

ATTACHMENT 4A-4: FLASHE TEENAGER PHYSICAL ACTIVITY SURVEY

Thank you for taking the Family Life, Activity, Sun, Health and Eating (FLASHE) Survey. This survey asks about your attitudes and opinions about your physical activities, as well as other related factors. It is important that you answer the survey questions carefully and accurately, since your answers will help us understand more about people's physical activities and lifestyles.

Survey Instructions

This information will help you answer the FLASHE Survey questions.

- ◆ For the FLASHE Survey, the term “**physical activity**” means any play, game, sport, exercise or transportation (like walking or biking to school) that gets you moving and breathing harder.
- ◆ Some parts of the survey are about you. Others are about your parents and family.
- ◆ In this survey, “**parent**” means the adult who takes care of you. It could be your birth mother or father or your adopted mother or father. It could also be your guardian, an adult relative or an adult who isn't related to you.
- ◆ You'll need about 15 minutes to do the survey.
- ◆ Read all the answers before marking a box. Please mark only the box that best describes you or your family. There aren't any right or wrong answers.
- ◆ Try to answer all the questions. The more questions you answer, the more we'll learn. If any question makes you uncomfortable, it's okay to skip it.
- ◆ Follow the arrows to move through the survey. Some arrows point you to the next question. Other arrows come with a note telling you which question to answer next. They might tell you to skip over some questions. Here are some examples:

Example Survey Items

1a. Have you ever answered a mail survey questionnaire before?

⁰ No → GO TO QUESTION 2

¹ Yes →

1b. When was the last time you answered a mail survey questionnaire?

¹ 1-5 months ago

² 6-12 months ago

³ More than 12 months ago

2. Have you ever answered a telephone survey questionnaire before?

⁰ No

¹ Yes

Collection of this information is authorized by The Public Health Service Act, Section 411 (42 USC 285a). Rights of study participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. Refusal to participate will not affect your benefits in any way. The information collected in this study will be kept private under the Privacy Act. Names and other identifiers will not appear in any report of the study. Information provided will be combined for all study participants and reported as summaries. You are being contacted by telephone to complete this instrument so that we can identify potential sources of measurement or response error. The purpose of this instrument is to examine psychosocial, generational, and environmental correlates of cancer preventive behaviors.

Public reporting burden for this collection of information is estimated to average 40 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0642). Do not return the completed form to this address.

FLASHE Physical Activity Survey: Teen

Section 1. Physical Activity

This first section asks different questions having to do with physical activity. **Physical activity** in this survey means any play, game, sport, exercise or transportation (like walking or biking to school) that gets you moving and breathing harder.

1. Please mark how much you disagree or agree with each of the statements listed below.

| During a typical week... | Strongly Disagree | Disagree | Neither | Agree | Strongly Agree |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. My friends encourage me to exercise most days of the week | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. My friends play sports or are physically active with me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. My friends exercise most days of the week..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. My friends walk or ride bikes to school or to a friend's house | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. There are lots of things that can prevent people from exercising as much as they'd like to. Please mark how much you disagree or agree with each of the statements listed below.

| I don't exercise as much as I like to because... | Strongly disagree | Somewhat disagree | Neither disagree nor agree | Somewhat agree | Strongly agree |
|--|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| a. I don't like to sweat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I'm too busy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I don't like to exercise | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I don't want to mess up my hair | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I don't like how my body looks when I exercise | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. It costs too much money to exercise | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. My family doesn't like to exercise | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. I'm not athletic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. I don't have the skills to exercise | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. Please think about being physically active on most days of the week. Then please mark how much you disagree or agree with each of the statements listed below.

| If I were to be physically active on most days of the week it would... | Strongly disagree | Somewhat disagree | Neither disagree nor agree | Somewhat agree | Strongly agree |
|--|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| a. Be fun | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Help me cope with stress | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Help me make new friends | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Get or keep me in shape..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Make me more good looking..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Give me more energy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Make me better in sports, dance or other activities..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. There are lots of reasons why people would exercise most days of the week. Please mark how much you disagree or agree with each of the statements listed below.

I would exercise **most days of the week** because...

Strongly disagree Somewhat disagree Neither disagree nor agree Somewhat agree Strongly agree

| | Strongly disagree | Somewhat disagree | Neither disagree nor agree | Somewhat agree | Strongly agree |
|--|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| a. I would feel bad about myself if I didn't..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I enjoy exercising | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I would feel like I failed if I didn't..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. It helps me feel better..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I have thought about it and decided that I want to exercise | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Others would be upset with me if I didn't..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. It is an important thing for me to do..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5. Please mark how much you disagree or agree with this statement: I feel confident in my ability to exercise most days of the week.

- Strongly disagree
- Somewhat disagree
- Neither disagree nor agree
- Somewhat agree
- Strongly agree

6. In the **past school year**, how often have you had homework assignments that limited the amount of time you had available for physical activity?

- Never
- Rarely
- Sometimes
- Often
- Always
- I don't know

7. Please indicate 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 |
|--|--------------------------|--------------------------|--------------------------|---------------------------|--------------------------|
| a. Bicycle. Don't count stationary bikes..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Basketball hoop | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Jump rope | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Sports equipment like balls, racquets, bats and sticks..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Access to a swimming pool..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Roller skates/roller blades..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Skateboard | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Scooter | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Cardio equipment like treadmills, stationary bicycles, step climbers, elliptical machines, rowing machines, etc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Weight lifting equipment..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Trampoline..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Active gaming like Wii or Xbox..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Exercise videos or DVD's..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Room or space to play inside | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o. Toys like jump ropes and Frisbees | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Section 2. Getting To and From School

8. On how many days during the school week do you **get to school** by...

| Please mark one box for each row | 1 day | 2 days | 3 days | 4 days | 5 days | I don't get to school this way |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Walking?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Riding a bike?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Taking a car or bus?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

9. On how many days during the school week do you **leave from school** by...

| Please mark one box for each row | 1 day | 2 days | 3 days | 4 days | 5 days | I don't leave school this way |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Walking?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Riding a bike?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Taking a car or bus?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

10. Please mark how much you disagree or agree with each of the statements about walking and biking to school listed below.

| It is difficult for me to walk or bike to school (alone or with someone) because... | Strongly disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Strongly agree |
|---|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. There are no sidewalks..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. It's not considered cool to walk or bike..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. It is not safe because of crime (strangers, gangs, drugs)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I get bullied, teased, harassed..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. There are stray dogs..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. It is too far..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. My parents don't let me..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Section 3. Using Electronic Devices

People watch TV or videos and play games using many different kinds of electronic devices. When thinking about videos, count Netflix, YouTube, ONDemand, etc. From the list below, please mark which ones **you** use and how often you use each:

11. On **weekdays** (Monday – Friday), about how many hours **per day** do you use each electronic device?

| | Not at all | Less than half hour | Half hour to 2 hours | 2 to 4 hours | 4 to 6 hours | 6+ hours |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Desktop, laptop computer or tablet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Cell phone or Smartphone (for gaming and/or watching videos) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Television..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Gaming console like Wii, Xbox, PlayStation, etc..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Handheld gaming devices like Nintendo DS, Sony PSP, etc..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Electronic reader, like Kindle or Nook | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

12. On **weekends** (Saturday & Sunday), about how many hours **per day** do you use each electronic device?

| | Not at all | Less than half hour | Half hour to 2 hours | 2 to 4 hours | 4 to 6 hours | 6+ hours |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Desktop, laptop computer or tablet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Cell phone or Smartphone (for gaming and/or watching videos) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Television..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Gaming console like Wii, Xbox, PlayStation, etc..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Handheld gaming devices like Nintendo DS, Sony PSP, etc..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Electronic reader, like Kindle or Nook | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

13. How many TVs are in your home?

- 0
- 1
- 2
- 3
- 4
- 5 or more

14. Do you have a TV in your bedroom?

- Yes
- No

For these next questions, please think about the electronic devices you marked in Questions 11 and 12.

15. There are lots of reasons why **would try** to limit the amount of time they spend using electronic devices. Please mark how much you disagree or agree with each of the statements listed below.

I **would try** to limit the amount of time I spend using electronic devices because...

| | Strongly disagree | Somewhat disagree | Neither disagree nor agree | Somewhat agree | Strongly agree |
|--|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| a. I would feel bad about myself if I didn't | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I would feel like I failed if I didn't..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Limiting the amount of time I spend using electronic devices helps me feel better | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I have thought about it and decided that I want to.. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Others would be upset with me if I didn't limit the amount of time I spend using electronic devices | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. It's an important thing for me to do..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

16. Please mark how much you disagree or agree with the following statement: I feel confident in my ability to limit how much time I spend using electronic devices every day.

- Strongly disagree
- Somewhat disagree
- Neither disagree nor agree
- Somewhat agree
- Strongly agree

17. Please mark how much you disagree or agree with each of the statements listed below.

| | Strongly Disagree | Disagree | Neither disagree or agree | Agree | Strongly Agree |
|---|--------------------------|--------------------------|---------------------------|--------------------------|--------------------------|
| g. My friends watch TV, play on the computer or play electronic games most days of the week | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. My friends watch TV, play on the computer or play electronic games with me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Section 4. Time Spent in the Sun and Indoor Tanning

These next questions are about spending time outside and in the sun.

18. In the summer, on average, how many hours are you outside **per day** between 10AM and 4 PM on **weekdays** (Monday-Friday)?

- 30 minutes or less
- 31 minutes to 1 hour
- 2 hours
- 3 hours
- 4 hours
- 5 hours
- 6 hours

19. In the summer, on average, how many hours are you outside **per day** between 10AM and 4 PM on **weekend days** (Saturday & Sunday)?

- 30 minutes or less
- 31 minutes to 1 hour
- 2 hours
- 3 hours
- 4 hours
- 5 hours
- 6 hours

20. For the following questions, think about what you do when you're outside during the summer on a warm sunny day.

How often do you...

| | Never | Rarely | Sometimes | Often | Always |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Wear sunscreen?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Wear a shirt with sleeves that cover your shoulders?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Wear a hat?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Stay in the shade or under an umbrella? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Wear sunglasses? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Spend time in the sun in order to get a tan? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

21. Now think about the **past 12 months**. In that entire time, how often did you use...

| | Never | Rarely | Sometimes | Often | Always |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. A tanning bed or booth?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Sunless tanning creams or sprays, also known as self-tanning or fake tanning?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

22. In the **past 12 months**, how many times did you have a red **or** painful sunburn that lasted a day or more?

- 0 times
- 1 time
- 2 times
- 3 times
- 4 times
- 5 or more times

Section 5. Tobacco Use

These next few questions ask about your experiences using tobacco products.

23. Have you smoked at least 100 cigarettes in your entire life?

- Yes
- No → GO TO QUESTION 26

24. How often do you now smoke cigarettes?

- Everyday
- Some days
- Not at all

25. In the **past month** (30 days), when you smoked, how many cigarettes did you smoke per day?

_____ Number of cigarettes

26. At what age did you start smoking regularly?

_____ Years old

27. During the **past month** (30 days), did you smoke cigarettes to help you lose weight or keep from gaining weight?

- Yes
- No
- I don't smoke

Section 6. Sleep and Mood

28. How often do you fall asleep or feel tired during class?

- Never
- Rarely
- Sometimes
- Often
- Always

29. Do you have a regular bedtime?

- Yes
- No

For the following questions, please answer separately for **weekdays** (Monday-Friday) and **weekends** (Saturday-Sunday).

Write the time in the boxes and please mark either A.M. or P.M. EXAMPLE:

7 : **00** A.M.
 P.M.

30. What time do you usually go to bed in the evening (turn out the lights in order to go to sleep)?

Weekday : A.M.
 P.M.

Weekend : A.M.
 P.M.

31. What time do you usually get out of bed in the morning?

Weekday : A.M.
 P.M.

Weekend : A.M.
 P.M.

32. Do you generally have trouble staying asleep at night?

- Yes
- No

33. How often do you think that you need more sleep?

- Never
- Rarely
- Sometimes
- Often
- Always

Next we ask about the way you've been feeling lately. First, think about **the past month**.

34. In the **past month**, how often have you felt...

| | Never | Rarely | Sometimes | Often | Always |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. That you were unable to control the important things in your life? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Confident about your ability to handle your personal problems? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. That things were going your way? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. That difficulties were piling up so high that you could not overcome them? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Now think about the **past 12 months**.

35. In the **past 12 months**, how often have you been bothered or troubled by...

| | Never | Rarely | Sometimes | Often | Always |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Feeling too tired to do things?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Having trouble going to sleep or staying asleep?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Feeling unhappy, sad or depressed?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Feeling hopeless about the future?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Feeling nervous or tense? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Worrying too much about things? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Changes in your appetite? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Section 7. Goals in Life

36. For each of the statements listed below, please mark how important it is to you when you think about what you want for yourself in life.

| | Not at all important to me | A little important to me | Somewhat important to me | Very important to me | Extremely important to me |
|--|----------------------------------|--------------------------------|--------------------------------|----------------------------|---------------------------------|
| a. When I'm an adult, many people will admire me. ... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. When I'm an adult, people will love me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. The things I do as an adult will make people's lives better | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. When I'm an adult, I'll get enough exercise to be healthy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. People will say I'm good looking as an adult | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. When I'm an adult, I will have a lot of excitement in my life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. When I'm an adult, I won't have to worry about bad things happening | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. When I'm an adult, I'll have a job that pays well | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Section 8: Your Parent(s)

Again, in this survey “**parent**” means the adult who takes care of you. It could be your birth mother or father or your adopted mother or father. It could also be your guardian, an adult relative or an adult who isn’t related to you.

37. Please mark how often each of the statements listed below regarding what your **parent(s)** say and do when it comes to being physical active are true for you.

| | Never | Rarely | Sometimes | Often | Always |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. My parent(s) enjoy exercise and/or being physically active..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Even if my parent(s) don’t monitor my activities, I get enough physical activity..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. My parent(s) encourage me to be physically active, especially if I’ve had a bad day. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. My parent(s) encourage me to do different types of physical activity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. My parent(s) take me places where I can be physically active..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. My parent(s) and I decide together how much physical activity I have to do..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. My parent(s) make me exercise or go out and play..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. If I get in trouble or act up my parent(s) don’t let me go play or do my favorite physical activity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. My parent(s) try to be physically active when I’m around..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. It’s my parent(s)’ responsibility to make rules about how much time I spend being physically active/playing..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Finally, this next set of questions asks about “**screen time**”, that is, the time you, or your **parent(s)** spend watching videos, streaming the internet, playing video games and doing other activities that involve sitting and looking at a screen.

38. Please mark how often each of the statements listed below regarding what your **parent(s)** say and do when it comes to screen time are true for you.

| | Never | Rarely | Sometimes | Often | Always |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. My parent(s) enjoy screen time..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. If I’ve had a bad day, my parent(s) let me have screen time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. My parent(s) offer me screen time as a reward for my good behavior | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. My parent(s) take me places where I can play video games, watch movies, etc | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. If I get in trouble or act up, my parent(s) don’t let me have screen time..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. If my parent(s) don’t keep track, I have too much screen time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. If my parent(s) don’t limit my screen time, I have too much of it. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. My parent(s) and I decide together how much screen time I can have..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. My parent(s) decide how much screen time I can have..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. My parent(s) limit their screen time in front of me.... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. It’s my parent(s)’ responsibility to make rules about how much screen time I can have..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Thank you for taking the time to complete this survey. Your answers are important to us!

INSTRUCTIONS FOR RETURNING COMPLETED SURVEY

FLASHE

Family Life, Activity, Sun,
Health, and Eating Study



(flip over)

Activity Recall

Participant ID:

FLASHE Activity Recall

Instructions

- 1) Mark for which day of the week you are filling out this booklet.
- 2) For **each** time period during that day, write in the activity number that matches the **main** activity you performed during that time period. Please write **only one activity** per time period.
- 3) Rate how physically **hard** each activity was.
- 4) Mark **where** and **with whom** you performed the activity.

Examples of How Hard

Keep these examples in mind when rating how hard each physical activity was.



- 1) Day of the week for which you are filling out this booklet:

- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

| Time | Activity | How Hard | Where | With Whom |
|----------------|---|--|--|--|
| Evening | | | | |
| 10:30-11:00 | <input type="checkbox"/> Choose one activity number | <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Hard <input type="checkbox"/> Very Hard | <input type="checkbox"/> School <input type="checkbox"/> Recreational Center <input type="checkbox"/> Park or Playground <input type="checkbox"/> Home <input type="checkbox"/> Work | <input type="checkbox"/> By yourself <input type="checkbox"/> With a class or team <input type="checkbox"/> With friends or brother/sister <input type="checkbox"/> With a parent/caregiver <input type="checkbox"/> With parent and friend/family |
| 11:00-11:30 | <input type="checkbox"/> Choose one activity number | <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Hard <input type="checkbox"/> Very Hard | <input type="checkbox"/> School <input type="checkbox"/> Recreational Center <input type="checkbox"/> Park or Playground <input type="checkbox"/> Home <input type="checkbox"/> Work | <input type="checkbox"/> By yourself <input type="checkbox"/> With a class or team <input type="checkbox"/> With friends or brother/sister <input type="checkbox"/> With a parent/caregiver <input type="checkbox"/> With parent and friend/family |
| 11:30-12:00 | <input type="checkbox"/> Choose one activity number | <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Hard <input type="checkbox"/> Very Hard | <input type="checkbox"/> School <input type="checkbox"/> Recreational Center <input type="checkbox"/> Park or Playground <input type="checkbox"/> Home <input type="checkbox"/> Work | <input type="checkbox"/> By yourself <input type="checkbox"/> With a class or team <input type="checkbox"/> With friends or brother/sister <input type="checkbox"/> With a parent/caregiver <input type="checkbox"/> With parent and friend/family |

Activities

PHYSICAL ACTIVITIES

- 01 Aerobics, jazzercise, water aerobics, taebo
- 02 Basketball
- 03 Bicycling, mountain biking
- 04 Bowling
- 05 Broomball
- 06 Calisthenics/Exercises (push-ups, sit-ups, jumping jacks)
- 07 Canoeing, kayaking
- 08 Cheerleading, drill team
- 09 Dance (at home, at a class, in school, at a party, at a place of worship)
- 10 Exercise machine (cycle, treadmill, stairmaster, rowing machine)
- 11 Football
- 12 Frisbee
- 13 Golf
- 14 Gymnastics/Tumbling
- 15 Hiking
- 16 Hockey (ice, field, street, or floor)
- 17 Horseback riding
- 18 Jumping rope
- 19 Kick boxing
- 20 Lacrosse
- 21 Martial arts (karate, judo, boxing, tai kwan do, tai chi)
- 22 Playground games (tether ball, four square, dodge ball, kick ball)
- 23 Playing catch
- 24 Playing with younger children
- 25 Roller blading, ice skating, roller skating
- 26 Riding scooters
- 27 Running/Jogging
- 28 Softball/Baseball
- 29 Skiing (downhill, cross country, or water)
- 30 Skateboarding
- 31 Sailing
- 32 Skimboarding
- 33 Sledding, tobogganing, bobsledding
- 34 Snorkeling
- 35 Snowboarding
- 36 Snowmobiling
- 37 Snowshoeing
- 38 Soccer
- 39 Surfing (body or board)
- 40 Swimming (laps)
- 41 Swimming (play, pool games – Marco Polo, water volleyball)
- 42 Tennis, racquetball, badminton, paddleball
- 43 Trampolining

PHYSICAL ACTIVITIES (cont.)

- 44 Tubing/Rafting
- 45 Track & field
- 46 Volleyball
- 47 Walking for exercise
- 48 Walking for transportation
- 49 Weightlifting
- 50 Wrestling
- 51 Yoga, stretching
- 52 Other physical activities

EATING

- 53 Eating a meal
- 54 Snacking

WORK

- 55 Working (e.g., part-time job, child care)
- 56 Doing house chores (e.g., vacuuming, dusting, washing dishes, animal care, etc.)
- 57 Yard Work (e.g., mowing, raking)

AFTER SCHOOL/SPARE TIME/HOBBIES

- 58 Church
- 59 Hanging around
- 60 Homework
- 61 Listening to music
- 62 Marching band/flag line/drill team
- 63 Music lesson/playing instrument
- 64 Playing video games/surfing internet
- 65 Reading
- 66 Shopping
- 67 Talking on phone
- 68 Watching TV or movie

TRANSPORTATION

- 69 Riding in a car/bus
- 70 Travel by walking
- 71 Travel by bicycling

SLEEP/BATHING

- 72 Getting dressed
- 73 Getting ready (hair, make-up, etc.)
- 74 Showering/bathing
- 75 Sleeping

SCHOOL

- 76 Club, student activity
- 77 Lunch/free time/study hall
- 78 P.E. Class
- 79 ROTC
- 80 Sitting in class

Example Activity

2)
Write
MAIN
Activity
number
in this
column

3)
Mark
a box
to rate
HOW HARD
the activity
is

4)
Mark only 1 box in
each column

| Time | Activity | How Hard | Where | With Whom |
|------------------|--|---|---|---|
| Afternoon | | | | |
| 3:00-3:30 | <div style="border: 2px solid black; padding: 5px; display: inline-block; font-size: 24px; margin: 5px;">02</div> Choose one activity number | <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Hard <input checked="" type="checkbox"/> Very Hard | <input type="checkbox"/> School <input type="checkbox"/> Recreational Center <input checked="" type="checkbox"/> Park or Playground <input type="checkbox"/> Home <input type="checkbox"/> Work | <input type="checkbox"/> By yourself <input type="checkbox"/> With a class or team <input checked="" type="checkbox"/> With friends or brother/sister <input type="checkbox"/> With a parent/caregiver <input type="checkbox"/> With parent and friend/family |

| Time | Activity | How Hard | Where | With Whom |
|----------------|---|--|--|--|
| Morning | | | | |
| 7:00-7:30 | <div style="border: 2px solid black; width: 60px; height: 60px; margin: 5px;"></div> Choose one activity number | <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Hard <input type="checkbox"/> Very Hard | <input type="checkbox"/> School <input type="checkbox"/> Recreational Center <input type="checkbox"/> Park or Playground <input type="checkbox"/> Home <input type="checkbox"/> Work | <input type="checkbox"/> By yourself <input type="checkbox"/> With a class or team <input type="checkbox"/> With friends or brother/sister <input type="checkbox"/> With a parent/caregiver <input type="checkbox"/> With parent and friend/family |
| 7:30-8:00 | <div style="border: 2px solid black; width: 60px; height: 60px; margin: 5px;"></div> Choose one activity number | <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Hard <input type="checkbox"/> Very Hard | <input type="checkbox"/> School <input type="checkbox"/> Recreational Center <input type="checkbox"/> Park or Playground <input type="checkbox"/> Home <input type="checkbox"/> Work | <input type="checkbox"/> By yourself <input type="checkbox"/> With a class or team <input type="checkbox"/> With friends or brother/sister <input type="checkbox"/> With a parent/caregiver <input type="checkbox"/> With parent and friend/family |
| 8:00-8:30 | <div style="border: 2px solid black; width: 60px; height: 60px; margin: 5px;"></div> Choose one activity number | <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Hard <input type="checkbox"/> Very Hard | <input type="checkbox"/> School <input type="checkbox"/> Recreational Center <input type="checkbox"/> Park or Playground <input type="checkbox"/> Home <input type="checkbox"/> Work | <input type="checkbox"/> By yourself <input type="checkbox"/> With a class or team <input type="checkbox"/> With friends or brother/sister <input type="checkbox"/> With a parent/caregiver <input type="checkbox"/> With parent and friend/family |

Instructions

- 1) Mark for which day of the week you are filling out this booklet.
- 2) For **each** time period during that day, write in the activity number that matches the **main** activity you performed during that time period. Please write **only one activity** per time period.
- 3) Rate how physically **hard** each activity was.
- 4) Mark **where** and **with whom** you performed the activity.

Examples of How Hard

Keep these examples in mind when rating how hard each physical activity was.

light



moderate



hard



very hard



| Time | Activity | How Hard | Where | With Whom |
|----------------|---|--|--|--|
| Morning | | | | |
| 8:30-9:00 | <input type="text"/> Choose one activity number | <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Hard <input type="checkbox"/> Very Hard | <input type="checkbox"/> School <input type="checkbox"/> Recreational Center <input type="checkbox"/> Park or Playground <input type="checkbox"/> Home <input type="checkbox"/> Work | <input type="checkbox"/> By yourself <input type="checkbox"/> With a class or team <input type="checkbox"/> With friends or brother/sister <input type="checkbox"/> With a parent/caregiver <input type="checkbox"/> With parent and friend/family |
| 9:00-9:30 | <input type="text"/> Choose one activity number | <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Hard <input type="checkbox"/> Very Hard | <input type="checkbox"/> School <input type="checkbox"/> Recreational Center <input type="checkbox"/> Park or Playground <input type="checkbox"/> Home <input type="checkbox"/> Work | <input type="checkbox"/> By yourself <input type="checkbox"/> With a class or team <input type="checkbox"/> With friends or brother/sister <input type="checkbox"/> With a parent/caregiver <input type="checkbox"/> With parent and friend/family |
| 9:30-10:00 | <input type="text"/> Choose one activity number | <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Hard <input type="checkbox"/> Very Hard | <input type="checkbox"/> School <input type="checkbox"/> Recreational Center <input type="checkbox"/> Park or Playground <input type="checkbox"/> Home <input type="checkbox"/> Work | <input type="checkbox"/> By yourself <input type="checkbox"/> With a class or team <input type="checkbox"/> With friends or brother/sister <input type="checkbox"/> With a parent/caregiver <input type="checkbox"/> With parent and friend/family |
| 10:00-10:30 | <input type="text"/> Choose one activity number | <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Hard <input type="checkbox"/> Very Hard | <input type="checkbox"/> School <input type="checkbox"/> Recreational Center <input type="checkbox"/> Park or Playground <input type="checkbox"/> Home <input type="checkbox"/> Work | <input type="checkbox"/> By yourself <input type="checkbox"/> With a class or team <input type="checkbox"/> With friends or brother/sister <input type="checkbox"/> With a parent/caregiver <input type="checkbox"/> With parent and friend/family |
| 10:30-11:00 | <input type="text"/> Choose one activity number | <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Hard <input type="checkbox"/> Very Hard | <input type="checkbox"/> School <input type="checkbox"/> Recreational Center <input type="checkbox"/> Park or Playground <input type="checkbox"/> Home <input type="checkbox"/> Work | <input type="checkbox"/> By yourself <input type="checkbox"/> With a class or team <input type="checkbox"/> With friends or brother/sister <input type="checkbox"/> With a parent/caregiver <input type="checkbox"/> With parent and friend/family |
| 11:30-12:00 | <input type="text"/> Choose one activity number | <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Hard <input type="checkbox"/> Very Hard | <input type="checkbox"/> School <input type="checkbox"/> Recreational Center <input type="checkbox"/> Park or Playground <input type="checkbox"/> Home <input type="checkbox"/> Work | <input type="checkbox"/> By yourself <input type="checkbox"/> With a class or team <input type="checkbox"/> With friends or brother/sister <input type="checkbox"/> With a parent/caregiver <input type="checkbox"/> With parent and friend/family |

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- 3) Rate how physically **hard** each activity was.
- 4) Mark **where** and **with whom** you performed the activity.

Examples of How Hard

Keep these examples in mind when rating how hard each physical activity was.

light



moderate



hard



very hard



| Time | Activity | How Hard | Where | With Whom |
|-------------|---|--|--|--|
| Afternoon | | | | |
| 12:00-12:30 | <input type="text"/> Choose one activity number | <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Hard <input type="checkbox"/> Very Hard | <input type="checkbox"/> School <input type="checkbox"/> Recreational Center <input type="checkbox"/> Park or Playground <input type="checkbox"/> Home <input type="checkbox"/> Work | <input type="checkbox"/> By yourself <input type="checkbox"/> With a class or team <input type="checkbox"/> With friends or brother/sister <input type="checkbox"/> With a parent/caregiver <input type="checkbox"/> With parent and friend/family |
| 12:30-1:00 | <input type="text"/> Choose one activity number | <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Hard <input type="checkbox"/> Very Hard | <input type="checkbox"/> School <input type="checkbox"/> Recreational Center <input type="checkbox"/> Park or Playground <input type="checkbox"/> Home <input type="checkbox"/> Work | <input type="checkbox"/> By yourself <input type="checkbox"/> With a class or team <input type="checkbox"/> With friends or brother/sister <input type="checkbox"/> With a parent/caregiver <input type="checkbox"/> With parent and friend/family |
| 1:00-1:30 | <input type="text"/> Choose one activity number | <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Hard <input type="checkbox"/> Very Hard | <input type="checkbox"/> School <input type="checkbox"/> Recreational Center <input type="checkbox"/> Park or Playground <input type="checkbox"/> Home <input type="checkbox"/> Work | <input type="checkbox"/> By yourself <input type="checkbox"/> With a class or team <input type="checkbox"/> With friends or brother/sister <input type="checkbox"/> With a parent/caregiver <input type="checkbox"/> With parent and friend/family |
| 1:30-2:00 | <input type="text"/> Choose one activity number | <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Hard <input type="checkbox"/> Very Hard | <input type="checkbox"/> School <input type="checkbox"/> Recreational Center <input type="checkbox"/> Park or Playground <input type="checkbox"/> Home <input type="checkbox"/> Work | <input type="checkbox"/> By yourself <input type="checkbox"/> With a class or team <input type="checkbox"/> With friends or brother/sister <input type="checkbox"/> With a parent/caregiver <input type="checkbox"/> With parent and friend/family |
| 2:00-2:30 | <input type="text"/> Choose one activity number | <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Hard <input type="checkbox"/> Very Hard | <input type="checkbox"/> School <input type="checkbox"/> Recreational Center <input type="checkbox"/> Park or Playground <input type="checkbox"/> Home <input type="checkbox"/> Work | <input type="checkbox"/> By yourself <input type="checkbox"/> With a class or team <input type="checkbox"/> With friends or brother/sister <input type="checkbox"/> With a parent/caregiver <input type="checkbox"/> With parent and friend/family |
| 2:30-3:00 | <input type="text"/> Choose one activity number | <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Hard <input type="checkbox"/> Very Hard | <input type="checkbox"/> School <input type="checkbox"/> Recreational Center <input type="checkbox"/> Park or Playground <input type="checkbox"/> Home <input type="checkbox"/> Work | <input type="checkbox"/> By yourself <input type="checkbox"/> With a class or team <input type="checkbox"/> With friends or brother/sister <input type="checkbox"/> With a parent/caregiver <input type="checkbox"/> With parent and friend/family |
| 3:00-3:30 | <input type="text"/> Choose one activity number | <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Hard <input type="checkbox"/> Very Hard | <input type="checkbox"/> School <input type="checkbox"/> Recreational Center <input type="checkbox"/> Park or Playground <input type="checkbox"/> Home <input type="checkbox"/> Work | <input type="checkbox"/> By yourself <input type="checkbox"/> With a class or team <input type="checkbox"/> With friends or brother/sister <input type="checkbox"/> With a parent/caregiver <input type="checkbox"/> With parent and friend/family |

Instructions

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Examples of How Hard

Keep these examples in mind when rating how hard each physical activity was.

light



moderate



hard



very hard



| Time | Activity | How Hard | Where | With Whom |
|------------------|---|--|--|--|
| Afternoon | | | | |
| 3:30-4:00 | <input type="text"/> Choose one activity number | <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Hard <input type="checkbox"/> Very Hard | <input type="checkbox"/> School <input type="checkbox"/> Recreational Center <input type="checkbox"/> Park or Playground <input type="checkbox"/> Home <input type="checkbox"/> Work | <input type="checkbox"/> By yourself <input type="checkbox"/> With a class or team <input type="checkbox"/> With friends or brother/sister <input type="checkbox"/> With a parent/caregiver <input type="checkbox"/> With parent and friend/family |
| 4:00-4:30 | <input type="text"/> Choose one activity number | <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Hard <input type="checkbox"/> Very Hard | <input type="checkbox"/> School <input type="checkbox"/> Recreational Center <input type="checkbox"/> Park or Playground <input type="checkbox"/> Home <input type="checkbox"/> Work | <input type="checkbox"/> By yourself <input type="checkbox"/> With a class or team <input type="checkbox"/> With friends or brother/sister <input type="checkbox"/> With a parent/caregiver <input type="checkbox"/> With parent and friend/family |
| 4:30-5:00 | <input type="text"/> Choose one activity number | <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Hard <input type="checkbox"/> Very Hard | <input type="checkbox"/> School <input type="checkbox"/> Recreational Center <input type="checkbox"/> Park or Playground <input type="checkbox"/> Home <input type="checkbox"/> Work | <input type="checkbox"/> By yourself <input type="checkbox"/> With a class or team <input type="checkbox"/> With friends or brother/sister <input type="checkbox"/> With a parent/caregiver <input type="checkbox"/> With parent and friend/family |
| Evening | | | | |
| 5:00-5:30 | <input type="text"/> Choose one activity number | <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Hard <input type="checkbox"/> Very Hard | <input type="checkbox"/> School <input type="checkbox"/> Recreational Center <input type="checkbox"/> Park or Playground <input type="checkbox"/> Home <input type="checkbox"/> Work | <input type="checkbox"/> By yourself <input type="checkbox"/> With a class or team <input type="checkbox"/> With friends or brother/sister <input type="checkbox"/> With a parent/caregiver <input type="checkbox"/> With parent and friend/family |
| 5:30-6:00 | <input type="text"/> Choose one activity number | <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Hard <input type="checkbox"/> Very Hard | <input type="checkbox"/> School <input type="checkbox"/> Recreational Center <input type="checkbox"/> Park or Playground <input type="checkbox"/> Home <input type="checkbox"/> Work | <input type="checkbox"/> By yourself <input type="checkbox"/> With a class or team <input type="checkbox"/> With friends or brother/sister <input type="checkbox"/> With a parent/caregiver <input type="checkbox"/> With parent and friend/family |
| 6:00-6:30 | <input type="text"/> Choose one activity number | <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Hard <input type="checkbox"/> Very Hard | <input type="checkbox"/> School <input type="checkbox"/> Recreational Center <input type="checkbox"/> Park or Playground <input type="checkbox"/> Home <input type="checkbox"/> Work | <input type="checkbox"/> By yourself <input type="checkbox"/> With a class or team <input type="checkbox"/> With friends or brother/sister <input type="checkbox"/> With a parent/caregiver <input type="checkbox"/> With parent and friend/family |
| 6:30-7:00 | <input type="text"/> Choose one activity number | <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Hard <input type="checkbox"/> Very Hard | <input type="checkbox"/> School <input type="checkbox"/> Recreational Center <input type="checkbox"/> Park or Playground <input type="checkbox"/> Home <input type="checkbox"/> Work | <input type="checkbox"/> By yourself <input type="checkbox"/> With a class or team <input type="checkbox"/> With friends or brother/sister <input type="checkbox"/> With a parent/caregiver <input type="checkbox"/> With parent and friend/family |

| Time | Activity | How Hard | Where | With Whom |
|-------------|---|--|--|--|
| Evening | | | | |
| 7:00-7:30 | <input type="text"/> Choose one activity number | <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Hard <input type="checkbox"/> Very Hard | <input type="checkbox"/> School <input type="checkbox"/> Recreational Center <input type="checkbox"/> Park or Playground <input type="checkbox"/> Home <input type="checkbox"/> Work | <input type="checkbox"/> By yourself <input type="checkbox"/> With a class or team <input type="checkbox"/> With friends or brother/sister <input type="checkbox"/> With a parent/caregiver <input type="checkbox"/> With parent and friend/family |
| 7:30-8:00 | <input type="text"/> Choose one activity number | <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Hard <input type="checkbox"/> Very Hard | <input type="checkbox"/> School <input type="checkbox"/> Recreational Center <input type="checkbox"/> Park or Playground <input type="checkbox"/> Home <input type="checkbox"/> Work | <input type="checkbox"/> By yourself <input type="checkbox"/> With a class or team <input type="checkbox"/> With friends or brother/sister <input type="checkbox"/> With a parent/caregiver <input type="checkbox"/> With parent and friend/family |
| 8:00-8:30 | <input type="text"/> Choose one activity number | <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Hard <input type="checkbox"/> Very Hard | <input type="checkbox"/> School <input type="checkbox"/> Recreational Center <input type="checkbox"/> Park or Playground <input type="checkbox"/> Home <input type="checkbox"/> Work | <input type="checkbox"/> By yourself <input type="checkbox"/> With a class or team <input type="checkbox"/> With friends or brother/sister <input type="checkbox"/> With a parent/caregiver <input type="checkbox"/> With parent and friend/family |
| 8:30-9:00 | <input type="text"/> Choose one activity number | <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Hard <input type="checkbox"/> Very Hard | <input type="checkbox"/> School <input type="checkbox"/> Recreational Center <input type="checkbox"/> Park or Playground <input type="checkbox"/> Home <input type="checkbox"/> Work | <input type="checkbox"/> By yourself <input type="checkbox"/> With a class or team <input type="checkbox"/> With friends or brother/sister <input type="checkbox"/> With a parent/caregiver <input type="checkbox"/> With parent and friend/family |
| 9:00-9:30 | <input type="text"/> Choose one activity number | <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Hard <input type="checkbox"/> Very Hard | <input type="checkbox"/> School <input type="checkbox"/> Recreational Center <input type="checkbox"/> Park or Playground <input type="checkbox"/> Home <input type="checkbox"/> Work | <input type="checkbox"/> By yourself <input type="checkbox"/> With a class or team <input type="checkbox"/> With friends or brother/sister <input type="checkbox"/> With a parent/caregiver <input type="checkbox"/> With parent and friend/family |
| 9:30-10:00 | <input type="text"/> Choose one activity number | <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Hard <input type="checkbox"/> Very Hard | <input type="checkbox"/> School <input type="checkbox"/> Recreational Center <input type="checkbox"/> Park or Playground <input type="checkbox"/> Home <input type="checkbox"/> Work | <input type="checkbox"/> By yourself <input type="checkbox"/> With a class or team <input type="checkbox"/> With friends or brother/sister <input type="checkbox"/> With a parent/caregiver <input type="checkbox"/> With parent and friend/family |
| 10:00-10:30 | <input type="text"/> Choose one activity number | <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Hard <input type="checkbox"/> Very Hard | <input type="checkbox"/> School <input type="checkbox"/> Recreational Center <input type="checkbox"/> Park or Playground <input type="checkbox"/> Home <input type="checkbox"/> Work | <input type="checkbox"/> By yourself <input type="checkbox"/> With a class or team <input type="checkbox"/> With friends or brother/sister <input type="checkbox"/> With a parent/caregiver <input type="checkbox"/> With parent and friend/family |