

ATTACHMENT H:

**Adult Physical Activity Survey Instrument
(includes demographics)**

FLASHE

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

Parent Physical Activity Survey

Thank you for taking the Family Life, Activity, Sun, Health, and Eating (FLASHE) Survey. This survey asks about your attitudes, behaviors 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, **[adolescent name]**.
- You'll need about 20 minutes to do the survey.
- Read all the answers before selecting a box. Please select only the box that best describes you or your family. There aren't any right or wrong answers.
- Try to answer all of the questions. The more questions you answer, the more we'll learn. If any question makes you uncomfortable, it's okay to skip it.

OMB #: 0925-XXXX
Expiration Date: xx/xx/20xx

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. The information collected in this study will be kept private to the extent provided by law. 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 the National Cancer Institute (contact:

FLASHESurvey@Westat.com) so we can learn about behaviors that might prevent cancer.

Public reporting burden for this collection of information is estimated to average 20 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-XXXX). Do not return the completed form to this address.

[Next Page](#)

[Save & Exit](#)

(1 of 37)

Section 1: 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.

There are lots of things that might prevent people from exercising as much as they'd like to. Please select how much you disagree or agree with how true each of these reasons is for YOU.

I don't exercise as much as I like to because...

	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
I don't like to sweat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't like to exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't want to mess up my hair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family doesn't like to exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'm not athletic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Clear Answers](#)

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

If I were to be physically active most days of the week it would...

	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
Be fun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help me cope with stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help me make new friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get or keep me in shape	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make or keep me more attractive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Give me more energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Clear Answers](#)

There are lots of reasons why people might try to exercise most days of the week. Please select how much you disagree or agree with how true each of these reasons is for YOU.

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

	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
I would feel bad about myself if I didn't	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have thought about it and decided that I want to exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Others would be upset with me if I didn't	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family doesn't like to exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is an important thing for me to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Clear Answers](#)

[Previous Page](#)

[Next Page](#)

[Save & Exit](#)

(2 of 37)

Physical Activity

Please select how much you disagree or agree with this statement:

I feel confident in my ability to exercise regularly.

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

[Clear Answer](#)

We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. The questions will ask you about the time you spent being physically active in the past 7 days. Please answer each question, even if you do not consider yourself to be an active person. Please think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise, or sport.

Think about all the VIGOROUS activities that you did in the PAST 7 DAYS.

VIGOROUS physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Think ONLY about those physical activities that you did for at least 10 minutes at a time.

During the LAST 7 DAYS, on how many days did you do VIGOROUS Physical activities like heavy lifting, digging, aerobics, or fast bicycling?

days per week

No vigorous physical activities

[Previous Page](#) [Next Page](#) [Save & Exit](#) (3 of 37)

Physical Activity

How much time did you usually spend doing VIGOROUS physical activities on one of those days?

hours per day

minutes per day

Don't know/Not sure

[Previous Page](#) [Next Page](#) [Save & Exit](#) (4 of 37)

Physical Activity

Think about all the MODERATE activities that you did in the LAST 7 DAYS.

MODERATE activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

During the LAST 7 DAYS, on how many days did you do MODERATE physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis?

Do not include walking.

days per week

No moderate physical activities

[Previous Page](#) [Next Page](#) [Save & Exit](#) (5 of 37)

Physical Activity

How much time did you usually spend doing MODERATE physical activities on one of those days?

hours per day
 minutes per day

Don't know/Not sure

[Previous Page](#) [Next Page](#) [Save & Exit](#) (6 of 37)

Physical Activity

Think about the time you spent WALKING in the LAST 7 DAYS. This includes at work and at home, walking to travel from place to place, and any other walking that you have done solely for recreation, sport, exercise, or leisure.

During the LAST 7 DAYS, on how many days did you WALK for at least 10 minutes at a time?

days per week

No walking

[Previous Page](#) [Next Page](#) [Save & Exit](#) (7 of 37)

Physical Activity

How much time did you usually spend WALKING on one of those days?

hours per day
 minutes per day

Don't know/Not sure

[Previous Page](#) [Next Page](#) [Save & Exit](#) (8 of 37)

Physical Activity

The last question is about the time you spent SITTING on weekdays during the LAST 7 DAYS. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

During the LAST 7 DAYS, how much time did you spend SITTING on a WEEK DAY?

hours per day
 minutes per day

Don't know/Not sure

[Previous Page](#) [Next Page](#) [Save & Exit](#) (9 of 37)

Section 2: Your Neighborhood

Your neighborhood is the local area around your home, within a 10-15 minute walk in any direction.

Please select how much you disagree or agree with the following statements.

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
Many shops, stores, markets or other places to buy things I need are within a 10-15 minute walk of my home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A transit stop like a bus, train or trolley is within a 10-15 walk of my home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are sidewalks on most of the streets in my neighborhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My neighborhood has several free or low cost recreation facilities, such as parks, walking trails, bike paths, recreation centers, playgrounds, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The crime rate in my neighborhood makes it unsafe to go on walks at night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People in this neighborhood help each other out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We watch out for each other's children in the neighborhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is litter or garbage on the streets or sidewalks in my neighborhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Clear Answers](#)

[Previous Page](#)

[Next Page](#)

[Save & Exit](#)

(10 of 37)

Section 3: Using Electronic Devices

People watch TV or videos, surf the internet 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 select which ones YOU use and how often YOU use each.

About how many hours PER DAY do you use each electronic device?

	Not at all	Less than 1/2 hour	1/2 hour to 2 hours	2 to 4 hours	4 to 6 hours	6+ hours
Desktop, laptop computer, iPad or other tablet. Do not include time spent on these devices for work or school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cell phone or Smartphone for gaming, internet or videos. Do not include time spent talking on these devices.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gaming console like Wii, Xbox, PlayStation, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Handheld gaming devices like Nintendo DS, Sony PSP, iTouch, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electronic reader, like Kindle or Nook	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Clear Answers](#)

How many TVs are in your home?

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

[Clear Answer](#)

For these next questions, please think about the electronic devices you selected above when thinking about how much you use each one per day.

There are lots of reasons why people might limit the amount of time they spend using electronic devices. Please select how much you disagree or agree with how true each of these reasons is for YOU.

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

	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
I would feel bad about myself if I didn't	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have thought about it and decided that I want to limit the amount of time I spend using electronic devices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Others would be upset with me if I didn't limit the amount of time I spend using electronic devices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It's an important thing for me to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Clear Answers](#)

Please select 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.

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

[Clear Answer](#)

Section 4: Time Spent in the Sun and Indoor Tanning

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
Wear sunscreen?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wear a shirt with sleeves that cover your shoulders?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wear a hat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stay in the shade or under an umbrella?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spend time in the sun in order to get a tan?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Clear Answers

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

Clear Answer

How many times in the past 12 months have you used a tanning bed or booth?

- 0 times
- 1 - 2 times
- 3 - 10 times
- 11 - 24 times
- 25 times or more
- Don't know

Clear Answer

[Previous Page](#) [Next Page](#) [Save & Exit](#) (12 of 37)

Section 5: Tobacco Use

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

- Yes
- No

Clear Answer

[Previous Page](#) [Next Page](#) [Save & Exit](#) (13 of 37)

Tobacco Use

How often do you now smoke cigarettes?

- Everyday
 Some days
 Not at all

Clear Answer

In the PAST MONTH (30 days), when you smoked, how many cigarettes did you smoke per day?

Number of cigarettes per day

At what age did you start smoking regularly?

years old

What was the date of your last cigarette?

Format: YYYY-MM-DD

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

Clear Answer

[Previous Page](#) [Next Page](#) [Save & Exit](#) (14 of 37)

Section 6: Sleep

For the following questions, please answer separately for WEEKDAYS (Monday-Friday) and WEEKENDS (Saturday-Sunday).

Select the time in the boxes and please select either A.M. or P.M.

Midnight is 12:00 A.M.

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

Weekday

Hour: Minute: AM or PM:

Weekend

Hour: Minute: AM or PM:

[Previous Page](#) [Next Page](#) [Save & Exit](#) (15 of 37)

Sleep

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

Weekday

Hour: Minute: AM or PM:

Weekend

Hour: Minute: AM or PM:

[Previous Page](#) [Next Page](#) [Save & Exit](#) (16 of 37)

Sleep

Do you generally have trouble staying asleep at night?

- Yes
 No

[Clear Answer](#)

[Previous Page](#) [Next Page](#) [Save & Exit](#) (17 of 37)

Sleep

Please select how often the statements below describe how you feel.

	Never	Rarely	Sometimes	Often	Always
I feel left out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel isolated from others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Clear Answers](#)

[Previous Page](#) [Next Page](#) [Save & Exit](#) (18 of 37)

Section 7: Your Teenager

This next part of the survey asks you to think about [adolescent 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 [adolescent 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 [adolescent name] moving and breathing harder.

Now think about [adolescent name]'s time being physically active. How much do you disagree or agree with each of the statements listed below for [adolescent name]?

	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
I have to make sure my teenager gets enough physical activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I take my teenager places where he/she can be physically active	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My teenager and I decide together how much physical activity he/she has to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I make my teenager exercise or go out and play	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I try to be physically active when my teenager is around	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It's okay for me to make rules about how much time my teenager spends being physically active/playing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Clear Answers](#)

[Previous Page](#) [Next Page](#) [Save & Exit](#) (19 of 37)

Your Teenager

These next questions ask about "SCREEN TIME," that is, the time [adolescent name] spends using electronic devices to watch videos, surf the internet, play video games and do other activities that involve sitting and looking at a screen.

People watch TV or videos, surf the internet, and play games using many different kinds of electronic devices. When thinking about videos, count Netflix, YouTube, ONDemand, etc. From the list below, please select which ones [adolescent name] uses.

- Desktop, laptop computer, iPad or other tablet.
Do not include time spent on these devices for school or work.
- Cell phone or Smartphone.
Do not include time spent talking on the phone.
- Television
- Gaming console like Wii, Xbox, PlayStation, etc.
- Handheld gaming devices like Nintendo DS, Sony PSP, iTouch, etc.
- Electronic reader, such as Kindle or Nook

Now think about [adolescent name]'s time with the electronic devices you selected in the previous question. How much do you disagree or agree with each of the statements listed below for [adolescent name]?

	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
If my teenager has a bad day, I let him/her have screen time to feel better	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I take my teenager places where he/she can play video games, watch movies, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My teenager and I decide together how much screen time he/she can have	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have to make sure my teenager does not have too much screen time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I decide how much screen time my teenager can have	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I try to limit my own screen time when my teenager is around	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It's okay for me to make rules about how much screen time my teenager can have	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Clear Answers](#)

[Previous Page](#) [Next Page](#) [Save & Exit](#) (20 of 37)

Your Teenager

Finally, we have a few general questions about [adolescent name].

Most parents think about what they'd like in life for their teenager. For each of the statements listed below, please select how important it is to you when you think about what you'd like for [adolescent name].

	Not at all important to me	A little important to me	Somewhat important to me	Very important to me	Extremely important to me
When my teenager is an adult, he/she will feel that there are people who really love him/her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The things my teenager will do as an adult will make other people's lives better	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My teenager will get good grades in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People will often comment about how attractive my teenager looks as an adult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When my teenager is an adult, he/she will have a job that pays well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Clear Answers](#)

[Previous Page](#) [Next Page](#) [Save & Exit](#) (21 of 37)

Your Teenager

Has a doctor or other healthcare professional ever told you that [adolescent name] has any condition that could limit his/her ability to exercise, such as obesity, asthma, diabetes, high blood pressure, etc.?

- Yes
- No
- I don't know

[Clear Answer](#)

Do medical, behavioral or other health conditions interfere with [adolescent name]'s ability to do any of the following things?

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

[Clear Answers](#)

[Previous Page](#) [Next Page](#) [Save & Exit](#) (22 of 37)

General Information About You

We are interested in some general information about you. Your answers to these questions are important to us. They will help us better understand your answers to other parts of the survey.

What is your age?

Are you male or female?

- Male
- Female

[Clear Answer](#)

What is the highest grade or level of education you completed?

- Less than a high school degree
- A high school degree or GED
- Some college but not a college degree
- A 4-year college degree or higher

[Clear Answer](#)

What is your marital status?

- Married
- Divorced
- Widowed
- Separated
- Never married
- A member of an unmarried couple

[Clear Answer](#)

In general, would you say your health is...

- Excellent
- Very good
- Good
- Fair
- Poor

[Clear Answer](#)

What is your height and weight without shoes?

Height:

Feet

Inches

Weight:

Pounds

I don't know

Overall, how would you rate your current weight?

- I'm very underweight
- I'm a little underweight
- My weight is just right
- I'm a little overweight
- I'm very overweight

[Clear Answer](#)

Are you currently trying to...

- Lose weight
- Gain weight
- Stay the same weight

[Clear Answer](#)

Have you ever been diagnosed as having cancer?

- Yes
- No

[Clear Answer](#)

[Previous Page](#)

[Next Page](#)

[Save & Exit](#)

(23 of 37)

What type of cancer did you have?

SELECT all that apply

- Bladder cancer
- Bone cancer
- Breast cancer
- Cervical cancer (cancer of the cervix)
- Colon cancer
- Endometrial cancer (cancer of the uterus)
- Head and neck cancer
- Hodgkin's lymphoma
- Leukemia/Blood cancer
- Liver cancer
- Lung cancer
- Melanoma
- NonHodgkin lymphoma
- Oral cancer
- Ovarian cancer
- Pancreatic cancer
- Pharyngeal (throat) cancer
- Prostate cancer
- Rectal cancer
- Renal (kidney) cancer
- Skin cancer, nonmelanoma

At what age were you first told that you had cancer?

Age

[Previous Page](#) [Next Page](#) [Save & Exit](#) (24 of 37)

General Information About You

Are you Hispanic, Latino/a or Spanish origin?

- Yes
- No

[Clear Answer](#)

Which one or more of the following would you say is your race? Please select all that apply.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Were you born in the United States?

- Yes
- No

[Clear Answer](#)

[Previous Page](#) [Next Page](#) [Save & Exit](#) (25 of 37)

General Information About You

If not, in what year did you come to live in the United States?

Year

[Previous Page](#) [Next Page](#) [Save & Exit](#) (26 of 37)

General Information About You

About how long have you lived at your current address?

Years

Months

Can you tell me just the name of the street you live on?

Street

And what is the name of the nearest cross street?

Street

Do you currently rent or own your home?

- Own
 Rent
 Occupied without paying monetary rent

[Clear Answer](#)

How often in the past 12 months would you say you were worried or stressed about having enough money to pay for your rent or mortgage?

- Never
 Almost never
 Sometimes
 Fairly often
 Very often

[Clear Answer](#)

Can you tell me just the name of the street [adolescent name]'s school is on?

Street

And what is the name of the nearest cross street?

Street

What is your current employment status?

Are you...

- Employed for wages
 Self-employed
 Out of work for more than 1 year
 Out of work for less than 1 year
 A homemaker
 A student
 Retired

[Clear Answer](#)

[Previous Page](#)

[Next Page](#)

[Save & Exit](#)

(27 of 37)

General Information About You

About how many hours do you work per week at all of your jobs and businesses combined?

Hours

[Previous Page](#)

[Next Page](#)

[Save & Exit](#)

(28 of 37)

General Information About You

Thinking about members of your family living in your household, what is your combined annual income, meaning the total pre-tax income from all sources earned in the past 12 months?

- \$0 to \$9,999
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$199,999
- \$200,000 or more

[Clear Answer](#)

What languages do you usually speak at home?

Please SELECT all that apply

- English
- Spanish
- Cantonese
- Vietnamese
- Tagalog
- Mandarin
- Korean
- Asian Indian languages
- Russian
- Other language

Please specify:

In what languages are the TV shows, radio stations or newspapers that you usually watch, listen to or read?

- Only English
- More English than another language
- Another language and English about the same
- More of another language than English
- Only Another language

[Clear Answer](#)

How would you rate your ability to read English?

- Very good
- Good
- Okay
- Poor
- Very poor

[Clear Answer](#)

How often do you need to have someone help you read written material from your doctor or pharmacy?

- Never
- Rarely
- Sometimes
- Often
- Always

[Clear Answer](#)

How many children under the age of 18 live in your household?

Children under 18

[Previous Page](#)

[Next Page](#)

[Save & Exit](#)

(29 of 37)

General Information About You

Are you now pregnant?

- Yes
- No

Clear Answer

[Previous Page](#) [Next Page](#) [Save & Exit](#) (30 of 37)

General Information About You

Does [adolescent name] have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicaid?

- Yes
- No

Clear Answer

[Previous Page](#) [Next Page](#) [Save & Exit](#) (31 of 37)

General Information About You

Is [adolescent name] insured by Medicaid or the State Children's Health Insurance Program, S-CHIP?

- Yes
- No

Clear Answer

[Previous Page](#) [Next Page](#) [Save & Exit](#) (32 of 37)

General Information About You

During the past 12 months, was there any time when [adolescent name] was not covered by ANY health insurance?

- Yes
- No

Clear Answer

[Previous Page](#) [Next Page](#) [Save & Exit](#) (33 of 37)

General Information About You

During the past 12 months, was there any time when [adolescent name] had health care coverage?

- Yes
- No

Clear Answer

[Previous Page](#) [Next Page](#) [Save & Exit](#) (34 of 37)

General Information About You

Has [adolescent name] ever been diagnosed as having cancer?

- Yes
 No

[Clear Answer](#)

[Previous Page](#) [Next Page](#) [Save & Exit](#) (35 of 37)

What type of cancer did [adolescent name] have?

SELECT ALL THAT APPLY

- Bladder cancer
- Bone cancer
- Breast cancer
- Cervical cancer (cancer of the cervix)
- Colon cancer
- Endometrial cancer (cancer of the uterus)
- Head and neck cancer
- Hodgkin's lymphoma
- Leukemia/Blood cancer
- Liver cancer
- Lung cancer
- Melanoma
- NonHodgkin lymphoma
- Oral cancer
- Ovarian cancer
- Pancreatic cancer
- Pharyngeal (throat) cancer
- Prostate cancer
- Rectal cancer
- Renal (kidney) cancer
- Skin cancer, nonmelanoma

At what age was [adolescent name] first told that he/she had cancer?

Age

[Previous Page](#) [Next Page](#) (36 of 37)

FLASHE

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

Parent Physical Activity Survey

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

[Previous Page](#) [Submit Survey](#) (37 of 37)