

ID # \_\_\_\_\_

Recruiter# \_\_\_\_\_



## ADOLESCENT Survey

- Be as accurate as you can – there are no right or wrong answers
- All information is strictly confidential (**especially from your parents!**)
- Please try not to skip any questions
- Provide only one answer for each question

### For Office Use Only

Date survey received: \_\_\_\_\_

Date survey entered (1): \_\_\_\_\_ by \_\_\_\_\_

Date survey entered (2): \_\_\_\_\_ by \_\_\_\_\_



**A . People and Places in Your Neighborhood:** *Neighborhood means within a 10-15 minute walk from your home.*

1. How many friends do you have in your neighborhood? \_\_\_\_\_
2. How many organizations (e.g., sports, community, church, etc.) in your neighborhood do you participate in? \_\_\_\_\_
3. Not counting traveling to or from school, on how many days a week do you take public transportation (bus, train or light rail)?  
 0 days      1 day      2 days      3 days      4 days      5 days      6 days      7days
4. Not counting traveling to or from school, how far do you travel by yourself or with friends, without your parents? Write "0" if you don't do these things.
  - a ) By walking:            number of minutes from home one way \_\_\_\_\_
  - b) By biking:            number of minutes from home one way \_\_\_\_\_
  - c) By public transit:    number of minutes from home one way \_\_\_\_\_

**B. Getting Around in Your Neighborhood**

Please circle the answer that best applies to you and your <b>local neighborhood</b> , which means within a 10-15 minute walk from your home. Please circle one response for each item.				
	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
1. The traffic makes it difficult or unpleasant for me to walk.	1	2	3	4
2. The speed of traffic on most streets is usually slow (30 mph or less).	1	2	3	4
3. Most drivers go faster than the posted speed limits.	1	2	3	4
4. I'm afraid of being taken or hurt by a stranger in a local park.	1	2	3	4
5. Streets have good lighting at night.	1	2	3	4
6. Walkers and bikers can be easily seen by people in their homes.	1	2	3	4
7. There are crosswalks and signals on busy streets.	1	2	3	4
8. There is a high crime rate.	1	2	3	4

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
9. I'm afraid of being taken or hurt by a stranger on local streets.	1	2	3	4
10. I'm afraid of being taken or hurt by a stranger in my yard, driveway or apartment common area.	1	2	3	4
11. I'm afraid of being taken or hurt by a known "bad" person in my neighborhood.	1	2	3	4
12. I feel safe crossing the streets in my neighborhood.	1	2	3	4



**EATING HABITS:** For these questions, think about your eating habits over the PAST YEAR, unless otherwise specified.

### **C. Rules for Eating**

Does your parent or guardian have the following rules about your eating, whether they remind you often or not?	(1)	(0)
1. No second helpings at meals	Yes	No
2. Limited portion sizes at meals	Yes	No
3. No dessert until plate is cleaned	Yes	No
4. No dessert except fruit	Yes	No
5. No meals while watching TV/DVD's	Yes	No
6. No snacking while watching TV/DVD's	Yes	No
7. No sweet snacks	Yes	No
8. No fried snacks at home (such as potato chips)	Yes	No
9. Must eat dinner with family	Yes	No
10. Must eat fruit every day	Yes	No
11. Must eat vegetables every day	Yes	No
12. Limited fast food	Yes	No
13. Limited sugar-sweetened soda	Yes	No

**D. Eating Behaviors:** Please circle one response for each item.

	Never or almost never	Less than 1 time per week	1-2 times per week	3-4 times per week	5 or more times per week
1. I eat more quickly than others.	0	1	2	3	4
2. I eat when I am not hungry.	0	1	2	3	4
3. I eat so much food I feel stuffed afterward.	0	1	2	3	4
4. I snack a lot during the day.	0	1	2	3	4
5. I take second helpings during meals.	0	1	2	3	4
6. I take larger helpings of food than other people.	0	1	2	3	4
7. I snack while watching TV, even if I am not hungry.	0	1	2	3	4
8. I eat dessert even when I am no longer hungry.	0	1	2	3	4
9. I eat healthy alternatives (e.g., diet or low-fat products).	0	1	2	3	4
10. I eat between meals.	0	1	2	3	4
11. I take time to eat a proper meal.	0	1	2	3	4
12. I eat food on the go.	0	1	2	3	4
13. I eat breakfast.	0	1	2	3	4

14. Which of the following are you doing about your weight? Check only one answer.

1.  Not trying to do anything about my weight
2.  Trying to lose weight
3.  Trying to keep from gaining more weight
4.  Trying to gain more weight



**E. Places You Get Food:** Remember, think about the PAST YEAR.

How often do you eat at or buy food from each of these types of places?					
	Never or almost never	Less than 1 time per week	1-2 times per week	3-4 times per week	5 or more times per week
1. Restaurant with waiter/waitress service or a buffet restaurant	0	1	2	3	4
2. Fast food restaurant	0	1	2	3	4
3. Convenience store (7-11, AM/PM)	0	1	2	3	4
4. Deli or bakery (stand-alone or in a shop)	0	1	2	3	4
5. Vending machine outside of school	0	1	2	3	4
6. Pizza place	0	1	2	3	4
7. Coffee shop	0	1	2	3	4

**F. Decisions about Eating Fruits and Vegetables**

Please circle the answer that best applies to you when deciding whether or not to eat 5 servings of fruits and vegetables per day.				
	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
1. I would feel embarrassed if other kids saw me eating fruits & vegetables.	1	2	3	4
2. I would have more energy if I ate fruits & vegetables.	1	2	3	4
3. I would be doing something good for my body if I ate fruits & vegetables.	1	2	3	4
4. I would need too much help from my parents to eat fruits & vegetables.	1	2	3	4
5. I would feel healthier if I ate fruits & vegetables.	1	2	3	4

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
6. It takes too much time to cut up fruits & vegetables.	1	2	3	4
7. My parents would be pleased if I ate fruits & vegetables.	1	2	3	4
8. Eating fruits & vegetables would be a great way to start the day.	1	2	3	4
9. Fruits & vegetables are too difficult to prepare.	1	2	3	4

### G. Confidence to Eat Fruits and Vegetables

There are many things that can get in the way of eating fruits & vegetables. HOW SURE are you that you can do the following in each situation? Please answer ALL questions.					
	I'm sure I can't				I'm sure I can
1. Eat 5 servings of fruits & vegetables every day	1	2	3	4	5
2. Ask someone in my family to buy my favorite fruit or vegetable	1	2	3	4	5
3. Ask for fruits & vegetables with my lunch	1	2	3	4	5
4. Ask someone in my family to include fruits or vegetables with dinner	1	2	3	4	5
5. Eat fruits & vegetables when eating out at a restaurant	1	2	3	4	5

### H. Enjoyment of Fruits and Vegetables



1. I enjoy eating fruits and vegetables.

1 Strongly Disagree      2 Somewhat Disagree      3 Neutral      4 Somewhat Agree      5 Strongly Agree

**I. Decisions about Eating High-fat Foods:** Examples of high-fat foods are burgers, pizzas, fries, chips, sweet snacks, etc.

Remember, think about your eating habits over the PAST YEAR.

Please circle the answer that best applies to you when deciding whether or not to eat high-fat foods.				
	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
1. It bothers other people when I eat a lot of high-fat foods.	1	2	3	4
2. Eating my favorite high-fat foods is a quick way to satisfy my hunger.	1	2	3	4
3. People close to me disapprove of my eating foods that are too high in fat.	1	2	3	4
4. I am happier and more fun to be around when I'm free to eat high-fat foods.	1	2	3	4
5. My family and friends like me better when I am happy and eating high-fat foods rather than miserable and watching what I eat.	1	2	3	4
6. Eating high-fat foods now can mean health problems for me in the future.	1	2	3	4
7. I feel good when I'm eating the high-fat foods I enjoy.	1	2	3	4

**J. Confidence to Eat Low-fat Foods:** Examples of low-fat foods are salads, lean meat (e.g., chicken, fish), etc.

There are many things that can get in the way of choosing to eat a diet in low-fat foods. HOW SURE are you that you can do the following in each situation? Please answer ALL questions.					
	I'm sure I can't				I'm sure I can
1. Ask someone in my family to buy low-fat foods at the grocery store	1	2	3	4	5
2. Choose low-fat foods during those times when I feel depressed about something	1	2	3	4	5
3. Choose low-fat foods even when it has been a while since I had a high-fat snack or meal	1	2	3	4	5
4. Choose low-fat items like grilled chicken instead of a cheeseburger at a restaurant	1	2	3	4	5
5. Choose low-fat foods when others around me are eating high-fat foods	1	2	3	4	5

6. Eat low-fat snacks like pretzels or popcorn without butter instead of high-fat snacks	1	2	3	4	5
7. Choose low-fat foods when I am craving high-fat food	1	2	3	4	5
8. Ask someone in my family to prepare meals that are low in fat	1	2	3	4	5



**K. Drinks:** These questions ask about sugar-sweetened beverages (sodas, sports drinks).

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
1. I think it is good to drink a lot of sugar-sweetened beverages.	1	2	3	4
2. I think it is pleasant to drink a lot of sugar-sweetened beverages.	1	2	3	4
3. My friends think that I should drink sugar-sweetened beverages.	1	2	3	4
4. My parents think that I should drink sugar-sweetened beverages.	1	2	3	4
5. My friends drink sugar-sweetened beverages.	1	2	3	4
6. My parents drink sugar-sweetened beverages.	1	2	3	4
7. My parents encourage me to drink sugar-sweetened beverages.	1	2	3	4
8. My friends encourage me to drink sugar-sweetened beverages.	1	2	3	4
9. Drinking fewer sugar-sweetened beverages seems difficult to me.	1	2	3	4

	I'm sure I can't				I'm sure I can
10. Do you think you are able to drink fewer sugar-sweetened beverages?	1	2	3	4	5
11. How sure are you that you can drink no more than <u>one</u> 12 oz can of sugar-sweetened beverage a day?	1	2	3	4	5



**L. To and From School**

1. Do you go to school outside your home? 1. Yes 0. No *If no, skip to Section R on Page 12.*

In an average school week, on how many days do you use the following modes of transportation to get to and from school?						
Days per week <b>TO</b> school:	0 days	1 day	2 days	3 days	4 days	5 days
2. Walk	0	1	2	3	4	5
3. Bicycle	0	1	2	3	4	5
4. Skateboard	0	1	2	3	4	5
5. Bus	0	1	2	3	4	5
6. Car	0	1	2	3	4	5
Days per week <b>FROM</b> school:	0 days	1 day	2 days	3 days	4 days	5 days
7. Walk	0	1	2	3	4	5
8. Bicycle	0	1	2	3	4	5
9. Skateboard	0	1	2	3	4	5
10. Bus	0	1	2	3	4	5
11. Car	0	1	2	3	4	5

12. How long does it or would it take you to walk to school?

- <sup>1</sup> 1-5 min     
 <sup>2</sup> 6 -10 min     
 <sup>3</sup> 11–20 min     
 <sup>4</sup> 21–30 min     
 <sup>5</sup> 31+ min

**M. Barriers to Walking and Biking to School**

It is difficult for me to walk or bike to my school because...				
	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
1. There are no sidewalks or bike lanes	1	2	3	4
2. The route is boring	1	2	3	4
3. The route does not have good lighting	1	2	3	4
4. There are one or more dangerous crossings	1	2	3	4
5. I get too hot and sweaty	1	2	3	4
6. No other teens walk or bike	1	2	3	4
7. It's not considered cool to walk or bike	1	2	3	4
8. I have too much stuff to carry	1	2	3	4
9. It's easier to drive or get driven there	1	2	3	4

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
10. It involves too much planning ahead	1	2	3	4
11. There is nowhere to leave a bike safely	1	2	3	4
12. There are stray dogs	1	2	3	4
13. It is too far	1	2	3	4
14. I would have to walk/bike through places that were unsafe because of crime or things sometimes related to crime (e.g., vandalism, graffiti, people drinking alcohol in public places)	1	2	3	4
15. I don't enjoy walking or biking to school	1	2	3	4
16. There are too many hills	1	2	3	4
17. There is too much traffic	1	2	3	4



### ***N. Physical Activity at School***

1. How many days per week do you have gym or Physical Education (PE) class at school?

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

1a. If you have PE, on average, how long is each PE period?

\_\_\_\_\_ minutes per class

2. How many days per week do you have recess at school?

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

2a. If you have recess, on average, how long is the total time spent in recess?

\_\_\_\_\_ minutes per recess

3. In the past year, how many sports teams or “after school” physical activity classes (not PE) have you participated in at school? If you play for more than 1 team of the same sport or across 2 seasons (e.g., two softball leagues), count this as 2.

0                      1                      2                      3                      4 or more

## O. After-School Environment

1. How often does your school have supervised physical activities after school?

0                      1                      2                      3                      4  
 Never                Rarely                Sometimes                Frequently                Always

2. How often does your school allow students to use play areas or fields after school?

0                      1                      2                      3                      4  
 Never                Rarely                Sometimes                Frequently                Always

## P. School Equipment

Do you have any of these at your school?		
	(1)	(0)
1. Basketball hoops	Yes	No
2. Soccer goal posts	Yes	No
3. Baseball backstop	Yes	No
4. Running/walking track	Yes	No
5. Weight-lifting machines	Yes	No
6. Indoor exercise machines such as treadmills/stair climbers	Yes	No



## Q. School Food Environment

1. How often does your school send home information about the nutritional content of the foods offered at school?

0                      1                      2                      3                      4  
 Never                Rarely                Sometimes                Frequently                Always

2. Are there food vending machines at your school?                      1. Yes                      0. No

2a. If yes, how many days per week do you use them?                      0                      1                      2                      3                      4                      5

3. Are there drink vending machines at your school?                      1. Yes                      0. No

3a. If yes, how many days per week do you use them?                      0                      1                      2                      3                      4                      5

4. Is there usually a salad bar at your school?                      1. Yes                      0. No

4a. If yes, how many days per week do you eat there?                      0                      1                      2                      3                      4                      5

5. Can you buy brand named fast foods (e.g., Pizza Hut, Burger King) at your school?                      1. Yes                      0. No

5a. If yes, how many days per week do you eat these?                      0                      1                      2                      3                      4                      5

6. Are you permitted to go off-campus during lunch time?	1. Yes	0. No				
6a. If <u>yes</u> , how many days per week do you eat off-campus?	0	1	2	3	4	5
7. How many days per week do you typically bring your lunch from home?	0	1	2	3	4	5
8. How many days per week do you typically eat lunch at your school cafeteria or snack bar?	0	1	2	3	4	5



**Physical Activity:** When answering these questions, think about your activities over the PAST YEAR, unless otherwise specified.

### R. Workout Equipment

How often do you use these items in or around your home (or in a common apartment area)?					
	Not available (don't have)	Available but never use	Once a month or less	Once every other week	Once a week or more
1. Bike	0	1	2	3	4
2. Basketball hoop	0	1	2	3	4
3. Jump rope	0	1	2	3	4
4. Active video games (like Dance Dance Revolution, Wii, etc.)	0	1	2	3	4
5. Sports equipment (like balls, racquets, bats, sticks)	0	1	2	3	4
6. Swimming pool	0	1	2	3	4
7. Rollerblades, skateboard, scooter	0	1	2	3	4
8. Home aerobic equipment (like treadmill, stationary bike, workout videos)	0	1	2	3	4
9. Weight-lifting equipment (like free-weights, weight machines)	0	1	2	3	4
10. Water or snow equipment (like skis, kayak, snowboard)	0	1	2	3	4

**Physical Activity at Home & in the Neighborhood:** Physical activity is any activity that increases your heart rate and makes you get out of breath at least some of the time. Physical activity can be done in sports, being active with friends or walking to school. Examples of physical activity are running, brisk walking, rollerblading, biking, dancing, skateboarding, swimming, soccer, basketball, football and surfing.

**S. Physical Activity Outside of School**

1. Over the past seven days, on how many days were you physically active for a total of at least 60 minutes per day (do not include school PE or gym class)?

0 days      1 day      2 days      3 days      4 days      5 days      6 days      7 days

2. Over a typical or usual week, on how many days are you physically active for a total of at least 60 minutes per day (do not include school PE or gym class)?

0 days      1 day      2 days      3 days      4 days      5 days      6 days      7 days

3. In the past year, how many sports teams or physical activity classes have you participated in outside of school? If you play for more than 1 team of the same sport or across 2 seasons (e.g., two softball leagues), count this as 2.

0                      1                      2                      3                      4 or more

**T. Places for Physical Activity Near Your Home**

How often are you <b>PHYSICALLY ACTIVE</b> in/at the following places?						
	Never	Once a month or less	Once every other week	Once a week	2 or 3 times per week	4 or more times per week
1. Inside your home	0	1	2	3	4	5
2. In your yard or common area	0	1	2	3	4	5
3. In your driveway or alley	0	1	2	3	4	5
4. At a neighbor's house, yard or driveway	0	1	2	3	4	5
5. On a local street, sidewalk or vacant lot	0	1	2	3	4	5
6. In a nearby cul-de-sac or dead-end street	0	1	2	3	4	5
7. In a nearby park or open space	0	1	2	3	4	5

Good Work! Rest your eyes or take a 5 minute break



### U. Other Places for Physical Activity

How often are you <b>PHYSICALLY ACTIVE</b> in/at the following locations?						
	Never	Once a month or less	Once every other week	Once a week	2 or 3 times per week	4 or more times per week
1. Indoor recreation or exercise facility (public or private; YMCA/Boys & Girls Club, dance, martial arts)	0	1	2	3	4	5
2. Beach, lake, river or creek	0	1	2	3	4	5
3. Bike/hiking/walking trails, paths	0	1	2	3	4	5
4. Basketball court	0	1	2	3	4	5
5. Other playing fields/courts (like football, softball, tennis)	0	1	2	3	4	5
6. Indoor swimming pool	0	1	2	3	4	5
7. Small public park	0	1	2	3	4	5
8. Large public park	0	1	2	3	4	5
9. Public open space (like plaza, square or undeveloped land)	0	1	2	3	4	5
10. Friend's or relative's house	0	1	2	3	4	5
11. School grounds (during non-school hours)	0	1	2	3	4	5
12. Outdoor swimming pool (during warmer months)	0	1	2	3	4	5
13. Ski or other winter area (during colder months)	0	1	2	3	4	5
14. Skatepark	0	1	2	3	4	5
15. Parking lot	0	1	2	3	4	5

### V. Social Support

During a typical week, how often does an <b>adult in your household</b> :					
	Never	Rarely	Sometimes	Often	Very Often
1. Encourage you to do sports or physical activity?	0	1	2	3	4
2. Provide transportation to a place where you can do physical activity or play sports?	0	1	2	3	4
3. Do physical activity or play sports with you?	0	1	2	3	4

During a typical week how often do your <b>brothers/sisters or friends:</b>					
	Never	Rarely	Sometimes	Often	Very Often
4. Do physical activity or play sports with you?	0	1	2	3	4
5. Ask you to walk or bike to school or to a friend's house?	0	1	2	3	4

### **W. Athletic Ability**

1. How do you rate your athletic ability, compared to others of the same age and sex?

1                      2                      3                      4                      5  
 Much                Somewhat            About the            Somewhat            Much  
 lower                lower                same level           higher                higher

### **X. Decisions about Physical Activity**

Please circle the answer that best applies to you when deciding whether or not to do physical activity.				
	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
1. I would feel embarrassed if people saw me doing physical activity.	1	2	3	4
2. Physical activity would help me stay fit.	1	2	3	4
3. My parents would be happy if I did physical activity.	1	2	3	4
4. There is too much I would have to learn to do physical activity.	1	2	3	4
5. I would feel better about myself if I did physical activity.	1	2	3	4
6. I would need too much help from my parents to do physical activity.	1	2	3	4
7. I do not like the way physical activity and exercise makes me feel.	1	2	3	4
8. I would have fun doing physical activity or playing sports with my friends.	1	2	3	4
9. I would have more energy if I did physical activity.	1	2	3	4
10. Physical activity takes time away from being with my friends.	1	2	3	4

**Y. Confidence about Physical Activity:** Remember, think about the PAST YEAR.

There are many things that can get in the way of physical activity. HOW SURE are you that you can do physical activity in each situation? Please answer ALL questions.					
	I'm sure I can't				I'm sure I can
1. Do physical activity even when you feel sad or stressed	1	2	3	4	5
2. Set aside time for physical activity on most days of the week	1	2	3	4	5
3. Do physical activity even when your family or friends want you to do something else	1	2	3	4	5
4. Get up early, even on weekends, to do physical activity	1	2	3	4	5
5. Do physical activity even when you have a lot of homework	1	2	3	4	5
6. Do physical activity even when it is raining or really hot outside	1	2	3	4	5

**Z. Enjoyment of Physical Activity**

1. I enjoy doing physical activity.

1 Strongly Disagree      2 Somewhat Disagree      3 Neutral      4 Somewhat Agree      5 Strongly Agree



**AA. Activity Rules**

Does your parent or guardian have the following rules, whether they remind you often or not? Please circle an answer for each rule.	(1)	(0)
1. Stay close to or within sight of your home/parent	Yes	No
2. Come in before dark	Yes	No
3. Do not go places alone	Yes	No
4. Stay in the neighborhood	Yes	No
5. Do not ride bike on street	Yes	No
6. Carry a cell phone or 2-way radio	Yes	No
7. Do homework before going out	Yes	No



8. Watch out for cars	Yes	No
9. Check in frequently	Yes	No
10. Stay on paths, trails or sidewalk	Yes	No
11. Do not cross busy streets	Yes	No
12. Wear hat and/or sunscreen in summer	Yes	No
13. Do not fight with other kids	Yes	No
14. Do not disrespect others (particularly adults)	Yes	No



**AB. Walking and Biking:** Remember, think about the PAST YEAR.

How often do you usually <b>walk or bike</b> to/from the following?						
	Never	Once a month or less	Once every other week	Once a week	2 or 3 times per week	4 or more times per week
1. Indoor recreation or exercise facility (public or private; YMCA, Boys & Girls Club, dance, martial arts)	0	1	2	3	4	5
2. Friend's or relative's house	0	1	2	3	4	5
3. Outdoor recreation place (park, sports field, open space, creek)	0	1	2	3	4	5
4. Food store or restaurant/cafe	0	1	2	3	4	5
5. Other retail stores (e.g., music, clothes)	0	1	2	3	4	5
6. Non-school social or educational activities (e.g., church group, band)	0	1	2	3	4	5
7. Public transportation stop (bus, train, light rail)	0	1	2	3	4	5
8. Work (check if not applicable <input type="checkbox"/> )	0	1	2	3	4	5
9. Other: (please specify)	0	1	2	3	4	5

10. How often do you skateboard to go places?

- 0 Never     
 1 Once a month or less     
 2 Once every other week     
 3 Once a week     
 4 2 or 3 times per week     
 5 4 or more times per week

### AC. Barriers to Walking and Biking

It is difficult for me to <u>walk</u> or <u>bike</u> to the closest <b>local park</b> because...				
	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
1. There are no sidewalks or bike lanes	1	2	3	4
2. The route is boring	1	2	3	4
3. The route does not have good lighting	1	2	3	4
4. There are one or more dangerous crossings	1	2	3	4
5. I get too hot and sweaty	1	2	3	4
6. No other teens walk or bike	1	2	3	4
7. It's not considered cool to walk or bike	1	2	3	4
8. I have too much stuff to carry	1	2	3	4
9. It is easier to drive there on the way to something else	1	2	3	4
10. It involves too much planning ahead	1	2	3	4
11. There is nowhere to leave a bike safely	1	2	3	4
12. There are stray dogs	1	2	3	4
13. It is too far	1	2	3	4
14. I don't enjoy walking or biking to the park	1	2	3	4
15. I would have to walk/bike through places that were unsafe because of crime or things sometimes related to crime (e.g., vandalism, graffiti, people drinking alcohol in public places).	1	2	3	4
16. There are too many hills	1	2	3	4
17. There is too much traffic	1	2	3	4



### AD. Dog Ownership

- Do you have a dog at home?    1. Yes    0. No    *If no, skip to Section AE on Page 19.*
- If you answered yes, how many days did you walk your dog last week?  
0 days    1 day    2 days    3 days    4 days    5 days    6 days    7days
- If you answered yes, how many days did you play outside with your dog last week (not including walking)?  
0 days    1 day    2 days    3 days    4 days    5 days    6 days    7days

**AE. Barriers to Activity in Your Neighborhood**

It's difficult for me to <u>be active</u> in the local park or streets/neighborhood near our home because...				
	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
1. There is no choice of activities	1	2	3	4
2. There is no equipment (basketball hoop, etc.)	1	2	3	4
3. There is no adult supervision	1	2	3	4
4. There are no other teens there	1	2	3	4
5. It is not safe because of crime (strangers, gangs, drugs)	1	2	3	4
6. It is not safe because of traffic	1	2	3	4
7. It does not have good lighting	1	2	3	4
8. I have been a victim of crime in my neighborhood	1	2	3	4
9. Someone I know has been a victim of crime in my neighborhood	1	2	3	4

**AF. Sedentary Behaviors:** Sedentary behaviors are activities that generally involve sitting and not moving around, like watching TV, playing video games, reading, etc.

Please indicate how much time on a typical <u>school day</u> you do the following activities. Please think about the time from when you wake up until you go to bed. Please <u>DO NOT</u> include time when you are in school during regular hours. Do not include weekends.							
	None	15 min per day	30 min per day	1 hour per day	2 hours per day	3 hours per day	4 or more hours per day
1. Watching television/videos/DVD's	0	1	2	3	4	5	6
2. Playing sedentary computer or video games (like Nintendo or Xbox)	0	1	2	3	4	5	6
3. Using the internet, emailing or other electronic media for leisure	0	1	2	3	4	5	6
4. Doing homework (including reading, writing or using the computer)	0	1	2	3	4	5	6
5. Reading a book or magazine NOT for school (including comic books)	0	1	2	3	4	5	6
6. Riding in a car, bus, etc.	0	1	2	3	4	5	6

## AG. Work

1. Do you do regular paid or volunteer work (outside of your home)? 1. Yes 0. No  
*If no, skip to Section AH*
2. If yes, (a) On how many days per week? \_\_\_\_\_ days/week  
AND (b) for how many total hours per week? \_\_\_\_\_ hours/week
3. Does your job involve physical activity? 1. Yes 0. No
4. How many hours per week do you spend sitting at your work? \_\_\_\_\_ hours/week



## AH. Things in Your Bedroom

Please indicate whether the following is in your bedroom.		
	(1)	(0)
1. TV	Yes	No
2. VCR or DVD player	Yes	No
3. Music player (radio, CD or tape player, stereo)	Yes	No
4. Computer	Yes	No
5. Video game system (non-hand-held—Playstation, Xbox, etc.)	Yes	No
6. Internet access	Yes	No

## AI. Your Personal Electronics

Do you have the following items for your own use?		
	(1)	(0)
1. Cell phone or 2-way radio	Yes	No
2. Hand-held video game player (Game Boy, Sony PSP, etc.)	Yes	No
3. Personal stereo (iPod, MP3 player, Discman)	Yes	No
4. Do you have your own website, MySpace or Facebook page?	Yes	No

## AJ. Confidence in Reducing Sedentary Time

There are many situations where you can reduce the amount of time that you spend on sedentary habits. HOW SURE are you that you can do the following in each situation? Please answer ALL questions.

	I'm sure I can't				I'm sure I can
1. Turn off the TV even when there is a program on you enjoy	1	2	3	4	5
2. Limit your online computer time (e.g., emailing, browsing) to 1 hour per day	1	2	3	4	5

	I'm sure I can't				I'm sure I can
3. Leave the room where the TV is on, even if others are watching it	1	2	3	4	5
4. Plan ahead of time what TV shows you will watch during the week	1	2	3	4	5
5. Instead of just sitting listening to music, listen while you are being active (e.g., walking or dancing)	1	2	3	4	5
6. Set limits on how long you plan to talk on the telephone or text message with friends	1	2	3	4	5
7. Limit TV, video and computer games to only 2 hours per day	1	2	3	4	5

**AK. Enjoyment of Sedentary Time**

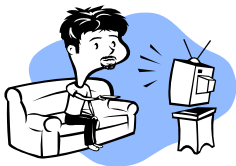
1. I enjoy doing sedentary activities like watching TV or playing computer/video games.

1                      2                      3                      4                      5  
 Strongly            Somewhat            Neutral            Somewhat            Strongly  
 Disagree            Disagree                                    Agree                    Agree

**AL. Decisions about Sedentary Time**

Please circle the answer that best applies to you when deciding whether or not to do sedentary activities.				
	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
1. I think TV and computer/video games are boring.	1	2	3	4
2. I enjoy playing computer/video games for many hours at a time.	1	2	3	4
3. Watching TV takes time away from doing other, more important things.	1	2	3	4
4. I would feel lazy and sluggish if I sat and watched TV for many hours.	1	2	3	4
5. Watching TV or playing computer/video games is my way to escape from the world.	1	2	3	4
6. I feel good about myself when I do well at my favorite computer/video games.	1	2	3	4
7. I see too many commercials when I watch a lot of TV.	1	2	3	4

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
8. My parents would be pleased if I spent less time playing computer/video games.	1	2	3	4
9. Playing computer/video games sometimes hurts my eyes and gives me a headache.	1	2	3	4
10. Watching TV is one of my favorite forms of entertainment.	1	2	3	4
11. I find sitting and watching TV very relaxing.	1	2	3	4
12. My friends would be disappointed if I tried to spend less time chatting with them (e.g., talking on the phone, emailing, texting).	1	2	3	4



### AM. Sedentary Time with Others

During a typical week, how often do you sit and watch TV or play electronic games (do not include time in exercise games like Wii or Dance Dance Revolution) with...

	Never	1-2 days	3-4 days	5-6 days	Every day
1. Brothers/sisters (if no brothers or sisters, circle 'Never')	0	1	2	3	4
2. A parent/guardian/caregiver	0	1	2	3	4
3. Friends	0	1	2	3	4

### AN. Sedentary Time Rules

Does your parent or guardian have the following rules, whether they remind you often or not?

	(1)	(0)
1. No TV/DVD/computer before homework	Yes	No
2. Less than 2 hours TV/DVD/computer per day	Yes	No
3. No internet use without permission	Yes	No



**AO. Parenting Styles:** Please answer the next set of questions about the parents (or guardians) you live with. If you spend time in more than one home, answer the questions about the parents (or guardians) who have the most say over your daily life. Remember, your parents won't see your answers.

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
1. I can count on my parents to help me out if I have some kind of problem.	1	2	3	4
2. My parents say that you shouldn't argue with adults.	1	2	3	4
3. My parents keep pushing me to do my best in whatever I do.	1	2	3	4
4. My parents say that you should give in on arguments rather than make people angry.	1	2	3	4
5. My parents keep pushing me to think independently.	1	2	3	4
6. When I get a poor grade in school, my parents make my life miserable.	1	2	3	4
7. My parents help me with my schoolwork if there is something I don't understand.	1	2	3	4
8. My parents tell me that their ideas are correct and that I should not question them.	1	2	3	4
9. When my parents want me to do something, they explain why.	1	2	3	4
10. Whenever I argue with my parents, they say things like, "You'll know better when you grow up" .	1	2	3	4
11. When I get a poor grade in school, my parents encourage me to try harder.	1	2	3	4
12. My parents let me make my own plans for things I want to do.	1	2	3	4
13. My parents know who my friends are.	1	2	3	4
14. My parents act cold and unfriendly if I do something they don't like.	1	2	3	4
15. My parents spend time just talking with me.	1	2	3	4

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
16. When I get a poor grade in school, my parents make me feel guilty.	1	2	3	4
17. My family does things for fun together.	1	2	3	4
18. My parents won't let me do things with them when I do something they don't like.	1	2	3	4
19. My parents allow me to go places (other than school) on my own.	1	2	3	4
20. My parents take me everywhere I go.	1	2	3	4
21. My parents allow me to go places (other than school) with friends.	1	2	3	4
22. I always have to ask my parents' permission to go places.	1	2	3	4

### **AP. My Free Time**

1. In a typical week, what is the latest you can stay out on SCHOOL NIGHTS (Sunday-Thursday) for unsupervised activities (e.g., hanging out with friends)? Do not include organized sports.
  1.  I am not allowed out on school nights
  2.  before 8:00 pm
  3.  8:00 to 8:59 pm
  4.  9:00 to 9:59 pm
  5.  10:00 to 10:59 pm
  6.  11:00 pm or later
  7.  No limit, as late as I want
  
2. In a typical week, what is the latest you can stay out on FRIDAY or SATURDAY NIGHT for unsupervised activities (e.g., hanging out with friends)? Do not include organized sports.
  1.  I am not allowed out on Friday or Saturday night
  2.  before 8:00 pm
  3.  8:00 to 8:59 pm
  4.  9:00 to 9:59 pm
  5.  10:00 to 10:59 pm
  6.  11:00 pm or later
  7.  No limit, as late as I want



How much do your parents TRY to know...			
	My parents don't try to know	My parents try a little to know	My parents try a lot to know
3. Where you go at night?	1	2	3
4. What you do with your free time?	1	2	3
5. Where you are most afternoons after school?	1	2	3
How much do your parents REALLY know...			
	My parents don't know	My parents know a little	My parents know a lot
6. Where you go at night?	1	2	3
7. What you do with your free time?	1	2	3
8. Where you are most afternoons after school?	1	2	3

### **AQ. About Yourself**

Read each question carefully. Put a circle around the word YES if you think it is true about you. Put a circle around the word NO if you think it is not true about you.		
	(1)	(0)
1. I like everyone I know.	Yes	No
2. I am always kind.	Yes	No
3. I always have good manners.	Yes	No
4. I am always good.	Yes	No
5. I am always nice to everyone.	Yes	No
6. I tell the truth every single time.	Yes	No
7. I never get angry.	Yes	No
8. I never say things that I shouldn't.	Yes	No
9. I never lie.	Yes	No



*This is the last section...*

**AR. Height and Weight**

It is important that we have an up-to-date measurement of how much you weigh. If you have a scale in your home, please weigh yourself now without your shoes. If you do not have a scale at home but you have been weighed at school or by a doctor in the last month, please provide this weight.

1. Weight: \_\_\_\_\_ pounds

It is also important that we have the most up-to-date measurement of how tall you are. If you have a measuring tape in your home, please go and measure your height now without your shoes. When measuring yourself we suggest you stand against the wall, facing out, with your feet flat on the floor and your heels up against the wall. Take a pencil and lightly mark on the wall how tall you are. Then use a tape measure to measure how tall that mark is off the floor. If you do not have a measuring tape at home but you have been measured at school or by a doctor in the last month, please provide this height.

2. Height: \_\_\_\_\_ feet \_\_\_\_\_ inches

3. What is today's date? \_\_\_\_\_

**TEAN Drawing Entry Form:** Please complete the form below to be entered into the drawing for \$100.

Participant ID# (from front page of survey): \_\_\_\_\_

Date: \_\_\_\_\_

- Yes, I would like to be entered into the drawing for \$100
- No, I would not like to be entered into the drawing for \$100

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**You're Finished!**  
**Thank you for your time and effort!**

Please take a moment to review your responses to make sure no questions were missed. Then put this survey in the envelope with your name on it and seal it.  
**Remember, your answers will not be shared with your parents.**

After you are finished wearing the meter and GPS (7 days),  
return the following items in the envelope provided:

- Activity Meter and Log
- GPS unit and charger
- Your waist measurement tape
- This survey in the sealed envelope with your name on it
- Your parent's survey

***If you don't have the envelope we provided, mail items to:***

TEAN Study  
3900 5<sup>th</sup> Ave, Ste 310  
San Diego, CA 92103

*Please feel free to give us a call if you have any questions at: **877-440-4832** (toll-free).*  
**You can also email us at [teanstudy@projects.sdsu.edu](mailto:teanstudy@projects.sdsu.edu).**