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...

				<u>Nι</u>	ımber	of Day	<u>ys</u>		
		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,	A	В	С	D	Е	F	G	Н
	basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities.)								
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	В	C	D	E	F	G	Н
X3.	do exercises to strengthen or tone your muscles? (For example, push-ups, sit-ups, or weight lifting.)	A	В	C	D	Е	F	G	Н

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

				Number of Times		
						5 or
	0	<u>l</u>	2	3	4	More
drink milk or eat yogurt? (In any form, including in	A	В	C	D	E	F
cereal.)						
drink soda pop?	A	В	C	D	E	F
drink 100% fruit juices, such as orange, apple, or	A	В	C	D	E	F
grape? (Do not count punch, Kool-Aid, sports drinks, and fruit-flavored drinks.)						
eat french fries, potato chips, or other fried potatoes?	A	В	C	D	E	F
eat fruit? (Do not count fruit juice.)	A	В	C	D	E	F
eat vegetables? (Include salads and nonfried potatoes.)	A	В	C	D	E	F
	cereal.) drink soda pop? drink 100% fruit juices, such as orange, apple, or grape? (Do not count punch, Kool-Aid, sports drinks, and fruit-flavored drinks.) eat french fries, potato chips, or other fried potatoes? eat fruit? (Do not count fruit juice.)	cereal.) drink soda pop? A drink 100% fruit juices, such as orange, apple, or grape? (Do not count punch, Kool-Aid, sports drinks, and fruit-flavored drinks.) eat french fries, potato chips, or other fried potatoes? A eat fruit? (Do not count fruit juice.)	drink milk or eat yogurt? (In any form, including in cereal.) drink soda pop? A B drink 100% fruit juices, such as orange, apple, or grape? (Do not count punch, Kool-Aid, sports drinks, and fruit-flavored drinks.) eat french fries, potato chips, or other fried potatoes? A B eat fruit? (Do not count fruit juice.) A B	drink milk or eat yogurt? (In any form, including in cereal.) drink soda pop? drink 100% fruit juices, such as orange, apple, or grape? (Do not count punch, Kool-Aid, sports drinks, and fruit-flavored drinks.) eat french fries, potato chips, or other fried potatoes? A B C eat fruit? (Do not count fruit juice.) A B C	drink milk or eat yogurt? (In any form, including in cereal.) drink soda pop? drink 100% fruit juices, such as orange, apple, or grape? (Do not count punch, Kool-Aid, sports drinks, and fruit-flavored drinks.) eat french fries, potato chips, or other fried potatoes? A B C D eat fruit? (Do not count fruit juice.) A B C D	drink milk or eat yogurt? (In any form, including in cereal.) drink soda pop? drink 100% fruit juices, such as orange, apple, or grape? (Do not count punch, Kool-Aid, sports drinks, and fruit-flavored drinks.) eat french fries, potato chips, or other fried potatoes? eat fruit? (Do not count fruit juice.) A B C D E eat fruit? (Do not count fruit juice.)

- 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 <u>30 days</u>, did you do any of the following things to lose weight or to keep from gaining weight?

				No	Yes
X12.	Exer	rise		A	В
X13.	Eat lo	ess food, fewer calories, or foods low in fat		Α	В
X14.	Go w fastin	ithout eating for 24 hours or more (also called ag)		A	В
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	В
X16.		it or take laxatives		A	В
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 a	n average school day, how many hours do you watch ?	ΓV or	play video games?	
	A)	I do not watch TV or play video games on an	D)	2 hours	
	ŕ	average school day.	E)	3 hours	
	B)	Less than 1 hour	F)	4 hours	
	C)	1 hour	G)	5 hours or more	
X19.	Durir	ng the past 12 months, on how many sports teams did	you p	olay? (Include school-sp	onsored 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 dri	ven by	y someone else?	
	A)	Never	D)	Most of the time	
	B)_	Rarely	E)	Always	
X	C)	Sometimes			
X21.	Wher helmo	you rode a bicycle, skateboard, or scooter during the	e past	12 months, how often	did you wear a
	A)	I did not ride a bicycle, skateboard, or	D)	Sometimes wore a hel	met
	,	scooter during the past 12 months.	E)	Most of the time wore	
	B)	Never wore a helmet	F)	Always wore a helme	
	C)	Rarely wore a helmet	,	,	

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X22.	In an a	verage week, on how many	days do you have physical activi	ty in your physical education class (P.E.				
	or gym	1)?						
	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	g 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 <u>12 months,</u> did yo	u have a regular check up with a	doctor when you were not sick or				
	injured	1?						
	A)	No						
	B)	Yes						
X25.	During the past 12 months, did you visit a dentist for an examination, teeth cleaning, or dental work?							
11201	A)	No		, or well (101111)				
	B)	Yes						
	2)							
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.	-	· · —— ·		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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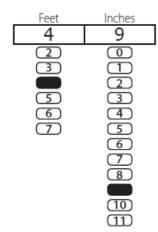
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How tall are you without your shoes on?

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:



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

Feet	Inches
5	0
2 3 4 6 7	

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:

4.000.000						
		Weight				
	0	8	7			
	1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7	0 1 2 3 4 5 6 8 9			

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

	Weight	
1	0	2
0		0
2		
3	3	3
4	4	4
<u>5</u>	(<u>5</u>)	<u>(5)</u>
7	7	7
8	8	8
9	9	(9)