

ATTACHMENT 4A-2: FLASHE PARENT 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 or work) that gets you moving and breathing harder.
- ◆ In the first part of the survey we will ask questions about you. In the second part, we will ask questions about your teenager, **{FILL TEENAGER'S NAME}**.
- ◆ 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?

No → GO TO QUESTION 2

Yes →

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

1-5 months ago

6-12 months ago

More than 12 months ago

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

No

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: Parent

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 work) that gets you moving and breathing harder.

1. When you were growing up, which best describes your overall physical activity patterns, that is, engaging in activities such as biking, swimming, team sports, brisk walking, etc.?
 - Not at all active
 - A little active
 - Fairly active
 - Very active
 - Extremely active

For these next questions, please think about your experiences with physical activity.

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 or keep me more attractive | <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 |
|--|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| 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

Section 2. Using Electronic Devices

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

6. 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"/> |

7. 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"/> |

8. How many TVs are in your home?

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

For these next questions, please think about the electronic devices you marked in Questions 6 and 7.

9. There are lots of reasons why people **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 (most days of the week) 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"/> |

10. Please mark how much you disagree or agree with this 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

Section 3. Time Spent in the Sun and Indoor Tanning

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

11. 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

12. 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

13. 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"/> |

14. 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"/> |

15. 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 4. Tobacco Use

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

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

- Yes
 No → GO TO QUESTION 22

17. How often do you now smoke cigarettes?

- Everyday
 Some days
 Not at all

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

_____ Number of cigarettes

19. At what age did you start smoking regularly?

_____ Years old

20. What was the date of your last cigarette?

/ /
M M D D Y Y Y Y

21. 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

These next questions ask about the way you've been feeling lately. First, think about the **past month**.

26. 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**.

27. 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. Your Teenager

This next part of the survey asks you to think about **{FILL TEENAGER'S NAME}'s** physical activity, experiences at school and time spent using or watching electronic devices such as laptops, smartphones, gaming systems or televisions. Remember to answer **only** for **{FILL TEENAGER'S NAME}**.

For these first questions, keep in mind that **physical activity** means any play, game, sport, exercise or transportation (like walking or biking to school) that gets **{FILL TEENAGER'S NAME}** moving and breathing harder.

- 28.** Please indicate if you have the following items in your home, yard or apartment complex and if you have them, how often **{FILL TEENAGER'S NAME}** uses each item. Please mark the answer that best applies to **{FILL TEENAGER'S NAME}**.

| | 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"/> |

29. Now think about **{FILL TEENAGER'S NAME}**'s time being physically active. How often is each of the statements listed below true for **{FILL TEENAGER'S NAME}**?

| | Never | Rarely | Sometimes | Often | Always |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. My teenager enjoys being physically active | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Even if I don't keep track, my teenager will get enough physical activity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I encourage my teenager to get more physical activity..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I encourage my teenager to do different types of physical activity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I take my teenager places where he/she can be physically active | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. My teenager and I decide together how much physical activity he/she has to do..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. I make my teenager exercise or go out and play..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. If my teenager gets in trouble or acts up I don't let him/her play or do his/her favorite physical activity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. I try to be physically active in front of my teenager. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. It's my responsibility to make rules about how physically active my teenager is..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

30. In the **past school year**, how often has your **{FILL TEENAGER'S NAME}** had homework assignments that limited the amount of time they had available for physical activity?

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

These next questions ask about “**screen time**,” that is, the time **{FILL TEENAGER’S NAME}** spends using electronic devices to watch videos, stream the internet, play video games and do other activities that involve sitting and looking at a screen.

31. 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 **{FILL TEENAGER’S NAME}** uses:

- Desktop, laptop computer or tablet
- Cell phone or Smartphone
- Television
- Gaming console like Wii, Xbox, PlayStation, etc.
- Handheld gaming devices like Nintendo DS, Sony PSP, etc.
- Electronic reader, such as Kindle or Nook

32. Now think about **{FILL TEENAGER’S NAME}**’s time with the electronic devices you marked in Question 31. How often are each of the statements listed below true for **{FILL TEENAGER’S NAME}**?

| | Never | Rarely | Sometimes | Often | Always |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. My teenager enjoys screen time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. If my teenager has a bad day, I let him/her have screen time. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I offer screen time as a reward for my teenager’s good behavior | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. If my teenager gets in trouble or acts up, I don’t let him/her have screen time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. If I don’t keep track, my teenager has too much screen time. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. If I don’t limit his/her screen time, my teenager has too much. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. My teenager and I decide together how much screen time he/she can have. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. I decide how much screen time my teenager can have | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. I limit my own screen time in front of my teenager | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. It’s my responsibility to make rules about how much screen time my teenager can have..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

This section asks about how **{FILL TEENAGER'S NAME}** usually gets to and from school.

33. On how many days during the school week does **{FILL TEENAGER'S NAME}** get to school by...

| Please mark only one box for each item. | 1 day | 2 days | 3 days | 4 days | 5 days | My teenager doesn't get to school this way |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| | <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"/> |

34. On how many days during the school week does **{FILL TEENAGER'S NAME}** leave from school by...

| Please mark only one box for each item. | 1 day | 2 days | 3 days | 4 days | 5 days | My teenager doesn't leave school this way |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| | <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"/> |

35. Please mark how much you disagree or agree with each of the statements about **{FILL TEENAGER'S NAME}** walking and biking to school listed below.

| It is difficult for {FILL TEENAGER'S NAME} 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. My teenager gets 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"/> |

Finally, we have a few general questions about **{FILL TEENAGER'S NAME}**.

36. Most parents think about what they'd like in life for their teenager. For each of the statements listed below, please mark how important it is to you when you think about what you'd like for **{FILL TEENAGER'S NAME}**.

| | Not at all important | A little important | Somewhat important | Very important | Extremely important |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. When my teenager is an adult, he/she will be admired by many people..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. When my teenager is an adult, he/she will feel that there are people who really love him/her | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. The things my teenager does as an adult will make other people's lives better | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. When my teenager is an adult, he/she will get enough exercise to be healthy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. My teenager will get good grades in school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. People will often comment about how attractive my teenager looks as an adult..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. When my teenager is an adult, he/she will have a lot of excitement in life..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. When my teenager is an adult, he/she won't have to worry about bad things happening to him/her | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. When my teenager is an adult, he/she will have a job that pays well..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

37. Has a doctor or other healthcare professional ever told you that **{FILL TEENAGER'S NAME}** has any condition that could limit his/her ability to exercise, such as obesity, diabetes, high blood pressure, etc.?

- Yes
- No
- I don't know

38. Do medical, behavioral or other health conditions interfere with **{FILL TEENAGER'S NAME}**'s ability to do any of the following things?

| | Yes | No |
|---|--------------------------|--------------------------|
| a. Participate in sports, clubs or other organized physical activities | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Go on outings such as the park, library, zoo, shopping, church, restaurants or family gatherings | <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

| Activity | 7 Days Ago | 6 Days Ago | 5 Days Ago | 4 Days Ago | 3 Days Ago | 2 Days Ago | Yesterday |
|---|--|--|--|--|--|--|--|
| | | | | | | | Day of the Week |
| <input type="checkbox"/> Tai Chi | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES |
| <input type="checkbox"/> Toning Exercises/ Calisthenics | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES |
| <input type="checkbox"/> Tennis | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES |
| <input type="checkbox"/> Volleyball | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES |
| <input type="checkbox"/> Walking for Exercise (outdoor, indoor, treadmill) | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES |
| <input type="checkbox"/> Walking for Transportation/Leisure | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES |
| <input type="checkbox"/> Water Aerobics | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES |
| <input type="checkbox"/> Yoga | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES |
| <input type="checkbox"/> Other (write in) _____ | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES |

1. I did none of these activities over the past 7 days.

2. Was this week reflective of your usual activity level?

- Yes
 No

3. In general how many HOURS per DAY do you usually spend:

Watching television: _____ hours

Working on a computer: _____ hours

4. Over this past week, were you confined to a bed or chair as a result of injury, illness or surgery?

- Yes
 No

If YES, how many days over the past week were you confined to a bed or chair? _____ days

5. Do you have difficulty doing any of the following activities?

a. Getting in or out of a bed or chair?

- Yes
 No

b. Walking for 10 minutes without resting?

- Yes
 No

FLASHE

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



Physical Activity Checklist

Participant ID: _____

FLASHE Physical Activity Checklist

Today's Date ____ / ____

Instructions

Please check the box only for activities you have done during the past 7 days. For each activity checked, write down the time spent doing the activity per day.

| Activity | 7 Days Ago | 6 Days Ago | 5 Days Ago | 4 Days Ago | 3 Days Ago | 2 Days Ago | Yesterday |
|--|--|--|--|--|--|--|--|
| | | | | | | | Day of the Week |
| <input type="checkbox"/> Aerobic Dance/ Step Aerobics | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES |
| <input type="checkbox"/> Badminton | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES |
| <input type="checkbox"/> Basketball | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES |
| <input type="checkbox"/> Bicycling (indoor, outdoor) | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES |
| <input type="checkbox"/> Bowling | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES |
| <input type="checkbox"/> Dancing (square, line, ballroom) | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES |
| <input type="checkbox"/> Elliptical Trainer | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES |
| <input type="checkbox"/> Fishing | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES |
| <input type="checkbox"/> Football/Soccer | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES |
| <input type="checkbox"/> Gardening or Yardwork | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES |
| <input type="checkbox"/> Golf | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES |
| <input type="checkbox"/> Hiking | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES |
| <input type="checkbox"/> Horseback Riding | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES |
| <input type="checkbox"/> Martial Arts (karate, judo) | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES |
| <input type="checkbox"/> Pilates | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES |
| <input type="checkbox"/> Raquetball/ Handball/Squash | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES |
| <input type="checkbox"/> Rock Climbing | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES |
| <input type="checkbox"/> Rowing/Kayaking/ Canoeing | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES |
| <input type="checkbox"/> Running/Jogging (outdoor, indoor) | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES |
| <input type="checkbox"/> Skating (roller, ice, blading) | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES |
| <input type="checkbox"/> Snow Shoeing | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES |
| <input type="checkbox"/> Snow Skiing (downhill) | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES |
| <input type="checkbox"/> Snow Skiing (x-country, Nordic Track) | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES |
| <input type="checkbox"/> Softball/Baseball | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES |
| <input type="checkbox"/> Stairmaster | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES |
| <input type="checkbox"/> Strength/Weight Training | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES |
| <input type="checkbox"/> Swimming (laps, snorkeling, scuba diving) | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES | <input type="text"/> : <input type="text"/> HOURS MINUTES |

(flip over)