

Physical Health & Nutrition Module

SUPPLEMENT 1

This section contains questions about physical activity, diet, and general health.

On how many of the past 7 days did you...

| | Number of Days | | | | | | | |
|--|----------------|---|---|---|---|---|---|---|
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| X1. exercise or do a physical activity for at least 20 minutes that made you sweat and breathe hard? (For example, basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities.) | A | B | C | D | E | F | G | H |
| X2. participate in a physical activity for at least 30 minutes that did not make you sweat and breathe hard? (For example, fast walking, slow bicycling, shooting baskets, skating, raking leaves, or mopping floors.) | A | B | C | D | E | F | G | H |
| X3. do exercises to strengthen or tone your muscles? (For example, push-ups, sit-ups, or weight lifting.) | A | B | C | D | E | F | G | H |

During the past 24 hours (yesterday), how many times did you...

| | Number of Times | | | | | |
|---|-----------------|---|---|---|---|-----------|
| | 0 | 1 | 2 | 3 | 4 | 5 Or More |
| X4. drink milk or eat yogurt? (In any form, including in cereal.) | A | B | C | D | E | F |
| X5. drink soda pop? | A | B | C | D | E | F |
| X6. drink 100% fruit juices, such as orange, apple, or grape? (Do not count punch, Kool-Aid, sports drinks, and fruit-flavored drinks.) | A | B | C | D | E | F |
| X7. eat french fries, potato chips, or other fried potatoes? | A | B | C | D | E | F |
| X8. eat fruit? (Do not count fruit juice.) | A | B | C | D | E | F |
| X9. eat vegetables? (Include salads and nonfried potatoes.) | A | B | C | D | E | F |
| X10. Has a doctor ever told you or your parent/guardian that you have asthma? | | | | | | |
| A) No | | | | | | |
| B) Yes | | | | | | |
| C) Don't know | | | | | | |
| X11. Which of the following are you trying to do about your weight? | | | | | | |
| A) Lose weight | | | | | | |
| B) Gain weight | | | | | | |
| C) Stay the same weight | | | | | | |
| D) I am not trying to do anything about my weight | | | | | | |

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During the past 30 days, did you do any of the following things to lose weight or to keep from gaining weight?

| | No | Yes |
|--|----------------------------|-----------------------------------|
| X12. Exercise | A | B |
| X13. Eat less food, fewer calories, or foods low in fat | A | B |
| X14. Go without eating for 24 hours or more (also called fasting) | A | B |
| X15. Take any diet pills, powders, or liquids without a doctor's advice (Do not include meal replacement products, such as Ensure, Muscle Milk, or SlimFast) | A | B |
| X16. Vomit or take laxatives | A | B |
| X17. How do you describe your weight? | | |
| A) Very underweight | | D) Slightly overweight |
| B) Slightly underweight | | E) Very overweight |
| C) About the right weight | | |
| X18. On an average school day, how many hours do you watch TV or play video games? | | |
| A) I do not watch TV or play video games on an average school day | D) 2 hours | E) 3 hours |
| B) Less than 1 hour | F) 4 hours | G) 5 hours or more |
| C) 1 hour | | |
| X19. During the past <u>12 months</u> , on how many sports teams did you play? (Include school-sponsored and any other sports teams.) | | |
| A) 0 teams | C) 2 teams | |
| B) 1 team | D) 3 or more teams | |
| X20. How often do you wear a seat belt when riding in a car driven by someone else? | | |
| A) Never | D) Most of the time | |
| B) Rarely | E) Always | |
| C) Sometimes | | |
| X21. When you rode a bicycle, skateboard, or scooter during the past <u>12 months</u> , how often did you wear a helmet? | | |
| A) I did not ride a bicycle, skateboard, or scooter during the past 12 months | D) Sometimes wore a helmet | E) Most of the time wore a helmet |
| B) Never wore a helmet | F) Always wore a helmet | |
| C) Rarely wore a helmet | | |

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- X22. In an average week, on how many days do you have physical activity in your physical education class (P.E. or gym)?**
- | | |
|-----------|-----------|
| A) 0 days | D) 3 days |
| B) 1 day | E) 4 days |
| C) 2 days | F) 5 days |
- X23. During an average physical education (P.E.) class, how many minutes do you spend actually exercising or playing sports?**
- | | |
|-------------------------|-------------------------|
| A) I do not take P.E. | D) 21 to 30 minutes |
| B) Less than 10 minutes | E) More than 30 minutes |
| C) 10 to 20 minutes | |
- X24. During the past 12 months, did you have a regular check up with a doctor when you were not sick or injured?**
- A) No
B) Yes
- X25. During the past 12 months, did you visit a dentist for an examination, teeth cleaning, or dental work?**
- A) No
B) Yes
- X26. During the past 7 days, how many days did you take a vitamin?**
- | | |
|----------------|----------------|
| A) 0 days | D) 5 to 6 days |
| B) 1 to 2 days | E) Daily |
| C) 3 to 4 days | |
- X27. During the past 12 months, have you had an episode of asthma or an asthma attack?**
- A) No
B) Yes
- X28. During the past 12 months, have you ever had a cough, chest tightness, trouble breathing, or wheezing that was so bad that you could not finish saying a sentence?**
- A) No
B) Yes
- X29. During the past 12 months, have you been to the emergency room or stayed overnight in the hospital because of a cough, chest tightness, trouble breathing, or wheezing?**
- A) No
B) Yes

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- X30.** During the past 12 months, have you used a medicine (an inhaler, puffer, or a breathing machine) to treat a cough, chest tightness, trouble breathing, or wheezing?
- A) No
 - B) Yes
- X31.** During the past 30 days, about how many days each week have you had a cough, chest tightness, trouble breathing, or wheezing when you did not have a cold or flu?
- A) Never
 - B) 2 days a week or less
 - C) More than 2 days each week, but not every day
 - D) Every day
- X32.** During the past 30 days, about how many nights did you wake up because of a cough, chest tightness, trouble breathing, or wheezing when you did not have a cold or flu?
- A) Never
 - B) 2 nights in the last 30 days or less
 - C) 3 or 4 nights in the last 30 days
 - D) More than 4 nights in the last 30 days, but not every night
 - E) Every night or almost every night

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How tall are you without your shoes on?

Turn your scantron over to write your height in feet and inches in the answer-form boxes and fill in the bubbles with matching numbers.

For example:

If you are 4 feet 9 inches tall, you would answer the question as follows:

| Feet | Inches |
|----------------------------------|----------------------------------|
| 4 | 9 |
| <input type="radio"/> 2 | <input type="radio"/> 0 |
| <input type="radio"/> 3 | <input type="radio"/> 1 |
| <input checked="" type="radio"/> | <input type="radio"/> 2 |
| <input type="radio"/> 5 | <input type="radio"/> 3 |
| <input type="radio"/> 6 | <input type="radio"/> 4 |
| <input type="radio"/> 7 | <input type="radio"/> 5 |
| | <input type="radio"/> 6 |
| | <input type="radio"/> 7 |
| | <input type="radio"/> 8 |
| | <input checked="" type="radio"/> |
| | <input type="radio"/> 10 |
| | <input type="radio"/> 11 |

If you are 5 feet 0 inches tall, you would answer the question as follows:

| Feet | Inches |
|----------------------------------|----------------------------------|
| 5 | 0 |
| <input type="radio"/> 2 | <input checked="" type="radio"/> |
| <input type="radio"/> 3 | <input type="radio"/> 1 |
| <input type="radio"/> 4 | <input type="radio"/> 2 |
| <input checked="" type="radio"/> | <input type="radio"/> 3 |
| <input type="radio"/> 6 | <input type="radio"/> 4 |
| <input type="radio"/> 7 | <input type="radio"/> 5 |
| | <input type="radio"/> 6 |
| | <input type="radio"/> 7 |
| | <input type="radio"/> 8 |
| | <input type="radio"/> 9 |
| | <input type="radio"/> 10 |
| | <input type="radio"/> 11 |

How much do you weigh without your shoes on?

Write your weight in the answer-form boxes and fill in the bubbles with matching numbers.

For example:

If you weigh 87 pounds, you would answer the question as follows:

| Weight | | |
|----------------------------------|----------------------------------|----------------------------------|
| 0 | 8 | 7 |
| <input checked="" type="radio"/> | <input type="radio"/> 0 | <input type="radio"/> 0 |
| <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 |
| <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 |
| <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 |
| <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 |
| <input type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5 |
| <input type="radio"/> 6 | <input type="radio"/> 6 | <input type="radio"/> 6 |
| <input type="radio"/> 7 | <input type="radio"/> 7 | <input checked="" type="radio"/> |
| <input type="radio"/> 8 | <input checked="" type="radio"/> | <input type="radio"/> 8 |
| <input type="radio"/> 9 | <input type="radio"/> 9 | <input type="radio"/> 9 |

If you weigh 102 pounds, you would answer the question as follows:

| Weight | | |
|----------------------------------|----------------------------------|----------------------------------|
| 1 | 0 | 2 |
| <input type="radio"/> 0 | <input checked="" type="radio"/> | <input type="radio"/> 0 |
| <input checked="" type="radio"/> | <input type="radio"/> 1 | <input type="radio"/> 1 |
| <input type="radio"/> 2 | <input type="radio"/> 2 | <input checked="" type="radio"/> |
| <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 |
| <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 |
| <input type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5 |
| <input type="radio"/> 6 | <input type="radio"/> 6 | <input type="radio"/> 6 |
| <input type="radio"/> 7 | <input type="radio"/> 7 | <input type="radio"/> 7 |
| <input type="radio"/> 8 | <input type="radio"/> 8 | <input type="radio"/> 8 |
| <input type="radio"/> 9 | <input type="radio"/> 9 | <input type="radio"/> 9 |