

ATTACHMENT I:

Adolescent Physical Activity Survey Instrument

(includes demographics)

FLASHE

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

Teen 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.
- Some parts of the survey are about you. Others are about your parents and family.
- In this survey, "**parent**" means the adult who takes care of you. It could be your birth mother or father or your adopted mother or father. It could also be your guardian, an adult relative or an adult who isn't related to you.
- You'll need about 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:

FLASHEstudy@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.

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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.

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

During a typical week...

	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
My friends play sports or are physically active with me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My friends exercise most days of the week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Clear Answers](#)

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"/>
Make me more good looking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make me better in sports, dance or other activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Physical Activity

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"/>
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](#)

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

	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
I feel confident in my ability to exercise regularly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I stay at a healthy weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People tease me about my weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Clear Answers](#)

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](#)

Are you currently in school?

- Yes
 No

[Clear Answer](#)

Those who answer 'no' to "Are you currently in school?" receive the following question series and then are routed to Section 2.

Physical Activity

This section will ask you about the time you spend being active and the time you spend being sedentary last week.

Physical activities are things that involve a lot of walking, running or moving around. It includes biking and dancing as well as sports or outdoor play that involves a lot of moving around

Before we begin, please pick the response that best summarizes your **TYPICAL** level of physical activity?

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

Clear Answer

The questions that follow will ask you to think **ONLY ABOUT THE LAST 7 DAYS!** It is okay if last week was not an active week for you. It is likely that you might be active some weeks and not active others. There are no right or wrong answers so provide honest answers.

Weekday Activity Levels

These questions ask about your overall levels of physical activity during last week (Monday - Friday). This would include structured exercise or sport activities as well as activity playing with friends, dancing or doing work/chores. **ANSWER THE QUESTIONS BASED ON YOUR PHYSICAL ACTIVITY IN THE LAST WEEK** (Monday - Friday).

ACTIVITY TO A PLACE: How many days did you WALK or BIKE TO a job, a friend's house, or to an event or activity? *(If you can't remember, try to estimate.)*

- 0 days
- 1 day
- 2 days
- 3 days
- 4 to 5 days

Clear Answer

ACTIVITY FROM A PLACE: How many days did you WALK or BIKE FROM a job, a friend's house, or from an event or activity? *(If you can't remember, try to estimate.)*

- 0 days
- 1 day
- 2 days
- 3 days
- 4 to 5 days

Clear Answer

MORNING ACTIVITY: How many days **IN THE MORNING** (6:00 - 12:00PM/NOON) did you do some form of physical activity for at least 10 minutes? *(This includes activity at home, in your neighborhood, or in town but NOT walking or biking to a job, a friend's house, or to an event or activity.)*

- 0 days
- 1 day
- 2 days
- 3 days
- 4 to 5 days

Clear Answer

ACTIVITY AFTER LUNCH: How many days **IN THE AFTERNOON** (BETWEEN 12:00PM/NOON - 6:00 PM) did you do some form of physical activity for at least 10 minutes? *(This includes activity at home, in your neighborhood, or in town but NOT walking or biking to a job, a friend's house, or to an event or activity.)*

- 0 days
- 1 day
- 2 days
- 3 days
- 4 to 5 days

Clear Answer

ACTIVITY IN THE EVENING: How many EVENINGS(6:00-10:00 PM) did you do some form of physical activity for at least 10 minutes? (If you don't remember, try to estimate.)

- 0 days
- 1 day
- 2 days
- 3 days
- 4 to 5 days

Clear Answer

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Physical Activity

Weekend Activity Levels

These questions ask about your overall levels of physical activity during last weekend (Saturday - Sunday). This would include structured exercise or sport activities as well as activity playing with friends, dancing or doing work/chores. ANSWER THE QUESTIONS BASED ON WHAT YOU DID ON **SATURDAY AND SUNDAY**.

ACTIVITY ON SATURDAY: How much physical activity did you do last SATURDAY? (This could be for exercise, work/chores, family outings, sports, dance, or play. If you don't remember, try to estimate.)

- No activity (0 minutes)
- Small amount of activity (1 to 30 minutes)
- Small to Moderate amount of activity (31 to 60 minutes)
- Moderate to Large amount of activity (1 to 2 hours)
- Large amount of activity (more than 2 hours)

Clear Answer

ACTIVITY ON SUNDAY: How much physical activity did you do last SUNDAY? (This could be for exercise, work/chores, family outings, sports, dance, or play. If you don't remember, try to estimate.)

- No activity (0 minutes)
- Small amount of activity (1 to 30 minutes)
- Small to Moderate amount of activity (31 to 60 minutes)
- Moderate to Large amount of activity (1 to 2 hours)
- Large amount of activity (more than 2 hours)

Clear Answer

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Physical Activity

Sedentary Activities

SEDENTARY ACTIVITIES are things such as watching TV, or playing video games, computer games, or hand-held games that you do in your free time. It does NOT include the time you spend sitting while eating or while doing homework.

These questions ask about time spent resting and sitting. You probably sit while eating, doing homework, or playing musical instruments. But you also may spend time sitting while watching TV, playing video games, using the computer or using your phone, or iTouch/iPad). ANSWER THESE QUESTIONS ABOUT THE TIME YOU SPENT SITTING DURING THESE ACTIVITIES IN THE PAST 7 DAYS.

TV TIME: How much time did you spend WATCHING TV (*This includes time spent watching movies or sports but NOT time spent playing video games.*)

- I didn't watch TV at all
- I watched less than 1 hour per day
- I watched 1 to 2 hours per day
- I watched 2 to 3 hours per day
- I watched more than 3 hours per day

Clear Answer

VIDEO GAME TIME: How much time did you spend PLAYING VIDEO GAMES? (*This includes games on Nintendo DS, wii, Xbox, PlayStation, iTouch, iPad, or games on your phone.*)

- I didn't really play at all
- I played less than 1 hour per day
- I played 1 to 2 hours per day
- I played 2 to 3 hours per day
- I played more than 3 hours per day

Clear Answer

COMPUTER TIME: How much time did you spend using COMPUTERS? (*This DOES NOT include home work time but includes time on Facebook as well as time spent surfing the internet, instant messaging, playing online video games or computer games.*)

- I didn't really use the computer at all
- I used a computer less than 1 hour per day
- I used a computer 1 to 2 hours per day
- I used a computer 2 to 3 hours per day
- I used a computer more than 3 hours per day

Clear Answer

PHONE / TEXT TIME: How much time did you spend using your CELL PHONE? (*This includes time spent talking or texting.*)

- I didn't really use a cell phone
- I used a phone less than 1 hour per day
- I used a phone 1 to 2 hours per day
- I used a phone 2 to 3 hours per day
- I used a phone more than 3 hours per day

Clear Answer

OVERALL SEDENTARY HABITS: Which of the following best describes your overall sedentary habits at home last week?

- I spent almost none of my free time sitting
- I spent little time sitting during my free time
- I spent a moderate amount of time sitting during my free time
- I spent a lot of time sitting during my free time
- I spent almost all of my free time sitting

Clear Answer

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Those who answered 'yes' to "Are you currently in school?" (the last question on page 3 of this document) receive this question:

Physical Activity

What is your current school level?

- Elementary School
- Middle School
- High School

[Clear Answer](#)

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The questions for students in elementary school versus middle school and high school follow. Everyone resumes the same question series at Section 2.

Elementary School Student Series:

Physical Activity

ELEMENTARY YAP

This section will ask you about the time you spend being active (both in school and out of school) and the time you spend being sedentary last week.

Physical activities are things that involve a lot of walking, running or moving around. It includes biking and dancing as well as sports or outdoor play that involves a lot of moving around

Before we begin, please pick the response that best summarizes your TYPICAL level of physical activity?

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

Clear Answer

The questions that follow will ask you to think **ONLY ABOUT THE LAST 7 DAYS!** It is okay if last week was not an active week for you. It is likely that you might be active some weeks and not active others. There are no right or wrong answers so provide honest answers.

Activity Levels - at School

These questions ask about your physical activity at school. This includes physical education but you may also be active on your way to school, during recess, or at lunch. ANSWER THE QUESTIONS BASED ON YOUR PHYSICAL ACTIVITY AT SCHOOL IN THE LAST 7 DAYS.

ACTIVITY TO SCHOOL: How many days did you WALK or BIKE TO SCHOOL? (If you can't remember, try to estimate.)

- 0 days (never)
- 1 day
- 2 days
- 3 days
- 4 to 5 days (most every day)

Clear Answer

ACTIVITY DURING PHYSICAL EDUCATION CLASS: During PHYSICAL EDUCATION, how often were you running and moving as part of the planned games or activities? (If you didn't have PE, choose "Almost none of the time".)

- Almost none of the time
- A little bit of the time
- A moderate amount of the time
- A lot of the time
- Almost all of the time

Clear Answer

ACTIVITY DURING RECESS: During RECESS, how often were you playing sports, walking, running, or playing active games? (If you sat the whole time or didn't have a break at school, choose "Almost none of the time".)

- Almost none of the time
- A little bit of the time
- A moderate amount of the time
- A lot of the time
- Almost all of the time

Clear Answer

ACTIVITY DURING LUNCH: During LUNCH BREAK, how often were you moving around, walking or playing? (If you sat the whole time at lunch, choose "Almost none of the time".)

- Almost none of the time
- A little bit of the time
- A moderate amount of the time
- A lot of the time
- Almost all of the time

Clear Answer

ACTIVITY FROM SCHOOL: How many days did you WALK or BIKE FROM SCHOOL? (If you can't remember, try to estimate.)

- 0 days (never)
- 1 day
- 2 days
- 3 days
- 4 to 5 days (most every day)

Clear Answer

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Physical Activity

Activity Levels - Outside of School

These questions ask about your overall levels of physical activity during different periods of time (outside of school time). This would include structured exercise or sport activities as well as activity playing with friends, dancing or doing work/chores. ANSWER THE QUESTIONS BASED ON YOUR PHYSICAL ACTIVITY OUTSIDE OF SCHOOL IN THE LAST 7 DAYS.

ACTIVITY BEFORE SCHOOL: How many days BEFORE SCHOOL (6:00-8:00 AM) did you do some form of physical activity for at least 10 minutes? *(This includes activity at home NOT walking or biking to school.)*

- 0 days
- 1 day
- 2 days
- 3 days
- 4 to 5 days

Clear Answer

ACTIVITY AFTER SCHOOL: How many days AFTER SCHOOL (BETWEEN 3:00 - 6:00 PM) did you do some form of physical activity for at least 10 minutes? *(If you don't remember, try to estimate.)*

- 0 days
- 1 day
- 2 days
- 3 days
- 4 to 5 days

Clear Answer

ACTIVITY ON WEEKNIGHTS: How many SCHOOL EVENINGS (6:00 - 10:00 pm) did you do some form of physical activity for at least 10 minutes? *(If you don't remember, try to estimate.)*

- 0 days
- 1 day
- 2 days
- 3 days
- 4 to 5 days

Clear Answer

ACTIVITY ON SATURDAY: How much physical activity did you do last SATURDAY? *(This could be for exercise, work/chores, family outings, sports, dance, or play. If you don't remember, try to estimate.)*

- No activity (0 minutes)
- Small amount of activity (1 to 30 minutes)
- Small to Moderate amount of activity (31 to 60 minutes)
- Moderate to Large amount of activity (1 to 2 hours)
- Large amount of activity (more than 2 hours)

Clear Answer

ACTIVITY ON SUNDAY: How much physical activity did you do last SUNDAY? *(This could be for exercise, work/chores, family outings, sports, dance, or play. If you don't remember, try to estimate.)*

- No activity (0 minutes)
- Small amount of activity (1 to 30 minutes)
- Small to Moderate amount of activity (31 to 60 minutes)
- Moderate to Large amount of activity (1 to 2 hours)
- Large amount of activity (more than 2 hours)

Clear Answer

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Physical Activity

Sedentary Activities - Outside of School

SEDENTARY ACTIVITIES are things such as watching TV, or playing video games, computer games, or hand-held games that you do in your free time. It does **NOT** include the time you spend sitting while eating or while doing homework.

These questions ask about time spent resting and sitting. You probably sit while eating, doing homework, or playing musical instruments. But you also may spend time sitting while watching TV, playing video games, using the computer or using your phone, or iTouch/iPad). **ANSWER THE QUESTIONS ABOUT THE TIME YOU SPENT SITTING DURING THESE ACTIVITIES IN THE PAST 7 DAYS.**

TV TIME: How much time did you spend **WATCHING TV** outside of school time (*This includes time spent watching movies or sports but NOT time spent playing video games.*)

- I didn't watch TV at all
- I watched less than 1 hour per day
- I watched 1 to 2 hours per day
- I watched 2 to 3 hours per day
- I watched more than 3 hours per day

Clear Answer

VIDEO GAME TIME: How much time did you spend **PLAYING VIDEO GAMES** outside of school time? (*This includes games on Nintendo DS, wii, Xbox, PlayStation, iTouch, iPad, or games on your phone.*)

- I didn't really play at all
- I played less than 1 hour per day
- I played 1 to 2 hours per day
- I played 2 to 3 hours per day
- I played more than 3 hours per day

Clear Answer

COMPUTER TIME: How much time did you spend using **COMPUTERS** outside of school time? (*This DOES N'T include home work time but includes time on Facebook as well as time spent surfing the internet, instant messaging, playing online video games or computer games.*)

- I didn't really use the computer at all
- I used a computer less than 1 hour per day
- I used a computer 1 to 2 hours per day
- I used a computer 2 to 3 hours per day
- I used a computer more than 3 hours per day

Clear Answer

PHONE / TEXT TIME: How much time did you spend using your **CELL PHONE** after school? (*This includes time spent talking or texting.*)

- I didn't really use a cell phone at all
- I used a phone less than 1 hour per day
- I used a phone 1 to 2 hours per day
- I used a phone 2 to 3 hours per day
- I used a phone more than 3 hours per day

Clear Answer

OVERALL SEDENTARY HABITS: Which of the following best describes your **TYPICAL** sedentary habits at home? (*Try to think about a typical week and not just last week.*)

- I spent almost none of my free time sitting
- I spent little time sitting during my free time
- I spent a moderate amount of time sitting during my free time
- I spent a lot of time sitting during my free time
- I spent almost all of my free time sitting

Clear Answer

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Middle and High School student series:

Physical Activity

MIDDLE/HS YAP

This section will ask you about the time you spend being active (both in school and out of school) and the time you spend being sedentary last week.

Physical activities are things that involve a lot of walking, running or moving around. It includes biking and dancing as well as sports or outdoor play that involves a lot of moving around

Before we begin, please pick the response that best summarizes your **TYPICAL** level of physical activity?

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

Clear Answer

The questions that follow will ask you to think **ONLY ABOUT THE LAST 7 DAYS!** It is okay if last week was not an active week for you. It is likely that you might be active some weeks and not active others. There are no right or wrong answers so provide honest answers.

Activity Levels - at School

These questions ask about your overall levels of physical activity at school. This includes physical education but you may also be active on your way to school, during recess, or at lunch. **ANSWER THE QUESTIONS BASED ON YOUR PHYSICAL ACTIVITY AT SCHOOL IN THE LAST 7 DAYS.**

ACTIVITY TO SCHOOL: How many days did you WALK or BIKE TO SCHOOL? (If you can't remember, try to estimate.)

- 0 days (never)
- 1 day
- 2 days
- 3 days
- 4 to 5 days (most every day)

Clear Answer

ACTIVITY DURING PHYSICAL EDUCATION CLASS: During PHYSICAL EDUCATION, how often were you running and moving as part of the planned games or activities? (If you didn't have PE, choose "Almost none of the time".)

- Almost none of the time
- A little bit of the time
- A moderate amount of the time
- A lot of the time
- Almost all of the time

Clear Answer

ACTIVITY DURING BREAKS/STUDY HALL: During BREAKS/STUDY HALL, how often were you playing sports, walking, running, or playing active games? (If you sat the whole time or didn't have a break at school, choose "Almost none of the time".)

- Almost none of the time
- A little bit of the time
- A moderate amount of the time
- A lot of the time
- Almost all of the time

Clear Answer

ACTIVITY DURING LUNCH: During LUNCH BREAK, how often were you moving around, walking or playing? (If you sat the whole time at lunch, choose "Almost none of the time".)

- Almost none of the time
- A little bit of the time
- A moderate amount of the time
- A lot of the time
- Almost all of the time

Clear Answer

ACTIVITY FROM SCHOOL: How many days did you WALK or BIKE FROM SCHOOL? (If you can't remember, try to estimate.)

- 0 days (never)
- 1 day
- 2 days
- 3 days
- 4 to 5 days (most every day)

Clear Answer

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Physical Activity

Activity Levels - Outside of School

These questions ask about your overall levels of physical activity during different periods of time (outside of school time). This would include structured exercise or sport activities as well as activity playing with friends, dancing or doing work/chores. ANSWER THE QUESTIONS BASED ON YOUR PHYSICAL ACTIVITY OUTSIDE OF SCHOOL IN THE LAST 7 DAYS.

ACTIVITY BEFORE SCHOOL: How many days BEFORE SCHOOL (6:00-8:00 AM) did you do some form of physical activity for at least 10 minutes? *(This includes activity at home NOT walking or biking to school.)*

- 0 days
- 1 day
- 2 days
- 3 days
- 4 to 5 days

Clear Answer

ACTIVITY AFTER SCHOOL: How many days AFTER SCHOOL (BETWEEN 3:00 - 6:00 PM) did you do some form of physical activity for at least 10 minutes? *(If you don't remember, try to estimate.)*

- 0 days
- 1 day
- 2 days
- 3 days
- 4 to 5 days

Clear Answer

ACTIVITY ON WEEKNIGHTS: How many SCHOOL EVENINGS (6:00 - 10:00 pm) did you do some form of physical activity for at least 10 minutes? *(If you don't remember, try to estimate.)*

- 0 days
- 1 day
- 2 days
- 3 days
- 4 to 5 days

Clear Answer

ACTIVITY ON SATURDAY: How much physical activity did you do last SATURDAY? *(This could be for exercise, work/chores, family outings, sports, dance, or play. If you don't remember, try to estimate.)*

- No activity (0 minutes)
- Small amount of activity (1 to 30 minutes)
- Small to Moderate amount of activity (31 to 60 minutes)
- Moderate to Large amount of activity (1 to 2 hours)
- Large amount of activity (more than 2 hours)

Clear Answer

ACTIVITY ON SUNDAY: How much physical activity did you do last SUNDAY? *(This could be for exercise, work/chores, family outings, sports, dance, or play. If you don't remember, try to estimate.)*

- No activity (0 minutes)
- Small amount of activity (1 to 30 minutes)
- Small to Moderate amount of activity (31 to 60 minutes)
- Moderate to Large amount of activity (1 to 2 hours)
- Large amount of activity (more than 2 hours)

Clear Answer

Physical Activity

Sedentary Activities - Outside of School

SEDENTARY ACTIVITIES are things such as watching TV, or playing video games, computer games, or hand-held games that you do in your free time. It does NOT include the time you spend sitting while eating or while doing homework.

These questions ask about time spent resting and sitting. You probably sit while eating, doing homework, or playing musical instruments. But you also may spend time sitting while watching TV, playing video games, using the computer or using your phone, or iTouch/iPad). ANSWER THE QUESTIONS ABOUT THE TIME YOU SPENT SITTING DURING THESE ACTIVITIES IN THE PAST 7 DAYS.

TV TIME: How much time did you spend WATCHING TV outside of school time (*This includes time spent watching movies or sports but NOT time spent playing video games.*)

- I didn't watch TV at all
- I watched less than 1 hour per day
- I watched 1 to 2 hours per day
- I watched 2 to 3 hours per day
- I watched more than 3 hours per day

Clear Answer

VIDEO GAME TIME: How much time did you spend PLAYING VIDEO GAMES outside of school time? (*This includes games on Nintendo DS, wii, Xbox, PlayStation, iTouch, iPad, or games on your phone.*)

- I didn't really play at all
- I played less than 1 hour per day
- I played 1 to 2 hours per day
- I played 2 to 3 hours per day
- I played more than 3 hours per day

Clear Answer

COMPUTER TIME: How much time did you spend using COMPUTERS outside of school time? (*This DOES N'T include home work time but includes time on Facebook as well as time spent surfing the internet, instant messaging, playing online video games or computer games.*)

- I didn't really use the computer at all
- I used a computer less than 1 hour per day
- I used a computer 1 to 2 hours per day
- I used a computer 2 to 3 hours per day
- I used a computer more than 3 hours per day

Clear Answer

PHONE / TEXT TIME: How much time did you spend using your CELL PHONE after school? (*This includes time spent talking or texting.*)

- I didn't really use a cell phone at all
- I used a phone less than 1 hour per day
- I used a phone 1 to 2 hours per day
- I used a phone 2 to 3 hours per day
- I used a phone more than 3 hours per day

Clear Answer

OVERALL SEDENTARY HABITS: Which of the following best describes your TYPICAL sedentary habits at home? (*Try to think about a typical week and not just last week.*)

- I spent almost none of my free time sitting
- I spent little time sitting during my free time
- I spent a moderate amount of time sitting during my free time
- I spent a lot of time sitting during my free time
- I spent almost all of my free time sitting

Clear Answer

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Section 2: Your Home and Neighborhood

Do you have a TV in your bedroom?

- Yes
 No

[Clear Answer](#)

Please indicate if you have the following items in your HOME, YARD OR APARTMENT COMPLEX and if you have them, how often you use each item.

DO NOT include what might be available in your neighborhood.

	Not Available	Available but never use	Use once a month or less	Use once every other week	Use once a week or more
Bicycle. Don't count stationary bikes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Basketball hoop	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sports equipment like balls, racquets, bats and sticks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skateboard or scooter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weight lifting equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cardio equipment like tread-mills, stationary bicycles, step climbers, elliptical machines, rowing machines, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Active gaming like Wii or Xbox Kinect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercise videos or DVD's	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Clear Answers](#)

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

Please indicate if you have the following in your neighborhood. Select all that apply.

- Indoor recreation or exercise facility (public or private)
- School with recreation facilities open to the public
- Bike/hiking/walking trails, paths
- Basketball courts, running track/other playing fields (like soccer, football, softball, tennis, skate park etc.)
- Public park

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

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
Many shops, stores, markets or other places to buy things I need are within easy walking distance of my home	<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"/>
There is so much traffic along nearby streets that it makes it difficult or unpleasant to walk (alone or with someone) in my neighborhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Clear Answers](#)

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, count Netflix, YouTube, ONDemand, etc. From the list below, please select which ones YOU use.

- 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

For these next questions, please think about the electronic devices you just selected.

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 each of the statements listed below.

	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
I feel confident in my ability to limit how much time I spend using electronic devices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My friends watch TV, play on the computer or play electronic games most days of the week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Clear Answers](#)

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

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Section 5: Tobacco Use

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

- Yes
- No

Clear Answer

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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

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](#)

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Section 6: Sleep

Do you have a regular bedtime?

- Yes
 No

[Clear Answer](#)

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:

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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:

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Sleep

Do you generally have trouble staying asleep at night?

- Yes
 No

[Clear Answer](#)

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

- Never
 Rarely
 Sometimes
 Often
 Always

[Clear Answer](#)

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Section 7: Goals in Life

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

	Not at all important to me	A little important to me	Somewhat important to me	Very important to me	Extremely important to me
When I'm an adult, people will love me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The things I will do as an adult will make people's lives better	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People will say I'm good looking as an adult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I'm an adult, I'll have a job that pays well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Section 8: Your Parent(s)

Again, in this survey "PARENT" means the adult who takes care of you. It could be your birth mother or father or your adopted mother or father. It could also be your guardian, an adult relative or an adult who isn't related to you.

Please select how much you disagree or agree with each of the statements listed below regarding what your PARENT(S) say and do when it comes to being physically active.

	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
My parent(s) have to make sure that I get enough physical activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parent(s) take me places where I can be physically active	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parent(s) and I decide together how much physical activity I have to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parent(s) make me exercise or go out and play	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parent(s) try to be physically active when I'm around	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It's okay for my parent(s) to make rules about how much time I spend being physically active/playing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Your Parent(s)

Finally, this next set of questions ask about "SCREEN TIME," that is, the time you or your parent(s) spend using electronic devices to watch videos, surf the internet, play video games and do other activities that involve sitting and looking at a screen.

Please select how much you disagree or agree with each of the statements listed below regarding what your PARENT(S) say and do when it comes to screen time.

	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
If I've had a bad day, my parent(s) let me have screen time to make me feel better	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parent(s) and I decide together how much screen time I can have.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parent(s) take me places where I can play video games, watch movies, etc	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parent(s) decide how much screen time I can have	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parent(s) have to make sure that I do not have too much screen time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parent(s) try to limit their screen time when I'm around	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It's okay for my parent(s) to make rules about how much screen time I can have	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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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?

- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old

[Clear Answer](#)

Are you male or female?

- Male
- Female

[Clear Answer](#)

What grade are you in?

- 6th grade or less
- 7th grade
- 8th grade
- 9th grade
- 10th grade
- 11th grade
- 12th grade
- Ungraded or other grade

[Clear Answer](#)

During the past school year, what kind of school were you enrolled in/are you now enrolled in?

- Public School
- Private School
- Home-schooled
- Another kind of school

[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](#)

General Information About You

How old were you when you had your first menstrual period?

Were you...

- Younger than 10
- 10 to 12
- 13 to 15, or
- 16 or older?
- I haven't had my first menstrual period yet

Clear Answer

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General Information About You

Are you now pregnant?

- Yes
- No

Clear Answer

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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

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General Information About You

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

Year

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General Information About You

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:

How would you rate your ability to read English?

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

[Clear Answer](#)

How many hours a week do you get paid to work?

- I don't work for pay
- 1-9 hours
- 10-19 hours
- 20-29 hours
- 30-39 hours
- 40 hours
- More than 40 hours

[Clear Answer](#)

Do your parents live in the same house or apartment?

- Yes
- No

[Clear Answer](#)

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FLASHE

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

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

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