YESTERDAY MORNING

My Breakfast

1 Did you have something to eat and drink for breakfast? (What did you have?)

.....

.....

..... drink.....

Draw your breakfast here

2 Did you watch television yesterday morning?

| | |
|-----|----|
| Yes | No |
|-----|----|

3 Did you eat or drink anything on the way to school? (What did you have?)

.....

.....

.....

4 How did you travel to school yesterday morning?



walk



cycle



by bus



by car

AFTER SCHOOL

9

How did you travel home after school or your after school care yesterday?

You can colour in these drawings



walk

cycle

by bus

by car

10

Did you eat or drink anything when you were travelling home? (What did you have?)

.....

.....



11

After school yesterday, did you:

| | | |
|--------------------------|---|---|
| <input type="checkbox"/> | go home? |  |
| <input type="checkbox"/> | go to a club (eg Brownies, Cubs, swimming, football?) |  |
| <input type="checkbox"/> | go to after school club? |  |

12

Did you have anything to eat, or something to drink between the end of school (apart from the journey) and your evening meal? (What did you have?)

.....

AFTER SCHOOL (continued)

13

| | | |
|--|-----|----|
| Did you play outside yesterday after school? | Yes | No |
|--|-----|----|

14

Did you have an evening meal yesterday?
(What did you have?)

.....

.....

pudding

.....

..... drink

My Evening Meal

Draw your evening meal here

15

Did you watch television yesterday evening?

| | |
|-----|----|
| Yes | No |
|-----|----|

16

Did you do anything else after your evening meal yesterday? What did you do?

.....

.....

.....

17

Did you have anything else to eat or drink between your evening meal and before you went to bed?
(What did you have?)

.....

.....



THANK YOU VERY MUCH



Name: _____ Date: _____

For questions 1-12, circle the best answer.

**Think about the meals
you eat on most school days.**

1. Do you eat breakfast in the morning on most school days?
 - a. Yes
 - b. No

2. Do you eat supper in the evening on most school days?
 - a. Yes
 - b. No

**Think about the milk, cheese, or yogurt
you eat on most school days.**

3. For **breakfast** on most school days do you:

| | | |
|----------------|-----|----|
| a. Drink milk? | Yes | No |
| b. Eat cheese? | Yes | No |
| c. Eat yogurt? | Yes | No |

4. For **lunch** on most school days do you:

| | | |
|----------------|-----|----|
| a. Drink milk? | Yes | No |
| b. Eat cheese? | Yes | No |
| c. Eat yogurt? | Yes | No |

5. For **supper** on most school days do you:

| | | |
|----------------|-----|----|
| a. Drink milk? | Yes | No |
| b. Eat cheese? | Yes | No |
| c. Eat yogurt? | Yes | No |

6. For a **snack** on most school days do you:

| | | |
|----------------|-----|----|
| a. Drink milk? | Yes | No |
| b. Eat cheese? | Yes | No |
| c. Eat yogurt? | Yes | No |

**Think about the fruits and vegetables
you eat on most school days.**

7. For **breakfast** on most school days do you
- | | | |
|---------------------|-----|----|
| a. Drink juice? | Yes | No |
| b. Eat a fruit? | Yes | No |
| c. Eat a vegetable? | Yes | No |
8. For **lunch** on most school days do you
- | | | |
|---------------------|-----|----|
| a. Drink juice? | Yes | No |
| b. Eat a fruit? | Yes | No |
| c. Eat a vegetable? | Yes | No |
9. For **supper** on most school days do you
- | | | |
|---------------------|-----|----|
| a. Drink juice? | Yes | No |
| b. Eat a fruit? | Yes | No |
| c. Eat a vegetable? | Yes | No |
10. For a **snack** on most school days do you
- | | | |
|---------------------|-----|----|
| a. Drink juice? | Yes | No |
| b. Eat a fruit? | Yes | No |
| c. Eat a vegetable? | Yes | No |

**Think about the soft drinks
you drink on most school days.**

11. How often do you drink soft drinks?
- a. Everyday
 - b. 5 or 6 days a week
 - c. 3 or 4 days a week
 - d. 1 or 2 days a week
 - e. Never

**Think about what you do after school
on most school days.**

12. Where do you go after school on most school days?
- After school program
 - Day care
 - Friend's home
 - Grandparent's house
 - Home
 - Other _____
13. Do you watch TV, play video games, or play computer games after school on most school days?
- Yes
 - No
14. Do you go outside to play games or sports after school on most school days?
- Yes
 - No
15. Are you a member of a sports team? Some examples are basketball teams, soccer teams, or softball teams that have a coach and have practices.
- Yes
 - No



**Foods can be put into 6 food groups.
Think about what foods go into each group.**

For questions 16-21, circle the food that does not belong in the food group listed.

16. Grain group

waffle noodles apple oatmeal

17. Vegetable group

broccoli carrot cabbage pear

18. Fruit group

strawberries pineapple watermelon corn

19. Meat group

turkey chicken potato ham

20. Milk group

cheese cracker pudding yogurt

21. Fat, oil, and sweets group

hamburger butter cupcake candy



Think about nutrients in foods.

For questions 22-26, put the letter next to each nutrient in the blank beside the correct food.

- | | |
|---------------------------------|------------------|
| 22. _____ Milk | a. Vitamin C |
| 23. _____ Bread | b. Calcium |
| 24. _____ Fruits and Vegetables | c. Protein |
| 25. _____ Meat | d. Sugar |
| 26. _____ Soft Drink | e. Carbohydrates |

Think about how nutrients work in your body.

For questions 27-31, put the letter next to each nutrient in the blank beside the correct job.

- | | |
|--------------------------------------|------------------|
| 27. _____ Helps eyes see in the dark | a. Vitamin C |
| 28. _____ Heals cuts and bruises | b. Calcium |
| 29. _____ Makes bones strong | c. Protein |
| 30. _____ Makes muscles strong | d. Vitamin A |
| 31. _____ Gives you energy | e. Carbohydrates |



Copyright © 2010 Pearson Education, Inc. or its affiliate(s). All rights reserved. This material is intended solely for the personal and internal use of the individual user and is not to be disseminated, distributed, copied, or otherwise made available to others. This material is provided under license from Pearson Education, Inc. or its affiliate(s). All rights reserved. This material is intended solely for the personal and internal use of the individual user and is not to be disseminated, distributed, copied, or otherwise made available to others.



Eating Habits Questionnaire

ALL OF YOUR ANSWERS WILL BE KEPT PRIVATE.

These questions are about the way your food is fixed. Please circle your answer.

1. Do you use salt? Usually Sometimes Never
2. Do you salt your food BEFORE tasting it? Usually Sometimes Never
3. Does the person who usually buys your food
 - a. buy low fat meats? Usually Sometimes Never I don't know
 - b. buy low fat snacks? Usually Sometimes Never I don't know
4. How often does the person who usually cooks your food use the following:
 - a. lard or shortening in a can (like Crisco®)? Usually Sometimes Never I don't know
 - b. oil from a bottle (any kind)? Usually Sometimes Never I don't know
 - c. bacon grease or meat grease? Usually Sometimes Never I don't know
 - d. butter or margarine? Usually Sometimes Never I don't know
 - e. cooking spray (like Pam®)? Usually Sometimes Never I don't know

These questions are about eating at restaurants or fast food places.

Instructions: For each eating time listed below please mark an "X" in the column which best describes how often you ate at a restaurant or fast food place last week.

| | Almost every day | 3-6 times last week | 1-2 times last week | not last week | never eat this at a restaurant |
|----------------------------------|------------------|---------------------|---------------------|---------------|--------------------------------|
| Breakfast | | | | | |
| Lunch | | | | | |
| Supper | | | | | |
| Snacks or treats (between meals) | | | | | |

Instructions: For each food item listed below, mark an "X" in the column which best describes how often you ate that food last week.

| | 3 or more times a day | 1-2 times a day | 3-6 times last week | 1-2 times last week | not last week | never drink it |
|---|-----------------------|-----------------|---------------------|---------------------|---------------|----------------|
| Diet or caffeine free diet soda (Diet Coke, Diet Pepsi, Diet Sprite, Fresca etc) | | | | | | |
| Regular or caffeine free regular soda (Coke, Pepsi, 7-Up, Root Beer etc) | | | | | | |
| Fruit flavored soda (Sunkist Orange, Welch's Grape, Cherry, etc) | | | | | | |
| Kool-Aid, Hawaiian Punch, Hi-C, Tropicana Twisters | | | | | | |
| Fruit or vegetable juice (orange juice, apple juice, V-8, tomato juice, grapefruit juice etc) | | | | | | |
| Coffee or tea (iced or hot) | | | | | | |
| Water | | | | | | |
| Whole milk | | | | | | |
| Lowfat milk: 2%, 1%, 1/2% | | | | | | |
| Skim milk | | | | | | |

About how much of the following beverages did you drink on any one day last week? Mark an "X" in the category closest to the amount you drank.

| | 0 servings | 1-2 servings | 3-4 servings | 5 or more |
|--|------------|--------------|--------------|-----------|
| Diet soda (1 serving = 12 oz or 1 can) | | | | |
| Regular soda (1 serving = 12 oz or 1 can) | | | | |
| Coffee or tea (1 serving = 8 oz or 1 cup) | | | | |
| Whole milk (1 serving = 8 oz or 1 cup) | | | | |
| Lowfat milk (1 serving = 8 oz or 1 cup) | | | | |
| Skim milk (1 serving = 8 oz or 1 cup) | | | | |

Instructions: For each food item listed below, mark an "X" in the column which best describes how often you ate each food last week.

| | Almost every day | 3-6 times last week | 1-2 times last week | not last week | never eat it |
|--|------------------|---------------------|---------------------|---------------|--------------|
| Ground beef as in meat loaf, hamburgers, casseroles, etc | | | | | |
| Spaghetti with meatballs or meat sauce | | | | | |
| Beef: roast, steaks, stew | | | | | |
| Ribs | | | | | |
| Bacon, salt pork or fatback, c-loaf | | | | | |
| Ham (NOT lunch meat ham) | | | | | |
| Pork: roast, chops, BBQ | | | | | |
| Liver or Liver pudding | | | | | |
| Sausage (smoked, patties and links) | | | | | |
| Chicken or turkey (fried, broiled, baked, ground, in salads) | | | | | |
| Wild game: Duck, rabbit, quail, deer, etc | | | | | |
| Eggs | | | | | |
| Shellfish: crab, oysters, shrimp, clams, etc | | | | | |
| Fish: flounder, catfish, trout, etc | | | | | |
| Tuna, salmon, fish sticks | | | | | |
| Pizza (any type) | | | | | |
| Chinese food (any kind) | | | | | |
| Mexican food: tacos, burritos, enchiladas, etc | | | | | |
| Lunch meat: bologna, ham, Spam®, salami, etc | | | | | |
| Hotdogs, corn dogs (all types) | | | | | |
| Peanut butter | | | | | |

About how much of the following foods did you eat on any one day last week? Mark an "X" in the category closest to the amount you ate.

| | 0 servings | 1-2 servings | 3-4 servings | 5 or more |
|--|------------|--------------|--------------|-----------|
| Eggs (1 serving = 1 egg) | | | | |
| Beef: hamburger, stew etc (1 serving = 2 oz or one <u>small</u> hamburger) | | | | |
| Chicken, turkey, or wild game (1 serving = 2 oz or one <u>small</u> portion) | | | | |
| Pork: roast, chops, BBQ (1 serving = 2 oz. or one <u>small</u> chop) | | | | |
| Sausage or bacon (1 serving = 2 oz or 3-4 pieces) | | | | |
| Fish or shellfish (1 serving = 2 oz or 1 <u>small</u> portion) | | | | |
| Pizza (1 serving = 1 slice) | | | | |
| Hot dogs or corn dogs (1 serving = 1 dog) | | | | |
| Lunch meat (1 serving = 1 slice) | | | | |
| Peanut butter (1 serving = 2 tablespoons or spread <u>thin</u> on bread) | | | | |

Instructions: For each food item below, mark an "X" in the column which best describes how often you ate that food last week.

| | Almost every day | 3-6 times last week | 1-2 times last week | not last week | never eat it |
|------------------------------------|------------------|---------------------|---------------------|---------------|--------------|
| Cheese: Swiss, cheddar, American | | | | | |
| Coffee creamers (liquid or powder) | | | | | |
| Yogurt (NOT frozen yogurt) | | | | | |
| Cream cheese | | | | | |
| Cottage cheese | | | | | |

About how much of the following foods did you eat on any one day last week? Mark an "X" in the category closest to the amount you ate at one time.

| | 0 servings | 1-2 servings | 3-4 servings | 5 or more |
|--------------------------------------|------------|--------------|--------------|-----------|
| Cheese (1 serving = 1 oz or 1 slice) | | | | |
| Coffee creamer (1 serving = 1 tsp) | | | | |
| Yogurt (1 serving = 1 cup) | | | | |
| Cream cheese (1 serving = 1 oz) | | | | |
| Cottage cheese (1 serving = 1/2 cup) | | | | |

Instructions: For each food item listed below, mark an "X" in the column which best describes how often you ate that food last week.

| | Almost every day | 3-6 times last week | 1-2 times last week | not last week | never eat it |
|---|------------------|---------------------|---------------------|---------------|--------------|
| Cake (chocolate, pound, brownies, etc) | | | | | |
| Cookies (all kinds, Pop-Tarts®) | | | | | |
| Doughnuts or sweet rolls, pastries | | | | | |
| Jello or popsicles | | | | | |
| Pudding or custard | | | | | |
| Pie or cobbler | | | | | |
| Frozen yogurt, ice milk, fat-free ice cream | | | | | |
| Ice cream | | | | | |
| Hard candy (Life Savers®, peanut brittle, Gummi bears, etc) | | | | | |
| Candy bars, fudge, caramel | | | | | |
| Honey, molasses, syrup, jam, jelly | | | | | |
| Sugar (on cereal, in coffee or tea, etc) | | | | | |
| Chewing gum or bubble gum, Regular | | | | | |
| Chewing gum or bubble gum, sugarless | | | | | |

About how much of the following foods did you eat on any one day last week? Mark an "X" in the category closest to the amount you ate.

| | 0 servings | 1-2 servings | 3-4 servings | 5 or more servings |
|--|------------|--------------|--------------|--------------------|
| Cookies (1 serving = 3-4 cookies) | | | | |
| Donuts or sweet rolls (1 serving = 1 item) | | | | |
| Candy bars (1 serving = 1 candy bar) | | | | |
| Cake (1 serving = 1 inch slice or 1 <u>small</u> square) | | | | |
| Pie (1 serving = 1 slice if pie is cut into 8 slices) | | | | |
| Sugar (1 serving = 1 tsp) | | | | |

Instructions: For each food item listed below, mark an "X" in the column which best describes how often you are that food last week.

| | Almost every day | 3-6 times last week | 1-2 times last week | not last week | never eat it |
|--|------------------|---------------------|---------------------|---------------|--------------|
| Corn, lima beans, green peas | | | | | |
| Lettuce | | | | | |
| Asparagus, beets, broccoli, cabbage, spinach, greens | | | | | |
| Carrots, cauliflower, celery, cucumber, squash, tomato | | | | | |
| Eggplant, green beans, okra, wax beans | | | | | |
| Beans (red, baked, butter, field peas, etc.) | | | | | |
| Apples, bananas, canteloupe, grapes, peaches, pears, etc UNcooked or raw | | | | | |
| Apples, apricots, blueberries, strawberries, peaches, etc COOKED | | | | | |
| Oranges, grapefruits, kiwi, etc UNcooked | | | | | |
| Dried fruit (apples, apricots, figs, raisins, dates, etc.) | | | | | |
| Avocado (guacamole), coconut, olives | | | | | |

About how much of the following foods did you eat on any one day last week? Mark an "X" in the category closest to the amount you ate.

| | 0 servings | 1-2 servings | 3-4 servings | 5 or more servings |
|--|------------|--------------|--------------|--------------------|
| Lettuce (1 serving = 1/2 cup) | | | | |
| Canned, frozen or fresh leafy green vegetables: spinach, broccoli or greens (1 serving = 1/2 cup) | | | | |
| Canned, frozen or fresh vegetables other than leafy green veggies (1 serving = 1/2 cup) | | | | |
| Uncooked fruits (all kinds) (1 serving = 1/2 cup or 1 small fruit) | | | | |

Instructions: For each food item listed below, mark an "X" in the column which best describes how often you ate that food last week.

| | Almost every day | 3-6 times last week | 1-2 times last week | not last week | never eat it |
|---|------------------|---------------------|---------------------|---------------|--------------|
| Margarine | | | | | |
| Butter | | | | | |
| Mayonnaise | | | | | |
| Ketchup (catsup) | | | | | |
| Salad dressings (regular) | | | | | |
| Salad dressings (fat-free, low fat or diet) | | | | | |
| Gravy (all kinds) | | | | | |

About how much of the following foods did you eat on any one day last week? Mark an "X" in the category closest to the amount you ate.

| | 0 servings | 1-2 servings | 3-4 servings | 5 or more servings |
|---|------------|--------------|--------------|--------------------|
| Mayonnaise (1 serving = 1 tablespoon) | | | | |
| Gravy (1 serving = 1 spoonful) | | | | |
| Margarine (1 serving = 1 pat or 1 teaspoon) | | | | |
| Salad dressing (1 serving = 1 tablespoon) | | | | |

Instructions: For each food item listed below, mark an "X" in the column which best describes how often you ate that food last week.

| | Almost every day | 3-6 times last week | 1-2 times last week | not last week | never eat it |
|--|------------------|---------------------|---------------------|---------------|--------------|
| Dry cereal (unsweetened : Cheerios, Corn Flakes, Shredded Wheat etc.) | | | | | |
| Dry cereal (pre-sweetened : Cap'n Crunch, Frosted Mini Wheats, Cinnamon Toast Crunch, etc) | | | | | |
| Hot cereal (oatmeal, grits) | | | | | |
| French Toast | | | | | |
| Pancakes, waffles | | | | | |
| French Fries | | | | | |
| Potatoes or sweet potatoes (any type) | | | | | |
| Rice, noodles, macaroni, pasta, etc. | | | | | |
| White or french bread, hoagie or sub buns, English muffins | | | | | |
| Specialty breads: Biscuits, muffins, rolls, cornbread | | | | | |
| Whole wheat, rye or dark bread | | | | | |

About how much of the following foods did you eat on any one day last week? Mark an "X" in the category closest to the amount you ate.

| | 0 servings | 1-2 servings | 3-4 servings | 5-6 servings | 7 or more servings |
|---|------------|--------------|--------------|--------------|--------------------|
| Bread (white or dark) (1 serving = 1 slice) | | | | | |
| Biscuits, muffins, etc. (1 serving = 1 piece) | | | | | |
| Cereal (pre-sweetened) (1 serving = 1 small bowl) | | | | | |
| French fries (1 serving = 10 fries) | | | | | |
| Rice or noodles (1 serving = 1/2 cup) | | | | | |

Instructions: For each food item listed below, mark an "X" in the column which best describes how often you ate that food last week.

| | Almost every day | 3-6 times last week | 1-2 times last week | not last week | never eat it |
|---|------------------|---------------------|---------------------|---------------|--------------|
| Potato chips, Fritos®, Doritos®, cheese puffs, etc. | | | | | |
| Pretzels, Saltines | | | | | |
| Other Crackers (cheese, Ritz®, Nabs, etc) | | | | | |
| Popcorn, Cracker Jacks® | | | | | |
| Pickles, relishes | | | | | |
| Nuts (peanuts, almonds, cashews, etc.) | | | | | |

About how much of the following foods did you eat on any one day last week? Mark an "X" in the category closest to the amount you ate.

| | 0 servings | 1-2 servings | 3-4 servings | 5 or more servings |
|------------------------------------|------------|--------------|--------------|--------------------|
| Crackers (1 serving = 6 crackers) | | | | |
| Chips, etc. (1 serving = 10 chips) | | | | |
| Nuts (1 serving = 4-6 nuts) | | | | |

Fruit and vegetable n = 253^a**Number of fruit (from list of 19) in last week^c****Number of different fruit had yesterday****Frequency of fruit yesterday [number of days
in last week had fruit^c]^d****Number of vegetables (from list of 25) in last week^c****Number of different vegetables had yesterday****Frequency of vegetables yesterday [number of days
in last week had vegetables^c]^d****Fat from dairy n = 503****Frequency in previous 24 hours of
full fat milk****full fat yoghurt/custard
cheese and/or cheese spreads****Sweetened beverages n = 534****Frequency of fruit juice/drink in past 24 hours****Frequency of soft drink/cordial (non-diet varieties)
in last week^c****Non-core foods n = 516****Frequency in the last week divided by 7 of****peanut butter/nutella****pre-sugared cereals or sugar added to cereal****sweet biscuits/cakes/muffins/doughnuts/fruit pies****potato crisps/ savoury biscuits****confectionary/muesli or fruit bars****chocolate (bar/block/coated biscuits)****ice-cream/ice-blocks****pie/pasty or sausage roll [pizza]^e****pot chips or French fries****hot dog/fritz/processed meats takeaway food**

BSQ food items

Orange juice, apple juice, and other 100% juice
Fruit drinks such as Snapple^a, Capri Sun^b, and Kool-Aid^b
Sport drinks such as Gatorade^c and PowerAde^d
Flavored waters such as Propel^e or vitamin-fortified waters
Diet soda or pop
Regular soda or pop
Energy drinks such as RockStar^f, Red Bull^g, Monster^h, and Throttle^d
1% or nonfat milk
Regular or 2% milk (whole and reduced fat)
Low-fat or nonfat potato chips, tortilla chips, and corn chips
Regular potato chips, tortilla chips, puffs, and corn chips
Other salty snacks such as cheese nibs, Chex mixⁱ, and Ritz Bits^j
Candy, including chocolate, Jelly Bellies^k, gummies, and Life Savers^l
Doughnuts, Pop-Tarts^m, breakfast pastries
Cookies, brownies, pies, and cakes
Low-fat or nonfat frozen desserts such as low-fat ice cream and frozen yogurt
Regular ice cream and milkshakes
Vegetables, including green salad, peas, green beans, corn (not including fried potatoes or french fries)
Fruit, such as banana, apple, or grapes (does not include juice)

Reference 158

CATCH Trial Food Checklist

Students respond on form whether they had consumed the food in the previous day (yes or no)

Bread
Cookies
Cold cereal
Potato chips
Cheese
Hamburgers
Ketchup
Fried chicken
2% fat milk
Biscuits
Ice cream
French fries
Chocolate candy
Whole milk
Cold cuts
Margarine
Mayonnaise
Pizza
Peanut butter
Bacon
Pickles
Spaghetti with meat sauce
Butter
Pancakes
Cheese dishes⁴
Soup
Beans⁵
Beef
Hot dogs
Gravy
Turkey
Whipped cream
Eggs
Spanish rice
Salt
Meat salad
Salad dressings⁶
Pork
Pretzels
Donuts⁶

Reference 159 PACE Adolescent Psychosocial and Stage-of-Change Measures Related to Physical Activity and Sedentary Behavior

| Physical Activity Stages | | | | | | |
|---|--|-----------------------|-----------------------|-----------------------|--|--|
| <ul style="list-style-type: none"> Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time. Physical activity can be done in sports, playing with friends, or walking to school. Some examples of physical activity are running, brisk walking, rollerblading, biking, skateboarding, dancing, swimming, soccer, basketball, football, & surfing. | | | | | | |
| <p>1. In a typical week, how many days do you do physical activity for <u>60 minutes</u> or more?</p> <p><i>Mark the answer that is true for you.</i></p> | | | | | | |
| Zero | One | Two | Three | Four | Five | Six or more |
| 0 | 1 | 2 | 3 | 4 | 5 | 6+ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (If you answered between "0" and "4" to question 1, go to question 3.) | | | | | (If you answered "5" or "6 or more" to question 1, go to question 2.) | |
| ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ |
| ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ |
| <p>3. Do you think you will start doing 60 minutes of physical activity <u>5 or more days</u> a week in the next 6 months?</p> | | | | | <p>2. How many months have you been doing 60 minutes of physical activity on 5 or more days per week?</p> | |
| 1 | <input type="radio"/> No, and I do not intend to in the next six months. | | | | 1 | <input type="radio"/> Less than 6 months |
| 2 | <input type="radio"/> Yes, I intend to in the next six months. | | | | 2 | <input type="radio"/> 6 months or more |
| 3 | <input type="radio"/> Yes, I intend to in the next 30 days. | | | | | |

| Physical Activity Change Strategies | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| The following are activities, thoughts, and feelings people use to help them change their physical activity. Think of any similar experiences you may be having or have had in the past month. Then rate HOW OFTEN you do each of the following. | | | | | |
| PLEASE: * Fill in each circle completely. * Erase all changes completely. | | | Many Times | 5 | |
| | | | Often | 4 | |
| | | | Sometimes | 3 | |
| | | Almost Never | 2 | | |
| | | Never | 1 | | |
| 1. I look for information about physical activity or sports. | <input type="radio"/> |
| 2. I keep track of how much physical activity I do. | <input type="radio"/> |
| 3. I find ways to get around the things that get in the way of being physically active. | <input type="radio"/> |
| 4. I think about how my surroundings affect the amount of physical activity I do. (Surroundings are things like having exercise equipment at home or a park near by.) | <input type="radio"/> |
| 5. I put reminders around my home to be physically active. | <input type="radio"/> |
| 6. I reward myself for being physically active. | <input type="radio"/> |
| 7. I do things to make physical activity more enjoyable. | <input type="radio"/> |
| 8. I think about the benefits I will get from being physically active. | <input type="radio"/> |
| 9. I try to think more about the benefits of physical activity and less about the hassles of being active. | <input type="radio"/> |
| 10. I say positive things to myself about physical activity. | <input type="radio"/> |
| 11. When I get off track with my physical activity plans, I tell myself I can start again and get right back on track. | <input type="radio"/> |
| 12. I have a friend or family member who encourages me to do physical activity. | <input type="radio"/> |
| 13. I try different kinds of physical activity so that I have more options to choose from. | <input type="radio"/> |
| 14. I set goals to do physical activity. | <input type="radio"/> |
| 15. I make back-up plans to be sure I get my physical activity. | <input type="radio"/> |

| Physical Activity Pros & Cons | | | | | |
|---|-----------------------|-------------------------|---------------------------|-----------------------|--------------------------|
| The following statements are different beliefs about physical activity. Please rate HOW IMPORTANT each statement is to your decision to do physical activity. Use the following scale: | | | | | |
| PLEASE: * Fill in each circle completely. * Erase all changes completely. | | | | | |
| HOW IMPORTANT IS EACH STATEMENT TO YOU WHEN DECIDING WHETHER OR NOT TO DO PHYSICAL ACTIVITY? | | | | | |
| | Not Important 1 | Slightly Important 2 | Moderately Important 3 | Very Important 4 | Extremely Important 5 |
| 1. I would feel embarrassed if people saw me doing physical activity. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Physical activity would help me stay fit. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. My parents would be happy if I did physical activity. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. There is too much I would have to learn to do physical activity. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. I would feel better about myself if I did physical activity. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. I would need too much help from my parents to do physical activity. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. I do not like the way physical activity and exercise makes me feel. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. I would have fun doing physical activity or playing sports with my friends. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. I would have more energy if I did physical activity. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. Physical activity takes time away from being with my friends. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| Physical Activity Confidence | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| There are many things that can get in the way of physical activity. Rate HOW SURE you are that you can do physical activity in each situation. Please answer ALL questions. | | | | | | |
| PLEASE: * Fill in each circle completely. * Erase all changes completely. | | I'm sure I can't | I probably can't | Neutral | I probably can | I'm sure I can |
| | | 1 | 2 | 3 | 4 | 5 |
| 1. Do physical activity even when you feel sad or stressed? | <input type="radio"/> |
| 2. Set aside time for physical activity on most days of the week? | <input type="radio"/> |
| 3. Do physical activity even when your family or friends want you to do something else? | <input type="radio"/> |
| 4. Get up early, even on weekends, to do physical activity? | <input type="radio"/> |
| 5. Do physical activity even when you have a lot of schoolwork? | <input type="radio"/> |
| 6. Do physical activity even when it is raining or really hot outside? | <input type="radio"/> |

| Physical Activity Family Support | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| During a typical week, how often has a member of your household: (For example, your father, mother, brother, sister, grandparent, or other relatives) | | | | | |
| | Never | 1-2 days | 3-4 days | 5-6 days | Every day |
| | 1 | 2 | 3 | 4 | 5 |
| 1. Watched you participate in physical activity or play sports? | <input type="radio"/> |
| 2. Encouraged you to do sports or physical activity? | <input type="radio"/> |
| 3. Provided transportation to a place where you can do physical activity or play sports? | <input type="radio"/> |
| 4. Done a physical activity or played sports with you? | <input type="radio"/> |

2001 PACE, San Diego State University All Rights Reserved.

| Physical Activity Friend Support | | | | | | |
|--|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| During a typical week, how often: | | | | | | |
| | | | Every day | 5 | | |
| | | 5-6 days | 4 | | | |
| | 3-4 days | 3 | | | | |
| | 1-2 days | 2 | | | | |
| | Never | 1 | | | | |
| PLEASE: * Fill in each circle completely. * Erase all changes completely. | 1. Do your friends encourage you to do sports or physical activities? | <input type="radio"/> |
| | 2. Do your friends do physical activity or play sports with you? | <input type="radio"/> |
| | 3. Do your friends or classmates tease you about not being good at physical activities or sports? | <input type="radio"/> |
| | 4. Do your friends ask you to walk or bike to school or to a friend's house? | <input type="radio"/> |
| | 5. Do your friends tell you that you are doing well in physical activities or sports? | <input type="radio"/> |

| Closest Friend Support | | | | | | |
|-------------------------------|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | | | 5 Friends | | | |
| | | 4 Friends | | | | |
| | 3 Friends | | | | | |
| | 2 Friends | | | | | |
| | 1 Friend | | | | | |
| | 0 Friends | | | | | |
| | 6. How many of your five closest friends are physically active on a regular basis? | <input type="radio"/> |

| Physical Activity Enjoyment | | | | | | | | | | |
|---|--|--|-------------------|-------------------|---------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <p>PLEASE:</p> <p>* Fill in each circle completely.</p> <p>* Erase all changes completely.</p> | | | | | | | | | | |
| | | | Strongly disagree | Somewhat disagree | Neutral | Somewhat agree | Strongly agree | | | |
| 1. I enjoy doing physical activity. | | | | | | <input type="radio"/> |

| Physical Activity Recreation Choices | |
|---|-----------------------|
| 2. What do you usually do when you have a choice about how you spend recreational time? | |
| Almost always choose activities like TV, reading, listening to music, or computers | <input type="radio"/> |
| Usually choose activities like TV, reading, listening to music or computers | <input type="radio"/> |
| Just as likely choose active or inactive recreation | <input type="radio"/> |
| Usually choose activities like bicycling, dancing, outdoor games or active sports | <input type="radio"/> |
| Almost always choose activities like bicycling, dancing, outdoor games or active sports | <input type="radio"/> |

| Physical Activity Environmental Factors | | | | | |
|--|-----------------------|--------------------------|-----------------------|-----------------------|-----------------------|
| How much do you agree with the following statements? | | | | | |
| PLEASE: * Fill in each circle completely. * Erase all changes completely. | | | Strongly agree | 5 | |
| | | | Somewhat agree | 4 | |
| | | Neutral | 3 | | |
| | | Somewhat disagree | 2 | | |
| | | Strongly disagree | 1 | | |
| 1. At home there are enough supplies and pieces of sports equipment (like balls, bicycles, skates) to use for physical activity. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. It is difficult to walk or jog in my neighborhood because of things like traffic, no sidewalks, dogs, gangs and so on. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. There are playgrounds, parks, or gyms, close to my home or that I can get to easily. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. It is safe to walk or jog in my neighborhood during the day. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Reference 160 **Stages of Exercise Behavior Change (SEBC)**

Precontemplation: participants who did not exercise or plan on beginning exercise

Contemplation: participants who did not exercise but intend to begin exercising in the next six months.

Preparations: participants who exercise occasionally but not regularly (regular exercise was defined as three or more times per week for 20 minutes or more)

Action: subjects who exercise regularly but had only begun doing so within the past 6 months

Maintenance: subjects who exercised regularly and had done so for longer than 6 months.

The selections were placed ordinally on a conceptual ladder labeled 0 (precontemplation) – 4 (maintenance)

Children's Attraction to Physical Activity Questionnaire (CAPA)

Table 2
Six factor solution using a principal components analysis based on the five subscales (25 items) of the CAPA.

| CAPA items | Factors | | | | | |
|---|---------|-------|------|------|------|-------|
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 1. I like playing outdoor games and sport | .905 | | | | | |
| 20. I look forward to playing games and sports | .690 | | | | | |
| 5. I am told that I'm good at games and sports | .580 | -.327 | | | | |
| 3. I have more fun playing games and sports than anything else | .510 | | .453 | | | |
| 11. I enjoy exercise a lot | .463 | .308 | | | | |
| 13. I wish I could play more games and sports | .362 | | .306 | | | |
| 4. I like to exercise lots | .353 | | | | | |
| 19. I think exercise is very important for my health | | .881 | | | | |
| 22. I think that exercise is the most important thing for good health | | .696 | | | | |
| 9. I think that the more exercise you get, the better. | | .622 | | | | |
| 23. I really like to exercise | .329 | .567 | | | | |
| 21. I like to burn lots of energy by playing hard | | .325 | .621 | | | |
| 24. I feel good when I run hard | | | .595 | | | |
| 15. I don't mind getting out of breath after I play hard | | | .582 | | | |
| 10. I make a lot of friends when I play games and sports | | | .493 | | | |
| 14. I think that I will feel really good after I play hard | | | .377 | | | |
| 18. I really like to run a lot | | | | .750 | | |
| 25. I am popular when I play games and sports | | | | .652 | | |
| 2. I like getting sweaty when I exercise or play hard | | | .329 | .596 | | |
| 17. Playing games and sports is my favourite thing | .335 | | | .588 | | |
| 16. I think it is very important to always be in good shape | | | | .538 | | .308 |
| 8. Reversed. I get teased by other kids when I play games and sports | | | | | .793 | |
| 7. Reversed. I get nervous and tired about playing games and sports | | | | | .763 | -.360 |
| 6. Reversed. I feel really tired after I play games and sports | | | | | | -.830 |
| 12. I try to stay in good shape | .402 | | | | | .419 |

Table 3
Four factor solution using a principal components analysis based on four subscales (19 items) of the CAPA.

| CAPA items | Factors | | | |
|---|---------|------|-------|------|
| | 1 | 2 | 3 | 4 |
| 1. I like playing outdoor games and sport | .867 | | | |
| 20. I look forward to playing games and sports | .789 | | | |
| 3. I have more fun playing games and sports than anything else | .715 | | | |
| 13. I wish I could play more games and sports | .504 | | | |
| 11. I enjoy exercise a lot | .504 | | | |
| 19. I think exercise is very important for my health | | .860 | | |
| 22. I think that exercise is the most important thing for good health | | .736 | | |
| 9. I think that the more exercise you get, the better. | | .628 | | |
| 23. I really like to exercise | | .527 | | |
| 12. I try to stay in good shape | | .391 | -.361 | .331 |
| 4. I like to exercise lots | | | | |
| 24. I feel good when I run hard | | | .636 | |
| 2. I like getting sweaty when I exercise or play hard | | | .610 | .472 |
| 15. I don't mind getting out of breath after I play hard | | | .595 | |
| 21. I like to burn lots of energy by playing hard | | .317 | .540 | |
| 14. I think that I will feel really good after I play hard | | .316 | .329 | |
| 18. I really like to run a lot | | | | .727 |
| 17. Playing games and sports is my favourite thing | .391 | | | .579 |
| 16. I think it is very important to always be in good shape | | .362 | | .567 |

Physical Activity Questionnaire for Children/Adolescents (PAQ-C/A)

Physical Activity Questionnaire (Elementary School)

Name: _____

Age: _____

Sex: M _____ F _____

Grade: _____

Teacher: _____

We are trying to find out about your level of physical activity from *the last 7 days* (in the last week). This includes sports or dance that make you sweat or make your legs feel tired, or games that make you breathe hard, like tag, skipping, running, climbing, and others.

Remember:

1. There are no right and wrong answers — this is not a test.
2. Please answer all the questions as honestly and accurately as you can — this is very important.

1. Physical activity in your spare time: Have you done any of the following activities in the past 7 days (last week)? If yes, how many times? (Mark only one circle per row.)

| | No | 1-2 | 3-4 | 5-6 | 7 times or more |
|----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Skipping | <input type="radio"/> |
| Rowing/canoeing | <input type="radio"/> |
| In-line skating | <input type="radio"/> |
| Tag | <input type="radio"/> |
| Walking for exercise | <input type="radio"/> |
| Bicycling | <input type="radio"/> |
| Jogging or running | <input type="radio"/> |
| Aerobics | <input type="radio"/> |
| Swimming | <input type="radio"/> |
| Baseball, softball | <input type="radio"/> |
| Dance | <input type="radio"/> |
| Football | <input type="radio"/> |
| Badminton | <input type="radio"/> |
| Skateboarding | <input type="radio"/> |
| Soccer | <input type="radio"/> |
| Street hockey | <input type="radio"/> |
| Volleyball | <input type="radio"/> |
| Floor hockey | <input type="radio"/> |
| Basketball | <input type="radio"/> |
| Ice skating | <input type="radio"/> |
| Cross-country skiing | <input type="radio"/> |
| Ice hockey/ringette | <input type="radio"/> |
| Other: | | | | | |
| | <input type="radio"/> |
| | <input type="radio"/> |

2. In the last 7 days, during your physical education (PE) classes, how often were you very active (playing hard, running, jumping, throwing)? (Check one only.)

- I don't do PE
 Hardly ever
 Sometimes
 Quite often
 Always

3. In the last 7 days, what did you do most of the time *at recess*? (Check one only.)

- Sat down (talking, reading, doing schoolwork)
 Stood around or walked around
 Ran or played a little bit
 Ran around and played quite a bit
 Ran and played hard most of the time

4. In the last 7 days, what did you normally do *at lunch* (besides eating lunch)? (Check one only.)

- Sat down (talking, reading, doing schoolwork)
 Stood around or walked around
 Ran or played a little bit
 Ran around and played quite a bit
 Ran and played hard most of the time

5. In the last 7 days, on how many days *right after school*, did you do sports, dance, or play games in which you were very active? (Check one only.)

- None
 1 time last week
 2 or 3 times last week
 4 times last week
 5 times last week

6. In the last 7 days, on how many *evenings* did you do sports, dance, or play games in which you were very active? (Check one only.)

- None
 1 time last week
 2 or 3 times last week
 4 or 5 last week
 6 or 7 times last week

7. On the last weekend, how many times did you do sports, dance, or play games in which you were very active? (Check one only.)

- None
- 1 time
- 2 — 3 times
- 4 — 5 times
- 6 or more times

8. Which *one* of the following describes you best for the last 7 days? Read *all five* statements before deciding on the *one* answer that describes you.

- A. All or most of my free time was spent doing things that involve little physical effort
- B. I sometimes (1 — 2 times last week) did physical things in my free time (e.g. played sports, went running, swimming, bike riding, did aerobics)
- C. I often (3 — 4 times last week) did physical things in my free time
- D. I quite often (5 — 6 times last week) did physical things in my free time
- E. I very often (7 or more times last week) did physical things in my free time

9. Mark how often you did physical activity (like playing sports, games, doing dance, or any other physical activity) for each day last week.

| | None | Little bit | Medium | Often | Very often |
|-----------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Monday | <input type="radio"/> |
| Tuesday | <input type="radio"/> |
| Wednesday | <input type="radio"/> |
| Thursday | <input type="radio"/> |
| Friday | <input type="radio"/> |
| Saturday | <input type="radio"/> |
| Sunday | <input type="radio"/> |

10. Were you sick last week, or did anything prevent you from doing your normal physical activities? (Check one.)

- Yes
- No

If Yes, what prevented you? _____

Physical Activity Questionnaire (High School)

Name: _____

Age: _____

Sex: M _____ F _____

Grade: _____

Teacher: _____

We are trying to find out about your level of physical activity from *the last 7 days* (in the last week). This includes sports or dance that make you sweat or make your legs feel tired, or games that make you breathe hard, like tag, skipping, running, climbing, and others.

Remember:

3. There are no right and wrong answers — this is not a test.
4. Please answer all the questions as honestly and accurately as you can — this is very important.

1. Physical activity in your spare time: Have you done any of the following activities in the past 7 days (last week)? If yes, how many times? (Mark only one circle per row.)

| | No | 1-2 | 3-4 | 5-6 | 7 times or more |
|----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Skipping | <input type="radio"/> |
| Rowing/canoeing | <input type="radio"/> |
| In-line skating | <input type="radio"/> |
| Tag | <input type="radio"/> |
| Walking for exercise | <input type="radio"/> |
| Bicycling | <input type="radio"/> |
| Jogging or running | <input type="radio"/> |
| Aerobics | <input type="radio"/> |
| Swimming | <input type="radio"/> |
| Baseball, softball | <input type="radio"/> |
| Dance | <input type="radio"/> |
| Football | <input type="radio"/> |
| Badminton | <input type="radio"/> |
| Skateboarding | <input type="radio"/> |
| Soccer | <input type="radio"/> |
| Street hockey | <input type="radio"/> |
| Volleyball | <input type="radio"/> |
| Floor hockey | <input type="radio"/> |
| Basketball | <input type="radio"/> |
| Ice skating | <input type="radio"/> |
| Cross-country skiing | <input type="radio"/> |
| Ice hockey/ringette | <input type="radio"/> |
| Other: | | | | | |
| | <input type="radio"/> |
| | <input type="radio"/> |

2. In the last 7 days, during your physical education (PE) classes, how often were you very active (playing hard, running, jumping, throwing)? (Check one only.)

- I don't do PE
- Hardly ever
- Sometimes
- Quite often
- Always

3. In the last 7 days, what did you normally do *at lunch* (besides eating lunch)? (Check one only.)

- Sat down (talking, reading, doing schoolwork).....
- Stood around or walked around
- Ran or played a little bit
- Ran around and played quite a bit
- Ran and played hard most of the time

4. In the last 7 days, on how many days *right after school*, did you do sports, dance, or play games in which you were very active? (Check one only.)

- None
- 1 time last week
- 2 or 3 times last week
- 4 times last week
- 5 times last week

5. In the last 7 days, on how many *evenings* did you do sports, dance, or play games in which you were very active? (Check one only.)

- None
- 1 time last week
- 2 or 3 times last week
- 4 or 5 last week
- 6 or 7 times last week

6. *On the last weekend*, how many times did you do sports, dance, or play games in which you were very active? (Check one only.)

- None
- 1 time
- 2 — 3 times
- 4 — 5 times
- 6 or more times

7. Which *one* of the following describes you best for the last 7 days? Read *all five* statements before deciding on the *one* answer that describes you.

- F. All or most of my free time was spent doing things that involve little physical effort
- G. I sometimes (1 — 2 times last week) did physical things in my free time (e.g. played sports, went running, swimming, bike riding, did aerobics)
- H. I often (3 — 4 times last week) did physical things in my free time
- I. I quite often (5 — 6 times last week) did physical things in my free time
- J. I very often (7 or more times last week) did physical things in my free time

8. Mark how often you did physical activity (like playing sports, games, doing dance, or any other physical activity) for each day last week.

| | None | Little bit | Medium | Often | Very often |
|-----------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Monday | <input type="radio"/> |
| Tuesday | <input type="radio"/> |
| Wednesday | <input type="radio"/> |
| Thursday | <input type="radio"/> |
| Friday | <input type="radio"/> |
| Saturday | <input type="radio"/> |
| Sunday | <input type="radio"/> |

9. Were you sick last week, or did anything prevent you from doing your normal physical activities? (Check one.)

- Yes
- No

If Yes, what prevented you? _____

Physical Activity Questionnaire for Children/Adolescents (PAQ-C/A)

Physical Activity Questionnaire (Elementary School)

Name: _____

Age: _____

Sex: M _____ F _____

Grade: _____

Teacher: _____

We are trying to find out about your level of physical activity from *the last 7 days* (in the last week). This includes sports or dance that make you sweat or make your legs feel tired, or games that make you breathe hard, like tag, skipping, running, climbing, and others.

Remember:

1. There are no right and wrong answers — this is not a test.
2. Please answer all the questions as honestly and accurately as you can — this is very important.

1. Physical activity in your spare time: Have you done any of the following activities in the past 7 days (last week)? If yes, how many times? (Mark only one circle per row.)

| | No | 1-2 | 3-4 | 5-6 | 7 times or more |
|----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Skipping | <input type="radio"/> |
| Rowing/canoeing | <input type="radio"/> |
| In-line skating | <input type="radio"/> |
| Tag | <input type="radio"/> |
| Walking for exercise | <input type="radio"/> |
| Bicycling | <input type="radio"/> |
| Jogging or running | <input type="radio"/> |
| Aerobics | <input type="radio"/> |
| Swimming | <input type="radio"/> |
| Baseball, softball | <input type="radio"/> |
| Dance | <input type="radio"/> |
| Football | <input type="radio"/> |
| Badminton | <input type="radio"/> |
| Skateboarding | <input type="radio"/> |
| Soccer | <input type="radio"/> |
| Street hockey | <input type="radio"/> |
| Volleyball | <input type="radio"/> |
| Floor hockey | <input type="radio"/> |
| Basketball | <input type="radio"/> |
| Ice skating | <input type="radio"/> |
| Cross-country skiing | <input type="radio"/> |
| Ice hockey/ringette | <input type="radio"/> |
| Other: | | | | | |
| | <input type="radio"/> |
| | <input type="radio"/> |

2. In the last 7 days, during your physical education (PE) classes, how often were you very active (playing hard, running, jumping, throwing)? (Check one only.)

- I don't do PE
- Hardly ever
- Sometimes
- Quite often
- Always

3. In the last 7 days, what did you do most of the time *at recess*? (Check one only.)

- Sat down (talking, reading, doing schoolwork)
- Stood around or walked around
- Ran or played a little bit
- Ran around and played quite a bit
- Ran and played hard most of the time

4. In the last 7 days, what did you normally do *at lunch* (besides eating lunch)? (Check one only.)

- Sat down (talking, reading, doing schoolwork)
- Stood around or walked around
- Ran or played a little bit
- Ran around and played quite a bit
- Ran and played hard most of the time

5. In the last 7 days, on how many days *right after school*, did you do sports, dance, or play games in which you were very active? (Check one only.)

- None
- 1 time last week
- 2 or 3 times last week
- 4 times last week
- 5 times last week

6. In the last 7 days, on how many *evenings* did you do sports, dance, or play games in which you were very active? (Check one only.)

- None
- 1 time last week
- 2 or 3 times last week
- 4 or 5 last week
- 6 or 7 times last week

7. On the last weekend, how many times did you do sports, dance, or play games in which you were very active? (Check one only.)

- None
- 1 time
- 2 — 3 times
- 4 — 5 times
- 6 or more times

8. Which *one* of the following describes you best for the last 7 days? Read *all five* statements before deciding on the *one* answer that describes you.

- A. All or most of my free time was spent doing things that involve little physical effort
- B. I sometimes (1 — 2 times last week) did physical things in my free time (e.g. played sports, went running, swimming, bike riding, did aerobics)
- C. I often (3 — 4 times last week) did physical things in my free time
- D. I quite often (5 — 6 times last week) did physical things in my free time
- E. I very often (7 or more times last week) did physical things in my free time

9. Mark how often you did physical activity (like playing sports, games, doing dance, or any other physical activity) for each day last week.

| | None | Little bit | Medium | Often | Very often |
|-----------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Monday | <input type="radio"/> |
| Tuesday | <input type="radio"/> |
| Wednesday | <input type="radio"/> |
| Thursday | <input type="radio"/> |
| Friday | <input type="radio"/> |
| Saturday | <input type="radio"/> |
| Sunday | <input type="radio"/> |

10. Were you sick last week, or did anything prevent you from doing your normal physical activities? (Check one.)

- Yes
- No

If Yes, what prevented you? _____

Physical Activity Questionnaire (High School)

Name: _____

Age: _____

Sex: M _____ F _____

Grade: _____

Teacher: _____

We are trying to find out about your level of physical activity from *the last 7 days* (in the last week). This includes sports or dance that make you sweat or make your legs feel tired, or games that make you breathe hard, like tag, skipping, running, climbing, and others.

Remember:

3. There are no right and wrong answers — this is not a test.
4. Please answer all the questions as honestly and accurately as you can — this is very important.

1. Physical activity in your spare time: Have you done any of the following activities in the past 7 days (last week)? If yes, how many times? (Mark only one circle per row.)

| | No | 1-2 | 3-4 | 5-6 | 7 times or more |
|----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Skipping | <input type="radio"/> |
| Rowing/canoeing | <input type="radio"/> |
| In-line skating | <input type="radio"/> |
| Tag | <input type="radio"/> |
| Walking for exercise | <input type="radio"/> |
| Bicycling | <input type="radio"/> |
| Jogging or running | <input type="radio"/> |
| Aerobics | <input type="radio"/> |
| Swimming | <input type="radio"/> |
| Baseball, softball | <input type="radio"/> |
| Dance | <input type="radio"/> |
| Football | <input type="radio"/> |
| Badminton | <input type="radio"/> |
| Skateboarding | <input type="radio"/> |
| Soccer | <input type="radio"/> |
| Street hockey | <input type="radio"/> |
| Volleyball | <input type="radio"/> |
| Floor hockey | <input type="radio"/> |
| Basketball | <input type="radio"/> |
| Ice skating | <input type="radio"/> |
| Cross-country skiing | <input type="radio"/> |
| Ice hockey/ringette | <input type="radio"/> |
| Other: | | | | | |
| | <input type="radio"/> |
| | <input type="radio"/> |

2. In the last 7 days, during your physical education (PE) classes, how often were you very active (playing hard, running, jumping, throwing)? (Check one only.)

- I don't do PE
- Hardly ever
- Sometimes
- Quite often
- Always

3. In the last 7 days, what did you normally do *at lunch* (besides eating lunch)? (Check one only.)

- Sat down (talking, reading, doing schoolwork).....
- Stood around or walked around
- Ran or played a little bit
- Ran around and played quite a bit
- Ran and played hard most of the time

4. In the last 7 days, on how many days *right after school*, did you do sports, dance, or play games in which you were very active? (Check one only.)

- None
- 1 time last week
- 2 or 3 times last week
- 4 times last week
- 5 times last week

5. In the last 7 days, on how many *evenings* did you do sports, dance, or play games in which you were very active? (Check one only.)

- None
- 1 time last week
- 2 or 3 times last week
- 4 or 5 last week
- 6 or 7 times last week

6. *On the last weekend*, how many times did you do sports, dance, or play games in which you were very active? (Check one only.)

- None
- 1 time
- 2 — 3 times
- 4 — 5 times
- 6 or more times

7. Which *one* of the following describes you best for the last 7 days? Read *all five* statements before deciding on the *one* answer that describes you.

- F. All or most of my free time was spent doing things that involve little physical effort
- G. I sometimes (1 — 2 times last week) did physical things in my free time (e.g. played sports, went running, swimming, bike riding, did aerobics)
- H. I often (3 — 4 times last week) did physical things in my free time
- I. I quite often (5 — 6 times last week) did physical things in my free time
- J. I very often (7 or more times last week) did physical things in my free time

8. Mark how often you did physical activity (like playing sports, games, doing dance, or any other physical activity) for each day last week.

| | None | Little bit | Medium | Often | Very often |
|-----------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Monday | <input type="radio"/> |
| Tuesday | <input type="radio"/> |
| Wednesday | <input type="radio"/> |
| Thursday | <input type="radio"/> |
| Friday | <input type="radio"/> |
| Saturday | <input type="radio"/> |
| Sunday | <input type="radio"/> |

9. Were you sick last week, or did anything prevent you from doing your normal physical activities? (Check one.)

- Yes
- No

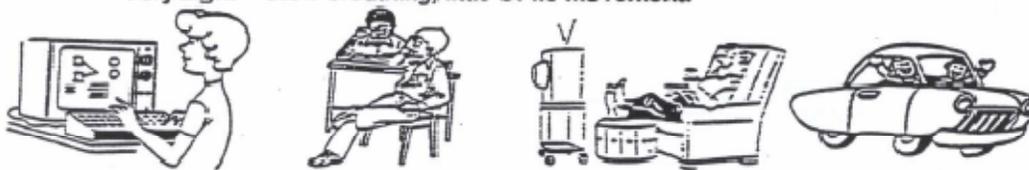
If Yes, what prevented you? _____

Activities Scale

On the next page is a scale which records the main activities you did yesterday. Please be certain to write on the scale the day of the week that "yesterday" was.

1. For each time period write in the number(s) of the main activities you actually did in the boxes on the time scale.
2. Then rate how physically hard these activities were. Place an "X" on the rating scale to indicate if the activities for each time period were:

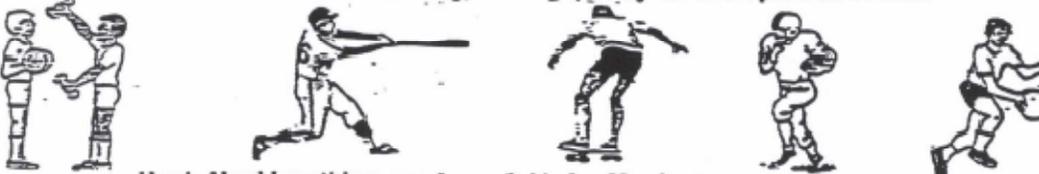
• Very Light - Slow breathing, little or no movement.



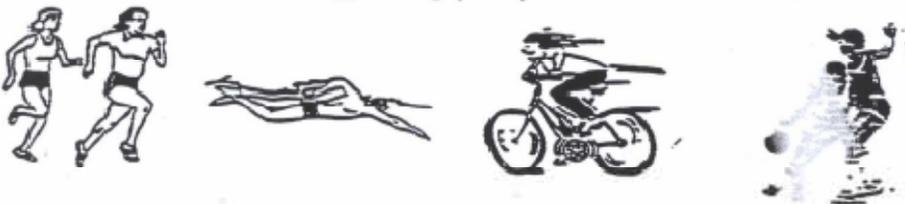
• Light - Normal breathing, regular movement.



• Medium - Increased breathing, moving quickly for short periods of time.



• Hard - Hard breathing, moving quickly for 20 minutes or more.



Please be as accurate as possible but fill out the scale quickly.

Activity Numbers

Eating

1. Meal
2. Snack
3. Cooking

Sleep/Bathing

4. Sleeping
5. Resting
6. Shower/bath

Transportation

7. Ride in car, bus
8. Travel by walking
9. Travel by bike

Work/School

10. Job (list) _____
11. Homework/paperwork
12. House chores (list) _____

Spare Time

13. Watch TV
14. Go to movies/concert
15. Listen to music
16. Talk on phone
17. Hang around
18. Shopping
19. Play video games
20. Other (list) _____

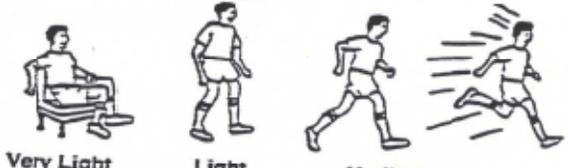
Physical Activities

21. Walk
22. Jog/run
23. Dance (for fun)
24. Aerobic dance
25. Swim (for fun)
26. Swim laps
27. Ride bicycle
28. Lift weights
29. Use skateboard
30. Play organized sport
31. Did individual exercise
32. Did active game outside
33. Other (list) _____

Circle the day of the week that you did these activities
M T W Th F Sa Su

Put Activity Numbers in this column.

2. Put an "X" to rate how hard these activities were



| | | Activity Numbers | Very Light | Light | Medium | Hard |
|-----------|-------|------------------|------------|-------|--------|------|
| Afternoon | 3:00 | | | | | |
| | 3:30 | | | | | |
| | 4:00 | | | | | |
| | 4:30 | | | | | |
| Supper | 5:00 | | | | | |
| | 5:30 | | | | | |
| | 6:00 | | | | | |
| | 6:30 | | | | | |
| Evening | 7:00 | | | | | |
| | 7:30 | | | | | |
| | 8:00 | | | | | |
| | 8:30 | | | | | |
| Night | 9:00 | | | | | |
| | 9:30 | | | | | |
| | 10:00 | | | | | |
| | 10:30 | | | | | |
| | 11:00 | | | | | |

Date _____

ID Code _____

QUESTIONNAIRE

Your Name _____

Your Birth Date _____

First Name of Your Mother (or other adult who takes care of you)

Activity Questionnaire for Adults and Adolescents (AQuAA)

Think about the past week (seven days). Please indicate how many days in this week you performed the following activities, how much time on average you were engaged in this per day, and (if applicable) how strenuous this activity was for you?

| 1. COMMUTING ACTIVITIES | | | |
|---|------------------|--------------------------------|--------------------|
| | Days per week | Average time per <i>day</i> | Effort |
| Walking to/from work and school | ...day(s) | ...hour(s), ...minutes | slow/moderate/fast |
| Bicycling to/from work and school | ...day(s) | ...hour(s), ...minutes | slow/moderate/fast |
| Public transport, car or motor scooter to/from work and school | ...day(s) | ...hour(s), ...minutes | |
| Not applicable | | | |
| 2. ACTIVITY AT WORK AND SCHOOL | | | |
| Walking during lunch breaks should be filled in part 4: leisure time activities | | | |
| | Days per week | Average time per <i>day</i> | |
| Light work E.g. sitting/standing with some walking, e.g. a desk job, following classes ^b , making coffee ^a . | ...day(s) | ...hour(s), ...minutes | |
| Moderate work E.g. work with regular walking (the stairs), walking carrying light objects, cleaning, physical education, delivering the newspapers ^b . | ...day(s) | ...hour(s), ...minutes | |
| Intense work E.g. walking (the stairs) carrying heavy objects like a heavy bag/schoolbag ^b . | ...day(s) | ...hour(s), ...minutes | |
| Not applicable | | | |
| 3. HOUSEHOLD ACTIVITIES (in and around the house) | | | |
| | Days per week | Average time per <i>day</i> | |
| Light household work E.g. Cooking, washing dishes, making the bed, child care at home ^a | ...day(s) | ...hour(s), ...minutes | |
| Moderate household work E.g. vacuuming, walking/carrying light objects, sweeping. | ...day(s) | ...hour(s), ...minutes | |
| Intense household work E.g. walking with heavy shopping bags | ...day(s) | ...hour(s), ...minutes | |
| Not applicable | | | |

| 4. LEISURE TIME ACTIVITIES | | | |
|--|------------------|--------------------------------|-----------------------------|
| Commuting activities to/from work or school excluded. Active sports should be filled in at part 6. | | | |
| | Days per week | Average time per <i>day</i> | Effort |
| Walking E.g. to/from the supermarket, walking during lunch break, walking the dog. | ...day(s) | ...hour(s), ...minutes | slow/moderate/fast |
| Bicycling E.g. to/from supermarket, sports club, cinema. | ...day(s) | ...hour(s), ...minutes | slow/moderate/fast |
| Gardening/Odd jobs E.g. mowing the lawn (non-electric), painting walls, carpentry | ...day(s) | ...hour(s), ...minutes | light/moderate/intense |
| Not applicable | | | |
| 5. SEDENTARY LEISURE TIME ACTIVITIES | | | |
| | | Days per week | Average time per <i>day</i> |
| Watching television | | ...day(s) | ...hour(s), ...minutes |
| Using the computer E.g. surfing the Internet at home, playing computer games | | ...day(s) | ...hour(s), ...minutes |
| Reading | | ...day(s) | ...hour(s), ...minutes |
| Other sedentary activities E.g. talking with friends, board games, sitting in the car | | ...day(s) | ...hour(s), ...minutes |
| Not applicable | | | |
| 6. ACTIVE SPORTS | | | |
| Write down the sports you performed the last week (maximum of 3 sports). Start with the most active sport. E.g. tennis, fitness, skating, swimming and dancing. | | | |
| | Days per week | Average time per <i>day</i> | Effort |
| 1. | ...day(s) | ...hour(s), ...minutes | light/moderate/intense |
| 2. | ...day(s) | ...hour(s), ...minutes | light/moderate/intense |
| 3. | ...day(s) | ...hour(s), ...minutes | light/moderate/intense |
| Not applicable | | | |

^a example for adults only

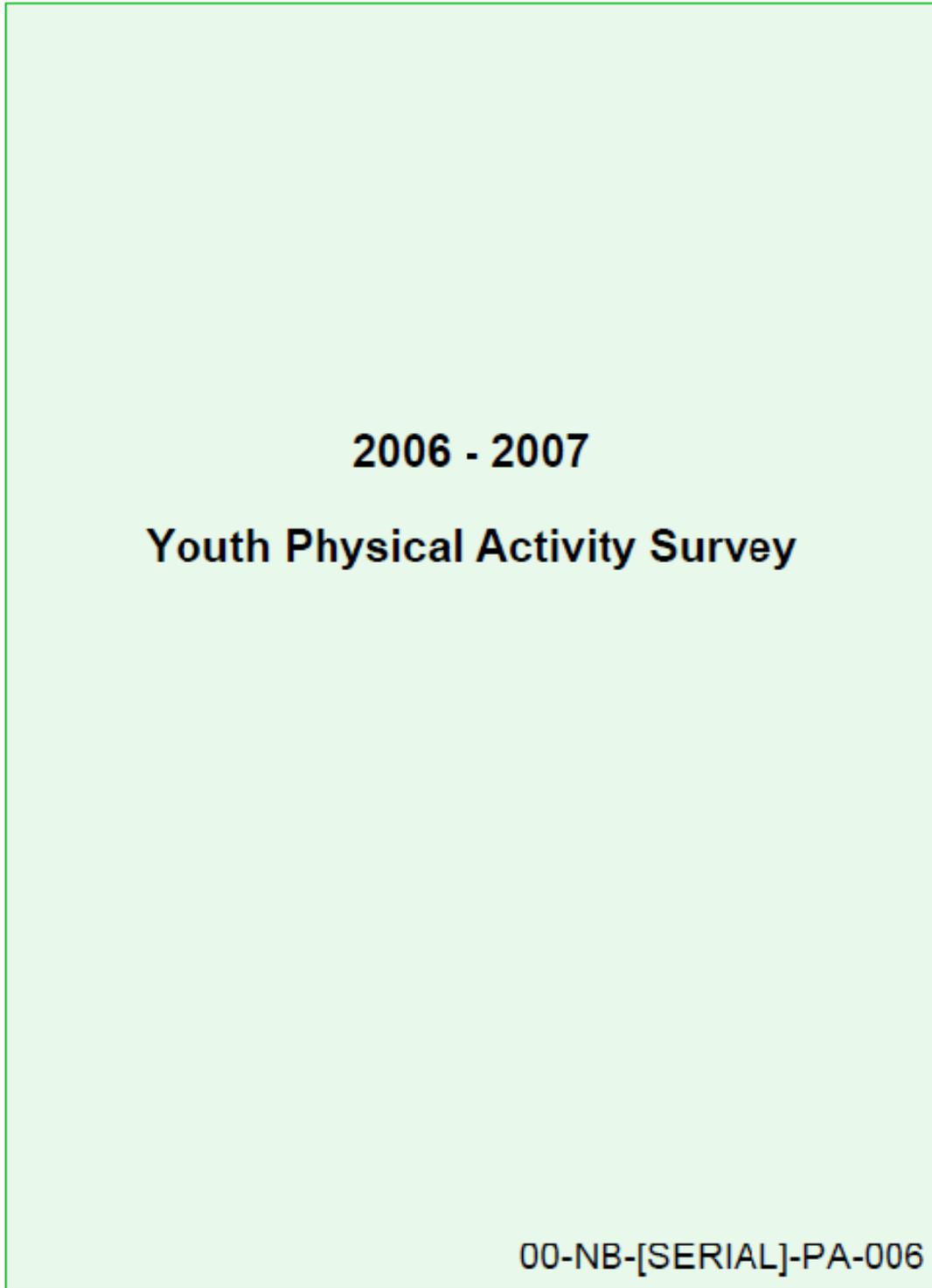
^b example for adolescents only

Reference 166 **Godin-Leisure Time Exercise Questionnaire**

Subjects are asked to recall the number of times per week that they normally engage in strenuous, moderate, and light activities for at least 15 min per session.

To score: The amount of reported average activity per week was calculated in arbitrary units, as per Godin and Shephard:

Weekly activity= (9 x Strenuous) + (6 x Moderate) + (3 x Light)



HARD physical activities are running, team sports, fast dancing, jump-rope and any other physical activities that increase your heart rate and make you breathe hard and sweat.

24. Mark how many minutes of **HARD** physical activity you did on each of the last 7 days. This includes physical activity during physical education class, lunch, recess, after school, evenings and spare time.

For example: if you did 45 minutes of hard activity on Monday, you will need to fill in the 0 hour circle and the 45 minute circle, as shown below.

| | | |
|-----------|-----------|------------|
| Monday | Hours | Minutes |
| | 0 1 2 3 4 | 0 15 30 45 |
| Monday | 0 1 2 3 4 | 0 15 30 45 |
| Tuesday | 0 1 2 3 4 | 0 15 30 45 |
| Wednesday | 0 1 2 3 4 | 0 15 30 45 |
| Thursday | 0 1 2 3 4 | 0 15 30 45 |
| Friday | 0 1 2 3 4 | 0 15 30 45 |
| Saturday | 0 1 2 3 4 | 0 15 30 45 |
| Sunday | 0 1 2 3 4 | 0 15 30 45 |

25. Were the last 7 days a typical week in terms of the amount of **HARD** physical activity that you usually do?

- Yes
- No, I was *more* active in the last 7 days
- No, I was *less* active in the last 7 days

MODERATE physical activities are lower intensity activities such as walking, leisure biking, and recreational swimming.

26. Mark how many minutes of **MODERATE** physical activity you did on each of the last 7 days. This includes physical activity during physical education class, lunch, recess, after school, evenings and spare time.

For example: if you did 1 hour and 15 minutes of moderate activity on Monday, you will need to fill in the 1 hour circle and the 15 minute circle, as shown below.

| | | |
|-----------|-----------|------------|
| Monday | Hours | Minutes |
| | 0 1 2 3 4 | 0 15 30 45 |
| Monday | 0 1 2 3 4 | 0 15 30 45 |
| Tuesday | 0 1 2 3 4 | 0 15 30 45 |
| Wednesday | 0 1 2 3 4 | 0 15 30 45 |
| Thursday | 0 1 2 3 4 | 0 15 30 45 |
| Friday | 0 1 2 3 4 | 0 15 30 45 |
| Saturday | 0 1 2 3 4 | 0 15 30 45 |
| Sunday | 0 1 2 3 4 | 0 15 30 45 |

27. Were the last 7 days a typical week in terms of the amount of **MODERATE** physical activity that you usually do?

- Yes
- No, I was *more* active in the last 7 days
- No, I was *less* active in the last 7 days

28. Do you participate in competitive or non-competitive sports or clubs not organized by your school?

- Yes
- No

29. Do you do individual physical activities outside of school (e.g. jogging, biking)?

- Yes
- No

30. Do you participate in before school, noon hour, or after school physical activities organized by your school (e.g. intramurals, non-competitive clubs)?

- Yes
- No
- None offered

31. Do you participate in competitive school sports teams that compete against other schools (e.g. junior varsity or varsity sports)?

- Yes
- No
- None offered

32. Outside of classes (e.g. phys ed) do you have any other chances to be physically active at school?

- Yes
- No

33. What do you think of the number of competitive and non-competitive sports and clubs offered by your school?

- Does not matter to me
- Too few
- Just right
- Too many

34. Does your school have awards (certificates, points, ribbons, trophies) for students participating in competitive or non-competitive sports or clubs?

- | | |
|-------------------------------------|-------------------------------------|
| <u>Competitive</u> | <u>Non-competitive</u> |
| <input type="radio"/> Yes | <input type="radio"/> Yes |
| <input type="radio"/> No | <input type="radio"/> No |
| <input type="radio"/> I do not know | <input type="radio"/> I do not know |

| | None | A little | Some | A lot | I don't know | |
|--|-----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|----|
| 35. In your school, how much emphasis is placed on: | | | | | | 53 |
| a. Student participation in competitive sports? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 62 |
| b. Student participation in non-competitive sports or clubs (e.g., intramurals)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 61 |
| c. Developing positive attitudes about physical activity? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 60 |
| d. Developing students' self-esteem (e.g., feeling good about yourself)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 59 |
| e. Informing students about opportunities to be physically active (e.g., bulletin boards, announcements)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 58 |
| f. Involving students in planning/organizing physical activities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 57 |
| g. School staff being physically active in your school | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 56 |
| | | | | | | 55 |
| | | | | | | 54 |
| | | | | | | 53 |
| | | | | | | 52 |
| | | | | | | 51 |
| | | | | | | 50 |
| 36. We are interested in how you feel about yourself and how you think other people see you. For each item, fill in the circle that best describes your feelings and ideas in the past week. | | | | | | 49 |
| | Really false for me | Sort of false for me | Sort of true for me | Really true for me | | 48 |
| a. I feel I do things well at school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | 47 |
| b. My teachers like me and care about me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | 46 |
| c. I feel free to express myself at home. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | 45 |
| d. I feel my teachers think I am good at things. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | 44 |
| e. I like to spend time with my parents. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | 43 |
| f. I feel free to express myself with my friends. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | 42 |
| g. I feel I do things well at home. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | 41 |
| h. My parents like me and care about me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | 40 |
| i. I feel I have a choice about when and how to do my schoolwork. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | 39 |
| j. I feel my parents think that I am good at things. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | 38 |
| k. I like to be with my teachers. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | 37 |
| l. I feel I have a choice about which activities to do with my friends. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | 36 |
| m. I feel I do things well when I am with my friends. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | 35 |
| n. My friends like me and care about me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | 34 |
| o. I feel free to express myself at school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | 33 |
| p. I feel my friends think I am good at things. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | 32 |
| q. I like to spend time with my friends. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | 31 |
| r. I feel like I have a choice about when and how to do my household chores. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | 30 |
| | | | | | | 29 |
| | | | | | | 28 |
| | | | | | | 27 |
| | | | | | | 26 |
| | | | | | | 25 |
| | | | | | | 24 |
| 37. This scale consists of a number of words that describe different feelings and emotions. Read each item and fill in the appropriate circle next to that word. Indicate to what extent you have felt this way during the past week. | | | | | | 23 |
| | Very Slightly or Not at All | A Little | Moderately | Quite a Bit | Extremely | 22 |
| a. Sad | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 21 |
| b. Frightened | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 20 |
| c. Upset | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 19 |
| d. Happy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 18 |
| e. Energetic | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 17 |
| f. Scared | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 16 |
| g. Miserable | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 15 |
| h. Cheerful | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 14 |
| i. Active | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 13 |
| j. Afraid | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 12 |
| k. Joyful | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 11 |
| l. Lively | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 10 |
| | | | | | | 9 |
| | | | | | | 8 |
| | | | | | | 7 |
| | | | | | | 6 |
| | | | | | | 5 |
| | | | | | | 4 |
| | | | | | | 3 |
| | | | | | | 2 |
| | | | | | | 1 |



[SERIAL]

38. For each item, fill in the circle that best describes what you are like as a person.

Definitely Not Like Me

Definitely Like Me

| | | | | | | |
|---|---|---|---|---|---|---|
| a. I cut classes or skip school. | 1 | 2 | 3 | 4 | 5 | 6 |
| b. I make other people do what I want. | 1 | 2 | 3 | 4 | 5 | 6 |
| c. I disobey my parents. | 1 | 2 | 3 | 4 | 5 | 6 |
| d. I talk back to my teachers. | 1 | 2 | 3 | 4 | 5 | 6 |
| e. I get into fights. | 1 | 2 | 3 | 4 | 5 | 6 |
| f. I often say mean things to people to get what I want. | 1 | 2 | 3 | 4 | 5 | 6 |
| g. I take things that are not mine from home, school, or elsewhere. | 1 | 2 | 3 | 4 | 5 | 6 |

39. For each item, fill in the circle that best describes what you are like as a person.

Definitely Not Like Me

Definitely Like Me

| | | | | | | |
|--|---|---|---|---|---|---|
| a. I often do favours for people without being asked. | 1 | 2 | 3 | 4 | 5 | 6 |
| b. I often lend things to people without being asked. | 1 | 2 | 3 | 4 | 5 | 6 |
| c. I often help people without being asked. | 1 | 2 | 3 | 4 | 5 | 6 |
| d. I often compliment people without being asked. | 1 | 2 | 3 | 4 | 5 | 6 |
| e. I often share things with people without being asked. | 1 | 2 | 3 | 4 | 5 | 6 |

40. Are you aware of the LINK program?

- No
- Yes, I am aware of the LINK program, but I have never used it.
- Yes, I have used the LINK program.

Sometimes teenagers have problems or feel upset about things. When this happens, they may do different things to solve the problem or to make themselves feel better. For each item below, choose the answer that BEST describes how often you usually did this to solve your problems or to make yourself feel better during the past month. There are no right or wrong answers, just indicate how often YOU USUALLY did each thing in order to solve your problems or make yourself feel better during the past month.

41. When you have had problems...

Never Sometimes Often Most of the time

| | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| a. You asked your mother/father for help in figuring out what to do. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. You told your mother/father how you felt about the problem. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. You thought about why it happened. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. You thought about what would happen before you decided what to do. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. You played sports. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. You told your mother/father how you would like to solve the problem. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. You told yourself that it would be OK. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. You tried to put it out of your mind. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. You told your friends about what made you feel the way you did. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. You talked with friends about what you would like to happen. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| k. You told yourself you could handle whatever happens. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| l. You wished that bad things wouldn't happen. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| m. You told your mother/father how you felt. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| n. You did something to solve the problem. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| o. You did some exercise. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| p. You reminded yourself that overall things are pretty good for you. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| q. You watched TV. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| r. You avoided the people who made you feel bad. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| s. You did something like video games or a hobby. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| t. You wished that things were better. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| u. You figured out what you could do by talking with one of your friends. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| v. You talked with your friends about your feelings. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|----|
| 42. When you have a <i>school-related problem</i> (e.g. too much homework, trouble learning a subject, a poor grade), how often do you seek assistance from the people below? | Never | Sometimes | Often | Most of the time | 63 |
| a. Parent or guardian | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 62 |
| b. Sister or brother | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 61 |
| c. Friend | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 60 |
| d. Teacher or resource teacher | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 59 |
| e. Other school professionals (e.g. school/guidance counsellor, psychologist, social worker) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 58 |
| f. Another professional (e.g. doctor, mental health counsellor) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 57 |
| g. No one | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 56 |
| 43. When you have a <i>problem with other youths</i> (e.g. an argument with a good friend or romantic partner, being bullied or excluded by other teens, feeling pressured to do something), how often do you seek assistance from the people below? | Never | Sometimes | Often | Most of the time | 55 |
| a. Parent or guardian | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 54 |
| b. Sister or brother | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 53 |
| c. Friend | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 52 |
| d. Teacher or resource teacher | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 51 |
| e. Other school professionals (e.g. school/guidance counsellor, psychologist, social worker) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 50 |
| f. Another professional (e.g. doctor, mental health counsellor) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 49 |
| g. No one | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 48 |
| 44. When you have a <i>family problem</i> (e.g. argument with your parent(s), fights with a brother/sister, arguments between your parents), how often do you seek assistance from the people below? | Never | Sometimes | Often | Most of the time | 47 |
| a. Parent or guardian | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 46 |
| b. Sister or brother | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 45 |
| c. Friend | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 44 |
| d. Teacher or resource teacher | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 43 |
| e. Other school professionals (e.g. school/guidance counsellor, psychologist, social worker) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 42 |
| f. Another professional (e.g. doctor, mental health counsellor) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 41 |
| g. No one | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 40 |
| 45. When you have a <i>personal problem</i> (e.g. feeling stressed a lot, juggling school and other activities, feeling sad/depressed, worried or angry, using alcohol and drugs), how often do you seek assistance from the people below? | Never | Sometimes | Often | Most of the time | 39 |
| a. Parent or guardian | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 38 |
| b. Sister or brother | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 37 |
| c. Friend | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 36 |
| d. Teacher or resource teacher | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 35 |
| e. Other school professionals (e.g. school/guidance counsellor, psychologist, social worker) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 34 |
| f. Another professional (e.g. doctor, mental health counsellor) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 33 |
| g. No one | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 32 |
| ○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○ | | | | | 31 |
| [SERIAL] | | | | | 30 |
| | | | | | 29 |
| | | | | | 28 |
| | | | | | 27 |
| | | | | | 26 |
| | | | | | 25 |
| | | | | | 24 |
| | | | | | 23 |
| | | | | | 22 |
| | | | | | 21 |
| | | | | | 20 |
| | | | | | 19 |
| | | | | | 18 |
| | | | | | 17 |
| | | | | | 16 |
| | | | | | 15 |
| | | | | | 14 |
| | | | | | 13 |
| | | | | | 12 |
| | | | | | 11 |
| | | | | | 10 |
| | | | | | 9 |
| | | | | | 8 |
| | | | | | 7 |
| | | | | | 6 |
| | | | | | 5 |
| | | | | | 4 |
| | | | | | 3 |
| | | | | | 2 |
| | | | | | 1 |

| | None | 1 time | 2 times | 3 times | 4 + times |
|--|--|-----------------------|-----------------------|-----------------------|-----------------------|
| 63 62 61 60 59 58 57 56 55 54 53 52 51 50 49 48 47 | 46. Yesterday, how many times did you: | | | | |
| a. Eat vegetables? <i>Include: all cooked and uncooked vegetables; salads; and boiled, baked or mashed potatoes</i> <i>Do not include: French fries, other fried potatoes or vegetable juice</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Eat fruit? <i>Include: fresh, frozen, canned and dried fruits such as 100% fruit bars</i> <i>Do not include: fruit juice, fruit roll-ups or other fruit flavoured candies</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Drink 100% fruit juice (like orange juice, apple juice), vegetable juice, or drinks made with fruit (like smoothies)? <i>Do not count punch, sports drinks, and other fruit flavoured drinks.</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Drink any kind of milk? <i>Include: chocolate or other flavoured milk, milk on cereal, and drinks made with milk or yogurt, like smoothies.</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | Never | 1 to 2 times | 3 to 4 times | 5 to 6 times | 7 + times |
|---|--|-----------------------|-----------------------|-----------------------|-----------------------|
| 46 45 44 43 42 41 40 39 38 37 36 35 34 33 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1 | 47. During the last school week, how many times did you: | | | | |
| a. Buy lunch at school? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Buy lunch away from school at a restaurant or store? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Bring lunch to school from home? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Eat lunch at home on a school day? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Not eat lunch at all? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Eat at a fast food place or restaurant? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Eat breakfast? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Eat meals or snacks while watching television? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | Did not eat | By myself | Parent(s), step-parent(s) or guardian(s) | Brother(s) and/or sister(s) | Other relatives | Friend(s) | Other(s) |
|---|--|-----------------------|--|-----------------------------|-----------------------|-----------------------|-----------------------|
| 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1 | 48. Who did you eat with yesterday? (Mark all that apply) | | | | | | |
| a. Breakfast | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Morning snack | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Lunch | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Afternoon snack | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Dinner | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Evening snack | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

49. When you eat grain products, how often do you choose 100% whole wheat or multigrain?

Never

Sometimes

All of the time

50. What type of milk do you usually drink?
(Fill in only ONE)

Regular (whole) milk

2% milk

1% milk

Skim, non-fat milk

Combination of the above types of milk

I don't drink milk

51. Have you noticed any of the following changes in your school in the last 12 months? (Mark all that apply)

I am a new student and cannot answer

A new breakfast program

A new fruit and vegetable snack program

Healthier foods sold at sporting events or special food events (e.g. dances and movie nights)

Healthier foods or non-food items sold for fundraising

Healthier foods offered in vending machines and at canteens

Healthier foods offered at cafeteria or in hot lunch program

Information in your cafeteria about how to make healthier food choices

Lower prices for healthier foods

52. Have you received food as a reward this school year? (*Do not count celebrations*)

- Yes
- No

53. Which of the following are you trying to do about your weight?

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

54. How do you describe your weight?

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

55. Are you a smoker?

- Yes
- No

56. Have you ever tried cigarette smoking, even just a few puffs?

- Yes
- No

57. Do you think in the future you might try smoking cigarettes?

- Definitely yes
- Probably yes
- Probably not
- Definitely not

58. If one of your best friends was to offer you a cigarette would you smoke it?

- Definitely yes
- Probably yes
- Probably not
- Definitely not

59. At any time during the next year do you think you will smoke a cigarette?

- Definitely yes
- Probably yes
- Probably not
- Definitely not

60. Have you ever smoked a whole cigarette?

- Yes
- No

61. Have you ever smoked 100 or more whole cigarettes in your life?

- Yes
- No

62. Have you ever smoked every day for at least 7 days in a row?

- Yes
- No

63. On how many of the last 30 days did you smoke one or more cigarettes?

- None
- 1 day
- 2 to 3 days
- 4 to 5 days
- 6 to 10 days
- 11 to 20 days
- 21 to 29 days
- 30 days (*every day*)

64. Have you ever tried any of the following? (*Mark all that apply*)

- Smoking pipe tobacco
- Smoking cigars, cigarillos, or little cigars (*plain or flavoured*)
- Smoking bidis (*tobacco product from India*)
- Using chewing tobacco
- Using nasal snuff (*tobacco powder people sniff*)
- Using oral snuff (*tobacco powder people hold between their lip and gum or cheek*)
- Using nicotine patch, nicotine gum, or nicotine lozenges
- Using a water-pipe, also known as hookah, sheesha, narg-eelay, hubble-bubble, or gouza, to smoke tobacco
- I have not tried these things

65. How comfortable do you feel asking someone else not to smoke?

- Very uncomfortable
- Somewhat uncomfortable
- Somewhat comfortable
- Very comfortable

66. How strongly do you agree or disagree with each of the following?

| | Strongly agree | Agree | Disagree | Strongly disagree |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| a) I feel close to people at my school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b) I feel I am part of my school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c) I am happy to be at my school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d) I feel the teachers at my school treat me fairly. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e) I feel safe in my school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Adolescent Physical Activity Recall Questionnaire (APARQ)**Appendix 1: Adolescent Physical Activity Recall Questionnaire****QUESTIONNAIRE INTRODUCTION**

Thank you for being here today and for helping us by answering this questionnaire. We would like you to work through this questionnaire and answer all the questions set out here as best you can. Many other students throughout NSW in Years 2, 4, 6, 8 and 10 have been given these same questions to answer.

Please write your name on the questionnaire so we can match your questionnaire to your measurements that will be taken later. Your names will not be recorded and no-one will see your answers. Only myself and my field team will have access to the data. Your teachers, parents, or friends will not see your answers.

This is not a test, there are no right or wrong answers. We do want your honest answers as all your answers are important to us. It is important that you do not talk with your friends nearby. Everyone must be quiet so that everyone can think carefully about their answers.

Before you begin the questionnaire there are two ways of answering the questions: 1) by colouring in the box, or 2) by writing your answers on a line. (As shown on page ##). Please put up your hand if:

- i) you do not understand a question,*
- ii) you do not understand what a word means or if you are not sure what you are supposed to do,*
- iii) you make a mistake and want to change your answer and need an eraser or liquid paper.*

So take your time in completing the questionnaire. Read each question carefully and answer as best you can. Remember that it is not a test, there are no right or wrong answers, no-one apart from the research team will see your answers and if you need some help just put up your hand. When you complete the questionnaire please read back over your answers to ensure you have not missed any questions and your answers are those you intended. Then hand your questionnaire to one of the research team who will place it in an envelope.

Yesterday's Activity Checklist

23. "The questions on this part are about physical activities that you did yesterday. Today is (say today's date) so yesterday was (say the name of yesterday). Let's circle (say the name of yesterday).

YESTERDAY'S ACTIVITIES

K. Which day was yesterday? (Circle)
 Sunday Monday Tuesday Wednesday Thursday Friday

- "Think about activities you did outside of school yesterday."
24. "Outside of school means before school in the morning or anytime after school. Physical activities that you did during school time such as P.E., lunch, or recess will not count."
- "Check (✓) each activity you did for 15 minutes or more at one time."
25. Draw a checkmark on the board. "Let's think about how long 15 minutes is. How long is your recess? Is that shorter or longer than 15 minutes? Is the Cosby show longer or shorter than 15 minutes? Think about activities that you do for 15 minutes or more. Great, you've got the idea. Now I will read aloud the list of activities. Place a check by each activity you did outside of school yesterday for 15 minutes or more at one time."
26. "It is OK if you did not do any activity yesterday."
27. Read the list of activities aloud.

OUT OF SCHOOL, 15 MINUTES OR MORE

| L. ACTIVITY | DID ACTIVITY YESTERDAY |
|---------------------|---------------------------|
| 1. WALKING | |
| 2. _____ | |
| 3. _____ | |
| 4. VOLLEYBALL | ✓ |
| 5. HORSEBACK RIDING | |

"Remember you had to have done the activity yesterday, outside of school for 15 minutes or more."

| | |
|-----------------------------|--|
| 6. DANCING | |
| 7. HIKING/CLIMBING | |
| 8. TENNIS/SMASHBALL | |
| 9. BASEBALL/SOFTBALL | |
| 10. BASKETBALL | |
| 11. FOOTBALL | |
| 12. FRISBEE/KICKBALL | |
| 13. JUMPING ROPE | |
| 14. HUNTING/JUGGING | |
| 15. SOCCER | |
| 16. SKATEBOARDING/SKATING | |
| 17. SWIMMING LAPS | |
| 18. BICYCLING | |
| 19. BOOGIE BOARDING/SURFING | |
| 20. AEROBIC DANCE | |
| 21. OTHER | |

29. "Now on the same page, look at the activities you checked..."
30. "If you did an activity so **HARD** that it made you get tired or breathe hard or sweat, mark an **H** beside the check." (✓ H) Draw an H beside the checkmark that you drew on the board earlier) Read the list of activities again. Say this halfway through. "Remember, if the activity you did yesterday made you get tired, or breathe hard, or sweat, write an H."
31. "Please turn to Page 6. Thank you."

APPENDIX 4



FOR FURTHER INFORMATION ABOUT THIS INSTRUMENT:
 DR AMANDA TELFORD, DR JO SALMON, DR DAVID CRAWFORD
 CENTRE FOR PHYSICAL ACTIVITY & NUTRITION RESEARCH
 DEAKIN UNIVERSITY
 221 BURWOOD HWY, BURWOOD, VIC 3125
 EMAIL: jsalmon@deakin.edu.au, dcrawc@deakin.edu.au, amandat@deakin.edu.au



Children's
Leisure Activities Study
(CLASS)

Children's Leisure Activities Study Survey

PARENT QUESTIONNAIRE

PLEASE NOTE: THIS QUESTIONNAIRE WILL TAKE APPROXIMATELY 10 MINUTES TO COMPLETE

Your child's name: _____

Your child's teacher: _____

The following questions relate to the child you have named on the front cover of the questionnaire.

Which of the following **PHYSICAL** activities does your child **USUALLY** do during a typical **WEEK**? (since the start of the school year, do **NOT** include school holidays)

| During a typical week, what activities does your CHILD usually do? | Does your child usually do this activity? No ₁ Yes ₂ | MONDAY - FRIDAY | | SATURDAY - SUNDAY | |
|--|---|-------------------------------|-----------------------------------|-----------------------------------|---------------------------------------|
| | | How many times Monday-Friday? | Total hours/minutes Monday-Friday | How many times Saturday & Sunday? | Total hours/minutes Saturday & Sunday |
| Eg. Bike riding | No ₁ <input checked="" type="radio"/> Yes ₂ | 2 | 40mins | 1 | 15mins |
| Aerobics | No ₁ Yes ₂ | | | | |
| Dance | No ₁ Yes ₂ | | | | |
| Calisthenics/gymnastics | No ₁ Yes ₂ | | | | |
| Tennis/ bat tennis | No ₁ Yes ₂ | | | | |
| Aussie Rules Football | No ₁ Yes ₂ | | | | |
| Soccer | No ₁ Yes ₂ | | | | |
| Basketball | No ₁ Yes ₂ | | | | |

| During a typical WEEK what activities does your child usually do? | Does your child usually do this activity? | MONDAY - FRIDAY | | SATURDAY - SUNDAY | |
|---|---|-------------------------------|-----------------------------------|-----------------------------------|---------------------------------------|
| | | How many times Monday-Friday? | Total hours/minutes Monday-Friday | How many times Saturday & Sunday? | Total hours/minutes Saturday & Sunday |
| Cricket | No ₁ Yes ₂ | | | | |
| Netball | No ₁ Yes ₂ | | | | |
| Baseball/softball | No ₁ Yes ₂ | | | | |
| Swimming laps | No ₁ Yes ₂ | | | | |
| Swimming for fun | No ₁ Yes ₂ | | | | |
| Down ball/4 square | No ₁ Yes ₂ | | | | |
| Tag/chasey | No ₁ Yes ₂ | | | | |
| Skipping rope | No ₁ Yes ₂ | | | | |
| Roller blading | No ₁ Yes ₂ | | | | |
| Scooter | No ₁ Yes ₂ | | | | |
| Skateboarding | No ₁ Yes ₂ | | | | |
| Bike riding | No ₁ Yes ₂ | | | | |
| Household chores | No ₁ Yes ₂ | | | | |

| During a typical WEEK what activities does your child usually do? | Does your child usually do this activity? | MONDAY - FRIDAY | | SATURDAY - SUNDAY | |
|---|---|-------------------------------|-----------------------------------|-----------------------------------|---------------------------------------|
| | | How many times Monday-Friday? | Total hours/minutes Monday-Friday | How many times Saturday & Sunday? | Total hours/minutes Saturday & Sunday |
| Play on playground equipment | No ₁ Yes ₂ | | | | |
| Play in the cubby house | No ₁ Yes ₂ | | | | |
| Bounce on the trampoline | No ₁ Yes ₂ | | | | |
| Play with pets | No ₁ Yes ₂ | | | | |
| Walk the dog | No ₁ Yes ₂ | | | | |
| Walk for exercise | No ₁ Yes ₂ | | | | |
| Jogging or running | No ₁ Yes ₂ | | | | |
| Physical education class | No ₁ Yes ₂ | | | | |
| Sport class at school | No ₁ Yes ₂ | | | | |
| Travel by walking to school (to and from school = 2 times) | No ₁ Yes ₂ | | | | |
| Travel by cycling to school (to and from school = 2 times) | No ₁ Yes ₂ | | | | |
| Other (please state) _____ | No ₁ Yes ₂ | | | | |

| During a typical WEEK what other leisure activities does your child usually do? | Do you usually do this activity? | Total hours/minutes Monday-Friday | Total hours/minutes Saturday & Sunday |
|---|------------------------------------|-----------------------------------|---------------------------------------|
| E.G. TV/videos | No ₁ (Yes) ₂ | 15hr: | 6hr:30min: |
| TV / videos | No ₁ Yes ₂ | | |
| Playstation / Nintendo / computer games | No ₁ Yes ₂ | | |
| Computer / Internet | No ₁ Yes ₂ | | |
| Homework | No ₁ Yes ₂ | | |
| Play indoors with toys | No ₁ Yes ₂ | | |
| Sitting talking | No ₁ Yes ₂ | | |
| Talk on the phone | No ₁ Yes ₂ | | |
| Listen to music | No ₁ Yes ₂ | | |
| Musical instrument | No ₁ Yes ₂ | | |
| Board games/cards | No ₁ Yes ₂ | | |
| Reading | No ₁ Yes ₂ | | |
| Art & craft (eg. pottery, sewing, drawing) | No ₁ Yes ₂ | | |
| Imaginary play | No ₁ Yes ₂ | | |
| Travel by car / bus (to and from school) | No ₁ Yes ₂ | | |
| Other (please state) | No ₁ Yes ₂ | | |
| _____ | | | |

Reference 171 **Screen Time (Robinson)**

Robinson et al. method:

1. Thinking of last Saturday, how many hours did spend watching television, movies or videos and playing video games?

- a. Less than 30 minutes
- b. 30 minutes – 1 hour
- c. 1-2 hours
- d. 2-4 hours
- e. 4-6 hours
- f. 6-8 hours

1. Thinking of yesterday, how many hours did spend watching television, movies or videos and playing video games? (ask this twice for weekend and average estimate)

- a. Less than 30 minutes
- b. 30 minutes – 1 hour
- c. 1-2 hours
- d. 2-4 hours
- e. 4-6 hours
- f. 6-8 hours

Reference 172 **Screen Time (average)****Gortmaker et al. method:**

1. How many hours of watching television, movies or videos did you watch and video games did you play this past week?

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------------------|---------|-----------|----------|--------|----------|--------|
| | | | | | | |
| Average= hours/day | | | | | | |

| Question | Response Options |
|---|--|
| Access to Facilities and Destinations | |
| Do you have places to be physically active? | Yes, no |
| *Are these places indoor, outdoor, or both? | Indoor only, outdoor only, both |
| Do you have any equipment or facilities at home for physical activity, such as an exercise bike, gym equipment, weights, a swimming pool, or exercise videos? | Yes, no |
| *How often do you use any of these pieces of equipment or facilities at home? Would you say ... | Very often, often, sometimes, never |
| In your community, are there businesses or places where you need to go, such as stores or churches, where you can walk instead of drive? (14) | Yes, no |
| *How often do you walk there? | Very often, often, sometimes, never |
| No sidewalks or poorly maintained sidewalks are a problem in my neighborhood. Do you ... | Strongly agree, agree, disagree, strongly disagree |
| Please indicate whether any of the following barriers keep you from any outdoor physical activities, such as walking, biking, or gardening in your neighborhood. Again think of your neighborhood as the area within about a 20 minute walk or one mile from your home as you think about your answers to these questions. Is the lack of sidewalks or poorly maintained sidewalks a barrier? | Yes, no |
| Lack of walking, jogging, or biking trails is a problem in my neighborhood. Do you ... | Strongly agree, agree, disagree, strongly disagree |
| Is the lack of walking, jogging, or biking trails a barrier? | Yes, no |
| Lack of parks or playgrounds is a problem in my neighborhood. Do you ... | Strongly agree, agree, disagree, strongly disagree |
| Is the lack of parks or playgrounds a barrier?*** | Yes, no |
| The next few questions are about facilities that may be available to you in your community. Please think of your community as the area within a 20 minute drive from your home. Private recreational facilities are places to be physically active, which you have to join or pay a fee to use. Examples of private facilities include YMCA's, health clubs or gyms, martial arts studios, dance studios, or yoga studios. Would you say that the availability of private recreational facilities in your community was | Excellent, good, fair, poor, there are no private facilities in my community |
| *How often do you use the private recreational facilities in your local area? Would you say ... | Very often, often, sometimes, never |
| *Would you say that the quality of the private recreational facilities in your local area was ... | Excellent, good, fair, poor |
| The next few questions are about the public recreational facilities in your community or public places where people can walk to get exercise that are free and open to the public but are not located in public schools. Examples of public facilities are playgrounds, public pools, or community centers. Would you say that the availability of public recreational facilities in your community was ... | Excellent, good, fair, poor, there are no public facilities in my community |
| *How often do you use the public recreational facilities? Would you say ... | Very often, often, sometimes, never |
| *Would you say that the quality of the public recreational facilities in your local area was ... | Excellent, good, fair, poor |
| The next few questions are about physical activity facilities that may be available at public schools in your community. These facilities may include fields, tracks, gyms, or swimming pools. Would you say the availability of facilities at public schools in your community was ... | Excellent, good, fair, poor, there are no public schools available in my community |
| *How often do you use the public school facilities? Would you say ... | Very often, often, sometimes, never |
| *Would you say that the quality of the public school recreational facilities was ... | Excellent, good, fair, poor |

Appendix C – Measurement Tools

| | |
|---|--|
| How often do you use exercise facilities at a place of worship, such as a church? Would you say | Very often, often, sometimes, never, my church does not have exercise facilities |
| *Would you say the quality of these facilities was ... | Excellent, good, fair, poor |
| Functionality and Safety | |
| Excessive noise is a problem in my neighborhood. Do you ... | Strongly agree, agree, disagree, strongly disagree |
| Is excessive noise a barrier? | Yes, no |
| Heavy traffic is a problem in my neighborhood. Do you ... | Strongly agree, agree, disagree, strongly disagree |
| Is heavy traffic a barrier? | Yes, no |
| Speeding cars is a problem in my neighborhood. Do you ... | Strongly agree, agree, disagree, strongly disagree |
| Are speeding cars a barrier? | Yes, no |
| Lack of crosswalks or traffic signals to help cross streets is a problem in my neighborhood. Do you ... | Strongly agree, agree, disagree, strongly disagree |
| Is the lack of crosswalks or traffic signals a barrier? | Yes, no |
| Unattended dogs are a problem in my neighborhood. Do you ... | Strongly agree, agree, disagree, strongly disagree |
| Are unattended dogs a barrier? | Yes, no |
| Is crime or fear for your personal safety a barrier? | Yes, no |
| Is inadequate street lighting a barrier? | Yes, no |
| Crime Safety Index (6 item) (15) | |
| (1) My neighborhood streets are well lit. Do you ... | Strongly agree, agree, disagree, strongly disagree |
| (2) Walkers and bikers on the street in my neighborhood can be easily seen by people in their homes. Do you ... | |
| (3) I see and speak to other people when I am walking in my neighborhood. Do you ... | |
| (4) There is a high crime rate in my neighborhood. Do you ... | |
| (5) The crime rate in my in my neighborhood makes it unsafe to go on walks during the day. Do you ... | |
| (6) The crime rate in my in my neighborhood makes it unsafe to go on walks at night. Do you ... | |
| Aesthetics | |
| Trash, litter, or graffiti is a problem in my neighborhood. Do you ... | Strongly agree, agree, disagree, strongly disagree |
| Are trash, litter, or graffiti barriers? | Yes, no |
| Lack of trees along the street that provide shade is a problem in my neighborhood. Do you ... | Strongly agree, agree, disagree, strongly disagree |
| Is the lack of trees along the street that provides shade a barrier? | Yes, no |
| Exhaust fumes or other pollution is a problem in my neighborhood. Do you ... | Strongly agree, agree, disagree, strongly disagree |
| Are exhaust fumes or other pollution a barrier? | Yes, no |
| Natural Environment | |
| Hills or steep slopes are common in my neighborhood. Do you ... | Strongly agree, agree, disagree, strongly disagree |
| Are hills or steep slopes a barrier? | Yes, no |
| In general, the weather is a problem in my neighborhood. Do you ... | Strongly agree, |

Appendix C – Measurement Tools

| | |
|-----------------------|---------------------------------------|
| | agree, disagree, strongly disagree |
| Is weather a barrier? | Yes, no |

Items denoted with a * involved a skip pattern. If the participant answered no or no access to the prior question, then this question was not asked.

** The items on barriers to physical activity continue, starting with the question on noise.

Reference 174

Walking/Cycling barriers to specific destination

1) the park, 2) shops and restaurants, and 3) school.

17 barrier items for all three destinations using a four category Likert-type response format of “strongly disagree” = 1, “somewhat disagree” = 2, “somewhat agree” = 3, and “strongly agree” = 4. Higher scores indicate a greater barrier to walking or cycling.

| | |
|--|--|
| | <i>Environment</i> |
| | There are too many hills along the way |
| | There are no sidewalks or bike lanes along the way |
| | The route does not have good lighting along the way |
| Too many hills | |
| No sidewalks or bike lanes | There is too much traffic along the route |
| The route has bad lighting | There is one or more dangerous crossings along the way |
| Too much traffic | The route is boring along the way |
| One or more dangerous crossings | It is too far |
| It is too far | <i>Planning/psychosocial</i> |
| | No other children walk or bike |
| The route is boring | I get too hot and sweaty to walk or bike |
| No other children walk or bike | It is not considered cool to walk or bike |
| Too hot and sweaty | I have too much stuff to carry to walk or bike |
| Not considered cool | It is easier for someone to drive me, on the way to something else |
| Too much to carry | It involves too much planning ahead to walk or bike |
| Easier to drive there on the way to something else | |
| Involves too much planning ahead | <i>Safety</i> |
| Unsafe due to crime | It is unsafe because of crime to walk or bike |
| Get bullied, teased, harassed | I get bullied, teased, harassed along the way |
| Nowhere to leave bike safely | There is nowhere to leave a bike safely |
| There are stray dogs | There are stray dogs along the way |

Park % variance

1. Not enough space to be active in
2. No choice of activities
3. No equipment
4. No adult supervision
5. No other teens there
6. Not safe because of crime
8. Close to a road
9. Too many people there
10. No good lighting
11. Difficult to get to

Street % variance

12. Not enough space to be active in
13. No choice of activities
14. No equipment
15. No adult supervision
16. No other teens there
17. Not safe because of crime
19. Close to a road
20. Too many people there
21. No good lighting

Neighborhood Environment Walkability Scale – Youth (NEWS-Y)

Adolescent Version

From Active Where? study

Information on scoring can be found at:

<http://www.drjamesallis.sdsu.edu/Documents/NEWS-Yscoring.pdf>

Suggested reference:

Rosenberg, D. Ding, D., Sallis, J.F., Kerr, J., Norman, G.J., Durant, N., Harris, S.K., & Saelens, B.E. (2009). Neighborhood environment walkability scale for youth (NEWS-Y): Reliability and relationship with physical activity. *Preventive Medicine, 49*, 213-218.



A. Stores and Other Public Places in Your Neighborhood

About how long would it take you to walk from your home to the nearest stores or places listed below? Please circle the time it would take you to walk to each place, even if you don't normally go there.

| | | | | | | | |
|-----|---|---------|----------|-----------|-----------|---------|------------|
| Ex: | gas station | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 1 | convenience/corner store/ small grocery store/bodega | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 2 | supermarket | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 3 | hardware store | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 4 | fruit/vegetable market | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 5 | laundry or dry cleaners | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 6 | clothing store | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 7 | post office | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 8 | library | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 9 | elementary school | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 10 | middle or high school | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 11 | book store | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 12 | fast food restaurant | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 13 | coffee place | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 14 | bank/credit union | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 15 | non-fast food restaurant | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 16 | video store | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 17 | pharmacy/drug store | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 18 | hairdressers/barber shop | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 19 | any offices/worksites | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 20 | bus, subway or train stop | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |



B. Recreation Places in Your Neighborhood

About how long would it take you to walk from your home to the nearest recreation place listed below? Please circle the time it would take you to walk to each place, even if you don't normally go there.

| | | | | | | | |
|----|--|---------|----------|-----------|-----------|---------|------------|
| 1 | indoor recreation or exercise facility (public or private) | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 2 | beach, lake, river, or creek | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 3 | bike/hiking/walking trails, paths | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 4 | basketball court | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 5 | other playing fields/courts (like soccer, football, softball, tennis, skate park etc.) | 1-5 min | 6-10 min | 11-20 min | 20-30 min | 30+ min | don't know |
| 6 | YMCA | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 7 | boys and girls club | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 8 | swimming pool | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 9 | walking / running track | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 10 | school with recreation facilities open to the public | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 11 | small public park | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 12 | large public park | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 13 | public playground with equipment | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 14 | public open space (grass or sand/dirt) that is not a park | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |





C. Types of homes in your neighborhood

While thinking about the places where people live in your neighborhood, please circle an answer for each of the following questions. Your neighborhood is the local area around your home, within a 10-15 minute walk in any direction.

1. How common are separate or stand alone one family homes in your neighborhood?
There are:

| | | | | |
|------|-------|------|-------|--|
| 1 | 2 | 3 | 4 | 5 |
| None | A few | Some | A lot | All the residences are separate one family homes |

2. How common are connected townhouses or rows of houses in your neighborhood?
There are:

| | | | | |
|------|-------|------|-------|---|
| 1 | 2 | 3 | 4 | 5 |
| None | A few | Some | A lot | All the residences are townhouses or row houses |

3. How common are multiple family or duplex homes in your neighborhood?
There are:

| | | | | |
|------|-------|------|-------|---|
| 1 | 2 | 3 | 4 | 5 |
| None | A few | Some | A lot | All the residences are multiple family/duplex homes |

4. How common are apartment or condo buildings in your neighborhood?
There are:

| | | | | |
|------|-------|------|-------|--|
| 1 | 2 | 3 | 4 | 5 |
| None | A few | Some | A lot | All the residences are in apartment or condo buildings |



D. Access to services

Please circle the answer that best applies to you and your neighborhood. Both local and within walking distance mean within a 10-15 minute walk from your home.

1. Stores are within easy walking distance of my home.

| | | | |
|-------------------|-------------------|----------------|----------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

2. Parking is difficult in local shopping areas.

| | | | |
|-------------------|-------------------|----------------|----------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

3. There are many places to go (alone or with someone) within easy walking distance of my home.

| | | | |
|-------------------|-------------------|----------------|----------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

4. From my home, it is easy to walk to a transit stop (bus, subway, train), alone or with someone.

| | | | |
|-------------------|-------------------|----------------|----------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

5. The streets in my neighborhood are hilly, making my neighborhood difficult to walk in (alone or with someone).

| | | | |
|-------------------|-------------------|----------------|----------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

6. There are major barriers to walking (alone or with someone) in my local area that make it hard to get from place to place (for example, freeways, railway lines, rivers).

| | | | |
|-------------------|-------------------|----------------|----------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |



E. Streets in my neighborhood

Please circle the answer that best applies to you and your neighborhood.

1. The streets in my neighborhood do not have many cul-de-sacs (dead-end streets).

| | | | |
|----------------------|----------------------|-------------------|-------------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

2. The distance between intersections (where streets cross) in my neighborhood is usually short (100 yards or less; the length of a football field or less).

| | | | |
|----------------------|----------------------|-------------------|-------------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

3. There are many different routes for getting from place to place in my neighborhood (I don't have to go the same way every time).

| | | | |
|----------------------|----------------------|-------------------|-------------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |



F. Places for walking

Please circle the answer that best applies to you and your neighborhood.

1. There are sidewalks on most of the streets in my neighborhood.

| | | | |
|----------------------|----------------------|-------------------|-------------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

2. Sidewalks are separated from the road/traffic in my neighborhood by parked cars.

| | | | |
|----------------------|----------------------|-------------------|-------------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

3. There is grass/dirt between the streets and the sidewalks in my neighborhood.

| | | | |
|----------------------|----------------------|-------------------|-------------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |



G. Neighborhood surroundings

Please circle the answer that best applies to you and your neighborhood.

1. There are trees along the streets in my neighborhood.

| | | | |
|----------------------|----------------------|-------------------|-------------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

2. There are many interesting things to look at while walking in my neighborhood.

| | | | |
|----------------------|----------------------|-------------------|-------------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

3. There are many beautiful natural things to look at in my neighborhood (e.g., gardens, views).

| | | | |
|----------------------|----------------------|-------------------|-------------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

4. There are many buildings/homes in my neighborhood that are nice to look at

| | | | |
|----------------------|----------------------|-------------------|-------------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |



H. Neighborhood safety

Please circle the answer that best applies to you and your neighborhood.

1. There is so much traffic along nearby streets that it makes it difficult or unpleasant to walk (alone or with someone) in my neighborhood .

| | | | |
|----------------------|----------------------|-------------------|-------------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

2. The speed of traffic on most nearby streets is usually slow (30 mph or less).

| | | | |
|----------------------|----------------------|-------------------|-------------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

3. Most drivers go faster than the posted speed limits in my neighborhood.

| | | | |
|----------------------|----------------------|-------------------|-------------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

4. My neighborhood streets have good lighting at night.

| | | | |
|----------------------|----------------------|-------------------|-------------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

5. Walkers and bikers on the streets in my neighborhood can be easily seen by people in their homes.

| | | | |
|----------------------|----------------------|-------------------|-------------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

6. There are crosswalks and signals to help walkers cross busy streets in my neighborhood.

| | | | |
|----------------------|----------------------|-------------------|-------------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

7. When walking in my neighborhood there are a lot of exhaust fumes.

| | | | |
|----------------------|----------------------|-------------------|-------------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |



I. Crime safety

Please circle the answer that best applies to the neighborhood where you and your child live.

1. There is a high crime rate in my neighborhood.

| | | | |
|----------------------|----------------------|-------------------|-------------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

2. The crime rate in my neighborhood makes it unsafe to go on walks alone or with someone at night.

| | | | |
|----------------------|----------------------|-------------------|-------------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

3. I am worried about being outside alone around my home (like in the yard, driveway, or apartment common area) because I am afraid of being taken or hurt by a stranger.

| | | | |
|----------------------|----------------------|-------------------|-------------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

4. I am worried about being outside with a friend around my home because I am afraid of being taken or hurt by a stranger.

| | | | |
|----------------------|----------------------|-------------------|-------------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

5. I am worried about being or walking alone or with friends in my neighborhood and local streets because I am afraid of being taken or hurt by a stranger.

| | | | |
|----------------------|----------------------|-------------------|-------------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

6. I am worried about being in a local/nearby park because I am afraid of being taken or hurt by a stranger.

| | | | |
|----------------------|----------------------|-------------------|-------------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

Reference 177

School Environment and Policy Factors (no name)

Reference 178 **Physical Activity and Media Inventory (PAMI)**

ID: _____

Physical Activity and Media Inventory

We are interested in learning what types of physical activity and media equipment you have and where you keep these items.

If you have any questions about this survey or the study, please see the contact information at the back of this booklet. Thank you for helping us with this study!

Please enter today’s date: _____

Instructions

Please walk through each room (yard, garage and automobiles, if present) and use the numbered list on the next page to indicate which items are in the room by writing the corresponding numbers in the top row of boxes (**see example below**). Write one item number per box.

Use the following list to indicate how accessible the item is by writing the letter in the bottom row of boxes

- Put away and difficult to get to (e.g., stored snow boots)
- Put away and easy to get to (e.g., VCR behind a cabinet door)
- In plain view and difficult to get to (e.g., snow skis stored in garage rafters)
- In plain view and easy to get to (e.g., skateboard on floor in entryway)

Important Notes

Please take the time to walk through your home rather than sitting in one place to complete this inventory. Walking through each room will help your memory.

If there is more than one of the same item in a room (two pairs of running shoes in the entry way), write the code number in the top left of the box and how many of the item in the lower right of the box (**see example below**).

If there are not enough boxes for all of the items in the room, use one of the “Other” rows and write in the name of the room.

If the room does not apply to your home, write “NA” in the first box for that room.

If there is nothing from the list in the room, write “0” in the “Item #” row.

Example

| | | | | | | | | | |
|---------------|----|---------|----|----|--|--|--|--|--|
| Item # | 27 | 29 2 | 46 | 11 | | | | | |
| Accessibility | D | D | D | B | | | | | |

| Physical Activity and Media Equipment Item Numbers | | | |
|--|--|----------|--|
| # | Sports Equipment | # | Water Sports |
| 1 | Backstop (baseball, soccer, hockey) | 31 | Canoe / Kayak / Sail boat |
| 2 | Balls (soccer, football, basketball, baseball) | 32 | Pool toys |
| 3 | Baseball bat / t-ball equipment | 33 | Surf / boogie board |
| 4 | Baseball/softball glove | 34 | Water skis |
| 5 | Basketball hoop | 35 | Wind surf / sail board |
| 6 | Frisbee | | |
| 7 | Golf clubs | # | Outdoor / Yard Equipment |
| 8 | Helmet / Protective gear | 36 | Gardening tools |
| 9 | Ping pong table | 37 | Lawn mower - push |
| 10 | Racquet (tennis, badminton) | 38 | Lawn mower- riding |
| 11 | Skates (roller / in-line / ice) | 39 | Leaf blower |
| 12 | Skis (downhill, cross-country) | 40 | Net (volleyball, badminton) |
| 13 | Snowboard | 41 | Play structure (swings, slide, climbing) |

| | | | |
|----------|--|----------|---|
| 14 | Snow shoes (pairs) | 42 | Pool (in ground or above) |
| # | <u>Fitness Equipment</u> | 43 | Rake |
| 15 | Aerobic workout videos | 44 | Sandbox |
| 16 | Exercise / yoga mat | 45 | Snow blower |
| 17 | Jump rope | 46 | Snow shovel |
| 18 | Stationary exercise equipment (treadmill, bike, step/slide aerobic) | 47 | Snow sled |
| 19 | Trampoline | 48 | Trampoline |
| 20 | Weight lifting / resistance training equipment | 49 | Yard game (croquet, horseshoes) |
| # | <u>Transportation Equipment</u> | 50 | Yard tools (clippers, wheelbarrow) |
| 21 | Bicycle, tricycle | # | <u>Working Media Equipment</u> |
| 22 | Bicycle trailer | 51 | Television |
| 23 | Jogging Stroller | 52 | VCR / DVD Player |
| 24 | Scooter | 53 | Digital Video Recorder / TiVO |
| 25 | Skateboard | 54 | Video game system (Portable/Stationary) (X-Box, Ninendo, GameBoy) |
| # | <u>Athletic Footwear</u> | 55 | Computer (laptop, desktop) |
| 26 | Cleats / sports shoes (pairs) | | |
| 27 | Comfortable walking shoes (pairs) | | |
| 28 | Hiking boots/shoes (pairs) | | |
| 29 | Running shoes (pairs) | | |
| 30 | Snow boots (pairs) | | |

Accessibility List

- Put away and difficult to get to (e.g., stored snow boots)
- Put away and easy to get to (e.g., VCR behind a cabinet door)
- In plain view and difficult to get to (e.g., snow skis stored in garage rafters)
- In plain view and easy to get to (e.g., skateboard on floor in entryway)

Example

| | | | | |
|---------------|----|----|----|----|
| Item # | 27 | 29 | 46 | 11 |
| Accessibility | D | D | D | B |

Entryway / Foyer / Mudroom

| | | | | | | | | | |
|---------------|--|--|--|--|--|--|--|--|--|
| Item # | | | | | | | | | |
| Accessibility | | | | | | | | | |

Porches / Decks (all)

| | | | | | | | | | |
|---------------|--|--|--|--|--|--|--|--|--|
| Item # | | | | | | | | | |
| Accessibility | | | | | | | | | |

Living Room

| | | | | | | | | | |
|---------------|--|--|--|--|--|--|--|--|--|
| Item # | | | | | | | | | |
| Accessibility | | | | | | | | | |

Dining Room

| | | | | | | | | | |
|---------------|--|--|--|--|--|--|--|--|--|
| Item # | | | | | | | | | |
| Accessibility | | | | | | | | | |

Den / Office

| | | | | | | | | | |
|---------------|--|--|--|--|--|--|--|--|--|
| Item # | | | | | | | | | |
| Accessibility | | | | | | | | | |

Kitchen

| | | | | | | | | | |
|--------|--|--|--|--|--|--|--|--|--|
| Item # | | | | | | | | | |
|--------|--|--|--|--|--|--|--|--|--|

Bedroom 1 (Adult ☐ or Child ☐) check one

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
| | | | | | | | | | |

Bedroom 2 (Adult ☐ or Child ☐) check one

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
| | | | | | | | | | |

Bedroom 3 (Adult ☐ or Child ☐) check one

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
| | | | | | | | | | |

Bedroom 4 (Adult ☐ or Child ☐) check one

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
| | | | | | | | | | |

Attic / Basement / Storage Area

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
| | | | | | | | | | |

Garage 1

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Accessibility

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Family Room

Garage 2

Item #

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Accessibility

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Item #

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Accessibility

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Bathrooms (all)

Automobile(s)

Item #

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Accessibility

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Item #

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Accessibility

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Other (please specify) _____

Yard / Outdoor Space

Item #

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Accessibility

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Item #

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Accessibility

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Other (please specify) _____

Other (please specify) _____

Item #

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Accessibility

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|



Additional Media Questions

Instructions: Please circle only one answer for each.

1. How many channels do you receive on your television (the primary television in the home)?

No TV in the home < 15 15-30 31-45 46-60 >60

2. What best describes your television service for the primary television in the home?

1. No TV in the home 2. No cable 3. Basic cable 4. Cable + premium channels 5. Satellite/Dish

3. How many videos and/or DVDs do you currently have in your home?
Include items that are owned, rented and borrowed.

0 1-25 26-50 51-75 76-100 >100

4. How many video games and computer games are in your home?
Include items that are owned, rented and borrowed.

0 1-10 11-20 21-30 31-40 41-50 >50

5. What best describes your type of internet service?

1. No internet access 2. Dial-up modem 3. DSL Model 4. Cable Modem 5. Don't Know

6. What is the size of the primary television in the home? Please measure your TV screen diagonally if you are not sure.

_____ inches (**Diagonal** screen size)

About You and Your Family

Instructions: In the following table, please list all of the people in your home, their age, race/ethnicity and education level. Instead of using names, identify people by their relation to you (husband, daughter, son, etc...). Use the first line of the table for yourself. Use the race/ethnicity and education code numbers provided below.

| Race/Ethnicity code numbers |
|-----------------------------|
| 1. African American |
| 2. Asian / Pacific Islander |
| 3. Caucasian |
| 4. Hispanic / Latino |
| 5. Native American |
| 6. Multi-racial |
| 7. Other |

| Education code numbers |
|--|
| 1. Too young for elementary school |
| 2. Currently enrolled in elementary, middle, or high school |
| 3. Did not finish high school |
| 4. Finished high school (or got a GED) |
| 5. Went to vocational school (Computer/electrician/mechanic) |
| 6. Some college (but did not graduate) |
| 7. Graduated from college or a university |
| 8. Some professional training beyond a 4-year college degree |
| 9. Don't know |

| Example | | | | |
|---------|--------|-----|----------------|-----------|
| | Person | Age | Race/Ethnicity | Education |
| 1 | Son | 12 | 3 | 2 |

| | Person | Age | Race/Ethnicity | Education |
|---|--------|-----|----------------|-----------|
| 1 | (you) | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |



How many dogs are in your home? (please circle one)
 0 1 2 3 or more

What best describes your home? (please circle one)

1. Apartment
2. Condominium
3. Multi-family house (duplex)
4. Single family house



Thank You

Adolescent survey I

We need your help to make our study a success. Your honest answers to the items in this survey are very important to us. This will not take too long to complete.

Remember....

- we want to know what you think,
- there are no right or wrong answers, and
- everything you tell us will be kept strictly confidential (secret).
- Try to answer all the questions

Please answer these questions thinking about the house and neighborhood that you live in the most.



A. Equipment Checklist

For the following non-portable electronic devices, please count the total number in your home that work, whether or not you use them. Please then tell us how many of these are in your bedroom (if any). Please write the number in the space provided under home and bedroom. If you do not have the device, write 0.

| | a. Total number in home | b. Number in my bedroom |
|---|----------------------------|----------------------------|
| 1. TVs | _____ | _____ |
| 2. VCR or DVD player | _____ | _____ |
| 3. digital TV recorders (like TiVo, ReplayTV, Sonic Blue) | _____ | _____ |
| 4. music players (like radio, CD or tape players, stereo system) | _____ | _____ |
| 5. desktop computer <u>with</u> internet access | _____ | _____ |
| 6. desktop computer <u>without</u> internet access | _____ | _____ |
| 7. video game player that hooks up to a TV (like Playstation, xbox) | _____ | _____ |
| 8. telephone (non-cell phone) | _____ | _____ |

Please tell us how many of the following portable electronic devices you have access to in your home (if any). Please write the total number in the space provided.

| | Total number in home |
|--|-------------------------|
| 9. music player (CD, MP3 player, iPod) | _____ |
| 10. hand held videogame player (like a game boy, sony psp etc) | _____ |
| 11. computer <u>with</u> internet access (like a laptop, PDA) | _____ |
| 12. computer <u>without</u> internet access | _____ |
| 13. cell phone | _____ |



B. Stores and Other Public Places in Your Neighborhood

About how long would it take you to walk from your home to the nearest stores or places listed below? Please circle the time it would take you to walk to each place, even if you don't normally go there.

| | | | | | | | |
|-----|---|---------|----------|-----------|-----------|---------|------------|
| Ex: | gas station | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 1 | convenience/corner store/ small grocery store/bodega | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 2 | supermarket | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 3 | hardware store | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 4 | fruit/vegetable market | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 5 | laundry or dry cleaners | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 6 | clothing store | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 7 | post office | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 8 | library | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 9 | elementary school | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 10 | middle or high school | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 11 | book store | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 12 | fast food restaurant | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 13 | coffee place | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 14 | bank/credit union | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 15 | non-fast food restaurant | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 16 | video store | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 17 | pharmacy/drug store | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 18 | hairdressers/barber shop | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 19 | any offices/worksites | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 20 | bus, subway or train stop | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |



C. Recreation Places in Your Neighborhood

About how long would it take you to walk from your home to the nearest recreation place listed below? Please circle the time it would take you to walk to each place, even if you don't normally go there.

| | | | | | | | |
|----|--|---------|----------|-----------|-----------|---------|------------|
| 1 | indoor recreation or exercise facility (public or private) | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 2 | beach, lake, river, or creek | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 3 | bike/hiking/walking trails, paths | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 4 | basketball court | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 5 | other playing fields/courts (like soccer, football, softball, tennis, skate park etc.) | 1-5 min | 6-10 min | 11-20 min | 20-30 min | 30+ min | don't know |
| 6 | YMCA | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 7 | boys and girls club | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 8 | swimming pool | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 9 | walking / running track | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 10 | school with recreation facilities <u>open to the public</u> | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 11 | small public park | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 12 | large public park | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 13 | public playground with equipment | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |
| 14 | public open space (grass or sand/dirt) that is not a park | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | don't know |



D. Recreation places and sports facilities where you live



For the following questions please answer **both parts**.

-Please tell us how often you are **active** in the following places

-And, if you go there, please tell us if you usually walk or bike there (either alone or with someone)

Even if you are **not active** in the place (but might go there for other reasons) please tell us whether you walk or bike there. Please circle the answer that best applies to you.

| | a. I am active here: | | | | b. I usually walk or bike to or from here: | |
|---|----------------------|----------------------|-----------------------|---------------------|--|----|
| | Never | Once a month or less | Once every other week | Once a week or more | Yes | No |
| 1 indoor recreation or exercise facility (public or private) | 0 | 1 | 2 | 3 | Yes | No |
| 2 beach, lake, river, or creek | 0 | 1 | 2 | 3 | Yes | No |
| 3 bike/hiking/walking trails, paths | 0 | 1 | 2 | 3 | Yes | No |
| 4 basketball court | 0 | 1 | 2 | 3 | Yes | No |
| 5 other playing fields/courts (like football, softball, tennis) | 0 | 1 | 2 | 3 | Yes | No |
| 6 YMCA | 0 | 1 | 2 | 3 | Yes | No |
| 7 boys and girls club | 0 | 1 | 2 | 3 | Yes | No |
| 8 swimming pool | 0 | 1 | 2 | 3 | Yes | No |
| 9 walking / running track | 0 | 1 | 2 | 3 | Yes | No |
| 10 school with recreation facilities open to the public | 0 | 1 | 2 | 3 | Yes | No |
| 11 small public park | 0 | 1 | 2 | 3 | Yes | No |
| 12 large public park | 0 | 1 | 2 | 3 | Yes | No |
| 13 public playground with equipment | 0 | 1 | 2 | 3 | Yes | No |
| 14 public open space (grass or sand/dirt) that is not a park | 0 | 1 | 2 | 3 | Yes | No |
| 15 shopping mall, plaza | 0 | 1 | 2 | 3 | Yes | No |
| 16 friend/relative's house | 0 | 1 | 2 | 3 | Yes | No |
| 17 place I work ___ Check here and skip if you do not work | 0 | 1 | 2 | 3 | Yes | No |

E. Barriers to walking and biking to the local park

Please circle the answer that best applies to you.

- 1a. Are there parks within a 15-minute walk or bike from your home? Yes No
- 1b. If yes, do you walk or bike to get there (alone or with someone)? Yes No

Do you agree or disagree with the following statements:

It is difficult to walk or bike to the local park (alone or with someone) because...

| | 1 strongly disagree | 2 somewhat disagree | 3 somewhat agree | 4 strongly agree |
|--|---------------------------|---------------------------|------------------------|------------------------|
| 2. There are too many hills along the way | 1 | 2 | 3 | 4 |
| 3. There are no sidewalks or bike lanes | 1 | 2 | 3 | 4 |
| 4. The route is boring | 1 | 2 | 3 | 4 |
| 5. The route does not have good lighting | 1 | 2 | 3 | 4 |
| 6. There is too much traffic along the route | 1 | 2 | 3 | 4 |
| 7. There is one or more dangerous crossings | 1 | 2 | 3 | 4 |
| 8. I get too hot and sweaty | 1 | 2 | 3 | 4 |
| 9. No other children walk or bike to this park | 1 | 2 | 3 | 4 |
| 10. It's not considered cool to walk or bike | 1 | 2 | 3 | 4 |
| 11. I have too much stuff to carry | 1 | 2 | 3 | 4 |
| 12. It is easier for someone to drive me here on the way to something else | 1 | 2 | 3 | 4 |
| 13. It involves too much planning ahead | 1 | 2 | 3 | 4 |
| 14. It is unsafe because of crime (strangers, gangs, drugs) | 1 | 2 | 3 | 4 |
| 15. I get bullied, teased, harassed | 1 | 2 | 3 | 4 |
| 16. There is nowhere to leave a bike safely | 1 | 2 | 3 | 4 |
| 17. There are stray dogs | 1 | 2 | 3 | 4 |
| 18. It is too far | 1 | 2 | 3 | 4 |

F. Barriers to walking and biking to shops and restaurants

Please circle the answer that best applies to you.

1a. Are there shops, restaurants, or food stores within a 15-minute walk or bike from your home? Yes No

1b. If yes, do you walk or bike there (alone or with someone)? Yes No

Do you agree or disagree with the following statements:

It is difficult to walk or bike to the local stores and restaurants (alone or with someone) because...

| | 1 strongly disagree | 2 somewhat disagree | 3 somewhat agree | 4 strongly agree |
|--|---------------------------|---------------------------|------------------------|------------------------|
| 2. There are too many hills along the way | 1 | 2 | 3 | 4 |
| 3. There are no sidewalks or bike lanes | 1 | 2 | 3 | 4 |
| 4. The route is boring | 1 | 2 | 3 | 4 |
| 5. The route does not have good lighting | 1 | 2 | 3 | 4 |
| 6. There is too much traffic along the route | 1 | 2 | 3 | 4 |
| 7. There is one or more dangerous crossings | 1 | 2 | 3 | 4 |
| 8. I get too hot and sweaty | 1 | 2 | 3 | 4 |
| 9. Others do not walk or bike to this place | 1 | 2 | 3 | 4 |
| 10. It's not considered cool to walk or bike | 1 | 2 | 3 | 4 |
| 11. I have too much stuff to carry | 1 | 2 | 3 | 4 |
| 12. It is easier for someone to drive me here on the way to something else | 1 | 2 | 3 | 4 |
| 13. It involves too much planning ahead | 1 | 2 | 3 | 4 |
| 14. It is unsafe because of crime (strangers, gangs, drugs) | 1 | 2 | 3 | 4 |
| 15. I get bullied, teased, harassed | 1 | 2 | 3 | 4 |
| 16. There is nowhere to leave a bike safely | 1 | 2 | 3 | 4 |
| 17. There are stray dogs | 1 | 2 | 3 | 4 |
| 18. It is too far | 1 | 2 | 3 | 4 |

G. Barriers to activity in the local neighborhood

Please circle the answer that best applies to you. Do you agree or disagree with the following statements:

It is difficult to be active in the local park near our home because...

| | 1 strongly disagree | 2 somewhat disagree | 3 somewhat agree | 4 strongly agree |
|--|---------------------------|---------------------------|------------------------|------------------------|
| 1. There is not enough space to be active in | 1 | 2 | 3 | 4 |
| 2. There is no choice of activities | 1 | 2 | 3 | 4 |
| 3. There is no equipment | 1 | 2 | 3 | 4 |
| 4. There is no adult supervision | 1 | 2 | 3 | 4 |
| 5. There are no other teens there | 1 | 2 | 3 | 4 |
| 6. It is not safe because of crime (strangers, gangs, drugs) | 1 | 2 | 3 | 4 |
| 7. I get bullied, teased, harassed | 1 | 2 | 3 | 4 |
| 8. It is not safe because it is close to a road | 1 | 2 | 3 | 4 |
| 9. There are too many people there | 1 | 2 | 3 | 4 |
| 10. It does not have good lighting | 1 | 2 | 3 | 4 |
| 11. It is difficult to get to | 1 | 2 | 3 | 4 |

Do you agree or disagree with the following statements:

It is difficult to be active in the local streets, alley ways, cul de sacs because...

| | 1 strongly disagree | 2 somewhat disagree | 3 somewhat agree | 4 strongly agree |
|---|---------------------------|---------------------------|------------------------|------------------------|
| 12. There is not enough space to be active in | 1 | 2 | 3 | 4 |
| 13. There is no choice of activities | 1 | 2 | 3 | 4 |
| 14. There is no equipment (like basketball hoops) | 1 | 2 | 3 | 4 |
| 15. There is no adult supervision | 1 | 2 | 3 | 4 |
| 16. There are no other teens there | 1 | 2 | 3 | 4 |
| 17. It is not safe because of crime (strangers, gangs, drugs) | 1 | 2 | 3 | 4 |
| 18. I get bullied, teased, harassed | 1 | 2 | 3 | 4 |
| 19. It is not safe because it is close to a road | 1 | 2 | 3 | 4 |
| 20. There are too many people there | 1 | 2 | 3 | 4 |
| 21. It does not have good lighting | 1 | 2 | 3 | 4 |



H. Types of homes in your neighborhood

While thinking about the places where people live in your neighborhood, please circle an answer for each of the following questions. Your neighborhood is the local area around your home, within a 10-15 minute walk in any direction.

1. How common are separate or stand alone one family homes in your neighborhood?

There are:

| | | | | |
|------|-------|------|-------|---|
| 1 | 2 | 3 | 4 | 5 |
| None | A few | Some | A lot | All the residences are separate one family homes |

2. How common are connected townhouses or rows of houses in your neighborhood?

There are:

| | | | | |
|------|-------|------|-------|--|
| 1 | 2 | 3 | 4 | 5 |
| None | A few | Some | A lot | All the residences are townhouses or row houses |

3. How common are multiple family or duplex homes in your neighborhood?

There are:

| | | | | |
|------|-------|------|-------|--|
| 1 | 2 | 3 | 4 | 5 |
| None | A few | Some | A lot | All the residences are multiple family/duplex homes |

4. How common are apartment or condo buildings in your neighborhood?

There are:

| | | | | |
|------|-------|------|-------|---|
| 1 | 2 | 3 | 4 | 5 |
| None | A few | Some | A lot | All the residences are in apartment or condo buildings |



You're making great progress.....keep it up!



I. Access to services

Please circle the answer that best applies to you and your neighborhood. Both local and within walking distance mean within a 10-15 minute walk from your home.

1. Stores are within easy walking distance of my home.

| | | | |
|----------------------|----------------------|-------------------|-------------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

2. Parking is difficult in local shopping areas.

| | | | |
|----------------------|----------------------|-------------------|-------------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

3. There are many places to go (alone or with someone) within easy walking distance of my home.

| | | | |
|----------------------|----------------------|-------------------|-------------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

4. From my home, it is easy to walk to a transit stop (bus, subway, train), alone or with someone.

| | | | |
|----------------------|----------------------|-------------------|-------------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

5. The streets in my neighborhood are hilly, making my neighborhood difficult to walk in (alone or with someone).

| | | | |
|----------------------|----------------------|-------------------|-------------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

6. There are major barriers to walking (alone or with someone) in my local area that make it hard to get from place to place (for example, freeways, railway lines, rivers).

| | | | |
|----------------------|----------------------|-------------------|-------------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |



J. Streets in my neighborhood

Please circle the answer that best applies to you and your neighborhood.

1. The streets in my neighborhood do not have many cul-de-sacs (dead-end streets).

| | | | |
|----------------------|----------------------|-------------------|-------------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

2. The distance between intersections (where streets cross) in my neighborhood is usually short (100 yards or less; the length of a football field or less).

| | | | |
|----------------------|----------------------|-------------------|-------------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

3. There are many different routes for getting from place to place in my neighborhood (I don't have to go the same way every time).

| | | | |
|----------------------|----------------------|-------------------|-------------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |



K. Places for walking

Please circle the answer that best applies to you and your neighborhood.

1. There are sidewalks on most of the streets in my neighborhood.

| | | | |
|----------------------|----------------------|-------------------|-------------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

2. Sidewalks are separated from the road/traffic in my neighborhood by parked cars.

| | | | |
|----------------------|----------------------|-------------------|-------------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

3. There is grass/dirt between the streets and the sidewalks in my neighborhood.

| | | | |
|----------------------|----------------------|-------------------|-------------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |



L. Neighborhood surroundings

Please circle the answer that best applies to you and your neighborhood.

1. There are trees along the streets in my neighborhood.

| | | | |
|----------------------|----------------------|-------------------|-------------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

2. There are many interesting things to look at while walking in my neighborhood.

| | | | |
|----------------------|----------------------|-------------------|-------------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

3. There are many beautiful natural things to look at in my neighborhood (e.g., gardens, views).

| | | | |
|----------------------|----------------------|-------------------|-------------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

4. There are many buildings/homes in my neighborhood that are nice to look at.

| | | | |
|----------------------|----------------------|-------------------|-------------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |



M. Neighborhood safety

Please circle the answer that best applies to you and your neighborhood.

1. There is so much traffic along nearby streets that it makes it difficult or unpleasant to walk (alone or with someone) in my neighborhood .

| | | | |
|----------------------|----------------------|-------------------|-------------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

2. The speed of traffic on most nearby streets is usually slow (30 mph or less).

| | | | |
|----------------------|----------------------|-------------------|-------------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

3. Most drivers go faster than the posted speed limits in my neighborhood.

| | | | |
|-------------------|-------------------|----------------|----------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

4. My neighborhood streets have good lighting at night.

| | | | |
|-------------------|-------------------|----------------|----------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

5. Walkers and bikers on the streets in my neighborhood can be easily seen by people in their homes.

| | | | |
|-------------------|-------------------|----------------|----------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

6. There are crosswalks and signals to help walkers cross busy streets in my neighborhood.

| | | | |
|-------------------|-------------------|----------------|----------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

7. When walking in my neighborhood there are a lot of exhaust fumes.

| | | | |
|-------------------|-------------------|----------------|----------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

8. There is a high crime rate in my neighborhood.

| | | | |
|-------------------|-------------------|----------------|----------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

9. The crime rate in my neighborhood makes it unsafe to go on walks alone or with someone at night.

| | | | |
|-------------------|-------------------|----------------|----------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

10. I am worried about being outside alone around my home (like in the yard, driveway, or apartment common area) because I am afraid of being taken or hurt by a stranger.

| | | | |
|-------------------|-------------------|----------------|----------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

11. I am worried about being outside with a friend around my home because I am afraid of being taken or hurt by a stranger.

| | | | |
|-------------------|-------------------|----------------|----------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

12. I am worried about being or walking alone or with friends in my neighborhood and local streets because I am afraid of being taken or hurt by a stranger.

| | | | |
|-------------------|-------------------|----------------|----------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

13. I am worried about being in a local/nearby park because I am afraid of being taken or hurt by a stranger.

| | | | |
|-------------------|-------------------|----------------|----------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

N. Weather

Please circle the answer that best applies to you and your neighborhood.

1. Bad weather (like rain, snow, or cold) often keeps me from being physically active outside.

| | | | |
|-------------------|-------------------|----------------|----------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

2. Bad weather often keeps me from biking or walking places.

| | | | |
|-------------------|-------------------|----------------|----------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

O. Local environment

How often are you active in the following places? Please circle the answer that best applies to you.

| | Never | Once a month or Less | Once every other week | Once a week or more | |
|--|-------|----------------------|-----------------------|---------------------|-------------|
| 1. Inside my home | 0 | 1 | 2 | 3 | |
| 2. In my yard | 0 | 1 | 2 | 3 | No yard |
| 3. In my driveway | 0 | 1 | 2 | 3 | No driveway |
| 4. At a neighbor's house, yard or driveway | 0 | 1 | 2 | 3 | |
| 5. In a local street, cul de sac (dead end street), vacant lot | 0 | 1 | 2 | 3 | |



P. Home environment

Please tell us if you have the following items in your home, yard, or apartment complex, and if you have them, how often you use each item.

| | Not available | Available but never use | Use once a month or less | Use once every other week | Use once a week or more |
|--|---------------|-------------------------|--------------------------|---------------------------|-------------------------|
| 1 bike | 0 | 1 | 2 | 3 | 4 |
| 2 basketball hoop | 0 | 1 | 2 | 3 | 4 |
| 3 jump rope | 0 | 1 | 2 | 3 | 4 |
| 4 sports equipment (like balls, racquets, bats, sticks) | 0 | 1 | 2 | 3 | 4 |
| 5 swimming pool | 0 | 1 | 2 | 3 | 4 |
| 6 roller skates, skateboard, scooter | 0 | 1 | 2 | 3 | 4 |
| 7 fixed play equipment (like swing set, play house, jungle gym) | 0 | 1 | 2 | 3 | 4 |
| 8 home aerobic equipment (like treadmill, cycle, cross trainer, stepper, rower, workout video or audiotapes) | 0 | 1 | 2 | 3 | 4 |
| 9 weight lifting equipment, toning devices (like free weights, pull up bars, exercise balls, ankle weights etc) | 0 | 1 | 2 | 3 | 4 |
| 10 water or snow equipment (like skis, skates, canoe, row boat, kayak, surf board, boogie board, windsurf board) | 0 | 1 | 2 | 3 | 4 |
| 11 yoga/exercise mats | 0 | 1 | 2 | 3 | 4 |
| 12 exercise, play or rec room | 0 | 1 | 2 | 3 | 4 |
| 13 trampoline | 0 | 1 | 2 | 3 | 4 |
| 14 stairs | 0 | 1 | 2 | 3 | 4 |



Q. Physical activity

Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time.

Physical activity can be done in sports, being active with friends, or walking to school.

Examples of physical activity are running, brisk walking, rollerblading, biking, dancing, skateboarding, swimming, soccer, basketball, football, and surfing.

Add up the times you spend in physical activity each day (do not include school physical education or gym class). Circle the answer that best applies to you.

1. For the past seven days, how many days were you physically active for a total of at least 60 minutes per day?

0 days 1 2 3 4 5 6 7

2. Over a typical or usual week on how many days are you physically active for a total of at least 60 minutes per day?

0 days 1 2 3 4 5 6 7

3. Not counting school PE classes, how many days per week do you play practice team sports?

0 days 1 2 3 4 5 or more

4. Not counting school PE classes, how many days per week do you have physical activity classes or lessons not in a team sport (like martial arts, dance, tennis)?

0 days 1 2 3 4 5 or more

5. How many days per week do you have gym or physical education (PE) class at school?

0 days 1 2 3 4 5 or more

6. On average, how long is each PE period? _____ minutes per class ___ don't know

7. Do you have a dog at home? Yes No

7a. If you answered yes, how much time did you spend walking your dog last week?

_____ hours _____ minutes

8. Do you have a family membership to a health club or gym? Yes No

9. Do you have a family membership to a public, private, or community pool? Yes No



R. Sedentary behavior

WEEK DAYS

Please tell us how much time on a usual WEEK DAY during the school year you do the following activities, when you are mostly sitting, and not moving around. Please think about the time from when you wake up until you go to bed. DO NOT include time during regular school hours. Please circle the best answer for you. If you do two things at once, just count the main activity.

| | | | | | | | |
|--|------|--------|--------|--------|---------|---------|-----------------|
| 1. Watching television/videos/DVDs | None | 15 min | 30 min | 1 hour | 2 hours | 3 hours | 4 hours or more |
| 2. Playing computer or video games (like Nintendo or xbox) | None | 15 min | 30 min | 1 hour | 2 hours | 3 hours | 4 hours or more |
| 3. Using the internet, emailing, or other electronic media for leisure | None | 15 min | 30 min | 1 hour | 2 hours | 3 hours | 4 hours or more |
| 4. Doing homework (including reading, writing, or using the computer) | None | 15 min | 30 min | 1 hour | 2 hours | 3 hours | 4 hours or more |
| 5. Sitting listening to music (on radio, CD, tape, MP3, iPod, etc.) | None | 15 min | 30 min | 1 hour | 2 hours | 3 hours | 4 hours or more |
| 6. Sitting talking on the telephone or texting | None | 15 min | 30 min | 1 hour | 2 hours | 3 hours | 4 hours or more |
| 7. Sitting/hanging out/talking with friends or family | None | 15 min | 30 min | 1 hour | 2 hours | 3 hours | 4 hours or more |
| 8. Reading a book or magazine NOT for school (including comic books) | None | 15 min | 30 min | 1 hour | 2 hours | 3 hours | 4 hours or more |
| 9. Doing inactive hobbies (music, art, crafts, clubs, going to movies etc) | None | 15 min | 30 min | 1 hour | 2 hours | 3 hours | 4 hours or more |
| 10. Sitting at work (if you have a job) _____ I don't have job | None | 15 min | 30 min | 1 hour | 2 hours | 3 hours | 4 hours or more |
| 11. Riding or driving in a car | None | 15 min | 30 min | 1 hour | 2 hours | 3 hours | 4 hours or more |



Good Work! Keep it up. You are over half way!!!

WEEKENDS

Please tell us how much time on a typical WEEKEND day you do the following activities, when you are mostly sitting, and not moving around. Please think about the time from when you wake up until you go to bed. Please circle the best answer for you. If you do two things at once, just count the main activity.

| | | | | | | | |
|---|------|--------|--------|--------|---------|---------|-----------------|
| 12. Watching television/videos/DVDs | None | 15 min | 30 min | 1 hour | 2 hours | 3 hours | 4 hours or more |
| 13. Playing computer or video games (like Nintendo or xbox) | None | 15 min | 30 min | 1 hour | 2 hours | 3 hours | 4 hours or more |
| 14. Using the internet, emailing, or other electronic media for leisure | None | 15 min | 30 min | 1 hour | 2 hours | 3 hours | 4 hours or more |
| 15. Doing homework (including reading, writing, or using the computer) | None | 15 min | 30 min | 1 hour | 2 hours | 3 hours | 4 hours or more |
| 16. Sitting listening to music (on radio, CD, tape, MP3, iPod, etc.) | None | 15 min | 30 min | 1 hour | 2 hours | 3 hours | 4 hours or more |
| 17. Sitting talking on the telephone or texting | None | 15 min | 30 min | 1 hour | 2 hours | 3 hours | 4 hours or more |
| 18. Sitting/hanging out/talking with friends or family | None | 15 min | 30 min | 1 hour | 2 hours | 3 hours | 4 hours or more |
| 19. Reading a book or magazine NOT for school (including comic books) | None | 15 min | 30 min | 1 hour | 2 hours | 3 hours | 4 hours or more |
| 20. Doing inactive hobbies (music, art, crafts, clubs, going to movies etc) | None | 15 min | 30 min | 1 hour | 2 hours | 3 hours | 4 hours or more |
| 21. Sitting at work (if you have a job) _____ don't have job | None | 15 min | 30 min | 1 hour | 2 hours | 3 hours | 4 hours or more |
| 22. Riding or driving in a car | None | 15 min | 30 min | 1 hour | 2 hours | 3 hours | 4 hours or more |

23. Do you do paid or volunteer work? Yes No

12a. If yes, how many days per week do you work? _____

12b. How many hours per day do you usually work? _____



S. Rules

Rules for playing outside

Does your parent or guardian have the following rules for you, whether your parent or guardian tells you often or not? Please circle an answer for each rule.

| | | | | |
|----|---|-----|----|-----------|
| 1 | Stay close to or within sight of the house/parent | Yes | No | Sometimes |
| 2 | Do not go into the street | Yes | No | Sometimes |
| 3 | Come in before dark | Yes | No | Sometimes |
| 4 | Do not fight or play rough games | Yes | No | Sometimes |
| 5 | Do not climb walls, trees or fences | Yes | No | Sometimes |
| 6 | Do not go places alone | Yes | No | Sometimes |
| 7 | Stay within the neighborhood | Yes | No | Sometimes |
| 8 | Do not ride bike on the street | Yes | No | Sometimes |
| 9 | Wear a bike helmet | Yes | No | Sometimes |
| 10 | Wear other protective clothing (like knee pads) | Yes | No | Sometimes |
| 11 | Do not cross busy streets | Yes | No | Sometimes |
| 12 | Carry a cell phone | Yes | No | Sometimes |
| 13 | Avoid strangers | Yes | No | Sometimes |
| 14 | Do homework before going out | Yes | No | Sometimes |
| 15 | Watch out for cars | Yes | No | Sometimes |
| 16 | Check in frequently | Yes | No | Sometimes |
| 17 | Stay on paths, trails or sidewalk | Yes | No | Sometimes |
| 18 | Wear hat and/or sunscreen in summer | Yes | No | Sometimes |

Rules for TV and Related Behaviors

Does your parent or guardian have the following rules about you watching TV, DVDs, or videos, or playing computer games, whether your parent or guardian tells you often or not? Please circle an answer for each rule.

| | | | | |
|----|---------------------------------------|-----|----|-----------|
| 19 | Not too much TV/DVDs | Yes | No | Sometimes |
| 20 | No TV/DVD before homework | Yes | No | Sometimes |
| 21 | No TV/DVD while doing homework | Yes | No | Sometimes |
| 22 | Less than 2 hours TV/DVD per day | Yes | No | Sometimes |
| 23 | No computer before homework | Yes | No | Sometimes |
| 24 | Only 1 hour computer per day | Yes | No | Sometimes |
| 25 | No internet without permission | Yes | No | Sometimes |
| 26 | No TV/computer unless exercised first | Yes | No | Sometimes |

Rules for Eating

Does your parent or guardian have the following rules about your eating, whether your parent or guardian tells you often or not? Please circle an answer for each rule.

| | | | | |
|----|---|-----|----|-----------|
| 27 | No second helpings at meals | Yes | No | Sometimes |
| 28 | Limited portion sizes at meals | Yes | No | Sometimes |
| 29 | No dessert until plate is cleaned | Yes | No | Sometimes |
| 30 | No desserts except fruit | Yes | No | Sometimes |
| 31 | No meals while watching TV/DVDs | Yes | No | Sometimes |
| 32 | No snacking while watching TV/DVDs | Yes | No | Sometimes |
| 33 | No sweet snacks | Yes | No | Sometimes |
| 34 | No fried snacks (such as potato chips) | Yes | No | Sometimes |
| 35 | Must help with meal preparation at home | Yes | No | Sometimes |
| 36 | Must help with clean-up after meals at home | Yes | No | Sometimes |
| 37 | Must eat dinner with family at home | Yes | No | Sometimes |
| 38 | Limited fast food | Yes | No | Sometimes |



T. Food

1. In a typical day, how many servings of fruit do you eat? A serving is equal to:

- 1 medium piece of fresh fruit
- 1/2 cup of fruit salad
- 1/4 cup of raisins, apricots or other dried fruit
- 6 oz. of 100% orange, apple, or grapefruit juice

(Do not count fruit punch, lemonade, Gatorade, Sunny Delight or fruit drink)

None (0) 1 2 3 4 or more

2. In a typical day, how many servings of vegetables do you eat? A serving is equal to:

- 1 medium carrot or other fresh vegetable
- 1 small bowl of green salad
- 1/2 cup of fresh or cooked vegetables
- 3/4 cup of vegetable soup

(Do not count French fries, onion rings, potato chips, or fried okra)

None (0) 1 2 3 4 or more

How often are the following food items available in your home? Please circle one answer for each food.

| | | | | | | |
|----|--|-------|--------|-----------|------------|--------|
| 3 | chocolate candy | Never | Rarely | Sometimes | Frequently | Always |
| 4 | other candy | Never | Rarely | Sometimes | Frequently | Always |
| 5 | raw fruit (like apples, oranges) | Never | Rarely | Sometimes | Frequently | Always |
| 6 | cakes, brownies, muffins or cookies | Never | Rarely | Sometimes | Frequently | Always |
| 7 | regular chips | Never | Rarely | Sometimes | Frequently | Always |
| 8 | baked chips | Never | Rarely | Sometimes | Frequently | Always |
| 9 | raw vegetables (like carrots) | Never | Rarely | Sometimes | Frequently | Always |
| 10 | 100% fruit juice | Never | Rarely | Sometimes | Frequently | Always |
| 11 | juice drinks (like Snapple, Sunny delight) | Never | Rarely | Sometimes | Frequently | Always |
| 12 | regular sodas with sugar | Never | Rarely | Sometimes | Frequently | Always |
| 13 | diet or sugar free sodas | Never | Rarely | Sometimes | Frequently | Always |
| 14 | sports drinks (like Gatorade) | Never | Rarely | Sometimes | Frequently | Always |
| 15 | whole or 2% milk | Never | Rarely | Sometimes | Frequently | Always |
| 16 | 1%, fat-free or skim milk | Never | Rarely | Sometimes | Frequently | Always |
| 17 | sweetened breakfast cereal (Frootloops, frosted flakes) | Never | Rarely | Sometimes | Frequently | Always |
| 18 | unsweetened breakfast cereal (Cheerios, shredded wheat, Kix) | Never | Rarely | Sometimes | Frequently | Always |



U. Physical activity & school

The following questions are about your school, what it is like, where it is and how you get there. Please circle the best answer for you and your school.

1. Do you go to school outside your home?

Yes No **(If no skip to section X)**

If yes, we would like to know how far away you live from your school:

a. What is the name of the school? _____

b. Where is the school (what's the address or what area is it in)? _____

In an average school week, how many days do you use the following modes of transportation to get to and from school? (for example: if you always ride the bus to and from school, you would circle a 5 next to "go by car or bus" in both columns)

2. DAYS PER WEEK TO SCHOOL:

a. Walk 0 1 2 3 4 5

b. Bicycle 0 1 2 3 4 5

c. Go by car or bus 0 1 2 3 4 5

3. DAYS PER WEEK FROM SCHOOL:

a. Walk 0 1 2 3 4 5

b. Bicycle 0 1 2 3 4 5

c. Go by car or bus 0 1 2 3 4 5

For the next few questions, tell us how much you agree or disagree with each statement. Please circle your answers.

| | strongly disagree | somewhat disagree | somewhat agree | strongly agree |
|--|-------------------|-------------------|----------------|----------------|
| 4. Other kids my age walk or bike to school by themselves | 1 | 2 | 3 | 4 |
| 5. Other kids my age walk or bike to school with a parent or other adult | 1 | 2 | 3 | 4 |
| 6. Other kids my age think walking or biking to school is "cool" | 1 | 2 | 3 | 4 |
| 7. At my school the older kids think walking or biking to school is "cool" | 1 | 2 | 3 | 4 |
| 8. I enjoy (or would enjoy) walking or biking to school | 1 | 2 | 3 | 4 |
| 9. I enjoy (or would enjoy) walking or biking to school with friends | 1 | 2 | 3 | 4 |
| 10. I enjoy (or would enjoy) walking or biking to school with a parent or other adult. | 1 | 2 | 3 | 4 |

We would like to know more about your school environment. Please circle the answer that best applies to you and your school.

11. How often does your school have supervised physical activities after school?

never rarely sometimes frequently always don't know

12. How often does your school allow students to use play areas or fields after school?

never rarely sometimes frequently always don't know

13. How often does your school allow students to use play areas or fields after lunch?

never rarely sometimes frequently always don't know



Do you have any of these at your school? Circle all that apply.

| | | | | |
|-----|--|-----|----|------------|
| 14. | basketball hoops | Yes | No | Don't know |
| 15. | soccer goal posts | Yes | No | Don't know |
| 16. | baseball backstop | Yes | No | Don't know |
| 17. | playground markings | Yes | No | Don't know |
| 18. | things to climb up | Yes | No | Don't know |
| 19. | running/walking track | Yes | No | Don't know |
| 20. | weight lifting machines | Yes | No | Don't know |
| 21. | indoor exercise machines such as treadmills/stair climbers | Yes | No | Don't know |

Please circle the answer that best applies to your school.

22. In the past school year, have you had homework assignments trying to increase the amount of physical activity you do?

Yes No

23. In the past school year, have you had homework assignments trying to decrease the amount of TV you watch?

Yes No

V. Barriers to walking and biking to school

Please circle the answer that best applies to you.

1a. Is your school within a 30 minute walk or bike from your home? Yes No

1b. Do you walk or bike to school, either alone or with someone (at least once week)? Yes No

Do you agree or disagree with the following statements:

It is difficult to walk or bike to school (alone or with someone) because...

| | 1 strongly disagree | 2 somewhat disagree | 3 somewhat agree | 4 strongly agree |
|--|---------------------------|---------------------------|------------------------|------------------------|
| 2. There are too many hills along the way | 1 | 2 | 3 | 4 |
| 3. There are no sidewalks or bike lanes | 1 | 2 | 3 | 4 |
| 4. The route is boring | 1 | 2 | 3 | 4 |
| 5. The route does not have good lighting | 1 | 2 | 3 | 4 |
| 6. There is too much traffic along the route | 1 | 2 | 3 | 4 |
| 7. There is one or more dangerous crossings | 1 | 2 | 3 | 4 |
| 8. I get too hot and sweaty | 1 | 2 | 3 | 4 |
| 9. Others do not walk or bike to school | 1 | 2 | 3 | 4 |
| 10. It's not considered cool to walk or bike | 1 | 2 | 3 | 4 |
| 11. I have too much stuff to carry | 1 | 2 | 3 | 4 |
| 12. It is easier for someone to drive me here on the way to something else | 1 | 2 | 3 | 4 |
| 13. It involves too much planning ahead | 1 | 2 | 3 | 4 |
| 14. It is unsafe because of crime (strangers, gangs, drugs) | 1 | 2 | 3 | 4 |
| 15. I get bullied, teased, harassed | 1 | 2 | 3 | 4 |
| 16. There is nowhere to leave a bike safely | 1 | 2 | 3 | 4 |
| 17. There are stray dogs | 1 | 2 | 3 | 4 |
| 18. It is too far | 1 | 2 | 3 | 4 |



W. Food & school

1. In the past school year, have you had homework assignments trying to improve your eating habits, such as eating more fruits and vegetables or drinking fewer sugary drinks? Yes No

2. How often does your school send home information about the nutritional content of the foods offered at school?

never rarely sometimes frequently always

3. Are there food vending machines at your school? Yes No

3a. If yes, how many days per week do you use them? 0 1 2 3 4 5

4. Are there food vending machines at your school that offer only "healthy" foods, including fruit? Yes No

4a. If yes, how many days per week do you use them? 0 1 2 3 4 5

5. Are there drink vending machines at your school? Yes No

5a. If yes, how many days per week do you use them? 0 1 2 3 4 5

6. Are there drink machines at your school that offer only "healthy" drinks, including water and 100% fruit juice? Yes No

6a. If yes, how many days per week do you use them? 0 1 2 3 4 5

7. Is there usually a salad bar at your school? Yes No

7a. If yes, how many days per week do you eat there? 0 1 2 3 4 5

8. Are there carts to buy food at school outside of the regular lunch line? Yes No

8a. If yes, how many days per week do you eat there? 0 1 2 3 4 5

9. Are name-brand fast foods served at your school (like Pizza Hut or Taco Bell)? Yes No

9a. If yes, how many days per week do you eat there? 0 1 2 3 4 5

10. Is there a student store at your school that sells food? Yes No

10a. If yes, how many days per week do you eat there? 0 1 2 3 4 5

11. Is it permitted for you to go off-campus during lunch time? Yes No
 11a. How many days per week do you eat off-campus? 0 1 2 3 4 5

12. How often do clubs or other groups sell candy at school?
 never rarely sometimes frequently always

13. How many days do you typically eat breakfast at school?
 Number of days per week: 0 1 2 3 4 5

14. How many days do you typically get lunch in the cafeteria line?
 Number of days per week: 0 1 2 3 4 5

15. How many days do you typically bring your lunch from home?
 Number of days per week: 0 1 2 3 4 5

16. Is there a fruit and vegetable market within a 5-minute walk from your school?
 Yes No Don't Know

17. Is there a convenience store/ corner shop /bodega within a 5-minute walk from your school?
 Yes No Don't Know

18. Is there a fast food restaurant within a 5-minute walk from your school?
 Yes No Don't Know

19. During a normal school week, how many days per week do you get lunch off campus at a fast food restaurant?
 Number of days per week: 0 1 2 3 4 5

20. During a normal school week, how many days per week do you get lunch off campus at a convenience store?
 Number of days per week: 0 1 2 3 4 5

Thank you for your time and effort!

Please mail this survey back to us.

Remember, the envelope should include 4 items:

- Your survey*
- Your parent's survey,*
- Your signed assent form*
- Your parent's signed consent form*



If you don't have the envelope we provided, mail to:

*The Active Where? Project
3900 5th Ave, Suite 310
San Diego, CA 92103*

Please feel free to give us a call if you have any questions.

*Contact the Active Where? Study
Jacqueline Kerr, Ph.D.
(619) 260-1966*

| For Office Use Only | |
|---------------------|--------------------------------|
| Date mailed _____ | Date entered _____ By _____ |
| Date received _____ | Date entered _____ By _____ |
| ID Number _____ | |

Reference 180

SE for PA, made own scale (no name) based on previous measures

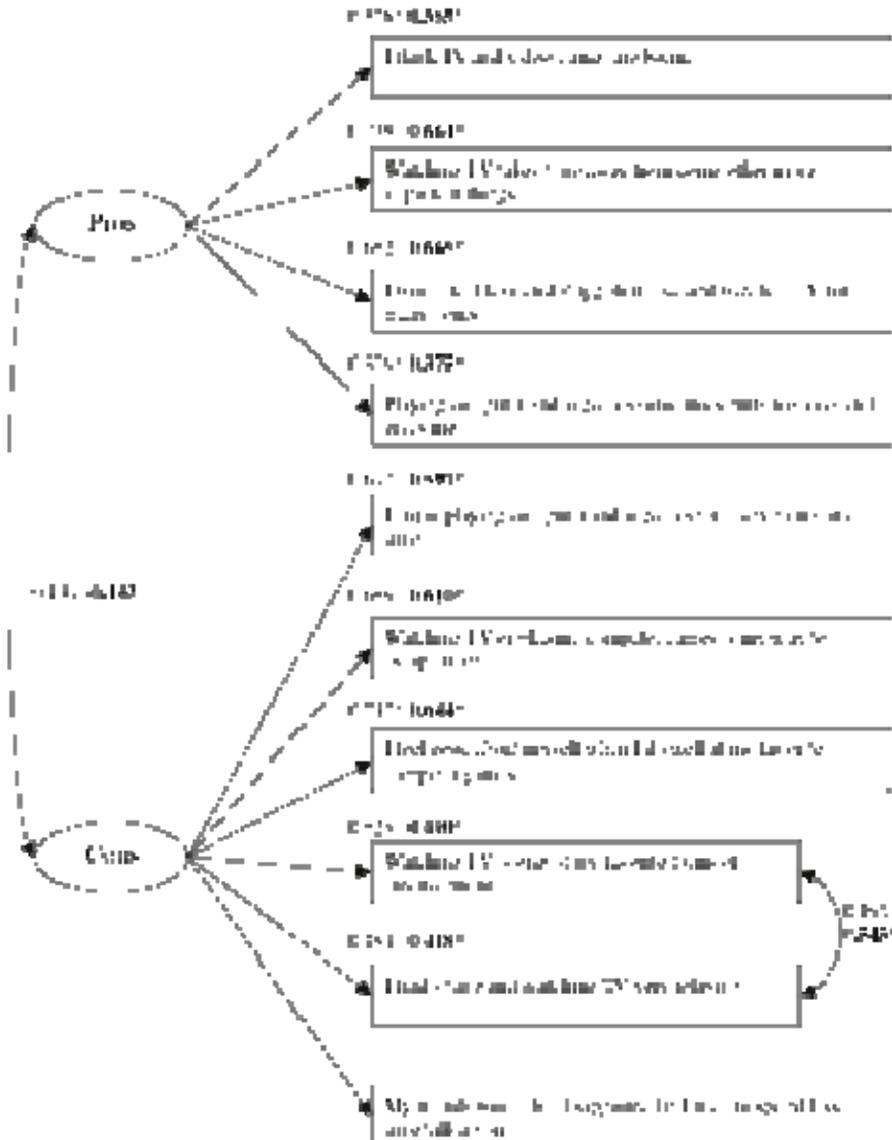


FIGURE 11. Two-factor model fit for decisional balance. For each level of measurement, the fit is an unweighted sum of the values for χ^2 divided by the degrees of freedom. χ^2 in brackets represents the value for the fit. All fit indices were statistically significant ($p < 0.001$).

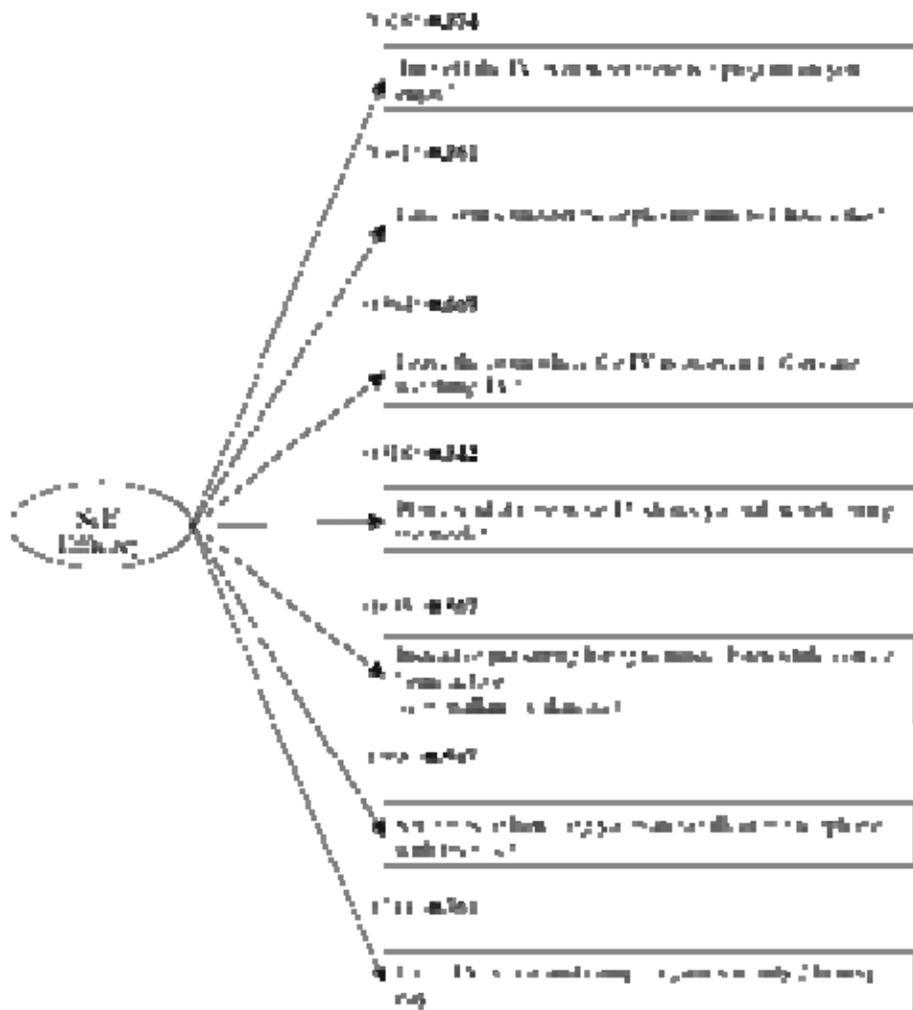


FIGURE 5. Organizational level for the digital literacy scale. For each indicator, the first number represents the value of the item and the second number represents the item's weight. All items have a weight of 1.00.

2. It would be fun.
3. It would help me make new friends.
4. It would get or keep me in shape.
5. It would make me more attractive.
6. It would give me more energy.
7. It would make me hot and sweaty.
8. It would make me better in sports, dance, or other activities.

Subjective Norm Questionnaire

1. My fellow students think I should be physically active during my free time on most days.
2. My best friend thinks I should be physically active during my free time on most days.
3. My physical education teacher thinks I should be physically active during my free time on most days.
4. My other teachers think I should be physically active during my free time on most days.
5. My mother or female guardian thinks I should be physically active during my free time on most days.
6. My father or male guardian thinks I should be physically active during my free time on most days.
7. My sister/sisters think I should be physically active during my free time on most days.
8. My brother/brothers think I should be physically active during my free time on most days.

Perceived Behavioral Control Questionnaire

1. For me to be physically active during my free time on most days would be . . .
2. I have control over my being physically active during my free time on most days.
3. I believe I have all the things I need to be physically active during my free time on most days.
4. If I want to be I can be physically active during my free time on most days.

Self-Efficacy Questionnaire

1. I can be physically active during my free time on most days.
2. I can ask my parent or other adult to do physically active things with me.
3. I can be physically active during my free time on most days even if I could watch TV or play video games instead.
4. I can be physically active during my free time on most days even if it is very hot or cold outside.
5. I can ask my best friend to be physically active with me during my free time on most days.
6. I can be physically active during my free time on most days even if I have to stay at home.
7. I have the coordination I need to be physically active during my free time on most days.
8. I can be physically active during my free time on most days no matter how busy my day is.

APPENDIX

Attitude Questionnaire

If I were to be physically active during my free time on most days:

1. It would help me cope with stress.

Reference 183

Barriers and Perceived Benefits to PA (no name)

Barriers

1. lack of interest (not to like)
2. lack of time
3. work/school work
4. laziness
5. tiredness
6. meal proximity
7. wanting to do other things with one's time
8. to make sore
9. to make sweat

Benefits

1. to stay in good health
2. to become physically fit
3. to feel well
4. to have energy
5. to have better self-image

Safety knowledge

Questions for children in years 3 and 4

Median (IQR) number of fire hazards in the kitchen {1}

Number (%) identifying correct actions for clothing fire {9}

Median (IQR) number of fall hazards

Median (IQR) number of safe ways to cross road {4}

Number (%) identifying walking facing oncoming traffic as safe {8}

Number (%) identifying safer clothing for pedestrian to wear in dark {13}

Number (%) identifying correct position for cycle helmet on head {5}

Number (%) identifying safest way to cross road with a bike {2}

Questions for children in year 5

Median (IQR) number of firework and bonfire hazards

Median (IQR) number of fire hazards in kitchen

Median (IQR) number of fall hazards

Median (IQR) number of safe ways to cross road {4}

Number (%) identifying safer clothing for cyclist to wear in the dark

Number (%) identifying safer clothing for cyclist to wear in daytime {1}

Questions for children in years 3, 4 and 5

Median (IQR) number of actions to take in event of house fire {2}

Median (IQR) number of poisonous items identified in bathroom

Number (%) identifying correct action if finds tablets {9}

Median (IQR) number of situations in which cycle helmet should be worn {1}

Knowledge score for each topic (children in years 3, 4 and 5)

Mean (SD) percentage correct responses for fire & burn prevention {10}

Mean (SD) percentage correct responses for poisoning prevention {9}

Mean (SD) percentage correct responses for bike & pedestrian safety {30}

Number (%) getting all responses correct for falls prevention

Keeping safe

Some questions have boxes for you to tick like this



Other questions have a big picture and you have to put a circle around some things in the picture.

1. I am a boy I am a girl

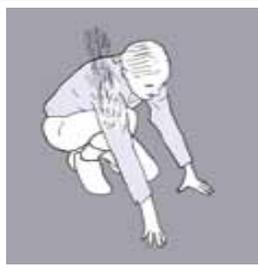
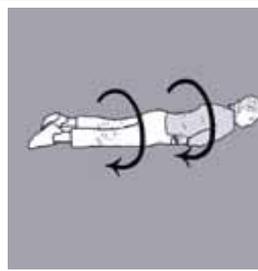
2. How old are you? .
 7 years old 8 years old 9 years old 10 years old

3. Do you have a car at home?
 Yes No

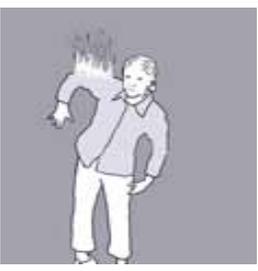
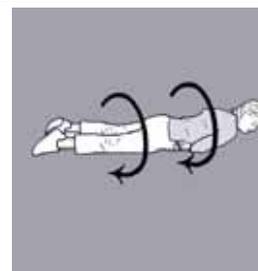
4. Put a ring around each thing in the picture that is dangerous because it could cause a fire in the house.



5. This person's sleeve has caught fire. Which set of pictures shows her doing things in the right order?

| | | | | |
|---|---|--|---|---|
|  |  |  |  |  |
| Call for help | Drop to the ground | Stop what you are doing | Roll on the ground | Cool your burns |

If you think these pictures are in the right order, put a tick here

| | | | | |
|--|--|---|--|--|
|  |  |  |  |  |
| Stop what you are doing | Drop to the ground | Roll on the ground | Cool your burns | Call for help |

If you think these pictures are in the right order, put a tick here

6. Put a tick under the pictures that show how you can keep yourself safe if there is a fire in your house.



Crawl below the smoke



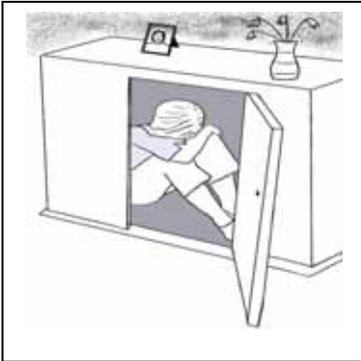
Make sure your pets are safe



Put out the fire with water



Phone 999 before you leave the house



Stay in the house and hide from the fire



If you can't get out, put clothes in the gap under the door



Phone 999 when you get outside the house

7. Put a ring around each thing in the picture that might be poisonous



8. John has found an open bottle of tablets.



What should he do? Put a tick under one picture that shows the safest thing for him to do.



Put them back in the bottle



Show them to his friends

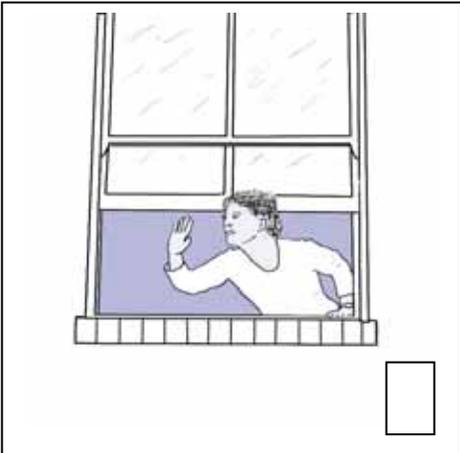
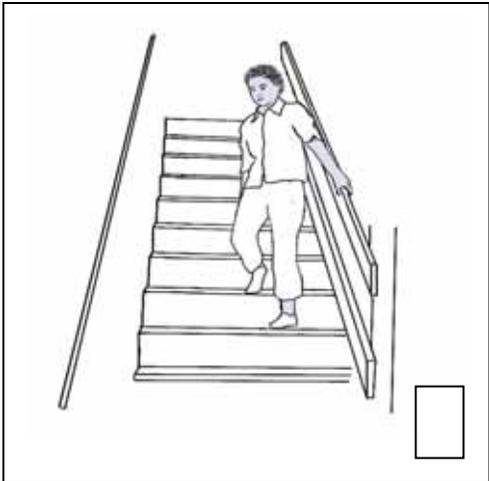
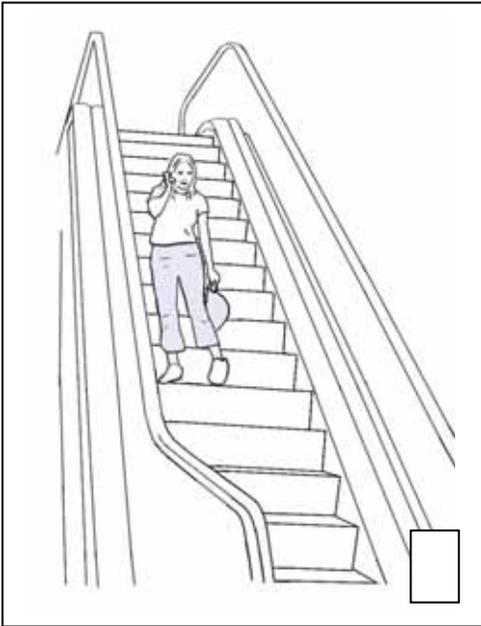
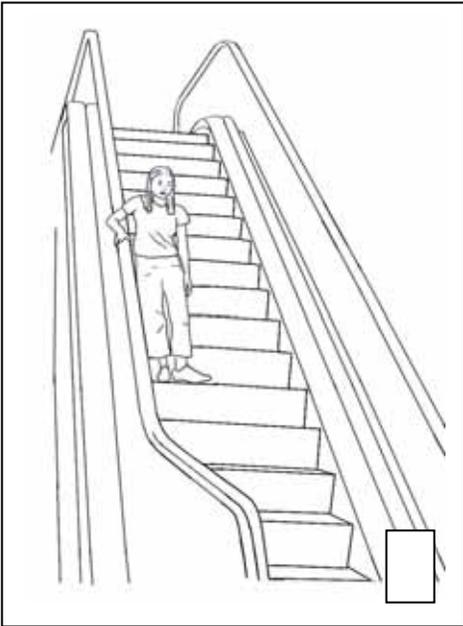


Tell a grown up

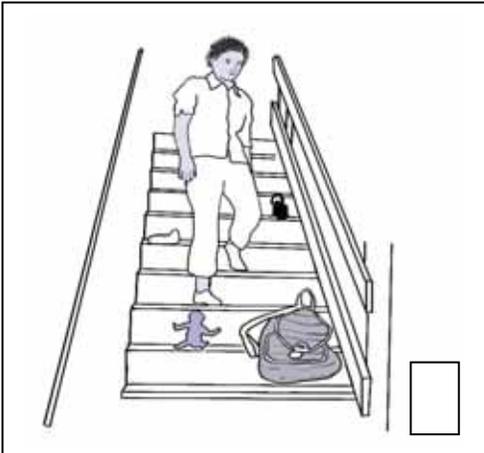


Throw them in the bin

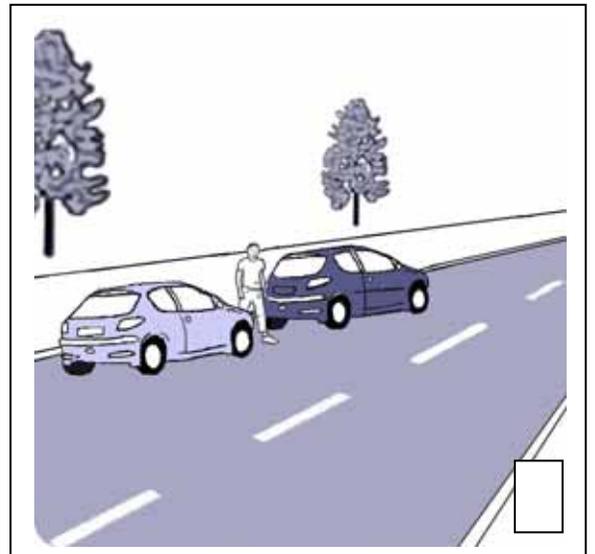
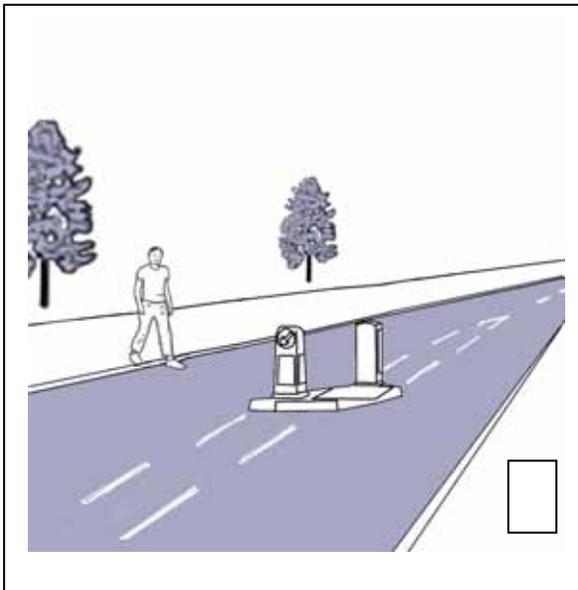
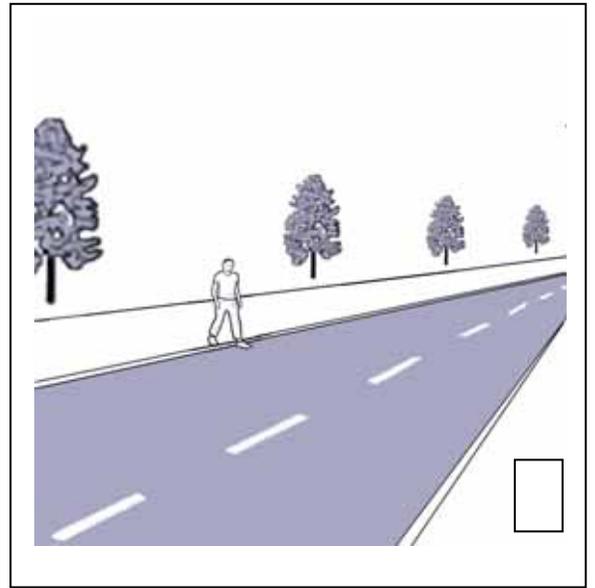
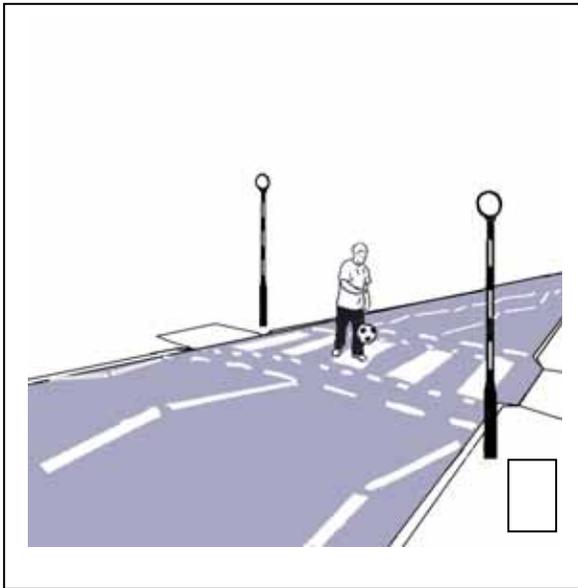
9. Which pictures show someone in danger of falling and hurting themselves?



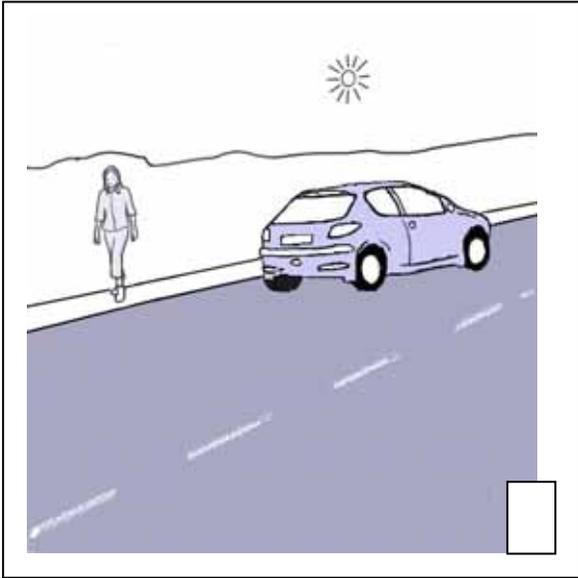
Appendix 184-4



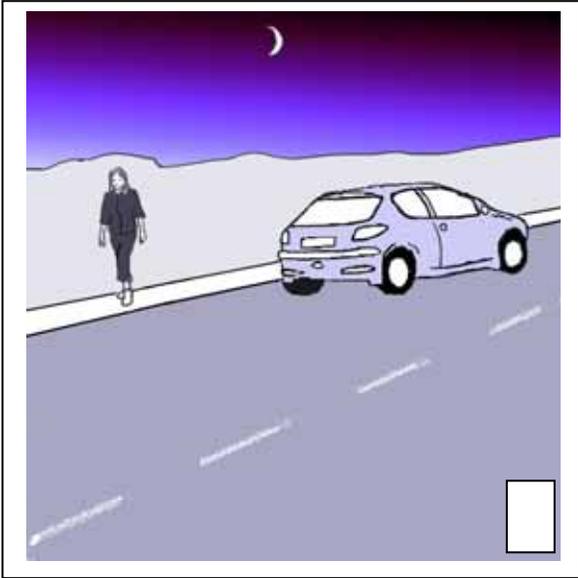
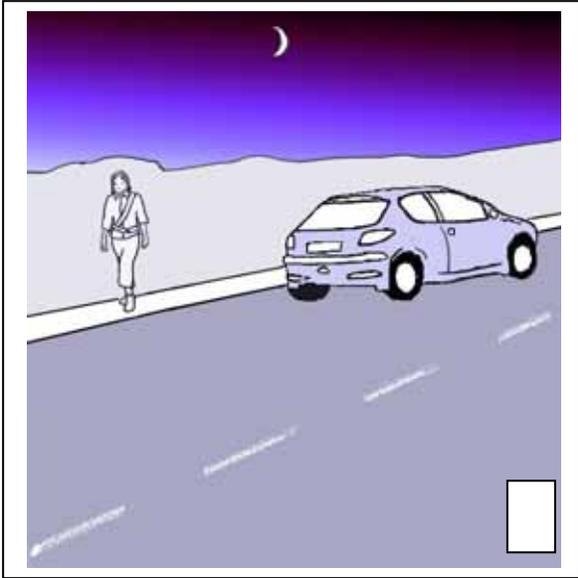
10. Which two children have chosen the safest ways to cross the road?



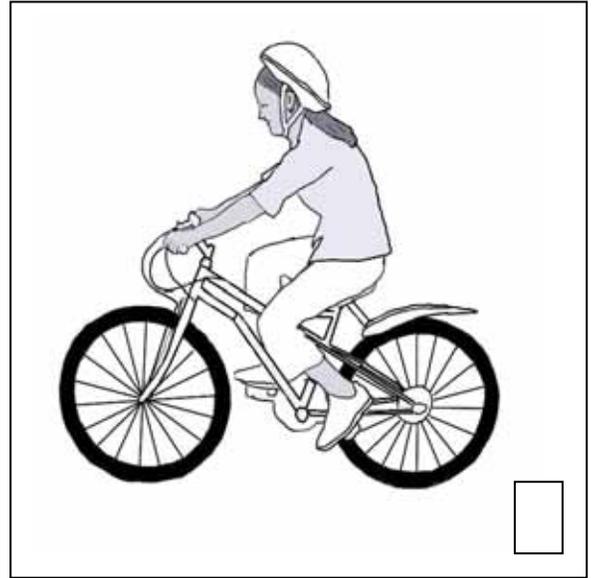
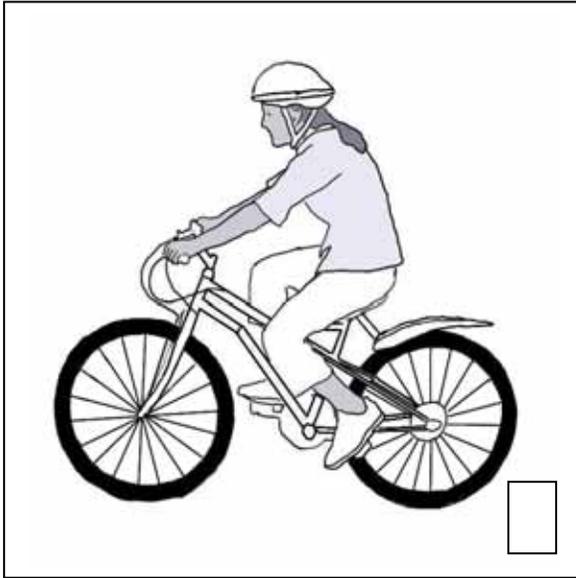
11. Which child is safer?



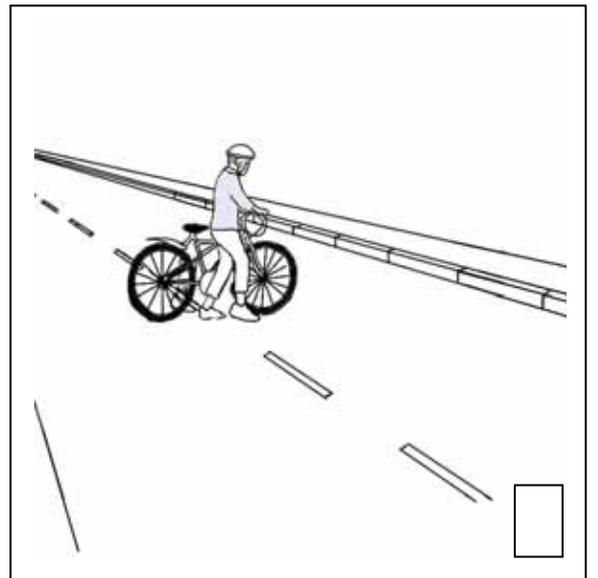
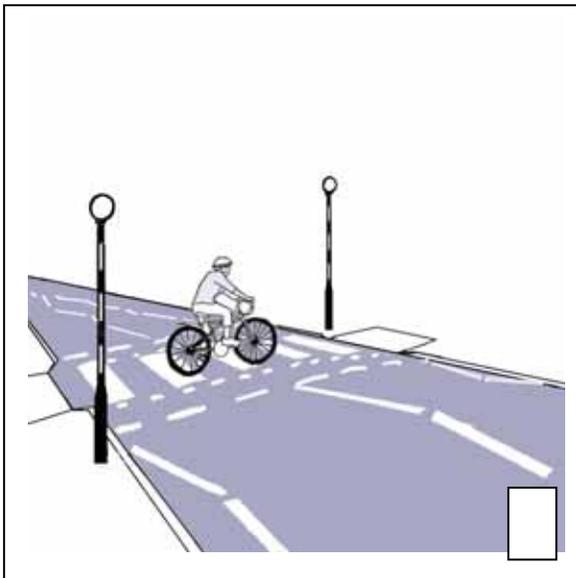
12. Which child is safer?



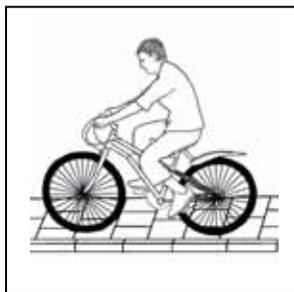
13. Which child is in more danger of getting hurt?



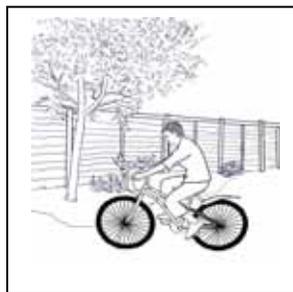
14. Which child is crossing the road more safely?



15. Which children should be wearing a cycle helmet?



On the pavement



In the park



On a cycle path



On the road

Here are some questions about what you and your family do to try to keep safe.

16. Do you have a smoke alarm at home?

Yes

No

I don't know



17. If you said yes, how many smoke alarms are in your home?

1 smoke alarm

2 smoke alarms

3 or more smoke alarms

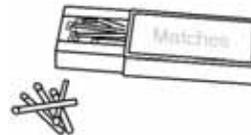
I don't know

18. How often do you use matches?

Sometimes

Hardly ever

Never



19. How often do you cook food?

Sometimes

Hardly ever

Never



20. If you ever cook food, was there a grown-up with you the last time you cooked something?

Yes

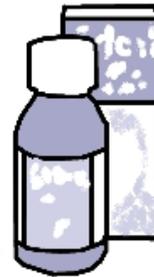
No

21. If you have a cough, how often do you get yourself some cough medicine **without asking a grown-up first**?

Sometimes

Hardly ever

Never



22. How often do you play on the stairs?

Sometimes

Hardly ever

Never

23. Do you ride a bike?

Yes

No

24. If you said yes, how often do you wear a cycle helmet when you ride a bike?

Always

Sometimes

Never



25. When you are out walking and it is dark, how often do you wear reflective clothing?

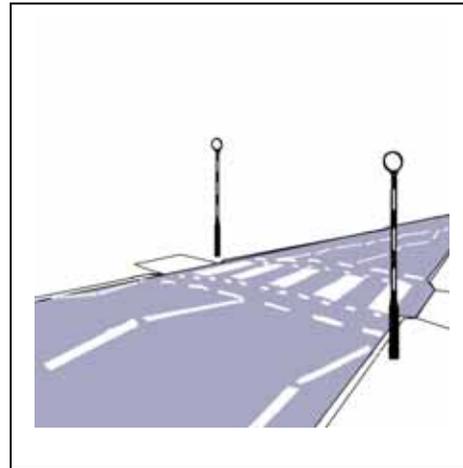
- Always
- Sometimes
- Never

26. When you cross the road and there is a car coming, how often do you run across it?

- Sometimes
- Hardly ever
- Never

27. When you want to cross the road and you are near a zebra crossing, how often do you use it?

- Every time
- Sometimes
- Hardly ever



Thank you very much for helping us.

Please wait in your seat until your teacher says that it is time to hand in your answers.

Folder C

Keeping safe



We are going to ask you some questions about how you can keep safe and about things you and your family do to try to keep safe.

Some questions have boxes for you to tick like this

Other questions have a big picture and you have to put a circle around some things in the picture.

1. I am a boy I am a girl

2. How old are you?

7 years old

8 years old

9 years old

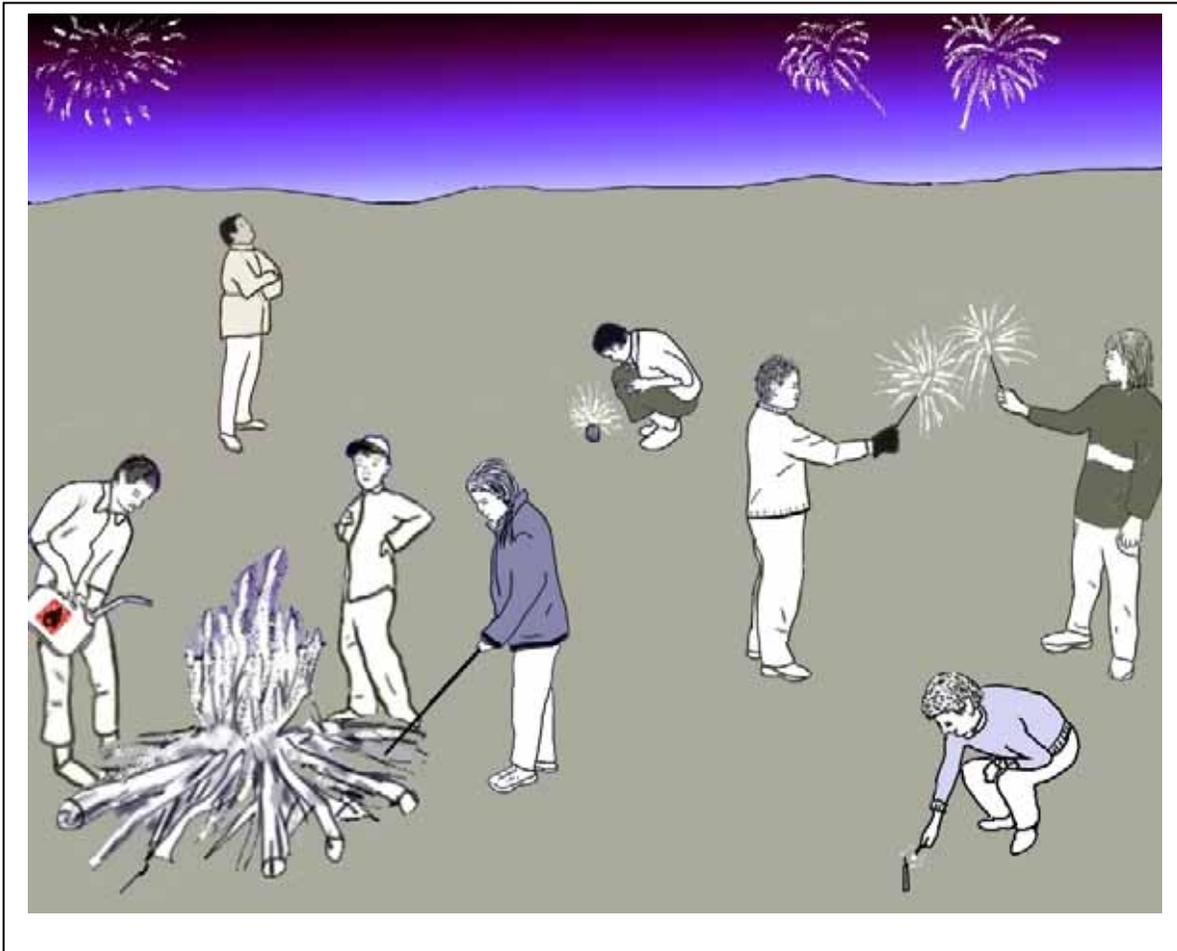
10 years old

3. Do you have a car at home?

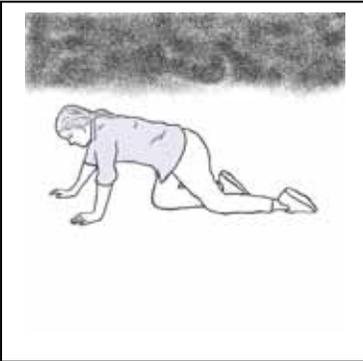
Yes

No

4. Which people are in danger of hurting themselves? Put a ring around each person in the picture who is in danger.



5. Put a tick under the pictures that show how you can keep yourself safe if there is a fire in your house.



Crawl below the smoke



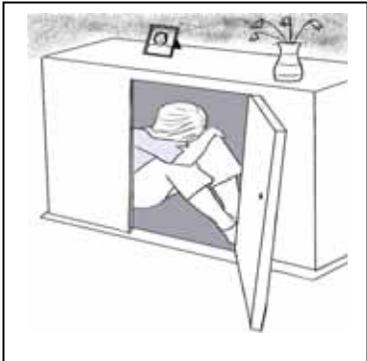
Make sure your pets are safe



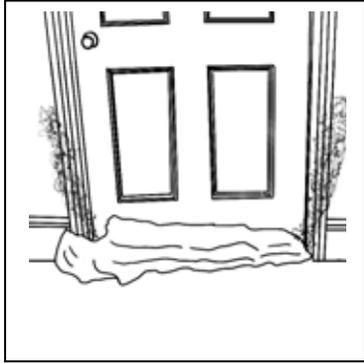
Put out the fire with water



Phone 999 before you leave the house



Stay in the house and hide from the fire



If you can't get out,
put clothes in the gap
under the door



Phone 999 when you
get outside the house



6. Put a ring around each thing in the picture that might be dangerous when someone is cooking food.



7. Put a ring around each thing in the picture that might be poisonous.



8. John has found an open bottle of tablets.



What should he do? Put a tick under the picture that shows the safest thing for him to do.



Put them back in the bottle



Show them to the friends

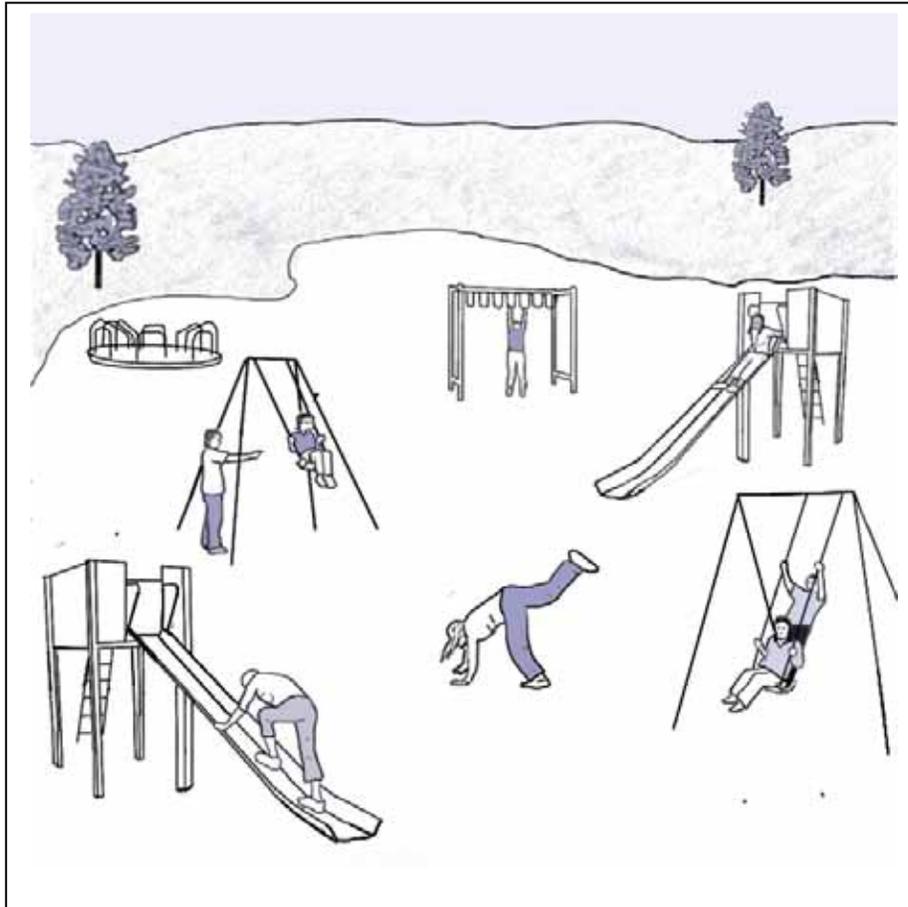


Show them to a grown up

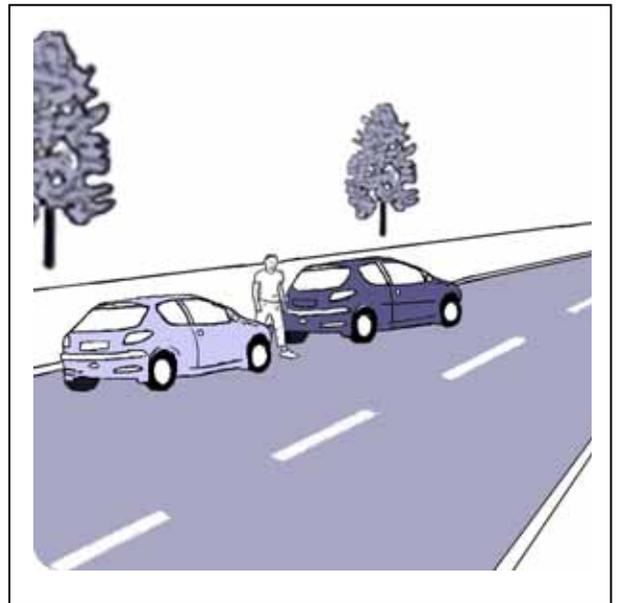
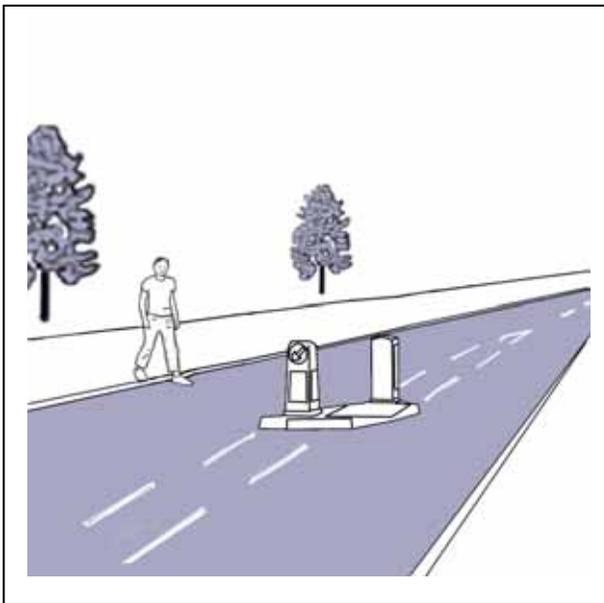
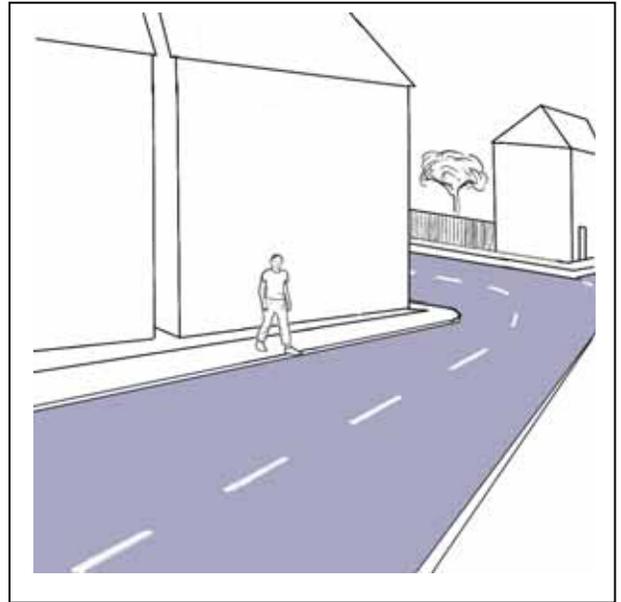
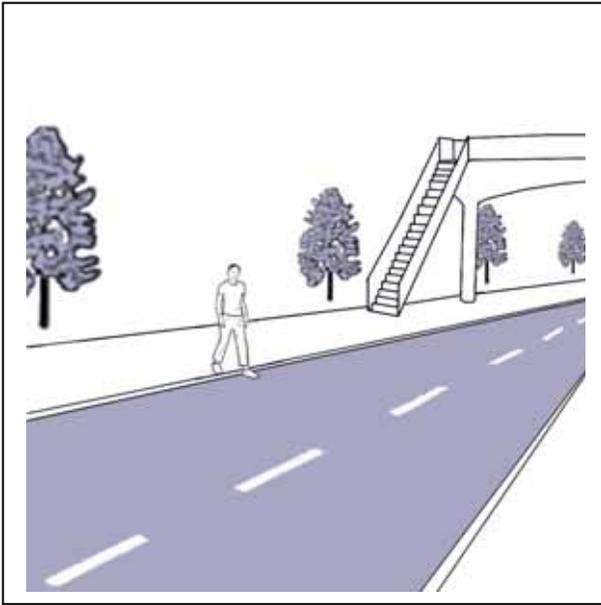


Throw them in the bin

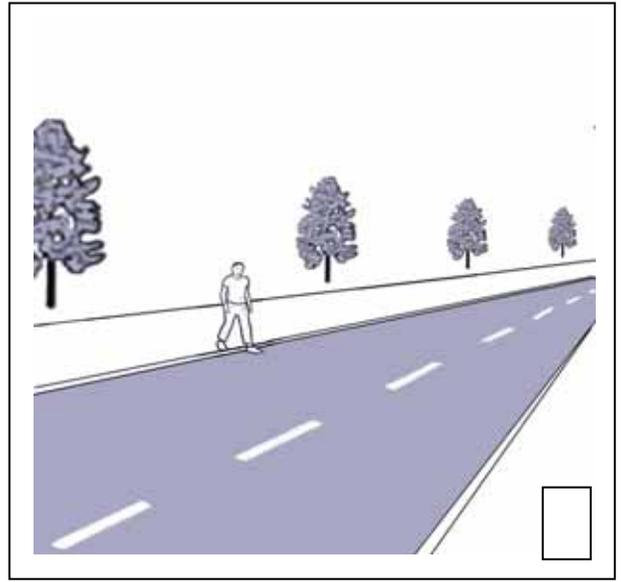
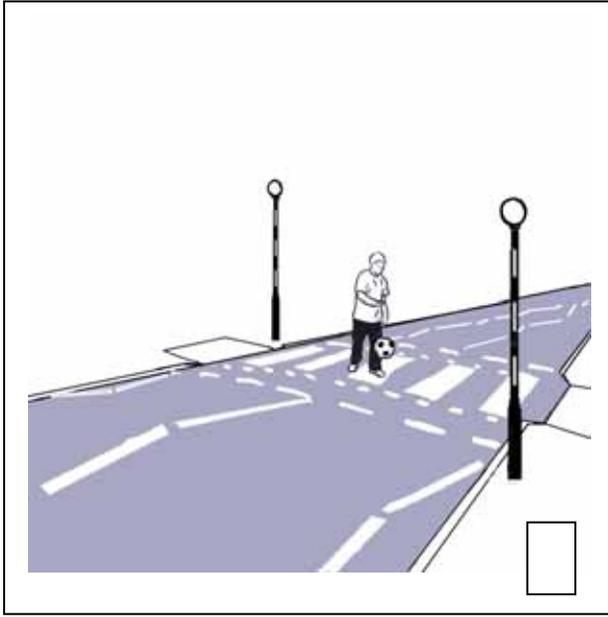
9. Here are some children playing. Put a ring round each child who is in danger of getting hurt.



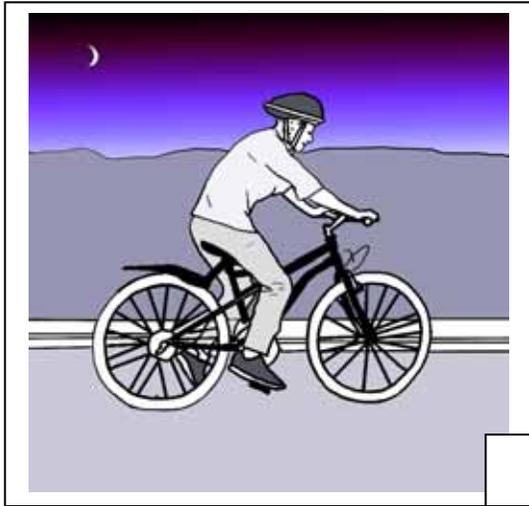
10. Which two children have chosen the safest ways to cross the road?



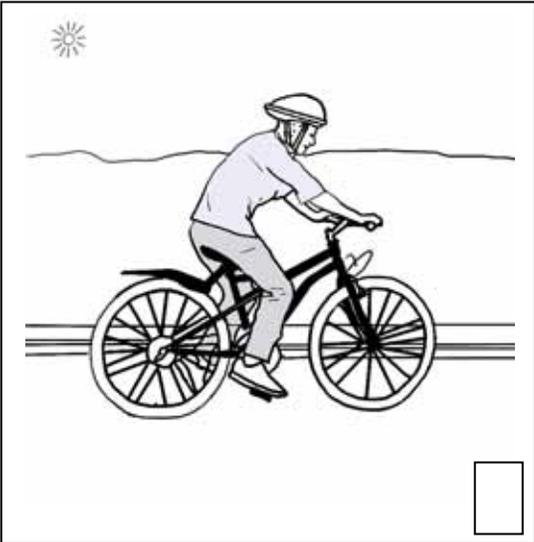
Appendix C – Measurement Tools



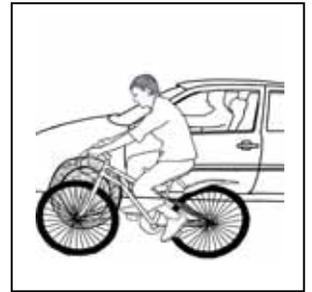
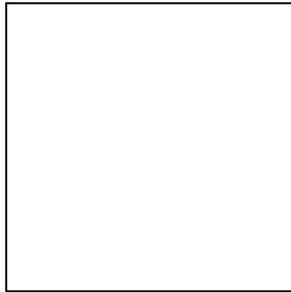
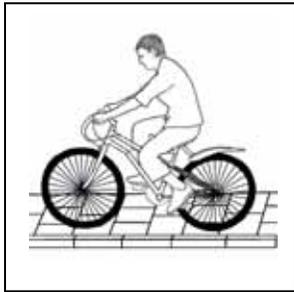
11. Which child's clothes are not very good at keeping them safe when they are out on their bike in the dark?



12. Which child's clothes are not very good at keeping them safe when they are out on their bike in the daytime?



13 Which children should be wearing a cycle helmet? Put a tick under **all** the pictures which show a child who **should** be wearing a cycle helmet.



On the pavement

In the park

On a cycle path

On the Road

Here are some questions about what you and your family do to try to keep safe.

14. Do you have a smoke alarm at home?

Yes

No

I don't know



15. If you said yes, how many smoke alarms are in your home?

1 smoke alarm

2 smoke alarms

3 or more smoke alarms

I don't know

16. How often do you use matches?

Sometimes

Hardly ever

Never



17. How often do you cook food?

Sometimes

Hardly ever

Never



18. If you ever cook food, was there a grown-up with you the last time you cooked something?

Yes

No

19. If you have a cough, how often do you get yourself some cough medicine **without asking a grown-up first?**

Sometimes

Hardly ever

Never



20. How often do you play on the stairs?

Sometimes

Hardly ever

Never

21. Do you ride a bike?

Yes

No

22. If you said yes, how often do you wear a cycle helmet when you ride a bike?

Always

Sometimes

Never



23. When you are out walking and it is dark, how often do you wear reflective clothing?

Always

Sometimes

Never

24. When you cross the road and there is a car coming, how often do you run across it?

Sometimes

Hardly ever

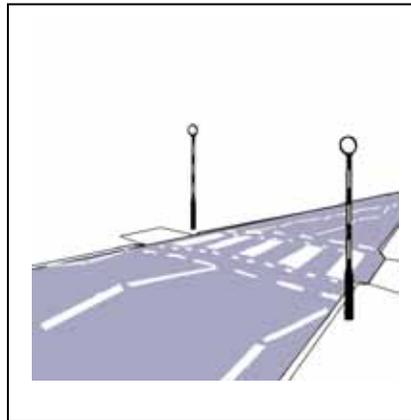
Never

25. When you want to cross the road and you are near a zebra crossing, how often do you use it?

Every time

Sometimes

Never



Thank you very much for helping us.

Please wait in your seat until your teacher says that it is time to hand in your answers.

Folder D

Trauma Nurses Talk Tough (TNNT) pre and post test on knowledge

| | | | |
|---|---|--|----------------------------|
| <p>TRAUMA AWARENESS—PRE-TNNT PROGRAM GRADES 6–8</p> | | | |
| <p>I am in grade (check grade):</p> | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| <p>(check one):</p> | <input type="checkbox"/> Male | <input type="checkbox"/> Female | School: _____ |
| <p>Birthdate: _____</p> | Teacher: _____ | | |
| <p>1. Girls have a higher death rate from trauma than boys.</p> | <input type="checkbox"/> TRUE | <input type="checkbox"/> FALSE | |
| <p>2. If you are involved in a serious wreck, you are more likely to receive a severe head or spinal cord injury than to be killed.</p> | <input type="checkbox"/> TRUE | <input type="checkbox"/> FALSE | |
| <p>3. Injured brains and spinal cords can always be repaired by doctors.</p> | <input type="checkbox"/> TRUE | <input type="checkbox"/> FALSE | |
| <p>4. Guns are always stored unloaded.</p> | <input type="checkbox"/> TRUE | <input type="checkbox"/> FALSE | |
| <p>5. The highest death rate from bicycle injuries occurs in what age group? (circle one)</p> | <input type="checkbox"/> A. 1–4 yrs <input type="checkbox"/> B. 7–14 yrs | <input type="checkbox"/> C. 15–21 yrs <input type="checkbox"/> D. 25–30 yrs | |
| <p>6. The highest death rate from motor vehicle crashes occurs in what age group? (circle one)</p> | <input type="checkbox"/> A. 1–4 yrs <input type="checkbox"/> B. 10–14 yrs | <input type="checkbox"/> C. 15–21 yrs <input type="checkbox"/> D. 25–30 yrs | |
| <p>7. What is the most common FATAL injury for bicycle drivers? (circle one)</p> | <input type="checkbox"/> A. Broken leg <input type="checkbox"/> B. Head injury <input type="checkbox"/> C. Broken arm <input type="checkbox"/> D. Internal injury | | |
| <p>8. The number one cause of death for people between 1 and 34 years of age is: (circle one)</p> | <input type="checkbox"/> A. Cancer <input type="checkbox"/> B. AIDS <input type="checkbox"/> C. Injury <input type="checkbox"/> D. Heart disease | | |
| <p>9. How often do you wear a helmet when driving your bike or riding a skateboard? (circle one)</p> | <input type="checkbox"/> A. Always <input type="checkbox"/> B. Usually <input type="checkbox"/> C. Sometimes <input type="checkbox"/> D. Hardly ever <input type="checkbox"/> E. Never <input type="checkbox"/> F. I don't have a helmet | | |
| <p>10. If you had a helmet, would you wear it?</p> | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| <p>11. When riding in a car, how often do you wear a safety belt? (circle one)</p> | <input type="checkbox"/> A. Always <input type="checkbox"/> B. Usually <input type="checkbox"/> C. Sometimes <input type="checkbox"/> D. Hardly ever <input type="checkbox"/> E. Never | | |
| <p>Thank you for answering these questions, and KEEP SAFE!!</p> | | | |

| | | | | | |
|--|--------------------------|------|--------------------------|-------|--|
| <p>TRAUMA AWARENESS—PRE-TNTT PROGRAM</p> <p>I am in grade (check grade): <input type="checkbox"/>9 <input type="checkbox"/>10 <input type="checkbox"/>11 <input type="checkbox"/>12 School: _____</p> <p>(check one): <input type="checkbox"/> Male <input type="checkbox"/> Female Teacher: _____</p> <p>Birth date: _____</p> | | | | | |
| 1. More females than males die from trauma. | <input type="checkbox"/> | TRUE | <input type="checkbox"/> | FALSE | |
| 2. For the age group 15–24 years, injuries kill more people than all other causes of death combined. | <input type="checkbox"/> | TRUE | <input type="checkbox"/> | FALSE | |
| 3. Alcohol is only known to be a factor in motor vehicle wrecks, and is not a contributing factor in other types of trauma. | <input type="checkbox"/> | TRUE | <input type="checkbox"/> | FALSE | |
| 4. The number one cause of death for everyone between 1 and 34 years of age is: (circle one) | | | | | |
| A. Cancer | | | | | |
| B. Heart disease | | | | | |
| C. AIDS | | | | | |
| D. Trauma | | | | | |
| 5. The injury most commonly seen as a result of a dive into water that is too shallow is: (circle one) | | | | | |
| A. Broken arm | | | | | |
| B. Neck injury | | | | | |
| C. Back injury | | | | | |
| D. Chest injury | | | | | |
| 6. The most common FATAL injury for bicycle or motorcycle drivers is: (circle one) | | | | | |
| A. Broken leg | | | | | |
| B. Brain injury | | | | | |
| C. Broken arm | | | | | |
| D. Internal chest injury | | | | | |
| 7. Factors seen as common causes for injuries in the teenage years are: (circle one) | | | | | |
| A. Peer pressure | | | | | |
| B. Lack of safety gear | | | | | |
| C. Substance abuse | | | | | |
| D. Risk-taking behavior | | | | | |
| E. A, B, C, and D | | | | | |
| 8. When riding in a car, how often do you wear a safety belt? (circle one) | | | | | |
| A. Always | | | | | |
| B. Usually | | | | | |
| C. Sometimes | | | | | |
| D. Hardly ever | | | | | |
| E. Never | | | | | |
| 9. How often do you remind others to buckle their seat belts? (circle one) | | | | | |
| A. Always | | | | | |
| B. Usually | | | | | |
| C. Sometimes | | | | | |
| D. Hardly ever | | | | | |
| E. Never | | | | | |
| <p>Thank you for answering these questions, and KEEP SAFE!!</p> | | | | | |

APPENDIX A

ThinkFirst For Kids, Grades 7 and 8 Form A

Part 1

Directions: Either circle the correct response or fill in the blank with the correct answer.

1. What is your grade? *Grade 7* *Grade 8*
2. What is your gender? *Female* *Male*
3. What is your age? _____ *years*
4. Have you been taught in another grade about safety?
Yes *No*
5. If yes, in which grade(s) did you learn about safety?

6. Have you or someone else you know had a brain or spinal cord injury? (Brain injury includes a concussion, which is an injury to the brain as a result of being hit in the head, shaken, or spun around.) *Yes* *No*

Part 2

1. Most accidents can be prevented.
T *F*
2. Brain injury may result in permanent problems with speech, vision, behaviour, and how the brain works.
T *F*
3. When in a car, seat belts only have to be worn on longer trips.
T *F*
4. When biking, always wear a bicycle helmet that is approved by the CSA (Canadian Standards Association) and fits properly.
T *F*
5. Cyclists do not have to obey all traffic laws for vehicles (stop at stop signs and lights; obey all traffic signs and signals).
T *F*
6. A bicycle is the right size when the rider can touch both feet on the ground.
T *F*
7. A helmet and other protective gear should be worn when roller-blading, playing hockey, snowboarding, or when playing other sports.
T *F*
8. There is no need to check the depth of the water before diving in for the first time. If you can't see the bottom, it must be all right.
T *F*
9. There is no need to wear a personal flotation device (sometimes called a PFD) while in a boat and close to the shore.
T *F*

10. Children under 12 can safely sit in the front seat of a car.
T F
11. A person should refuse to drive with someone who has used alcohol or drugs.
T F
12. As long as the bus driver is visible, it is all right to cross in front of a bus.
T F
13. On playgrounds, a person should stay clear of moving swings, seesaws, and children swinging on monkey bars.
T F
14. A person should always look both ways before crossing the street.
T F
15. If a child or adolescent finds a weapon, he or she should stop, not touch it, leave the area, and call an adult.
T F
16. Young children can safely use latex balloons without supervision.
T F
17. When holding a young baby, support its head.
T F
18. If there are no cars coming, it is safe to toboggan onto a street.
T F
19. When just beginning a new job, a person should do whatever the boss says.
T F
20. A person needs to know the difference between a smart risk and a stupid risk.
T F
21. It is alright to give a baby just a little shake to make it stop crying.
T F
22. The major parts of the brain are the cerebrum, the cerebellum, and the brain stem.
T F
23. Brain damage can occur in 4 minutes without oxygen.
T F
24. Damaged nerve cells in the spinal cord can grow back.
T F
25. If the spinal cord is injured, a person could have pain, loss of movement of the arms and legs, or die.
T F
26. Messages are sent between brain cells through neurotransmitters.
T F
27. Inhaling hazardous chemicals will not damage brain cells.
T F
28. A person's skull is about 2 mm thick.
T F
29. Brain cells can grow back if they are damaged.
T F
30. A result of a poor decision could be a brain or spinal cord injury.
T F

Part 3

We would like to know about your ideas on this questionnaire.

1. Were the questions easy to understand?
Yes No
2. If you answered "No", what was hard to understand?
3. Were you taught the topics covered in this questionnaire?
Yes No

Part 4

If you would like to be in the group interview so that you may discuss your attitudes and experiences in choosing or not choosing to do risky activities, please complete the section below.

Name: _____
Your E-mail address: _____

APPENDIX B

PART 1

ThinkFirst For Kids, Teacher Individual Interview

1. For how many years have you been a teacher?
2. For how many years have you taught Gr. 7/Gr. 8?
3. Have you taught a safety and injury prevention unit before?
4. Have you used the ThinkFirst materials before?
5. Did you teach all of the lessons in the unit?
6. If not, which lessons did you omit? Why?
7. Which lessons seemed to go well? Why?
8. Which lessons did not seem to go well? Why not?
9. What suggestions for improvement of the content, materials, or teaching approaches do you have?
10. Do you know someone who has had a brain or spinal cord injury? What type of injury was it and describe the recovery process. Was there any permanent damage?
11. If yes, did this experience affected the way you taught this unit? If yes, how?
12. Before teaching the unit did you follow the safety rules discussed in the lessons?
13. After teaching the unit do you follow the safety rules?
14. If yes, which rules did you start following?
15. Why were you not following them before?
16. Do you make safety a priority in your classroom? How do you do this?
17. Is safety a priority for this school? How is this done?
18. After teaching this unit, have any of the students told you about any incidents where they used the information learned in the lessons? If yes, describe the incident(s)

PART 2

ThinkFirst For Kids, Student Focus Group

1. Do you know anyone who has a brain or spinal cord injury?
2. If yes, tell me about it. What permanent injuries did the person have?
3. Did knowing this person affect how seriously you took the information presented in this unit? If so, how did it affect you?
4. What rules or information had the most impact on you? Why?

5. Do you always follow the safety rules? (helmet use, obey traffic laws when riding a bicycle)
6. If no, why not?
7. When a group of your friends wants to do an activity that you think may not be safe, what do you do?
8. Tell me about an incident when you had to make a decision about doing something that you did not think was safe.
9. Have you ever told someone not to do something because it wasn't safe?
10. Tell me about that incident.
11. Did the person do the act? If yes, why do you think he or she did it?
12. Does the information about brain and spinal cord injuries affect the decisions you make? If not, why not?

APPENDIX**The Reckless Behavior Questionnaire**

For each of the following types of behavior, indicate how many times you have participated in it *during the past year*.

Use the following key when responding:

A = 0 times

B = once

C = 2–5 times

D = 6–10 times

E = more than 10 times

1. Driven while under the influence of alcohol.
 2. Had sex without using contraceptives. (Withdrawal and having sex at a “safe” time of the menstrual cycle doesn’t count as contraception.)
 3. Damaged or destroyed public or private property.
 4. Used marijuana.
 5. Shoplifted.
 6. Driven a car at over 80 miles per hour.
 7. Had sex with someone you didn’t know well.
 8. Used cocaine.
 9. Driven more than 20 miles per hour over the speed limit.
-
10. Used illegal drugs other than marijuana or cocaine.

Reference 188 **Speeding Attitudes Test**

Items were rated from 1 to 7: strongly disagree to strongly agree. The sample size (n), mean (M), and standard deviation (S) for each study appear below:

1. I have found out how my car performs at speeds well above the speed limit.
2. I have raced other drivers for the sheer thrill of it.
3. Fast cars are fun to drive.
4. Sometimes, when I am upset, I rev the engine higher than normal.
5. Drag racing on an abandoned road can be fun to watch.
6. I like the feeling of accelerating.
7. It is nice to get ahead of a parade of cars all traveling the same speed.
8. Just following the flow of traffic justifies driving at high speeds.
9. Driving tricks, such as “four wheel skids” and “laying rubber” are fun.
10. I have put the “pedal-to-the-metal” on a deserted road, just to see what it feels like.
11. I have chased another motorist with my car.
12. After an argument, I might drive faster than I should.
13. I have occasionally made a “U” turn when it was not allowed because I would otherwise have to drive for some distance to turn around.
14. On a four-lane highway with a traffic jam, I try to get into the lane that is moving the fastest.

Reference 189

Adolescent Risk Taking Scale (ARTS)

1. Race on a bike or boat (Raced)
2. Did something risky or dangerous on a dare (Dare)
3. Broke a rule that your parents set for you just for the thrill of seeing if you could get away with it
4. Stole or shoplifted (Steal)
5. Slipped out at night while your parents thought you were asleep (Sneaked Out)
6. Willingly ridden in a car with someone you knew was a dangerous driver

Reference 190 **Olweus bully questionnaire and revised Olweus bully questionnaire**

The “definition” presented to the students reads as follows [Olweus, 1996]: “We say a student is being bullied when another student or several other students

- * say mean and hurtful things or make fun of him or her or call him or her mean and hurtful names
- * completely ignore or exclude him or her from their group of friends or leave him or her out of things on purpose
- * hit, kick, push, shove around, or threaten him or her
- * tell lies or spread false rumors about him or her or send mean notes and try to make other students dislike him or her
- * and do other hurtful things like that.

These things may take place frequently, and it is difficult for the student being bullied to defend himself or herself. It is also bullying when a student is teased repeatedly in a mean and hurtful way. But we don’t call it bullying when the teasing is done in a friendly and playful way. Also, it is not bullying when two students of about the same strength or power argue or fight.”

The global measures of being bullied and bullying other students. The two global measures were briefly described in the first part of this article (see also Footnote 1). Two versions of the global measures were used in the present study: (1) a dichotomized version in which students who had been bullied/bullied others “2 or 3 times a month” or more often (this term) were classified as victims/bullies, and students who had not been bullied/bullied others (this term) or replied “only once or twice” were categorized as non-victims/non-bullies and (2) a version with four graded categories in which the two highest of the five response categories (“about once a week” and “several times a week”) were collapsed.

Scale A: Being victimized

- | | | |
|----|---|---|
| 8 | Hit, kicked, pushed, shoved around, or locked indoors | |
| 10 | Money or other things taken away from me or destroyed | |
| 9 | Other students told lies about me or tried to make others dislike me | |
| 7 | Left out of things, excluded, or ignored | |
| 6 | Called mean names, made fun of, or teased in a hurtful way | - |
| 11 | Threatened to do things I didn't want to | - |
| 13 | Bullied with mean names with a sexual meaning | - |
| 12 | Bullied with mean names about my race or colour | - |

Scale B: Bullying others

- | | | |
|----|--|---|
| 30 | I took money or other things from them or damaged their belongings | |
| 28 | I hit, kicked, pushed, and shoved them around or locked them indoors | |
| 29 | I spread false rumours about them and tried to make others dislike them | |
| 27 | I kept them out of things, excluded, or ignored them | |
| 31 | I threatened or forced them to do things they didn't want to | - |
| 32 | I bullied them with mean names about their race or colour | - |
| 26 | I called them mean names, made fun of or teased in a hurtful way | - |
| 33 | I bullied him or her with mean names with a sexual meaning | - |

NOW SOME QUESTIONS ABOUT ORGANISED SPORTS, GAMES AND OTHER PHYSICAL ACTIVITIES

1 The following questions are about your participation in organised sports and games at school, before and after school and on weekends during school terms.

The first questions are about the organised sports, games and other activities you do during the **SUMMER SCHOOL TERMS** (terms 1 and 4). Please think about a normal week and write in the table below the sports or games you usually do, how many times each week you usually do them and the usual amount of time you spend doing them. The time spent doing a sport or game includes the time you spend training.

There is a list of common activities at the bottom of the page to help remind you. If you do sports or games that are not on the list, please write them in the table anyway.

If you do not do any organised activities, please write zero in the first row of the table.

| Sport or game | | Number of times per week you usually do this sport or game, including training | The usual amount of time you spend doing this activity each time you do it (you can write fractions like 1 hour or 2 hours) |
|---------------|--|--|---|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |

Aerobics
 Athletics
 Austag
 Australian Rules
 Baseball
 Basketball
 Cricket
 Cycling (competitive)
 Dance (ballroom)
 Dance (jazz)
 Dance (modern)

Dance (performance)
 Golf
 Gymnastics
 Hockey
 Indoor soccer
 Inline Hockey
 Lifesaving (competition)
 Martial arts
 Netball
 Rowing
 Rugby League

Running
 Soccer
 Softball
 Squash
 Swimming
 Tennis
 Touch football
 Volleyball
 Water polo

2 These questions are about the organised sports, games and other activities you do during the WINTER SCHOOL TERMS (terms 2 and 3). Please think about a normal week and write in the table below the sports or games you usually do, how many times each week you usually do them and the usual amount of time you spend doing them.

There is a list of common activities at the bottom of the page to help remind you. If you do sports or games that are not on the list, please write them in the table anyway.

If you do not do any organised activities, please write zero in the first row of the table.

| Sport or game | | Number of times per week you usually do this sport or game, including training | The usual amount of time you spend doing this activity each time you do it (you can write fractions like . hour or 2. hours) |
|---------------|--|--|--|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |

Aerobics
 Athletics
 Austag
 Australian Rules
 Baseball
 Basketball
 Cricket
 Cycling (competitive)
 Dance (ballroom)
 Dance (jazz)
 Dance (modern)

Dance (performance)
 Golf
 Gymnastics
 Hockey
 Indoor soccer
 Inline Hockey
 Lifesaving (competition)
 Martial arts
 Netball
 Rowing
 Rugby League

Running
 Soccer
 Softball
 Squash
 Swimming
 Tennis
 Touch football
 Volleyball
 Water polo

NOW SOME QUESTIONS ABOUT NON-ORGANISED PHYSICAL ACTIVITY

- 3** The following questions are about your participation in non-organised physical activities at school, before and after school and on weekends during school terms. This includes walking or cycling to and from school.

These questions are about the activities you do during the **SUMMER SCHOOL TERMS** (terms 1 and 4). Please think about a normal week and write in the table below the activities you usually do, how many times each week you usually do them and the usual amount of time you spend doing them.

There is a list of common activities at the bottom of the page to help remind you. If you do activities that are not on the list, please write them in the table anyway.

| Sport or game | | Number of times per week you usually do this sport or game, including training | The usual amount of time you spend doing this activity each time you do it (you can write fractions like . hour or 2. hours) |
|---------------|--|--|---|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |

Aerobics
Basketball
Bushwalking
Circuit training
Cricket
Cycling for fun
Cycling for transport
Dance (ballroom)
Dance (jazz)
Dance (modern)
Dance (performance)

Fishing
Golf
Martial Arts
Mountain biking
Netball
Rollerblading
Sailing (sailboard)
Sailing (dinghies)
Skateboarding
Soccer
Surfing (board)

Surfing (body)
Squash
Swimming
Tennis
Touch football
Ultimate Frisbee
Volleyball
Walking for pleasure
Walking for transport

4 The following questions are about your participation in non-organised physical activities at school, before and after school and on weekends during school terms. This includes walking or cycling to and from school.

The next questions are about the activities you do during the WINTER SCHOOL TERMS (terms 2 and 3). Please think about a normal week and write in the table below the activities you usually do, how many times each week you usually do them and the usual amount of time you spend doing them.

There is a list of common activities at the bottom of the page to help remind you. If you do activities that are not on the list, please write them in the table anyway.

| Sport or game | | Number of times per week you usually do this sport or game, including training | The usual amount of time you spend doing this activity each time you do it (you can write fractions like . hour or 2. hours) |
|---------------|--|--|---|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |

Aerobics
Basketball
Bushwalking
Circuit training
Cricket
Cycling for fun
Cycling for transport
Dance (ballroom)
Dance (jazz)
Dance (modern)
Dance (performance)

Fishing
Golf
Martial Arts
Mountain biking
Netball
Rollerblading
Sailing (sailboard)
Sailing (dinghies)
Skateboarding
Soccer
Surfing (board)

Surfing (body)
Squash
Swimming
Tennis
Touch football
Ultimate Frisbee
Volleyball
Walking for pleasure
Walking for transport

APPENDIX 2. Estimated rates of energy expenditure.

The values shown here have been drawn primarily from Ainsworth et al. (2). The activities marked with an asterisk were not recorded in Ainsworth et al. and the MET value was estimated in consultation with physical education teachers on the basis of comparison with other activities for which measured values were available. The activities marked with an "a" beside the MET value are considered to be aerobic activities which, under usual conditions of play, are likely to elevate the heart rate to at least 60% of maximum.

| Activity | METS | Activity | METS | Activity | METS |
|---|-------|-----------------------|-------|-----------------------------------|-------|
| Abseiling* | 4.0 | Gliding | 2.0 | Skating (downhill) | 7.0a |
| Acrobatics/callisthenics/physical culture | 7.0a | Go-karting* | 3.0 | Skating (cross-country) | 8.0a |
| Aqua aerobics | 4.0 | Golf | 4.5 | Skipping | 10.0a |
| Archery | 3.0 | Grassboarding* | 3.5 | Snooker | 2.5 |
| Athletics, track & field* | 5.0 | Gymnastics | 4.0 | Snorkeling | 5.0 |
| Badminton/korf ball | 5.0 | Gym workout | 5.5 | Softball, Bigaro, Modball | 5.0 |
| Bat and ball* | 7.0a | Handball ² | 3.0 | Snowboarding* | 7.0a |
| Beach games* | 8.0a | Hockey (indoor) | 8.0a | Surfboat rowing* | 8.0a |
| Bascball | 5.0 | Hockey (field) | 8.0a | Surfing (board/body) ³ | 6.0a |
| Basketball | 7.0a | Horse-riding | 4.0 | Life Saving/Nippers ^a | 10.0a |
| Rising | 9.0a | Ice hockey | 8.0a | Squash | 12.0a |
| Canoe polo* | 7.0a | Ice skating | 7.0a | Swimming (laps) | 8.0a |
| Canoeing/kayaking | 7.0a | Inline Hockey | 9.0a | Table tennis | 4.0 |
| Caving* | 5.0 | Jogging | 7.0a | Taichi | 4.0 |
| Cricket (indoor)* | 6.0a | Korf ball* | 6.0a | Tee-ball | 5.0 |
| Cricket (outdoor) ¹ | 5.0 | Lacrosse (indoor) | 8.0a | Tennis-outdoor | 7.0a |
| Cross country running | 9.0a | Lacrosse (outdoor) | 8.0a | Tennis-indoor | 7.0a |
| Cycling-BMX/mountain bike | 8.5a | Lawn bowls | 3.0 | Tenpin bowling | 3.0 |
| Cycling-road/track race | 12.0a | Marathon | 16.0a | Training* | 5.5 |
| Cycling-transport | 6.0a | Marching | 6.5a | Trampolining | 3.5 |
| Cycling-recreation | 4.0 | Martial arts | 10.0a | Triathlon* | 10.0a |
| Dancing-boot scooting* | 3.0 | Moto X/motor cycling | 4.0a | Ultimate Frisbee | 3.5 |
| Dancing-ballet | 6.0a | Netball* | 6.0a | Volleyball-beach | 8.0a |
| Dancing-jazz | 6.0a | Newcombe ball* | 7.0a | Volleyball-indoor | 6.0a |
| Dancing-modern | 6.0a | Orienteering | 9.0a | Volleyball-outdoor | 4.0 |
| Dancing-ballroom | 4.0 | Paintball/skirmish* | 10.0 | Walking-power | 6.5a |
| Darts | 2.5 | Racquet ball | 7.0a | Walking-bush | 6.0a |
| Diving | 3.0 | Rafting | 5.0 | Walking-pleasure | 3.5 |
| Domestic work | 3.0 | Rock climbing | 11.0 | Walking-transport | 4.0 |
| Fencing | 6.0a | Ropes roping* | 4.0 | Water polo | 10.0a |
| Figure skating | 7.0a | Roller blading* | 7.0a | Water-skiing | 6.0a |
| Football-Aussie rules* | 10.0a | Rowing | 8.0a | Water volleyball | 3.0 |
| Football-Grid Iron | 9.0a | Sailboarding | 3.0 | Weight training | 4.0 |
| Football-Kickball | 7.0a | Sailing (skiffs) | 3.0 | Water-skiing | 4.0 |
| Football-Rugby league | 10.0a | Sandboarding* | 5.0 | Wrestling | 6.0 |
| Football-Rugby union | 10.0a | Scuba diving | 7.0a | Yoga/stretching | 3.0 |
| Football-Soccer | 10.0a | Shooting | 2.5 | | |
| Football-Soccer (indoor) | 10.0a | Skateboarding | 5.0 | | |

¹ The value given here is the rate of energy expenditure while bowling or batting. The rate of energy expenditure for an entire game of cricket (waiting to bat and fielding would be much lower).

² Handball played in Australian schools involves standing a marked space approximately 1–2 m² and batting a ball with the hand. The value given in the tables of Ainsworth et al. (12.0 METS) is for a different, and much more energetic sport.

³ The value given here for surfing differs from that given by Ainsworth et al. The value given here is intended to reflect the effort required for paddling a board.

Reference 193

Sensation Seeking Scale (SSS)**Boredom Susceptibility**

1. Listening to the same music over and over is boring.
2. Practising the same things over and over is boring.
3. I get restless at home when I can't find anything new to do.
4. Watching a movie I have already seen is boring.
5. Watching re-runs of TV shows I have already seen is boring.
6. Playing the same old games with my friends at recess is boring.
7. Playing the same game over and over is boring for my child.

Behavioral Intensity

8. I am the sort of person who would like to sled fast down a steep hill.
9. I am the sort of person who would like to ride my bike very fast down a hill.
10. I wouldn't be afraid to climb to the very top of a tall ladder.
11. I am the sort of person who would find it exciting to do risky sports.
12. I am the sort of person who would like to go on roller-coasters and other fast rides.
13. I like to go to places where there are large crowds and lots of excitement.
14. I am the sort of person who would like to go on vacation to some exotic place in another part of the world.
15. He/she is the sort of person who would find it exciting to do something like drive a race car really fast.

Behavioral Inhibition

16. I always wait my turn before I say an answer in class.
17. If there is something fun that I am not supposed to do, I can usually stop myself from doing it.
18. Keeping secrets is easy for me.
19. Even if I am doing something I enjoy, it is easy for me to stop doing it when someone tells me it is time to stop.
20. I usually think things through before I speak. I usually don't peek at my presents before I get them, even if I know where they are hidden.
21. It's not hard for me to wait my turn when playing, even if I'm excited.
22. Even when I'm having a good time I don't mind leaving to go home.
23. I always finish a task once I make up my mind about it.
24. He/she is good at controlling him/herself in most situations.

Novelty Seeking

25. I don't mind when my friends want to change the rules of a game and try playing it a new way.
26. I dress in clothes that I like, even if the other kids are not wearing these sorts of things.
27. I prefer to make friends with kids who are *different* from the rest.
28. I like to go to new and different places with my family on vacation.

Thrill Seeking

29. I would like to try mountain climbing.
30. I sometimes like to do things that are a little scary.
31. I would like to try to water-ski.
32. I would like to try surf-board riding.
33. I don't mind trying fun things that I'm not sure how to do and that are a bit scary.
34. I would like to try jumping from a plane with a parachute.
35. I like to do tricks and try new things when riding my bike, even if they could be a bit dangerous.
36. I think it would be fun to ski really fast down a snowy mountain. I like to jump or dive off a diving board
37. I like to swim in deep water that is over my head.
38. I think it would be fun to sail on the ocean in a small boat.

Reference 194 **Brief Sensation Seeking Scale (BSSS)**

Vallone (4-item):

'I would like to explore strange places';

'I like to do frightening things';

'I like new and exciting experiences, even if I have to break the rules'; and

'I prefer friends who are exciting and unpredictable'

Hoyle (8-item):

Experience seeking

1. I would like to explore strange places.

5. I would like to take off on a trip with no pre-planned routes or timetables.

Boredom susceptibility

2. I get restless when I spend too much time at home.

6. I prefer friends who are excitingly unpredictable.

Thrill and adventure seeking

3. I like to do frightening things.

7. I would like to try bungee jumping.

Disinhibition

4. I like wild parties.

8. I would love to have new and exciting experiences, even if they are illegal.

Reference 195 **Peer Behavior Inventory (PBI)**

How many of your friends...

1. have stolen something worth more than \$50
2. Ruined or damaged other people's things on purpose
3. could have gotten into trouble with the police for some of the things they have done.
4. Have broken into a place, like a car or building to steal something
5. Have suggested that you do something against the law.
6. Have stolen something worth less than \$5
7. Have hit or threatened to hit someone without a reason
8. have cheated on school tests
9. Get good grades
10. are liked by teachers
11. have been involved in school clubs/teams
12. are liked by most other teenagers
13. have helped other teens who are having problems
14. have talked about wanting to hurt themselves, or about suicide
15. have attempted to kill themselves
16. have gotten drunk
17. have used marijuana
18. have smoked cigarettes
19. disapprove of using drugs or alcohol

E4. Friends' Delinquent Behavior—Denver Youth Survey

These items measure respondents' knowledge of their friends' involvement in vandalism, violence, and drug use during the past year. Respondents are asked to indicate how many of their close friends have engaged in delinquent and high risk behaviors.

During the last year **how many of your friends** have ...

1. Purposely damaged or destroyed property that did not belong to them?
 All of them Most of them Some of them Very few them None of them
2. Hit or threatened to hit someone?
 All of them Most of them Some of them Very few them None of them
3. Used alcohol?
 All of them Most of them Some of them Very few them None of them
4. Sold drugs?
 All of them Most of them Some of them Very few them None of them
5. Gotten drunk once in a while?
 All of them Most of them Some of them Very few them None of them
6. Carried a knife or a gun?
 All of them Most of them Some of them Very few them None of them
7. Got into a physical fight?
 All of them Most of them Some of them Very few them None of them
8. Been hurt in a fight?
 All of them Most of them Some of them Very few them None of them

E1. Attitudes Toward Gangs

These items measure attitudes toward gangs. Respondents are asked to indicate how true certain statements about gangs are for them.

| | Not true for me | True for me |
|---|--------------------|----------------|
| 1. I think you are safer, and have protection, if you join a gang. | 0 | 1 |
| 2. I will probably join a gang. | 0 | 1 |
| 3. Some of my friends at school belong to gangs. | 0 | 1 |
| 4. I think it's cool to be in a gang. | 0 | 1 |
| 5. My friends would think less of me if I joined a gang. | 0 | 1 |
| 6. I believe it is dangerous to join a gang; you will probably end up getting hurt or killed if you belong to a gang. | 0 | 1 |
| 7. I think being in a gang makes it more likely that you will get into trouble. | 0 | 1 |
| 8. Some people in my family belong to a gang, or used to belong to a gang. | 0 | 1 |
| 9. I belong to a gang. | 0 | 1 |

Scoring and Analysis

Point values are as indicated above. Items 5, 6 and 7 are reverse coded, then a total is derived by summing all items. Higher scores indicate a more positive (accepting) attitude toward gangs.

F3. Ethnic Identity—Teen Conflict Survey

These items measure ethnic pride and respect for differences. Respondents are asked to indicate how often they would make each statement.

How often would you make the following statements?

| | Never | Seldom | Sometimes | Often | Always |
|---|-------|--------|-----------|-------|--------|
| 1. I am proud to be a member of my racial/cultural group. | a | b | c | d | e |
| 2. I am accepting of others regardless of their race, culture, or religion. | a | b | c | d | e |
| 3. I would help someone regardless of their race. | a | b | c | d | e |
| 4. I can get along well with most people. | a | b | c | d | e |

Scoring and Analysis

Point values are assigned as follows:

| | | |
|-----------|---|---|
| Never | = | 1 |
| Seldom | = | 2 |
| Sometimes | = | 3 |
| Often | = | 4 |
| Always | = | 5 |

Scores are calculated by summing all responses, with a possible range of 4 to 20. Higher scores indicate higher respect for diversity and higher self-ethnic pride.

L3. Violent Intentions—Teen Conflict Survey

These items measure intentions to use nonviolent strategies to control anger and conflict. Respondents are asked to indicate how likely they would be to adopt certain nonviolent behaviors the next time they get angry.

The next time you find yourself really angry at someone or something, how likely is it that you would ...

| | Very likely | Likely | Unlikely | Very unlikely |
|--|----------------|--------|----------|------------------|
| 1. Ignore the situation? | a | b | c | d |
| 2. Ignore the situation and get the person later? | a | b | c | d |
| 3. Try to talk it out? | a | b | c | d |
| 4. Suggest peer mediation? | a | b | c | d |
| 5. Channel your anger into something constructive? | a | b | c | d |
| 6. Laugh it off? | a | b | c | d |
| 7. Try to reduce your anger? | a | b | c | d |
| 8. Try to see the other person's point of view? | a | b | c | d |

Scoring and Analysis

Point values are assigned as follows:

| | | |
|---------------|---|---|
| Very likely | = | 4 |
| Likely | = | 3 |
| Unlikely | = | 2 |
| Very unlikely | = | 1 |

Item 2 is reverse scored. Responses are summed, with a possible range of 8 to 32. High scores indicate a stronger intention to use non-violent strategies.

P5. Self-Efficacy—Teen Conflict Survey

These items measure an individual's confidence in his or her ability to control anger and resolve conflicts nonviolently. Respondents are asked to indicate how likely they would be to use certain nonviolent strategies.

| | Very confident | Somewhat confident | Unsure | Not very confident | Not at all confident |
|---|----------------|--------------------|--------|--------------------|----------------------|
| 1. Stay out of fights? | a | b | c | d | e |
| 2. Understand another person's point of view? | a | b | c | d | e |
| 3. Calm down when you are mad? | a | b | c | d | e |
| 4. Talk out a disagreement? | a | b | c | d | e |
| 5. Learn to stay out of fights? | a | b | c | d | e |

Scoring and Analysis

Point values are assigned as follows:

| | | |
|----------------------|---|---|
| Very confident | = | 5 |
| Somewhat confident | = | 4 |
| Unsure | = | 3 |
| Not very confident | = | 2 |
| Not at all confident | = | 1 |

Scores are calculated by summing all responses. Possible range is 5 to 25, with higher scores indicating more confidence.

R4. Empathy—Teen Conflict Survey

These items measure an individual's ability to listen, care, and trust others. Youths are asked to indicate how often they would make several statements.

How often would you make the following statements?

1. I can listen to others.
 Never Seldom Sometimes Often Always
2. Kids I don't like can have good ideas.
 Never Seldom Sometimes Often Always
3. I get upset when my friends are sad.
 Never Seldom Sometimes Often Always
4. I trust people who are not my friends.
 Never Seldom Sometimes Often Always
5. I am sensitive to other people's feelings, even if they are not my friends.
 Never Seldom Sometimes Often Always

Scoring and Analysis

Point values are assigned as follows:

| | | |
|-----------|---|---|
| Never | = | 1 |
| Seldom | = | 2 |
| Sometimes | = | 3 |
| Often | = | 4 |
| Always | = | 5 |

Scores are derived by summing all responses, with possible scores ranging from 5 to 25. Higher scores indicate higher empathy.

11. Impulsivity—Teen Conflict Survey

These items measure the frequency of impulsive behaviors (e.g., lack of self-control, difficulty sitting still, trouble finishing things). Respondents are asked to indicate how often they perform certain impulsive behaviors.

How often would you make the following statements?

| | Never | Seldom | Sometimes | Often | Always |
|--|-------|--------|-----------|-------|--------|
| 1. I have a hard time sitting still. | a | b | c | d | e |
| 2. I start things but have a hard time finishing them. | a | b | c | d | e |
| 3. I do things without thinking. | a | b | c | d | e |
| 4. I need to use a lot of self-control to keep out of trouble. | a | b | c | d | e |

Scoring and Analysis

Point values are assigned as follows:

| | | |
|-----------|---|---|
| Never | = | 1 |
| Seldom | = | 2 |
| Sometimes | = | 3 |
| Often | = | 4 |
| Always | = | 5 |

Scores are derived by summing across all responses. A range of 4 to 20 points is possible, with high scores indicating higher self-reported impulsivity.

J1. Leisure Activity—Teen Conflict Survey

These items measure the amount of time a student spends every day in a number of leisure activities (e.g., reading, watching TV, working at the computer, doing homework). Respondents are asked to indicate the extent to which they engage in certain activities on an average school day.

On an average school day, I...

| | 0 mins | 1-30 mins | 30-60 mins | 1-2 hrs | 2-4 hrs |
|--|--------|-----------|------------|---------|---------|
| 1. Watch TV or videos. | a | b | c | d | e |
| 2. Read for fun. | a | b | c | d | e |
| 3. Listen to radio, records, tapes, or CDs. | a | b | c | d | e |
| 4. Do homework. | a | b | c | d | e |
| 5. Play computer or video games. | a | b | c | d | e |
| 6. Talk to or do activities with family. | a | b | c | d | e |
| 7. Talk to or do activities with friends. | a | b | c | d | e |
| 8. Do chores around the house. | a | b | c | d | e |
| 9. Spend time without an adult around. | a | b | c | d | e |
| 10. Participate in extracurricular activities. | a | b | c | d | e |

Scoring and Analysis

Point values are assigned as follows:

| | | |
|------------|---|---|
| 0 mins | = | 1 |
| 1-30 mins | = | 2 |
| 30-60 mins | = | 3 |
| 1-2 hrs | = | 4 |
| 2-4 hrs | = | 5 |

Scores are derived by summing all responses, with a possible range of 10 to 50. Higher scores indicate higher involvement in constructive activities.

Reference 198

Attitude toward gang violence (no name)**E1. Attitudes Toward Gangs**

These items measure attitudes toward gangs. Respondents are asked to indicate how true certain statements about gangs are for them.

| | Not true for me | True for me |
|---|--------------------|----------------|
| 1. I think you are safer, and have protection, if you join a gang. | 0 | 1 |
| 2. I will probably join a gang. | 0 | 1 |
| 3. Some of my friends at school belong to gangs. | 0 | 1 |
| 4. I think it's cool to be in a gang. | 0 | 1 |
| 5. My friends would think less of me if I joined a gang. | 0 | 1 |
| 6. I believe it is dangerous to join a gang; you will probably end up getting hurt or killed if you belong to a gang. | 0 | 1 |
| 7. I think being in a gang makes it more likely that you will get into trouble. | 0 | 1 |
| 8. Some people in my family belong to a gang, or used to belong to a gang. | 0 | 1 |
| 9. I belong to a gang. | 0 | 1 |

Scoring and Analysis

Point values are as indicated above. Items 5, 6 and 7 are reverse coded, then a total is derived by summing all items. Higher scores indicate a more positive (accepting) attitude toward gangs.

A2. Aggressive Fantasies

This scale measures levels of aggressive fantasy, validated against peer nominations of aggression. It was originally constructed for elementary school children, but modified for adolescents.

| | Never | A little | A lot |
|---|-------|----------|-------|
| 1. When you get mad, do you sometimes imagine hitting or hurting the other person? | 0 | 1 | 2 |
| 2. Do you sometimes imagine or daydream about what would happen if you did something real bad in school, or got arrested for something, even when this did not really happen? | 0 | 1 | 2 |
| 3. Do you sometimes imagine or have daydreams about hitting or hurting somebody that you don't like? | 0 | 1 | 2 |
| 4. Do you sometimes have daydreams or nightmares about running away from someone who is trying to catch you and hurt you, or do something bad to you? | 0 | 1 | 2 |
| 5. Do you sometimes imagine or daydream about using powerful weapons to destroy your enemies? | 0 | 1 | 2 |
| 6. Do you sometimes daydream or imagine rape scenes, or forcing someone to have sex? | 0 | 1 | 2 |
| 7. Do you ever daydream about people getting killed? | 0 | 1 | 2 |

(All items were either added or modified by Nadel, Spellmann, Alvarez-Canino, Lausell-Bryant & Landsberg, 1996)

Scoring and Analysis

Point values for all items are added, with totals ranging from 0 to 14. A high score indicates a high level of aggressive fantasies. A low score indicates a low level of aggressive fantasies.

Reference 199

Attitudes towards guns and violence (no name)

G1. Attitudes Toward Guns and Violence

These items measure attraction to guns and violence in relation to four major factors: aggressive response to shame, excitement, comfort with aggression, and power/safety. Respondents are asked to indicate whether they agree, disagree, or are not sure about an idea.

1. You've got to fight to show people you're not a wimp. Agree Not sure Disagree
2. If someone disrespects me, I have to fight them to get my pride back. Agree Not sure Disagree
3. Carrying a gun makes people feel safe. Agree Not sure Disagree
4. Carrying a gun makes people feel powerful and strong. Agree Not sure Disagree
5. If people are nice to me I'll be nice to them, but if someone stops me from getting what I want, they'll pay for it bad. Agree Not sure Disagree
6. I'd like to have a gun so that people would look up to me. Agree Not sure Disagree
7. It would be exciting to hold a loaded gun in my hand. Agree Not sure Disagree
8. I wish there weren't any guns in my neighborhood. Agree Not sure Disagree
9. I bet it would feel real cool to walk down the street with a gun in my pocket. Agree Not sure Disagree
10. I'd feel awful inside if someone laughed at me and I didn't fight them. Agree Not sure Disagree
11. It would make me feel really powerful to hold a loaded gun in my hand. Agree Not sure Disagree
12. Most people feel nervous around someone with a gun and they want to get away from that person. Agree Not sure Disagree
13. The people I respect would never go around with a gun because they're against hurting people. Agree Not sure Disagree
14. I think it would be fun to play around with a real gun. Agree Not sure Disagree

15. If someone insults me or my family, it really bothers me, but if I beat them up, that makes me feel better. Agree Not sure Disagree
16. If somebody insults you, and you don't want to be a chump, you have to fight. Agree Not sure Disagree
17. I don't like people who have guns because they might kill someone. Agree Not sure Disagree
18. A kid who doesn't get even with someone who makes fun of him is a sucker. Agree Not sure Disagree
19. Belonging to a gang makes kids feel safe because they've got people to back them up. Agree Not sure Disagree
20. If I acted the way teachers think I should out on the street, people would think I was weak and I'd get pushed around. Agree Not sure Disagree
21. I wish everyone would get rid of all their guns. Agree Not sure Disagree
22. I don't like being around people with guns because someone could end up getting hurt. Agree Not sure Disagree
23. Kids in gangs feel like they're part of something powerful. Agree Not sure Disagree

Scoring and Analysis

This instrument is copyrighted. For permission to use and scoring information, contact:

Western Psychological Services
 12031 Wilshire Boulevard
 Los Angeles, CA 90025
 Tel: (800) 648-8857
 Fax: (310) 478-7838
www.wpspublish.com

This instrument has four main factors. The *Aggressive Response to Shame* factor has items that measure the belief that shame resulting from being insulted can be undone only by means of aggression (items 1, 2, 5, 10, 15, 16, 18 and 20). The *Excitement* factor measures whether the respondent finds guns to be intrinsically exciting, stimulating and fun (items 6, 7, 9, 11 and 14). The *Comfort With Aggression* factor measures general beliefs, values, and feelings about aggression and violence (items 8, 12, 13, 17, 21 and 22). The *Power/Safety* factor measures the belief that guns and violence increase one's safety on the streets and bring a sense of personal power (items 3, 4, 19 and 23).

Reference 200

Psychosocial variables related to texting and driving

PART I

| | | | | |
|---|--------------------------------------|--------------------------------------|---------------------------------------|---|
| 1. Approximately, how long have you held a drivers licence? (Please tick one option). | | | | |
| <input type="checkbox"/> Less than 1 year | <input type="checkbox"/> 1 – 2 years | <input type="checkbox"/> 2 – 5 years | <input type="checkbox"/> 6 – 10 years | <input type="checkbox"/> More than 10 years |

| | | |
|--|--------------------------------------|-------------------------------|
| 2. What type of drivers licence do you hold? | <input type="checkbox"/> Provisional | <input type="checkbox"/> Open |
|--|--------------------------------------|-------------------------------|

| | |
|--|----------------------|
| 3. Approximately how many hours of driving in total do you do each week? | _____ hours per week |
|--|----------------------|

| | | | | | | |
|---|---|---|---------------------|---|---|--------------|
| 4. On average, how much of your driving is for business or personal purposes? (Please circle one option). | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| All business | | | Approximately equal | | | All personal |

| | | | |
|---|-----------------|--------------------------------------|--|
| 5. On average, | | Please write one number in each row. | |
| How many calls would you make on your mobile phone | each day? _____ | or each week? _____ | |
| How many calls would you receive on your mobile phone | each day? _____ | or each week? _____ | |
| How many SMS would you send on your mobile phone | each day? _____ | or each week? _____ | |
| How many SMS would receive on your mobile phone | each day? _____ | or each week? _____ | |

| | | | | | | |
|---|---|---|---------------------|---|---|--------------|
| 6. On average, how much do you use your mobile phone for business or personal purposes? (Please circle one option). | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| All business | | | Approximately equal | | | All personal |

| | | | | | | | | |
|--|--------------|---|---|---------------|---|---|--------------|------------------|
| 7. In the car you drive most regularly, do you have a hands-free mobile unit? (Please tick one option) | | | | | | | | |
| <input type="checkbox"/> Yes Please answer below | | | <input type="checkbox"/> No Please turn over page | | | | | |
| 7a IF YES, how often do you use a hands-free unit in comparison to a hand held mobile while driving? (Please circle one option). | | | | | | | | |
| Hands-free mobile | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Hand held mobile |
| | All the time | | | Half the time | | | All the time | |

| 8. How often do you do the following on your mobile phone while driving? Please circle one option in each line | More than once a day | Daily | 1 or 2 times a week | 1 or 2 times a month | 1 or 2 times in six months | Once a year | Never |
|---|----------------------|-------|---------------------|----------------------|----------------------------|-------------|-------|
| Use a mobile phone for any purpose (send or receive text messages, answer or make a call)... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Send a text message..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Read a text message..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Make a mobile phone call..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Answer a mobile phone call..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

The following set of questions relate to your general mobile phone use

| 9. How much do you agree with the following statements in relation to your mobile phone use? Please circle one option in each line | Strongly disagree | Disagree | Some what Disagree | Neither agree nor disagree | Some what agree | Agree | Strongly Agree |
|---|-------------------|----------|--------------------|----------------------------|-----------------|-------|----------------|
| I interrupt whatever else I am doing when I am contacted on my mobile phone. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| I often use my mobile phone for no particular reason..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| I feel connected to others when I am using my mobile phone..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Arguments have arisen with others, because of my mobile phone use..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| I lose track of how much I am using my mobile phone..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| I often think about my mobile phone when I am not using it..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| I hide how much I use my mobile phone from those people closest to me..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| I am concerned that I rely too much on my mobile phone..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| I have been unable to reduce my mobile phone use..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| I keep checking my mobile phone for messages or calls..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| I feel anxious when I am unable to use my mobile phone..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| I find it hard to control how much I use my mobile phone to contact others..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| The thought of being without my mobile phone makes me feel distressed..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| I get excited when I hear my mobile phone ring/ receive a text message..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| I use my mobile phone at increasingly higher levels..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

PART II: This section relates to **using a mobile phone** (to make or answer calls, send or read text messages) while **driving** in the next week.

| 1. How likely is it that your using a mobile phone while driving in the next week would result in the following? | Extremely unlikely | Quite unlikely | Slightly unlikely | Neither likely nor unlikely | Slightly likely | Quite likely | Extremely likely |
|---|--------------------|----------------|-------------------|-----------------------------|-----------------|--------------|------------------|
| Please circle one option in each line | | | | | | | |
| Using time effectively..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Being distracted from driving..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Being involved in a crash..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Receiving information (e.g., directions, important news)..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Receiving assistance in an emergency..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Being caught and fined by the police..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

| 2. How likely is it that the following people or groups of people would approve of your using a mobile phone while driving in the next week? | Extremely unlikely | Quite unlikely | Slightly unlikely | Neither likely nor unlikely | Slightly likely | Quite likely | Extremely likely |
|--|--------------------|----------------|-------------------|-----------------------------|-----------------|--------------|------------------|
| Please circle one option in each line | | | | | | | |
| Friends..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Family members..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Partner/boyfriend/girlfriend..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Work colleagues..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Other drivers..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Police..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

| 3. How likely are the following factors to prevent you from using a mobile phone while driving in the next week? | Extremely unlikely | Quite unlikely | Slightly unlikely | Neither likely nor unlikely | Slightly likely | Quite likely | Extremely likely |
|--|--------------------|----------------|-------------------|-----------------------------|-----------------|--------------|------------------|
| Please circle one option in each line | | | | | | | |
| Risk of fines..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Demanding driving conditions (e.g., weather, changing lanes) | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Risk of an accident..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Police presence..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Lack of hands-free kit..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Heavy traffic..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

| 4. If you were driving in the next week, do you agree that? | Extremely unlikely | Quite unlikely | Slightly unlikely | Neither likely nor unlikely | Slightly likely | Quite likely | Extremely |
|--|--------------------|----------------|-------------------|-----------------------------|-----------------|--------------|-----------|
| Please circle one option in each line | | | | | | | |
| It is likely that I will use my mobile phone while driving..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Using my mobile phone while driving would be good..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Those people who are important to me would want me to use my mobile phone while driving..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| I have complete control over whether I use my mobile phone while driving..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

PART III

| | |
|-----------------|---|
| Scenario | You are driving alone during the day in dry weather. The road is a straight multiple-lane road that you travel frequently. You are in medium density traffic. |
|-----------------|---|

For the following questions, imagine that you are driving in the above conditions in the next week and...

| 1. You are driving at 100 km per hour and are running late. In this situation, to what extent do you agree that it is likely you would: | Strongly disagree | Disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Agree | Strongly agree |
|---|-------------------|----------|-------------------|----------------------------|----------------|-------|----------------|
| Please circle one option in each line | | | | | | | |
| Use your mobile phone..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Think using your mobile phone would be good..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Think that those people who are important to you would want you to use your mobile phone..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Have complete control over whether you use your mobile phone..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Have a crash if you use your mobile phone..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Be caught and fined by the police if you use your mobile phone..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Make a call..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Answer a call..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Send a text..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Read a text..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

| 2. You are driving at 100 km per hour and are not in a hurry. In this situation, to what extent do you agree that it is likely you would: | Strongly disagree | Disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Agree | Strongly agree |
|---|-------------------|----------|-------------------|----------------------------|----------------|-------|----------------|
| Please circle one option in each line | | | | | | | |
| Use your mobile phone..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Think using your mobile phone would be good..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Think that those people who are important to you would want you to use your mobile phone | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Have complete control over whether you use your mobile phone..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Have a crash if you use your mobile phone..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Be caught and fined by the police if you use your mobile phone..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Make a call..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Answer a call..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Send a text | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Read a text..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Scenario You are **driving alone** during the **day** in **dry weather**.

The road is a **straight multiple-lane road** that you travel frequently.

You are in **medium density traffic**.

For the following questions, imagine that you are driving in the above conditions in the next week and...

| 3. You are waiting at traffic lights and are running late. In this situation, to what extent do you agree that it is likely you would: | Strongly disagree | Disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Agree | Strongly agree |
|--|-------------------|----------|-------------------|----------------------------|----------------|-------|----------------|
| Please circle one option in each line | | | | | | | |
| Use your mobile phone..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Think using your mobile phone would be good..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Think that those people who are important to you would want | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Have complete control over whether you use your mobile | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Have a crash if you use your mobile phone..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Be caught and fined by the police if you use your mobile | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Make a call..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Answer a call..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Send a text..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Read a text..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. You are waiting at traffic lights and are not in a hurry. In this situation, to what extent do you agree that it is likely you would: | Strongly disagree | Disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Agree | Strongly agree |
| Please circle one option in each line | | | | | | | |
| Use your mobile phone..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Think using your mobile phone would be good..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Think that those people who are important to you would want | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Have complete control over whether you use your mobile | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Have a crash if you use your mobile phone..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Be caught and fined by the police if you use your mobile | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Make a call..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Answer a call..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Send a text..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Read a text..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Reference 201 **Psychosocial variables related to texting**

Intention

Participants' intentions to text while driving was assessed using 3 items as specified by Ajzen (1991) for each behaviour (sending and reading), "I plan to send [read] SMS messages while driving in the next week"; "I intend to send [read] SMS messages while driving in the next week"; and "It is likely that I will send [read] SMS messages while driving in the next week".

Attitude

Attitude toward texting while driving was assessed by creating a composite scale from 4 semantic differential items as specified by Ajzen (1991) for each behaviour, "For me to send [read] SMS messages while driving in the next week would be." Items were scored (1) good to (7) bad; (1) worthless to (7) valuable; (1) wise to (7) unwise; (1) negative to (7) positive. Scores for the dimensions of good–bad and wise–unwise were reversed so that higher scores reflected positive attitudes.

Subjective norm

Subjective norm was measured using a composite scale comprising 3 items as specified by Ajzen (1991) for each behaviour, "Those people who are important to me would approve of me sending [reading] SMS messages while driving in the next week"; "Those people who are important to me would want me to send [read] SMS messages while driving in the next week"; "Those people who are important to me think I should send [read] SMS messages while driving in the next week". Items were scored (1) strongly disagree to (7) strongly agree.

Perceived behavioural control

Perceived behavioural control was assessed using 2 items as specified by Ajzen (1991) for each behaviour: "I have complete control over whether I will send [read] SMS messages while driving in the next week"; and "It is mostly up to me whether I will send [read] SMS messages while driving in the next week". Items were scored (1) strongly disagree to (7) strongly agree.

Past behaviour

One item for each target behaviour was included to measure the past performance of each behaviour. The item was: "In the past week, how often did you use your mobile phone to send [read] SMS messages while driving?"

Group norm

Participants responded to 4 items adapted from Terry et al. (1999) assessing their perceptions of the reference group for performing the target behaviour. Two questions were asked for each behaviour: "Thinking about your friends and peers, how many of them do you think would send [read] an SMS message while driving during the next week?" and "How many of your friends and peers would think sending [reading] an SMS message while driving is a good thing to do?" Items were scored as (1) none to (7) all.

Moral norm

A composite scale for each behaviour was created using 3 items adapted from Godin et al. (2005): "I would feel guilty if I sent [read] SMS messages while driving"; "I personally think that sending [reading] messages while driving is wrong"; and "Sending [reading] SMS messages while driving goes against my principles". Items were scored (1) strongly disagree to (7) strongly agree.

Behaviour

One week after completing the main questionnaire, participants completed a follow-up questionnaire which asked them to report their behaviour retrospectively: "In the previous week, how many SMS messages did you send whilst driving?" and "In the previous week, how many SMS messages did you read whilst driving?"

Reference 202 **DRIVE study questionnaire**

Risky behavior items, “How often do you [engage in a particular behavior]?”; possible responses and corresponding scores were: very often=4, often=3, sometimes=2, hardly ever=1, and never=0; the total score range was 0 to 56.

Risky Driving Behavior

Drive with 2 or more passengers

Drive while listening to loud music

Drive about 70 km/h in a 60-km/h zone

Drive fast just for the thrill of it

Follow very close behind slower drivers

Speed up if someone is trying to pass

Take some risks when driving because
it makes driving more fun

Make rude gestures at other drivers

Honk your horn or flash your lights in
anger at other drivers

Do burnouts, donuts, or skids just for
the fun of it

Race or drag race for the fun of it

Drive while using SMS^a on a mobile phone

Drive while talking on a mobile phone

Drive without wearing a seatbelt

For risk perception items, participants were asked, “When you are driving, how safe do you think the following are?”, with response options and scores as follows: always safe=3, mostly safe=2, sometimes safe=1, and rarely safe=0; the total score range was 0 to 30.

Rates the Following as Always Safe or Mostly Safe

Driving with 2 or more passengers

Driving between midnight and 6 AM

Driving at 110 km/h in a 100-km/h zone

Driving at 70 km/h in a 60-km/h zone

Driving while talking on a mobile phone

Driving a poorly maintained car

Driving with a blood alcohol level just
over the legal limit

Driving while using SMS on a mobile phone

Driving after smoking marijuana

Going through a red light

2. It would be fun.
3. It would help me make new friends.
4. It would get or keep me in shape.
5. It would make me more attractive.
6. It would give me more energy.
7. It would make me hot and sweaty.
8. It would make me better in sports, dance, or other activities.

Subjective Norm Questionnaire

1. My fellow students think I should be physically active during my free time on most days.
2. My best friend thinks I should be physically active during my free time on most days.
3. My physical education teacher thinks I should be physically active during my free time on most days.
4. My other teachers think I should be physically active during my free time on most days.
5. My mother or female guardian thinks I should be physically active during my free time on most days.
6. My father or male guardian thinks I should be physically active during my free time on most days.
7. My sister/sisters think I should be physically active during my free time on most days.
8. My brother/brothers think I should be physically active during my free time on most days.

Perceived Behavioral Control Questionnaire

1. For me to be physically active during my free time on most days would be . . .
2. I have control over my being physically active during my free time on most days.
3. I believe I have all the things I need to be physically active during my free time on most days.
4. If I want to be I can be physically active during my free time on most days.

Self-Efficacy Questionnaire

1. I can be physically active during my free time on most days.
2. I can ask my parent or other adult to do physically active things with me.
3. I can be physically active during my free time on most days even if I could watch TV or play video games instead.
4. I can be physically active during my free time on most days even if it is very hot or cold outside.
5. I can ask my best friend to be physically active with me during my free time on most days.
6. I can be physically active during my free time on most days even if I have to stay at home.
7. I have the coordination I need to be physically active during my free time on most days.
8. I can be physically active during my free time on most days no matter how busy my day is.

APPENDIX

Attitude Questionnaire

If I were to be physically active during my free time on most days . . .

1. It would help me cope with stress.

Reference 204

1. Please classify the following foods into one of these categories “fat”, “fibre (roughage)”, “protein”, “sugar” and “starches (complex carbohydrates)”

wholemeal bread/chapatti/roti; white fish (e.g. cod, plaice)—grilled; oily fish (e.g. sardines, tuna tinned in brine); hard cheese (e.g. cheddar); whole milk; skimmed milk; potatoes (boiled); red meat (e.g. lamb, beef, bacon); poultry (e.g. chicken without skin); sunflower margarine; butter; pulses (peas, beans, lentils); jam; chocolate; white rice (boiled); plain sweet biscuits (e.g. digestive, rich tea); bananas; apples; bran flakes (without milk).

2. Are the following foods high in iron, calcium, salt or vitamin C?

oily fish (e.g. sardines, tuna tinned in brine); hard cheese (e.g. cheddar); whole milk; skimmed milk; sunflower margarine; oranges; red meat (e.g. beef, lamb)—roast; raw carrots

3. Do health experts recommend that adults in this country should eat more, the same amount, or less?

whole milk, wholemeal bread, potatoes, fruit, green vegetables, fish, saturated fats, added sugar, starches, fibre and salt. (increase consumption of these items except whole milk, salt, added sugar and saturated fats, for which the recommendation was to eat less)

5. How many servings of fruit and vegetables that health experts recommend we should eat per day?