Supplemental Health Module

SUPPLEMENT 1

X1. Do you think you are too skinny, about right, or too fat?
   A) Too skinny
   B) About right
   C) Too fat

X2. Are you doing anything to try to lose weight?
   A) No
   B) Yes

X3. How many days each week do you exercise, dance, or play sports?
   A) 0 days
   B) 1 day
   C) 2 days
   D) 3 days
   E) 4 days
   F) 5 days
   G) 6 or 7 days

X4. When not exercising, do you ever have trouble breathing (for example, shortness of breath, wheezing, or a sense of tightness in your chest)?
   A) No
   B) Yes

X5. Has a parent or some other adult ever told you that you have asthma?
   A) No
   B) Yes
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X6. **Yesterday**, how much time did you spend watching TV or playing video games?
   A) None, I didn’t watch TV yesterday
   B) Less than 1 hour
   C) About 1 hour
   D) About 2 hours
   E) 3 or more hours

X7. When you ride in a car, do you wear a seat belt?
   A) No, never
   B) Yes, some of the time
   C) Yes, most of the time
   D) Yes, all of the time

X8. When you ride a bicycle, do you wear a helmet?
   A) No, never
   B) Yes, some of the time
   C) Yes, most of the time
   D) Yes, all of the time
   E) I do not ride a bicycle

X9. Do other kids at school spread mean rumors or lies, or hurtful pictures, about you online, on social media, or on a cell phone?
   A) No, never
   B) Yes, some of the time
   C) Yes, most of the time
   D) Yes, all of the time

X10. Do you feel safe outside of school?
    A) No, never
    B) Yes, some of the time
    C) Yes, most of the time
    D) Yes, all of the time