## 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>N</u>	umbei	of Da	<u>ys</u>		
		0	1	2	3	4	5_	6	7
1.	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.)	t A	В	С	D	E	F	G	Н
2.	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.)	t A	В	C	D	E	F	G	Н
3.	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...

		A *	Number of Times			<u> </u>	
		0	1	2	3	4	5 or More
							WIOIC
4.	drink milk or eat yogurt? (In any form, including in	A	В	C	D	E	F
	cereal.)						
5.	drink soda pop?	A	В	C	D	E	F
6.	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.)						
7.	eat french fries, potato chips, or other fried potatoes?	A	В	C	D	E	F
8.	eat fruit? (Do not count fruit juice.)	A	В	C	D	E	F
9.	eat vegetables? (Include salads and nonfried potatoes.)	A	В	C	D	E	F

- 10. Has a doctor ever told you or your parent/guardian that you have asthma?
  - A) No
  - B) Yes
  - C) Don't know
- 11. 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

# CALIFORNIA healthy kids SURVEY

## Physical Health & Nutrition Module

### SUPPLEMENT 1

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 Yo	es
12.	Exerc	ise		A B	
13.	Eat le	ess food, fewer calories, or foods low in fat		A B	3
14.	Go wi	ithout eating for 24 hours or more (also called g)		A B	3
15.	advic	any diet pills, powders, or liquids without a doctor's e (Do not include meal replacement products, such sure, Muscle Milk, or SlimFast.)		A B	}
16.	Vomi	t or take laxatives		A B	3
17.	How o	do you describe your weight?			
	A)	Very underweight	<b>D</b> )	Slightly overweight	
	B)	Slightly underweight	<b>E</b> )	Very overweight	
	<b>C</b> )	About the right weight	11)	very overweight	
18.	On an	average school day, how many hours do you watch I	ΓV or	play video games?	
	A)	I do not watch TV or play video games on an	D)	2 hours	
		average school day.	E)	3 hours	
	B)	Less than 1 hour	F)	4 hours	
	C)	1 hour	G)	5 hours or more	
10	D			19 (T11111	
19.		g the past <u>12 months</u> , on how many sports teams did sports teams.)	you p	nay? (include school-sponsored ar	na any
	A)	0 teams	C)	2 teams	
	<b>B</b> )	1 team	D)	3 or more teams	
20.		often do you wear a seat belt when riding in a car driv	-		
	<b>A</b> )	Never	<b>D</b> )	Most of the time	
	<b>B</b> )	Rarely	E)	Always	
X	<b>C</b> )	Sometimes			
21.	When helme	you rode a bicycle, skateboard, or scooter during the	e past	12 months, how often did you wes	ar a
	A)	I did not ride a bicycle, skateboard, or	D)	Sometimes wore a helmet	
		scooter during the past 12 months.	E)	Most of the time wore a helmet	
	B)	Never wore a helmet	F)	Always wore a helmet	
	C)	Rarely wore a helmet			

## Physical Health & Nutrition Module

#### SUPPLEMENT 1

22.	In an av gym)?	verage week, on how many days do y	ou have physical activi	ity in your physical education class (P.E. o
	A)	0 days	D)	3 days
	<b>B</b> )	1 day	<b>E</b> )	4 days
	C)	2 days	<b>F</b> )	5 days
23.		an average physical education (P.E.) sports?	class, how many minu	ites do you spend actually exercising or
	A)	I do not take P.E.	D)	21 to 30 minutes
	<b>B</b> )	Less than 10 minutes	E)	More than 30 minutes
	<b>C</b> )	10 to 20 minutes		
24.	During t	the past <u>12 months</u> , did you have a re	egular check up with a	doctor when you were not sick or injured
	A)	No		
	B)	Yes		
25.	During t	the past <u>12 months</u> , did you visit a de	ntist for an examinatio	on, teeth cleaning, or dental work?
	A)	No		
	B)	Yes		
26.	During t	the past <u>7 days</u> , how many days did y	ou take a vitamin?	
	A)	0 days	D)	5 to 6 days
	<b>B</b> )	1 to 2 days	E)	Daily
	<b>C</b> )	3 to 4 days	,	•
27.	During t	the past 12 months, have you had an	episode of asthma or a	n asthma attack?
	<b>A</b> )	No		
	B)	Yes		
20	Daving	the most 12 months have you over he	.d	anna turubla kuratkina ay ukasina that
28.		the past <u>12 months</u> , have you ever ha bad that you could not finish saying a		ness, trouble breathing, or wheezing that
	<b>A</b> )	No		
	B)	Yes		

No

Yes

A) B)

of a cough, chest tightness, trouble breathing, or wheezing?

29.

During the past 12 months, have you been to the emergency room or stayed overnight in the hospital because

# CALIFORNIA healthy kids SURVEY

## Physical Health & Nutrition Module

#### SUPPLEMENT 1

- 30. 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
- 31. 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
- 32. 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

# CALIFORNIA healthy kids SURVEY

## Physical Health & Nutrition Module

### SUPPLEMENT 1

Choose the number of feet first: (select from	m 2 to7)
Add the inches (if any) to your height: (select from	m 0 to 11)
How much do you weigh without your shoes on?	
This is the hundreds column. For example, if you weigh	(select from 0 to 4)
162 pounds, you will enter '1' here. If you weigh 98, enter '0' here. You will enter the other numbers next.	(select from 0 to 4)
This is the tens column. For example, if you weigh 162	
pounds, you will enter '6' here. If you weigh 98, enter '9'	(select from 0 to 9)
here.	
This is the ones column. For example, if you weigh 162	(select from 0 to 9)