

**Sedentary Behaviors Questionnaire**

**OMB#: #####-##### EXP.DATE: ##/##/####**

**NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN**

Public reporting burden for this collection of information is estimated to average 20 minutes for this questionnaire, including the time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review 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 current, 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 (#####-#####).

## Sedentary Behavior Questionnaire

Date : \_\_\_\_\_ ( mm/dd/yyyy)

We would like to know how you spent your time during the last 7 days.

In particular, we are interested in time you spent sleeping, and doing activities while you were sitting or reclining.

We will ask you about sitting or reclining you may have done at home, at work or school, and elsewhere (in the community).

For each question, we will ask how many days you did that activity, if at all, and about how much time you spent doing the activity.

To answer each question, fill in the boxes to indicate your answer. See Examples 1 and 2 below.

### **Example 1**

In this example, the person reported that they sat and watched television on 5 weekdays and 1 weekend day. They reported sitting and watching television for 1 to 2 hours each day.

	<b>How many days in the last 7 days?</b>	<b>About how much time each day?</b>
Sitting and watching TV or movies on a TV, computer, or on any other device	Weekdays: <input type="checkbox"/> 0 days (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 days	<input type="checkbox"/> 1-30 min <input type="checkbox"/> 31 min - 1 hr <input checked="" type="checkbox"/> 1 - 2 hrs <input type="checkbox"/> 3 - 4 hrs <input type="checkbox"/> 5 hrs or more
	Weekend: <input type="checkbox"/> 0 days (did not do this activity) <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 days	<input type="checkbox"/> 1-30 min <input type="checkbox"/> 31 min - 1 hr <input checked="" type="checkbox"/> 1 - 2 hrs <input type="checkbox"/> 3 - 4 hrs <input type="checkbox"/> 5 hrs or more

### **Example 2**

In this example, the person answering the question did not do any reading for pleasure while sitting in the last 7 days.

	<b>How many days in the last 7 days?</b>	<b>About how much time each day?</b>
Sitting and reading for pleasure (e.g., books, newspaper, magazines)	Weekdays: <input checked="" type="checkbox"/> 0 (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 days	<input type="checkbox"/> 1 - 15 min <input type="checkbox"/> 16-30 min <input type="checkbox"/> 31 min - 1 hr <input type="checkbox"/> 1 - 2 hrs <input type="checkbox"/> 3 hrs or more

Weekend:  0 (did not do this activity)  1 - 15 min  16-30 min  31 min - 1 hr  1 - 2 hrs  3 hrs or  
 1  2 days more

## Sleeping

1) In the last 7 days, about how many hours per day did you spend sleeping? Please answer for weekdays and weekend days.

Weekdays:  3hrs or less  4 hrs  5 hrs  6 hrs  7 hrs  8 hrs  9 hrs  10 hrs  11 hrs  12 or more hrs

Weekend:  3hrs or less  4 hrs  5 hrs  6 hrs  7 hrs  8 hrs  9 hrs  10 hrs  11 hrs  12 or more hrs

## Activities done at home

Tell us about the sitting and/or reclining activities you may have done at home.

If you did any of these activities at a friend's house, or a family member's home, please report what you did outside of your home in the next section (in the Community).

<u>Activities done at home</u>	How many days in the last 7 days?	About how much time each day?
2) Sitting and eating meals at home	Weekdays: <input type="checkbox"/> 0 (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 days Weekend: <input type="checkbox"/> 0 (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 days	<input type="checkbox"/> 1-15 min <input type="checkbox"/> 16-30 min <input type="checkbox"/> 31-45 min <input type="checkbox"/> 46 min-1 hr <input type="checkbox"/> 1 hr or more <input type="checkbox"/> 1-15 min <input type="checkbox"/> 16-30 min <input type="checkbox"/> 31-45 min <input type="checkbox"/> 46 min-1 hr <input type="checkbox"/> 1 hr or more
3) Sitting and watching TV or movies on a TV, computer, or on any other device	Weekdays: <input type="checkbox"/> 0 (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 days Weekend: <input type="checkbox"/> 0 (did not do this activity)	<input type="checkbox"/> 1-30 min <input type="checkbox"/> 31 min - 1 hr <input type="checkbox"/> 1 - 2 hrs <input type="checkbox"/> 3 - 4 hrs <input type="checkbox"/> 5 hrs or more <input type="checkbox"/> 1-30 min <input type="checkbox"/> 31 min - 1 hr <input type="checkbox"/> 1 - 2 hrs <input type="checkbox"/> 3 - 4 hrs <input type="checkbox"/> 5 hrs or

1  2 days more

<b>Activities done at home</b>	<b>How many days in the last 7 days?</b>	<b>About how much time each day?</b>
<b>4) Sitting and talking in-person with friends and family</b>	Weekdays: <input type="checkbox"/> 0 (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 days Weekend: <input type="checkbox"/> 0 (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 days	<input type="checkbox"/> 1-15 min <input type="checkbox"/> 16 - 30 min <input type="checkbox"/> 31 min - 1 hr <input type="checkbox"/> 1 - 2 hrs <input type="checkbox"/> 3 hrs or more <input type="checkbox"/> 1-15 min <input type="checkbox"/> 16 - 30 min <input type="checkbox"/> 31 min - 1 hr <input type="checkbox"/> 1 - 2 hrs <input type="checkbox"/> 3 hrs or more
<b>5) Sitting and talking on the phone or texting with friends and family</b>	Weekdays: <input type="checkbox"/> 0 (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 days Weekend: <input type="checkbox"/> 0 (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 days	<input type="checkbox"/> 1 - 15 min <input type="checkbox"/> 16-30 min <input type="checkbox"/> 31 min - 1 hr <input type="checkbox"/> 1 - 2 hrs <input type="checkbox"/> 3 hrs or more <input type="checkbox"/> 1 - 15 min <input type="checkbox"/> 16-30 min <input type="checkbox"/> 31 min - 1 hr <input type="checkbox"/> 1 - 2 hrs <input type="checkbox"/> 3 hrs or more
<b>6) Sitting and reading for pleasure (e.g., books, newspaper, magazines, religious materials)</b>	Weekdays: <input type="checkbox"/> 0 (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 days Weekend: <input type="checkbox"/> 0 (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 days	<input type="checkbox"/> 1 - 15 min <input type="checkbox"/> 16-30 min <input type="checkbox"/> 31 min - 1 hr <input type="checkbox"/> 1 - 2 hrs <input type="checkbox"/> 3 hrs or more <input type="checkbox"/> 1 - 15 min <input type="checkbox"/> 16-30 min <input type="checkbox"/> 31 min - 1 hr <input type="checkbox"/> 1 - 2 hrs <input type="checkbox"/> 3 hrs or more
<b>7) Sitting and playing electronic, computer games</b> <i>Please report other computer use below.</i>	Weekdays: <input type="checkbox"/> 0 (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 days Weekend: <input type="checkbox"/> 0 (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 days	<input type="checkbox"/> 1-30 min <input type="checkbox"/> 31 min -1 hr <input type="checkbox"/> 1 - 2 hrs <input type="checkbox"/> 3 - 4 hrs <input type="checkbox"/> 5 hrs or more <input type="checkbox"/> 1-30 min <input type="checkbox"/> 31 min -1 hr <input type="checkbox"/> 1 - 2 hrs <input type="checkbox"/> 3 - 4 hrs <input type="checkbox"/> 5 hrs or more

**8) Sitting and using a computer in your free time at home** (e.g., email, shopping, reading blogs, socializing, etc.)  
*Please report computer use for work or school below.*

Weekdays:  0 (did not do this activity)  
 1  2  3  4  5 days

Weekend:  0 (did not do this activity)  
 1  2 days

1-15 min  16-30 min  31 min-1 hr  1-2 hrs  3 hrs or more

1-15 min  16-30 min  31 min-1 hr  1-2 hrs  3 hrs or more

**Activities done at home**

**How many days in the last 7 days?**

**About how much time each day?**

**9) Sitting and working at a desk in free-time, without a computer** (e.g., paying bills, writing a letter, etc.)

Weekdays:  0 (did not do this activity)  
 1  2  3  4  5 days

Weekend:  0 (did not do this activity)  
 1  2 days

1-15 min  16-30 min  31 min - 1 hr  1-2 hrs  3 hrs or more

1-15 min  16-30 min  31 min - 1 hr  1-2 hrs  3 hrs or more

**School or educational activities done at home**

**10a) Using a computer for school work**(e.g., homework, paper writing online classes)

Weekdays:  0 (did not do this activity)  
 1  2  3  4  5 days

Weekend:  0 (did not do this activity)  
 1  2 days

1-30 min  30 min - 1 hr  1-1 ½ hrs  1 ½ -2 hrs  3 hrs or more

1-30 min  30 min - 1 hr  1-1 ½ hrs  1 ½ -2 hrs  3 hrs or more

**10b) Reading, writing, studying with friends, not on the computer**

Weekdays:  0 (did not do this activity)  
 1  2  3  4  5 days

Weekend:  0 (did not do this activity)  
 1  2 days

1-30 min  31 min - 1 hr  1-1 ½ hrs  1 ½ -2 hrs  3 hrs or more

1-30 min  31 min - 1 hr  1-1 ½ hrs  1 ½ -2 hrs  3 hrs or more

**Work activities (for pay) done at home**

If your home is your primary workplace, please record your paid work activities in the work section.

<b>11a)</b> Work related computer use done at home	Weekdays: <input type="checkbox"/> 0 (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 days	<input type="checkbox"/> 1-30 min or more	<input type="checkbox"/> 30 min - 1 hr	<input type="checkbox"/> 1-1 ½ hrs	<input type="checkbox"/> 1 ½ -2 hrs	<input type="checkbox"/> 3 hrs
	Weekend: <input type="checkbox"/> 0 (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 days	<input type="checkbox"/> 1-30 min or more	<input type="checkbox"/> 30 min - 1 hr	<input type="checkbox"/> 1-1 ½ hrs	<input type="checkbox"/> 1 ½ -2 hrs	<input type="checkbox"/> 3 hrs
<b>11b)</b> Sitting and reading, writing, or making phone calls for work	Weekdays: <input type="checkbox"/> 0 (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 days	<input type="checkbox"/> 1-30 min or more	<input type="checkbox"/> 31 min - 1 hr	<input type="checkbox"/> 1-1 ½ hrs	<input type="checkbox"/> 1 ½ -2 hrs	<input type="checkbox"/> 3 hrs
	Weekend: <input type="checkbox"/> 0 (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 days	<input type="checkbox"/> 1-30 min or more	<input type="checkbox"/> 31 min - 1 hr	<input type="checkbox"/> 1-1 ½ hrs	<input type="checkbox"/> 1 ½ -2 hrs	<input type="checkbox"/> 3 hrs

**Activities done at home****How many days in the last 7 days?****About how much time each day?**

<b>12)</b> Sitting while getting dressed, putting on make-up, or styling hair	Weekdays: <input type="checkbox"/> 0 (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 days	<input type="checkbox"/> 1-5 min or more	<input type="checkbox"/> 6-10 min	<input type="checkbox"/> 11-15 min	<input type="checkbox"/> 16-30 min	<input type="checkbox"/> 30 mins or more
	Weekend: <input type="checkbox"/> 0 (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 days	<input type="checkbox"/> 1-5 min or more	<input type="checkbox"/> 6-10 min	<input type="checkbox"/> 11-15 min	<input type="checkbox"/> 16-30 min	<input type="checkbox"/> 30 mins or more
<b>13)</b> Sitting quietly relaxing (listening to music, doing nothing)	Weekdays: <input type="checkbox"/> 0 (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 days	<input type="checkbox"/> 1-15 min or more	<input type="checkbox"/> 16-30 min	<input type="checkbox"/> 31 min - 1 hr	<input type="checkbox"/> 1 - 2hrs	<input type="checkbox"/> 3 hrs or more
	Weekend: <input type="checkbox"/> 0 (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 days	<input type="checkbox"/> 1-15 min or more	<input type="checkbox"/> 16-30 min	<input type="checkbox"/> 31 min - 1 hr	<input type="checkbox"/> 1 - 2hrs	<input type="checkbox"/> 3 hrs or more
<b>14)</b> Napping	Weekdays: <input type="checkbox"/> 0 (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 days	<input type="checkbox"/> 1-30 min or more	<input type="checkbox"/> 31 min - 1 hr	<input type="checkbox"/> 1-1 ½ hrs	<input type="checkbox"/> 1 ½ - 2 hrs	<input type="checkbox"/> 3 hrs or more

	Weekend: <input type="checkbox"/> 0 (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 days	<input type="checkbox"/> 1-30 min <input type="checkbox"/> 31 min - 1 hr <input type="checkbox"/> 1-1 ½ hrs <input type="checkbox"/> 1 ½ - 2 hrs <input type="checkbox"/> 3 hrs or more
<b>15) Sitting and playing board games, cards, or other non-computer games</b>	Weekdays: <input type="checkbox"/> 0 (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 days	<input type="checkbox"/> 1-30 min <input type="checkbox"/> 31 min - 1 hr <input type="checkbox"/> 1 - 2 hrs <input type="checkbox"/> 3-4 hrs <input type="checkbox"/> 5 hrs or more
	Weekend: <input type="checkbox"/> 0 (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 days	<input type="checkbox"/> 1-30 min <input type="checkbox"/> 31 min - 1 hr <input type="checkbox"/> 1 - 2 hrs <input type="checkbox"/> 3-4 hrs <input type="checkbox"/> 5 hrs or more
<b>16) Sitting or reclining while praying or meditating</b>	Weekdays: <input type="checkbox"/> 0 (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 days	<input type="checkbox"/> 1-15 min <input type="checkbox"/> 16-30 min <input type="checkbox"/> 31 min - 1 hr <input type="checkbox"/> 1-2 hrs <input type="checkbox"/> 3 hrs or more
	Weekend: <input type="checkbox"/> 0 (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 days	<input type="checkbox"/> 1-15 min <input type="checkbox"/> 16-30 min <input type="checkbox"/> 31 min - 1 hr <input type="checkbox"/> 1-2 hrs <input type="checkbox"/> 3 hrs or more

<b><u>Activities done at home</u></b>	<b>How many days in the last 7 days?</b>	<b>About how much time each day?</b>
<b>17) Sitting doing hobbies (e.g., arts and crafts, playing music, etc.)</b>	Weekdays: <input type="checkbox"/> 0 (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 days	<input type="checkbox"/> 1-30 min <input type="checkbox"/> 31 min - 1 hr <input type="checkbox"/> 1 - 2 hrs <input type="checkbox"/> 3-4 hrs <input type="checkbox"/> 5 hrs or more
	Weekend: <input type="checkbox"/> 0 (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 days	<input type="checkbox"/> 1-30 min <input type="checkbox"/> 31 min - 1 hr <input type="checkbox"/> 1 - 2 hrs <input type="checkbox"/> 3-4 hrs <input type="checkbox"/> 5 hrs or more
<b>18) Sitting while caring for children or elders</b>	Weekdays: <input type="checkbox"/> 0 (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 days	<input type="checkbox"/> 1-15 min <input type="checkbox"/> 16-30 min <input type="checkbox"/> 31 min - 1 hr <input type="checkbox"/> 1-2 hrs <input type="checkbox"/> 3 hrs or more
	Weekend: <input type="checkbox"/> 0 (did not do this activity)	<input type="checkbox"/> 1-15 min <input type="checkbox"/> 16-30 min <input type="checkbox"/> 31 min - 1 hr <input type="checkbox"/> 1-2 hrs <input type="checkbox"/> 3 hrs



1  2 days or more

## In the community

The next questions ask about the time you spent sitting while out in your community. That is, when you were somewhere other than home, school, or work. We will ask about work and school time later in the survey.

### In the community

How many days in the last 7 days?

About how much time each day?

19) Sitting and eating meals by yourself away from home, work, or school

Weekdays:  0 (did not do this activity)  
 1  2  3  4  5 days

Weekend:  0 (did not do this activity)  
 1  2 days

1-10 min  11-20 min  21-30 min  31 min-1 hr  1 hr or more

1-10 min  11-20 min  21-30 min  31 min-1 hr  1 hr or more

20) Sitting and eating in a social setting away from home, work, or school

Weekdays:  0 (did not do this activity)  
 1  2  3  4  5 days

Weekend:  0 (did not do this activity)  
 1  2 days

1-15 min  16-30 min  31-45 min  46 min-1½ hrs  1½ hrs or more

1-15 min  16-30 min  31-45 min  46 min-1½ hrs  1½ hrs or more

### In the community

How many days in the last 7 days?

About how much time each day?

21) Driving or riding in cars, trucks, or other motorized personal vehicles

21a) To and from work or school

Weekdays:  0 (did not do this activity)  
 1  2  3  4  5 days

Weekend:  0 (did not do this activity)

1 - 15 min  16-30 min  31 min - 1 hr  1 - 2 hrs  3 hrs or more

1  2 days

1 - 15 min  16-30 min  31 min - 1 hr  1 - 2 hrs  3 hrs or more

**21b)** To do errands, go to appointments, and to go places

Weekdays:  0 (did not do this activity)  
 1  2  3  4  5 days

1 - 15 min  16-30 min  31 min - 1 hr  1 - 2 hrs  3 hrs or more

Weekend:  0 (did not do this activity)  
 1  2 days

1 - 15 min  16-30 min  31 min - 1 hr  1 - 2 hrs  3 hrs or more

**22)** Sitting and riding on public transportation (e.g., bus, train, plane, or school bus, shuttle bus, taxis)

**22a)** To and from work or school

Weekdays:  0 (did not do this activity)  
 1  2  3  4  5 days

1 - 15 min  16-30 min  31 min - 1 hr  1 - 2 hrs  3 hrs or more

Weekend:  0 (did not do this activity)  
 1  2 days

1 - 15 min  16-30 min  31 min - 1 hr  1 - 2 hrs  3 hrs or more

**22b)** To do errands, go to appointments, and to go places

Weekdays:  0 (did not do this activity)  
 1  2  3  4  5 days

1 - 15 min  16-30 min  31 min - 1 hr  1 - 2 hrs  3 hrs or more

Weekend:  0 (did not do this activity)  
 1  2 days

1 - 15 min  16-30 min  31 min - 1 hr  1 - 2 hrs  3 hrs or more

<b><u>In the community</u></b>	<b>How many days in the last 7 days?</b>	<b>About how much time each day?</b>
<p><b>23)</b> Sitting and waiting for public transportation (e.g., bus, train, plane, school bus, shuttle bus, taxis)</p>	<p>Weekdays: <input type="checkbox"/> 0 (did not do this activity)  <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 days</p> <p>Weekend: <input type="checkbox"/> 0 (did not do this activity)  <input type="checkbox"/> 1 <input type="checkbox"/> 2 days</p>	<p><input type="checkbox"/> 1 - 5 min <input type="checkbox"/> 6-10 min <input type="checkbox"/> 11-15 min <input type="checkbox"/> 16-30 min <input type="checkbox"/> 30 mins or more</p> <p><input type="checkbox"/> 1 - 5 min <input type="checkbox"/> 6-10 min <input type="checkbox"/> 11-15 min <input type="checkbox"/> 16-30 min <input type="checkbox"/> 30 mins or more</p>
<p><b>24)</b> Sitting and using a computer in <u>your free time</u> outside of home or work (e.g., email, shopping, reading blogs, socializing, etc.)  <i>Please report computer use for school or work below.</i></p>	<p>Weekdays: <input type="checkbox"/> 0 (did not do this activity)  <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 days</p> <p>Weekend: <input type="checkbox"/> 0 (did not do this activity)  <input type="checkbox"/> 1 <input type="checkbox"/> 2 days</p>	<p><input type="checkbox"/> 1-15 min <input type="checkbox"/> 16-30 min <input type="checkbox"/> 31 min-1 hr <input type="checkbox"/> 1-2 hrs <input type="checkbox"/> 3 hrs or more</p> <p><input type="checkbox"/> 1-15 min <input type="checkbox"/> 16-30 min <input type="checkbox"/> 31 min-1 hr <input type="checkbox"/> 1-2 hrs <input type="checkbox"/> 3 hrs or more</p>
<b>School or educational activities done outside of home or school</b>		
<p><b>25a)</b> Using a computer for school work (e.g., homework, , paper writing, etc)</p>	<p>Weekdays: <input type="checkbox"/> 0 (did not do this activity)  <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 days</p> <p>Weekend: <input type="checkbox"/> 0 (did not do this activity)  <input type="checkbox"/> 1 <input type="checkbox"/> 2 days</p>	<p><input type="checkbox"/> 1-30 min <input type="checkbox"/> 30 min - 1 hr <input type="checkbox"/> 1-1 ½ hrs <input type="checkbox"/> 1 ½ -2 hrs <input type="checkbox"/> 3 hrs or more</p> <p><input type="checkbox"/> 1-30 min <input type="checkbox"/> 30 min - 1 hr <input type="checkbox"/> 1-1 ½ hrs <input type="checkbox"/> 1 ½ -2 hrs <input type="checkbox"/> 3 hrs or more</p>
<p><b>25b)</b> Reading, writing, studying with friends, not on the computer</p>	<p>Weekdays: <input type="checkbox"/> 0 (did not do this activity)  <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 days</p> <p>Weekend: <input type="checkbox"/> 0 (did not do this activity)  <input type="checkbox"/> 1 <input type="checkbox"/> 2 days</p>	<p><input type="checkbox"/> 1-30 min <input type="checkbox"/> 31 min - 1 hr <input type="checkbox"/> 1-1 ½ hrs <input type="checkbox"/> 1 ½ -2 hrs <input type="checkbox"/> 3 hrs or more</p> <p><input type="checkbox"/> 1-30 min <input type="checkbox"/> 31 min - 1 hr <input type="checkbox"/> 1-1 ½ hrs <input type="checkbox"/> 1 ½ -2 hrs <input type="checkbox"/> 3 hrs or more</p>

<u>In the community</u>	How many days in the last 7 days?	About how much time each day?
<b>Work activities (for pay) done outside of home or the worksite</b>		
<b>26a)</b> Work related computer use done out in the community	Weekdays: <input type="checkbox"/> 0 (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 days  Weekend: <input type="checkbox"/> 0 (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 days	<input type="checkbox"/> 1-30 min <input type="checkbox"/> 30 min - 1 hr <input type="checkbox"/> 1-1 ½ hrs <input type="checkbox"/> 1 ½ -2 hrs <input type="checkbox"/> 3 hrs or more  <input type="checkbox"/> 1-30 min <input type="checkbox"/> 30 min - 1 hr <input type="checkbox"/> 1-1 ½ hrs <input type="checkbox"/> 1 ½ -2 hrs <input type="checkbox"/> 3 hrs or more
<b>26b)</b> Sitting and reading, writing, or making phone calls for work	Weekdays: <input type="checkbox"/> 0 (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 days  Weekend: <input type="checkbox"/> 0 (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 days	<input type="checkbox"/> 1-30 min <input type="checkbox"/> 31 min - 1 hr <input type="checkbox"/> 1-1 ½ hrs <input type="checkbox"/> 1 ½ -2 hrs <input type="checkbox"/> 3 hrs or more  <input type="checkbox"/> 1-30 min <input type="checkbox"/> 31 min - 1 hr <input type="checkbox"/> 1-1 ½ hrs <input type="checkbox"/> 1 ½ -2 hrs <input type="checkbox"/> 3 hrs or more
<b>27)</b> Sitting and talking in-person with friends and family	Weekdays: <input type="checkbox"/> 0 (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 days  Weekend: <input type="checkbox"/> 0 (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 days	<input type="checkbox"/> 1-15 min <input type="checkbox"/> 16 - 30 min <input type="checkbox"/> 31 min - 1 hr <input type="checkbox"/> 1 - 2 hrs <input type="checkbox"/> 3 hrs or more  <input type="checkbox"/> 1-15 min <input type="checkbox"/> 16 - 30 min <input type="checkbox"/> 31 min - 1 hr <input type="checkbox"/> 1 - 2 hrs <input type="checkbox"/> 3 hrs or more
<b>28)</b> Sitting quietly, relaxing (e.g. at		<input type="checkbox"/> 1-10 min <input type="checkbox"/> 11-20 min <input type="checkbox"/> 21-40 min <input type="checkbox"/> 41 min-1 hr <input type="checkbox"/> 1 hr or

<p>a park, smoking, doing nothing, listening to music)</p>	<p>Weekdays: <input type="checkbox"/> 0 (did not do this activity)  <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 days</p> <p>Weekend: <input type="checkbox"/> 0 (did not do this activity)  <input type="checkbox"/> 1 <input type="checkbox"/> 2 days</p>	<p>more</p> <p><input type="checkbox"/> 1-10 min <input type="checkbox"/> 11-20 min <input type="checkbox"/> 21-40 min <input type="checkbox"/> 41 min-1 hr <input type="checkbox"/> 1 hr or more</p>
<p><b>29) Sitting while attending Church, religious services, or Bible/religious studies</b></p>	<p>Weekdays: <input type="checkbox"/> 0 (did not do this activity)  <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 days</p> <p>Weekend: <input type="checkbox"/> 0 (did not do this activity)  <input type="checkbox"/> 1 <input type="checkbox"/> 2 days</p>	<p><input type="checkbox"/> 1-30 min <input type="checkbox"/> 31 min - 1 hr <input type="checkbox"/> 1-1 ½ hrs <input type="checkbox"/> 1 ½ - 2 hrs <input type="checkbox"/> 3 hrs or more</p> <p><input type="checkbox"/> 1-30 min <input type="checkbox"/> 31 min - 1 hr <input type="checkbox"/> 1-1 ½ hrs <input type="checkbox"/> 1 ½ - 2 hrs <input type="checkbox"/> 3 hrs or more</p>
<p><b><u>In the community</u></b>                      <b>How many days in the last 7 days?</b>                      <b>About how much time each day?</b></p>		
<p><b>30) Sitting or reclining while praying or meditating outside of the church service</b></p>	<p>Weekdays: <input type="checkbox"/> 0 (did not do this activity)  <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 days</p> <p>Weekend: <input type="checkbox"/> 0 (did not do this activity)  <input type="checkbox"/> 1 <input type="checkbox"/> 2 days</p>	<p><input type="checkbox"/> 1-15 min <input type="checkbox"/> 16 - 30 min <input type="checkbox"/> 31 min - 1 hr <input type="checkbox"/> 1 - 2 hrs <input type="checkbox"/> 3 hrs or more</p> <p><input type="checkbox"/> 1-15 min <input type="checkbox"/> 16 - 30 min <input type="checkbox"/> 31 min - 1 hr <input type="checkbox"/> 1 - 2 hrs <input type="checkbox"/> 3 hrs or more</p>
<p><b>31) Sitting and socializing at church, or other places of worship</b></p>	<p>Weekdays: <input type="checkbox"/> 0 (did not do this activity)  <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 days</p> <p>Weekend: <input type="checkbox"/> 0 (did not do this activity)  <input type="checkbox"/> 1 <input type="checkbox"/> 2 days</p>	<p><input type="checkbox"/> 1-15 min <input type="checkbox"/> 16 - 30 min <input type="checkbox"/> 31 min - 1 hr <input type="checkbox"/> 1 - 2 hrs <input type="checkbox"/> 3 hrs or more</p> <p><input type="checkbox"/> 1-15 min <input type="checkbox"/> 16 - 30 min <input type="checkbox"/> 31 min - 1 hr <input type="checkbox"/> 1 - 2 hrs <input type="checkbox"/> 3 hrs or more</p>
<p><b>32) Sitting and talking on the phone, or texting, with friends and family</b></p>	<p>Weekdays: <input type="checkbox"/> 0 (did not do this activity)  <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 days</p> <p>Weekend: <input type="checkbox"/> 0 (did not do this activity)  <input type="checkbox"/> 1 <input type="checkbox"/> 2 days</p>	<p><input type="checkbox"/> 1-15 min <input type="checkbox"/> 16 - 30 min <input type="checkbox"/> 31 min - 1 hr <input type="checkbox"/> 1 - 2 hrs <input type="checkbox"/> 3 hrs or more</p> <p><input type="checkbox"/> 1-15 min <input type="checkbox"/> 16 - 30 min <input type="checkbox"/> 31 min - 1 hr <input type="checkbox"/> 1 - 2 hrs <input type="checkbox"/> 3 hrs or more</p>

<b>33) Sitting and reading for pleasure (e.g., books, magazines, newspaper, religious materials)</b>	Weekdays: <input type="checkbox"/> 0 (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 days	<input type="checkbox"/> 1-15 min <input type="checkbox"/> 16 - 30 min <input type="checkbox"/> 31 min - 1 hr <input type="checkbox"/> 1 - 2 hrs <input type="checkbox"/> 3 hrs or more
	Weekend: <input type="checkbox"/> 0 (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 days	<input type="checkbox"/> 1-15 min <input type="checkbox"/> 16 - 30 min <input type="checkbox"/> 31 min - 1 hr <input type="checkbox"/> 1 - 2 hrs <input type="checkbox"/> 3 hrs or more
<b>34) Sitting in amovie theater, at a play, a music performance, or a sporting event</b>	Weekdays: <input type="checkbox"/> 0 (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 days	<input type="checkbox"/> 1-30 min <input type="checkbox"/> 31 min -1 hr <input type="checkbox"/> 1 - 2 hrs <input type="checkbox"/> 3 - 4 hrs <input type="checkbox"/> 5 hrs or more
	Weekend: <input type="checkbox"/> 0 (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 days	<input type="checkbox"/> 1-30 min <input type="checkbox"/> 31 min -1 hr <input type="checkbox"/> 1 - 2 hrs <input type="checkbox"/> 3 - 4 hrs <input type="checkbox"/> 5 hrs or more

<b><u>In the community</u></b>	<b>How many days in the last 7 days?</b>	<b>About how much time each day?</b>
<b>35) Sitting and watching television at a friend's house or restaurant</b>	Weekdays: <input type="checkbox"/> 0 (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 days	<input type="checkbox"/> 1-30 min <input type="checkbox"/> 31 min -1 hr <input type="checkbox"/> 1 - 2 hrs <input type="checkbox"/> 3 - 4 hrs <input type="checkbox"/> 5 hrs or more
	Weekend: <input type="checkbox"/> 0 (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 days	<input type="checkbox"/> 1-30 min <input type="checkbox"/> 31 min -1 hr <input type="checkbox"/> 1 - 2 hrs <input type="checkbox"/> 3 - 4 hrs <input type="checkbox"/> 5 hrs or more
<b>36) Sitting at a medical appointment (e.g., doctor, dentist, primary care provider)</b>	Weekdays: <input type="checkbox"/> 0 (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 days	<input type="checkbox"/> 1-15 min <input type="checkbox"/> 16-30 min <input type="checkbox"/> 31 min - 45 min <input type="checkbox"/> 46 - 1 hr <input type="checkbox"/> 1 hr or more
	Weekend: <input type="checkbox"/> 0 (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 days	<input type="checkbox"/> 1-15 min <input type="checkbox"/> 16-30 min <input type="checkbox"/> 31 min - 45 min <input type="checkbox"/> 46 - 1 hr <input type="checkbox"/> 1 hr or more
<b>37) Sitting at the hair salon, getting nails done, or during other</b>	Weekdays: <input type="checkbox"/> 0 (did not do this activity)	<input type="checkbox"/> 1-15 min <input type="checkbox"/> 16-30 min <input type="checkbox"/> 31 min - 45 min <input type="checkbox"/> 46 - 1 hr <input type="checkbox"/> 1 hr or more

	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 days	
personal services	Weekend: <input type="checkbox"/> 0 (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 days	<input type="checkbox"/> 1-15 min <input type="checkbox"/> 16-30 min <input type="checkbox"/> 31 min - 45 min <input type="checkbox"/> 46 - 1 hr <input type="checkbox"/> 1 hr or more
<b>38) Sitting and playing electronic, computer games out in the community</b>	Weekdays: <input type="checkbox"/> 0 (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 days	<input type="checkbox"/> 1-30 min <input type="checkbox"/> 31 min -1 hr <input type="checkbox"/> 1 - 2 hrs <input type="checkbox"/> 3 - 4 hrs <input type="checkbox"/> 5 hrs or more
	Weekend: <input type="checkbox"/> 0 (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 days	<input type="checkbox"/> 1-30 min <input type="checkbox"/> 31 min -1 hr <input type="checkbox"/> 1 - 2 hrs <input type="checkbox"/> 3 - 4 hrs <input type="checkbox"/> 5 hrs or more
<b>39) Sitting and playing board games, cards, or other games out in the community</b>	Weekdays: <input type="checkbox"/> 0 (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 days	<input type="checkbox"/> 1-30 min <input type="checkbox"/> 31 min -1 hr <input type="checkbox"/> 1 - 2 hrs <input type="checkbox"/> 3 - 4 hrs <input type="checkbox"/> 5 hrs or more
	Weekend: <input type="checkbox"/> 0 (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 days	<input type="checkbox"/> 1-30 min <input type="checkbox"/> 31 min -1 hr <input type="checkbox"/> 1 - 2 hrs <input type="checkbox"/> 3 - 4 hrs <input type="checkbox"/> 5 hrs or more

<b><u>In the community</u></b>	<b>How many days in the last 7 days?</b>	<b>About how much time each day?</b>
<b>40) Sitting doing hobbies (e.g., arts and crafts, playing music, etc.)</b>	Weekdays: <input type="checkbox"/> 0 (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 days	<input type="checkbox"/> 1-30 min <input type="checkbox"/> 31 min -1 hr <input type="checkbox"/> 1 - 2 hrs <input type="checkbox"/> 3 - 4 hrs <input type="checkbox"/> 5 hrs or more
	Weekend: <input type="checkbox"/> 0 (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 days	<input type="checkbox"/> 1-30 min <input type="checkbox"/> 31 min -1 hr <input type="checkbox"/> 1 - 2 hrs <input type="checkbox"/> 3 - 4 hrs <input type="checkbox"/> 5 hrs or more

**Now, we will ask you about sitting or reclining that you may have done at work.**

In the last 7 days, did you work for pay either at home or outside the home?  Yes  No

If Yes, please answer the following questions about how you spent time at work for pay during the last 7 days.

If No, please skip to the next section (School).

<b><u>At work</u></b>	<b>How many days in the last 7 days?</b>	<b>About how much time each day?</b>
<b>41) Sitting at a desk or computer workstation</b>	<input type="checkbox"/> 0 days (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 days	<input type="checkbox"/> 1 hr or less <input type="checkbox"/> 1 - 3 hrs <input type="checkbox"/> 4 - 6 hrs <input type="checkbox"/> 7 - 8 hrs <input type="checkbox"/> 9 hrs or more
<b>42) Sitting in meetings, presentations, or continuing education classes</b>	<input type="checkbox"/> 0 days (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 days	<input type="checkbox"/> 1 hr or less <input type="checkbox"/> 1 - 3 hrs <input type="checkbox"/> 4 - 6 hrs <input type="checkbox"/> 7 - 8 hrs <input type="checkbox"/> 9 hrs or more
<b>43) Sitting while doing other light work - not a computer (e.g., filing, lab work, assembly)</b>	<input type="checkbox"/> 0 days (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 days	<input type="checkbox"/> 1 hr or less <input type="checkbox"/> 1 - 3 hrs <input type="checkbox"/> 4 - 6 hrs <input type="checkbox"/> 7 - 8 hrs <input type="checkbox"/> 9 hrs or more
<b>44) Driving or riding for work</b>	<input type="checkbox"/> 0 days (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 days	<input type="checkbox"/> 1 hr or less <input type="checkbox"/> 1 - 3 hrs <input type="checkbox"/> 4 - 6 hrs <input type="checkbox"/> 7 - 8 hrs <input type="checkbox"/> 9 hrs or more

<b><u>At work</u></b>	<b>How many days in the last 7 days?</b>	<b>About how much time each day?</b>
<b>45) Sitting and eating meals during your work day</b>	<input type="checkbox"/> 0 days (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 days	<input type="checkbox"/> 1-15 min <input type="checkbox"/> 16-30 min <input type="checkbox"/> 31-45 min <input type="checkbox"/> 46 min-1 hr <input type="checkbox"/> 1 hr or more
<b>46) Sitting or reclining during <u>free time</u> at work (e.g., socializing, watching television, relaxing, etc)</b>	<input type="checkbox"/> 0 days (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 days	<input type="checkbox"/> 1-15 min <input type="checkbox"/> 16-30 min <input type="checkbox"/> 31-45 min <input type="checkbox"/> 46 min-1 hr <input type="checkbox"/> 1 hr or more



**Now we are going to ask you about the activities you may have done at school.**

In the last 7 days, did you go to school or were you home schooled?  Yes  No

If Yes, please answer the following questions about how you spent time at school during the last 7 days.

<b><u>At school</u></b>	<b>How many days in the last 7 days?</b>	<b>About how much time each day?</b>
<b>47)</b> Sitting at your desk during class time <b>not</b> using a computer	<input type="checkbox"/> 0 days (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 days	<input type="checkbox"/> 1 hr or less <input type="checkbox"/> 1 - 2 hrs <input type="checkbox"/> 3 - 4 hrs <input type="checkbox"/> 5 - 6 hrs <input type="checkbox"/> 7 hrs or more
<b>48)</b> Sitting at a desk using a computer during class time	<input type="checkbox"/> 0 days (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 days	<input type="checkbox"/> 1 hr or less <input type="checkbox"/> 1 - 2 hrs <input type="checkbox"/> 3 - 4 hrs <input type="checkbox"/> 5 - 6 hrs <input type="checkbox"/> 7 hrs or more
<b>49)</b> Sitting at a computer outside of class time at school (computer lab, school library)	<input type="checkbox"/> 0 days (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 days	<input type="checkbox"/> 1-30 min <input type="checkbox"/> 31-45 min <input type="checkbox"/> 46 min-1 hr <input type="checkbox"/> 1 -2 hrs <input type="checkbox"/> 3 hrs or more
<b>50)</b> Sitting and eating meals during the school day	<input type="checkbox"/> 0 days (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 days	<input type="checkbox"/> 1-15 min <input type="checkbox"/> 16-30 min <input type="checkbox"/> 31-45 min <input type="checkbox"/> 46 min-1 hr <input type="checkbox"/> 1 hr or more

<b><u>At school</u></b>	<b>How many days in the last 7 days?</b>	<b>About how much time each day?</b>
<b>51)</b> Sitting or reclining during <u>free time</u> at school (e.g., hanging out with friends, playing games, watching television, relaxing, etc)	<input type="checkbox"/> 0 days (did not do this activity) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 days	<input type="checkbox"/> 1-30 min <input type="checkbox"/> 31-45 min <input type="checkbox"/> 46 min-1 hr <input type="checkbox"/> 1 -2 hrs <input type="checkbox"/> 3 hrs or more
<b>52)</b> Sitting and doing school work before or after school (e.g., home work, class projects) on campus	<input type="checkbox"/> 0 days (did not do this activity)	<input type="checkbox"/> 1-30 min <input type="checkbox"/> 31-45 min <input type="checkbox"/> 46 min-1 hr <input type="checkbox"/> 1 -2 hrs <input type="checkbox"/> 3 hrs or more

1  2  3  4  5  6  7 days

**53) Sitting and doing**  
extracurricular activities before or  
after school (e.g., clubs, other  
meetings)

0 days (did not do this activity)

1  2  3  4  5  6  7 days

1-30 min  31-45 min  46 min-1 hr  1 -2 hrs  3 hrs or  
more