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NHLBI GROWTH AND HEALTH STUDY  
PHYSICAL ACTIVITY FORM - C

1. About how often does your mother or female guardian exercise, like jogging, running, playing sports, or taking long walks?

**MOMJOG**

- Never or hardly ever .....  1
- Once or twice a week .....  2
- Three or more times a week .....  3
- No mother or female guardian ...  4
- I don't know .....  5

2. About how often does your father or male guardian exercise, like jogging, running, playing sports, or taking long walks?

**DADJOG**

- Never or hardly ever .....  1
- Once or twice a week .....  2
- Three or more times a week ...  3
- No father or male guardian ...  4
- I don't know .....  5

3. How often do you exercise with one or both of your parents, for example, playing ball, bike riding, taking long walks, swimming, or playing sports?

**PAREXER**

- Never or hardly ever .....  1
- Once or twice a week .....  2
- Three or more times a week ...  3

4. How often do you exercise with one or more of your sisters or brothers, if you have one?

**SIBREXER**

- Never or hardly ever .....  1
- Once of twice a week .....  2
- Three or more times a week ...  3
- Do not have one .....  4

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5. Please tell me whether you agree with these statements:

	YES	NO	
A. I play sports or very active games a lot .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>SPORTS</b>
B. Most of the time I would rather do other things than exercise .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>BETTHNG</b>
C. I am in a marching band, baton twirling or drill group .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>MARBAND</b>
D. I enjoy activities such as walking, playing ball, bike riding or skating .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>ENJOY</b>
E. Boys are much better at physical activities than girls .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>BOYBET</b>
F. I would rather play board games or video games than do outdoor activities .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>VIDEO</b>
G. I feel I am good at sports .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>GOODSPRT</b>
H. I believe that exercising keeps me healthy .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>HEALTHY</b>
I. I believe that exercising helps me control my weight .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>CNTRLWT</b>
J. I get as much exercise as I need .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>ENUFACT</b>
K. I am a cheerleader or a majorette .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>MAJORET</b>

6. When you have recess at school what do you do most often?  
 (LIST ACTIVITIES)

<u>RECESS1</u>	<u>RECESS2</u>	<u>RECESS3</u>
<u>RECESS4</u>	<u>RECESS5</u>	<u>RECESS6</u>
<u>RECESS7</u>	<u>RECESS8</u>	<u>RECESS9</u>

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7. How often do you take part in (gym/P.E.) class or any other exercise class while you are in school?

- GYM**
- Less than once a week ...  1
- Once or twice a week ....  2
- 3 or 4 times a week .....  3
- Every day .....  4

8. Do you take any classes or lessons such as dance, gymnastics or swimming during the summer or during the school year? .....

**CLASS**

YES NO

IF NO, GO TO QUESTION 10.

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WRITE IN ALL CLASSES. PROBE ONLY EXERCISE CLASSES.

9. A. What classes or lessons do you take? (LIST ACROSS)

	1. <u>CLASS1</u> Class	2. <u>CLASS2</u> Class	3. <u>CLASS3</u> Class	4. <u>CLASS4</u> Class
B. How many times a week do you take it?	<u>CLASWK1</u>	<u>CLASWK2</u>	<u>CLASWK3</u>	<u>CLASWK4</u>
C. For how much of the year do you take it?	<u>CLASSYR1</u>	<u>CLASSYR2</u>	<u>CLASSYR3</u>	<u>CLASSYR4</u>
Most of the year	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
About half of the year	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
For a small part of the year	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3

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10. A. What sports or physical activities (other than these classes) do you do during the summer?

	1. <u>SUMPA1</u> Activity	2. <u>SUMPA2</u> Activity	3. <u>SUMPA3</u> Activity
B. Do you do ( <u>INSERT ACTIVITY</u> ):	<b>SUMPAYR1</b>	<b>SUMPAYR2</b>	<b>SUMPAYR3</b>
Most of the summer	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
About half of the summer	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
For a small part of the summer	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
C. How often do you do it? (Circle day, week or month.)	<b>SMPAAMT1</b> /day /week /month	<b>SMPAAMT2</b> /day /week /month	<b>SMPAAMT3</b> /day /week /month
	<b>SMPAPER1</b>	<b>SMPAPER2</b>	<b>SMPAPER3</b>

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11. A. On weekends, what activities do you do most often? (LIST ACROSS)

	1. <u>WKEND1</u> Activity	2. <u>WKEND2</u> Activity	3. <u>WKEND3</u> Activity
B. Do you do ( <u>INSERT ACTIVITY</u> ):	<b>WENDWHN1</b>	<b>WENDWHN2</b>	<b>WENDWHN3</b>
Most weekends	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Many weekends	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Some weekends	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
C. How often do you do it? (Circle day, week or month.)	<b>WENDAMT1</b> /day /week /month	<b>WENDAMT2</b> /day /week /month	<b>WENDAMT3</b> /day /week /month
	<b>WENDPER1</b>	<b>WENDPER2</b>	<b>WENDPER3</b>
	4. <u>WKEND4</u> Activity	5. <u>WKEND5</u> Activity	6. <u>WKEND6</u> Activity
B. Do you do ( <u>INSERT ACTIVITY</u> ):	<b>WENDWHN4</b>	<b>WENDWHN5</b>	<b>WENDWHN6</b>
Most weekends	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Many weekends	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Some weekends	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
C. How often do you do it? (Circle day, week or month.)	<b>WENDAMT4</b> /day /week /month	<b>WENDAMT5</b> /day /week /month	<b>WENDAMT6</b> /day /week /month
	<b>WENDPER4</b>	<b>WENDPER5</b>	<b>WENDPER6</b>

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12. A. What do you do before school? (LIST ACROSS)

	1. <u>B4SCH1</u> Activity	2. <u>B4SCH2</u> Activity	3. <u>B4SCH3</u> Activity
B. Do you do ( <u>INSERT ACTIVITY</u> ):			
Most of the school year	<u>B4SYR1</u> <input type="checkbox"/> 1	<u>B4SYR2</u> <input type="checkbox"/> 1	<u>B4SYR3</u> <input type="checkbox"/> 1
About half of the school year	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
For a small part of the school year	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
C. How often do you do it? (Circle day, week or month.)	<u>B4SMT1</u> /day /week /month	<u>B4SMT2</u> /day /week /month	<u>B4SMT3</u> /day /week /month
	<b>B4SPER1</b>	<b>B4SPER2</b>	<b>B4SPER3</b>
	4. <u>B4SCH4</u> Activity	5. <u>B4SCH5</u> Activity	6. <u>B4SCH6</u> Activity
B. Do you do ( <u>INSERT ACTIVITY</u> ):			
Most of the school year	<u>B4SYR4</u> <input type="checkbox"/> 1	<u>B4SYR5</u> <input type="checkbox"/> 1	<u>B4SYR6</u> <input type="checkbox"/> 1
About half of the school year	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
For a small part of the school year	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
C. How often do you do it? (Circle day, week or month.)	<u>B4SMT4</u> /day /week /month	<u>B4SMT5</u> /day /week /month	<u>B4SMT6</u> /day /week /month
	<b>B4SPER4</b>	<b>B4SPER5</b>	<b>B4SPER6</b>

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13. A. What do you do after school? (LIST ACROSS)

	1. <u>AFSCH1</u> Activity	2. <u>AFSCH2</u> Activity	3. <u>AFSCH3</u> Activity
B. Do you do ( <u>INSERT ACTIVITY</u> ):			
Most of the school year	<u>AFSYR1</u> <input type="checkbox"/> 1	<u>AFSYR2</u> <input type="checkbox"/> 1	<u>AFSYR3</u> <input type="checkbox"/> 1
About half of the school year	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
For a small part of the school year	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
C. How often do you do it? (Circle day, week or month.)	<u>AFSAMT1</u> /day /week /month	<u>AFSAMT2</u> /day /week /month	<u>AFSAMT3</u> /day /week /month
	<u>AFSPER1</u>	<u>AFSPER2</u>	<u>AFSPER3</u>
	4. <u>AFSCH4</u> Activity	5. <u>AFSCH5</u> Activity	6. <u>AFSCH6</u> Activity
B. Do you do ( <u>INSERT ACTIVITY</u> ):			
Most of the school year	<u>AFSYR4</u> <input type="checkbox"/> 1	<u>AFSYR5</u> <input type="checkbox"/> 1	<u>AFSYR6</u> <input type="checkbox"/> 1
About half of the school year	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
For a small part of the school year	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
C. How often do you do it? (Circle day, week or month.)	<u>AFSAMT4</u> /day /week /month	<u>AFSAMT5</u> /day /week /month	<u>AFSAMT6</u> /day /week /month
	<u>AFSPER4</u>	<u>AFSPER5</u>	<u>AFSPER6</u>

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TO BE COMPLETED BY CLINICAL CENTER STAFF

14. From the information provided by the child on the TV and Video Card, how many hours (to the nearest half hour) does the child usually watch TV and videos during a week? ..... **VIDTVWK** \_\_\_\_\_ . \_\_\_\_\_

Thank you very much for answering these questions.

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NHLBI GROWTH AND HEALTH STUDY  
PHYSICAL ACTIVITY FORM - C

**FTYPE** NGHS Form 12  
**FREV** Rev. 1 3/87

This form is to be administered by interviewer to the NGHS child at the time of the baseline and each annual follow-up examination.

ID number of NGHS child: .....            -            **RID** -           

Name code of NGHS child: .....            -            -           

Visit number: .....            **VISIT**

Please PRINT the child's full name:

First Name	Middle Initial	Last Name
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Date of interview: .....            -            -             
**DO\_FORM**  
Month Day Year

Signature of interviewer: **SIGN** \_\_\_\_\_

ID number of interviewer: .....            -

NHLBI GROWTH AND HEALTH STUDY  
PHYSICAL ACTIVITY FORM - C

INTRODUCTION: Now I am going to ask you some questions about physical activities you take part in. Do you know what a physical activity is? Well, it is when you move your body such as in running, bike riding, and playing games like tag and tetherball.

1. About how often does your mother or female guardian take part in physical activities, like jogging, running, playing sports, or taking long walks?

(READ THE FIRST THREE CATEGORIES)

	MOMJOG	
Never or hardly ever .....	<input type="checkbox"/>	1
Once or twice a week .....	<input type="checkbox"/>	2
Three or more times a week .....	<input type="checkbox"/>	3
No mother or female guardian .....	<input type="checkbox"/>	4
I don't know .....	<input type="checkbox"/>	5

2. About how often does your father or male guardian take part in physical activities, like jogging, running, playing sports, or taking long walks?

(READ THE FIRST THREE CATEGORIES)

	DADJOG	
Never or hardly ever .....	<input type="checkbox"/>	1
Once or twice a week .....	<input type="checkbox"/>	2
Three or more times a week .....	<input type="checkbox"/>	3
No father or male guardian .....	<input type="checkbox"/>	4
I don't know .....	<input type="checkbox"/>	5

3. How often do you take part in physical activities with one or both of your parents, for example, playing ball, bike riding, taking long walks, swimming, or playing sports?

(READ THE FIRST THREE CATEGORIES)

	PAREXER	
Never or hardly ever .....	<input type="checkbox"/>	1
Once or twice a week .....	<input type="checkbox"/>	2
Three or more times a week .....	<input type="checkbox"/>	3

4. How often do you take part in physical activities with one or more of your sisters or brothers, if you have one.

(READ THE FIRST THREE CATEGORIES)	SIBREXER
Never or hardly ever .....	<input type="checkbox"/> 1
Once or twice a week .....	<input type="checkbox"/> 2
Three or more times a week .....	<input type="checkbox"/> 3
Do not have one .....	<input type="checkbox"/> 4

5. Please tell me whether you agree with these statements:

	Yes	No	
A. I play sports or very active games a lot .....	<input type="checkbox"/>	<input type="checkbox"/>	SPORTS
B. Most of the time I would rather do other things than take part in physical activities .....	<input type="checkbox"/>	<input type="checkbox"/>	BETTHNG
C. I am in a marching band, baton twirling or drill group .....	<input type="checkbox"/>	<input type="checkbox"/>	MARBAND
D. I enjoy activities such as walking, playing ball, bike riding or skating .....	<input type="checkbox"/>	<input type="checkbox"/>	ENJOY
E. Boys are much better at physical activities than girls .....	<input type="checkbox"/>	<input type="checkbox"/>	BOYBET
F. I would rather play board games or video games than do outdoor activities .....	<input type="checkbox"/>	<input type="checkbox"/>	VIDEO
G. I feel I am good at sports .....	<input type="checkbox"/>	<input type="checkbox"/>	GOODSPRT
H. I believe that exercising keeps me healthy .....	<input type="checkbox"/>	<input type="checkbox"/>	HEALTHY
I. I believe that exercising regularly helps me control my weight .....	<input type="checkbox"/>	<input type="checkbox"/>	CNTRLWT
J. I get as much exercise or physical activity as I need .....	<input type="checkbox"/>	<input type="checkbox"/>	ENUFACT
K. I am a cheerleader or a majorette .....	<input type="checkbox"/>	<input type="checkbox"/>	MAJORET

6. When you have recess at school what three things do you do most often? (List in order from most often to 2nd and 3rd most often.)

1	2	3
<u>RECESS1</u>	<u>RECESS2</u>	<u>RECESS3</u>

7. Now, could you also tell me what three things you do most often after school:

(List)

1                              AFTSCH1                              2                              AFTSCH2                              3                              AFTSCH3          

8. How often do you take part in (gym/P.E.) class or any other exercise class while you are in school?

(READ CATEGORIES)

	GYM	
Less than once a week .....	<input type="checkbox"/>	1
Once or twice a week .....	<input type="checkbox"/>	2
3 or 4 times a week .....	<input type="checkbox"/>	3
Every day .....	<input type="checkbox"/>	4

9. Do you take any classes or lessons such as dance, gymnastics or swimming during the summer or during the school year? .....  YES                     NO                    CLASS

IF NO, GO TO QUESTION 11.

WRITE IN ALL CLASSES. PROBE ONLY PHYSICAL ACTIVITY CLASSES.

10. A. What classes or lessons do you take? (LIST ACROSS)

	1. <u>CLASS1</u> Class	2. <u>CLASS2</u> Class	3. <u>CLASS3</u> Class	4. <u>CLASS4</u> Class
B. How many times a week do you take it?	<u>CLASWK1</u>	<u>CLASWK2</u>	<u>CLASWK3</u>	<u>CLASWK4</u>
C. For how much of the year do you take it?	<u>CLASSYR1</u>	<u>CLASSYR2</u>	<u>CLASSYR3</u>	<u>CLASSYR4</u>
Most of the year	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
About half of the year	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
For a small part of the year	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
	5. <u>CLASS5</u> Class	6. <u>CLASS6</u> Class	7. <u>CLASS7</u> Class	8. <u>CLASS8</u> Class
B. How many times a week do you take it?	<u>CLASWK5</u>	<u>CLASWK6</u>	<u>CLASWK7</u>	<u>CLASWK8</u>
C. For how much of the year do you take it?	<u>CLASSYR5</u>	<u>CLASSYR6</u>	<u>CLASSYR7</u>	<u>CLASSYR8</u>
Most of the year	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
About half of the year	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
For a small part of the year	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3

11. A. What sports or physical activities (other than these classes) do you do during the school year? This includes activities before school, after school, and on weekends.

	1. <u>SPORT1</u> Activity	2. <u>SPORT2</u> Activity	3. <u>SPORT3</u> Activity
B.	How often do you ( <u>INSERT ACTIVITY</u> ) (Circle one) when you do it? (Circle day, week or month.)	(Circle one)	(Circle one)
	SPRTIME1 /day /week /month	SPRTIME2 /day /week /month	SPRTIME3 /day /week /month
	SPRTDWM1	SPRTDWM2	SPRTDWM3
C.	Do you do ( <u>INSERT ACTIVITY</u> ):		
	SPRTYR1	SPRTYR2	SPRTYR3
	Most of the school year <input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	About half of the school year <input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	For a small part of the school year <input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
	4. <u>SPORT4</u> Activity	5. <u>SPORT5</u> Activity	6. <u>SPORT6</u> Activity
B.	How often do you ( <u>INSERT ACTIVITY</u> ) (Circle one) when you do it? (Circle day, week or month.)	(Circle one)	(Circle one)
	SPRTIME4 /day /week /month	SPRTIME5 /day /week /month	SPRTIME6 /day /week /month
	SPRTDWM4	SPRTDWM5	SPRTDWM6
C.	Do you do ( <u>INSERT ACTIVITY</u> ):		
	SPRTYR4	SPRTYR5	SPRTYR6
	Most of the school year <input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	About half of the school year <input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	For a small part of the school year <input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3

12. A. What sports or physical activities (other than these classes) do you do during the summer?

	1. <u>SUMPA1</u> Activity	2. <u>SUMPA2</u> Activity	3. <u>SUMPA3</u> Activity
B.	How often do you ( <u>INSERT ACTIVITY</u> ) (Circle one) when you do it? /day (Circle day, week <u>SMPAAMT1/week</u> or month.) /month <u>SMPAPER1</u>	(Circle one) /day <u>SMPAAMT2/week</u> /month <u>SMPAPER2</u>	(Circle one) /day <u>SMPAAMT3/week</u> /month <u>SMPAPER3</u>
C.	Do you do ( <u>INSERT ACTIVITY</u> ): <u>SUMPAYR1</u>	<u>SUMPAYR2</u>	<u>SUMPAYR3</u>
	Most of the summer <input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	About half of the summer <input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	For a small part of the summer <input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
	4. <u>SUMPA4</u> Activity	5. <u>SUMPA5</u> Activity	6. <u>SUMPA6</u> Activity
B.	How often do you ( <u>INSERT ACTIVITY</u> ) (Circle one) when you do it? /day (Circle day, week <u>SMPAAMT4/week</u> or month.) /month <u>SMPAPER4</u>	(Circle one) /day <u>SMPAAMT5/week</u> /month <u>SMPAPER5</u>	(Circle one) /day <u>SMPAAMT6/week</u> /month <u>SMPAPER6</u>
C.	Do you do ( <u>INSERT ACTIVITY</u> ): <u>SUMPAYR4</u>	<u>SUMPAYR5</u>	<u>SUMPAYR6</u>
	Most of the summer <input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	About half of the summer <input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	For a small part of the summer <input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3

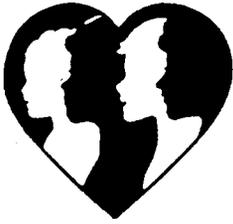
13. CODER OR INTERVIEWER: FILL OUT AFTER THE CHILD HAS COMPLETED THE LAST PAGES.

From the information provided by the child on the TV and Video Card, how many hours (to the nearest half hour) does the child usually watch TV and videos during a week? .....

VIDTVWK

\_\_\_\_\_ . \_\_\_\_\_





**NHLBI Growth And Health Study  
Physical Activity Patterns Form - C**

0925-0294 exp. 12/89

NGHS FORM 12  
Rev. 2 1/89  
6 Pages

ID						
NC						
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1. What is today's date? ..... **DO\_FORM**  
Month      Day      Year

**INTRODUCTION:** Now I am going to ask you some questions about physical activities you and your family take part in. Do you know what a physical activity is? Well, it is when you move your body such as in running, dancing, and playing games like tag and tetherball.

2. Think about your mother or the female guardian you live with. How often does she do physical activities, like jogging, running, playing sports, or taking long walks?

- MOMJOG**
- Never or hardly ever .....  - 1
  - Once or twice a week .....  2
  - Three or more times a week .....  3
  - No mother or female guardian .....  4
  - I don't know .....  5

3. Think about your father or the male guardian you live with. How often does he do physical activities, like jogging, running, playing sports, or taking long walks?

- DADJOG**
- Never or hardly ever .....  1
  - Once or twice a week .....  2
  - Three or more times a week .....  3
  - No father or male guardian .....  4
  - I don't know .....  5

4. How often do you do physical activities with one or both parents or guardians who live with you, for example, playing ball, bike riding, taking long walks or swimming?

		<b>PAREXER</b>	
Never or hardly ever .....	<input type="checkbox"/>		1
Once or twice a week .....	<input type="checkbox"/>		2
Three or more times a week .....	<input type="checkbox"/>		3

5. How often do you do physical activities with any of your sisters or brothers who live with you?-

		<b>SIBREXER</b>	
Never or hardly ever .....	<input type="checkbox"/>		1
Once or twice a week .....	<input type="checkbox"/>		2
Three or more times a week .....	<input type="checkbox"/>		3
No sister or brothers .....	<input type="checkbox"/>		4

6. Please tell me if these statements are true for you:

	Yes	No	
A. I play sports or very active games a lot. Is that true for you? .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>SPORTS</b>
B. Most of the time I would rather do <i>OTHER</i> things than exercise. Is that true for you? .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>BETTING</b>
C. I am a cheerleader or a majorette .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>MAJORET</b>
D. I am in a marching band, baton twirling or drill group .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>MARBAND</b>
E. I enjoy activities such as walking, playing ball, bike riding or skating .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>ENJOY</b>
F. Boys are much better at physical activities than girls .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>BOYBET</b>
G. I would rather play board games or video games than do outdoor activities .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>VIDEO</b>
H. I feel I am good at sports .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>GOODSPRT</b>
I. I believe that exercising keeps me healthy .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>HEALTHY</b>
J. I believe that exercising regularly helps me control my weight .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>CNTRLWT</b>
K. I get as much exercise or physical activity as I need .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>ENUFACT</b>

7. A. Do you have recess at school? .....  Yes  No **RECESS**

If YES, answer Question 7B.

B. When you have recess at school, what three things do you do most often?  
(Remember to put what you do most often in the first space.)

- 1. RECESS1
- 2. RECESS2
- 3. RECESS3

8. Now, could you also tell me what three things you do most often after school? (Remember to put what you do most often in the first space.)

- 1. AFTSCH1
- 2. AFTSCH2
- 3. AFTSCH3

9. When you are in school, how often do you take part in gym or P.E. class or any other exercise class (including dance)?

- |                                  | <b>GYM</b>               |   |
|----------------------------------|--------------------------|---|
| Less than once a week .....      | <input type="checkbox"/> | 1 |
| Once or twice a week .....       | <input type="checkbox"/> | 2 |
| Three or more times a week ..... | <input type="checkbox"/> | 3 |
| Once a day .....                 | <input type="checkbox"/> | 4 |
| Two or more times a day .....    | <input type="checkbox"/> | 5 |

10. When you are not in school, do you take any classes or lessons like dance, gymnastics or swimming (during the school year or during the summer)? ...  Yes  No **CLASS**

If NO, skip to Question 12.

11. A. What are these classes or lessons that are taught by an instructor outside of school or during the summer?

<u>CLASS1</u>	<u>CLASS2</u>	<u>CLASS3</u>	<u>CLASS4</u>
1. Class	2. Class	3. Class	4. Class

- B. How many times a week do you take it?

	<u>CLASSWK1</u>	<u>CLASSWK2</u>	<u>CLASSWK3</u>	<u>CLASSWK4</u>
Less than once a week	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1
Once or twice a week	<input type="text"/> 2	<input type="text"/> 2	<input type="text"/> 2	<input type="text"/> 2
3 or more times a week	<input type="text"/> 3	<input type="text"/> 3	<input type="text"/> 3	<input type="text"/> 3

- C. For how much of the year do you take it?

	<u>CLASSYR1</u>	<u>CLASSYR2</u>	<u>CLASSYR3</u>	<u>CLASSYR4</u>
Most of the year	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1
About half of the year	<input type="text"/> 2	<input type="text"/> 2	<input type="text"/> 2	<input type="text"/> 2
For a small part of the year	<input type="text"/> 3	<input type="text"/> 3	<input type="text"/> 3	<input type="text"/> 3

CONTINUE HERE:

<u>CLASS5</u>	<u>CLASS6</u>	<u>CLASS7</u>	<u>CLASS8</u>
5. Class	6. Class	7. Class	8. Class

- B. How many times a week do you take it?

	<u>CLASSWK5</u>	<u>CLASSWK6</u>	<u>CLASSWK7</u>	<u>CLASSWK8</u>
Less than once a week	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1
Once or twice a week	<input type="text"/> 2	<input type="text"/> 2	<input type="text"/> 2	<input type="text"/> 2
3 or more times a week	<input type="text"/> 3	<input type="text"/> 3	<input type="text"/> 3	<input type="text"/> 3

- C. For how much of the year do you take it?

	<u>CLASSYR5</u>	<u>CLASSYR6</u>	<u>CLASSYR7</u>	<u>CLASSYR8</u>
Most of the year	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1
About half of the year	<input type="text"/> 2	<input type="text"/> 2	<input type="text"/> 2	<input type="text"/> 2
For a small part of the year	<input type="text"/> 3	<input type="text"/> 3	<input type="text"/> 3	<input type="text"/> 3

CODER OR INTERVIEWER: THIS QUESTION NEEDS Q BY Q TO CLARIFY THAT "THIS SUMMER"  
REFERS TO THE PAST (OR LAST) SUMMER

12. A. During the summer, what sports or physical activities (other than classes or lessons) do you do?

<u>SUMPA1</u>	<u>SUMPA2</u>	<u>SUMPA3</u>
1. Activity	2. Activity	3. Activity

B. How many times a week do you do it?

	<u>SUMPAWK1</u>	<u>SUMPAWK2</u>	<u>SUMPAWK3</u>
Less than once a week	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1
Once or twice a week	<input type="text"/> 2	<input type="text"/> 2	<input type="text"/> 2
3 or more times a week	<input type="text"/> 3	<input type="text"/> 3	<input type="text"/> 3

C. For how much of the summer do you do it?

	<u>SUMPAYR1</u>	<u>SUMPAYR2</u>	<u>SUMPAYR3</u>
Most of the summer	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1
About half of the summer	<input type="text"/> 2	<input type="text"/> 2	<input type="text"/> 2
For a small part of the summer	<input type="text"/> 3	<input type="text"/> 3	<input type="text"/> 3

CONTINUE HERE:

<u>SUMPA4</u>	<u>SUMPA5</u>	<u>SUMPA6</u>
4. Activity	5. Activity	6. Activity

B. How many times a week do you do it?

	<u>SUMPAWK4</u>	<u>SUMPAWK5</u>	<u>SUMPAWK6</u>
Less than once a week	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1
Once or twice a week	<input type="text"/> 2	<input type="text"/> 2	<input type="text"/> 2
3 or more times a week	<input type="text"/> 3	<input type="text"/> 3	<input type="text"/> 3

C. For how much of the summer do you do it?

	<u>SUMPAYR4</u>	<u>SUMPAYR5</u>	<u>SUMPAYR6</u>
Most of the summer	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1
About half of the summer	<input type="text"/> 2	<input type="text"/> 2	<input type="text"/> 2
For a small part of the summer	<input type="text"/> 3	<input type="text"/> 3	<input type="text"/> 3

13. A. During the school year, what sports teams or other physical activities (other than classes or lessons) do you do? This includes activities before school, after school, and on weekends.

<b>SPORT1</b>	<b>SPORT2</b>	<b>SPORT3</b>
1. Activity	2. Activity	3. Activity

B. How many times a week do you do it?

Less than once a week

<b>SPRTWK1</b>	<b>SPRTWK2</b>	<b>SPRTWK3</b>
<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1

Once or twice a week

<input type="text"/> 2	<input type="text"/> 2	<input type="text"/> 2
------------------------	------------------------	------------------------

3 or more times a week

<input type="text"/> 3	<input type="text"/> 3	<input type="text"/> 3
------------------------	------------------------	------------------------

C. For how much of the school year do you do it?

Most of the school year

<b>SPRTYR1</b>	<b>SPRTYR2</b>	<b>SPRTYR3</b>
<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1

About half of the school year

<input type="text"/> 2	<input type="text"/> 2	<input type="text"/> 2
------------------------	------------------------	------------------------

For a small part of the school year

<input type="text"/> 3	<input type="text"/> 3	<input type="text"/> 3
------------------------	------------------------	------------------------

CONTINUE HERE:

<b>SPORT4</b>	<b>SPORT5</b>	<b>SPORT6</b>
4. Activity	5. Activity	6. Activity

B. How many times a week do you do it?

Less than once a week

<b>SPRTWK4</b>	<b>SPRTWK5</b>	<b>SPRTWK6</b>
<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1

Once or twice a week

<input type="text"/> 2	<input type="text"/> 2	<input type="text"/> 2
------------------------	------------------------	------------------------

3 or more times a week

<input type="text"/> 3	<input type="text"/> 3	<input type="text"/> 3
------------------------	------------------------	------------------------

C. For how much of the school year do you do it?

Most of the school year

<b>SPRTYR4</b>	<b>SPRTYR5</b>	<b>SPRTYR6</b>
<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1

About half of the school year

<input type="text"/> 2	<input type="text"/> 2	<input type="text"/> 2
------------------------	------------------------	------------------------

For a small part of the school year

<input type="text"/> 3	<input type="text"/> 3	<input type="text"/> 3
------------------------	------------------------	------------------------

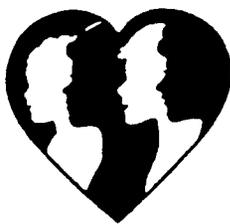
14. CODER OR INTERVIEWER: FILL OUT AFTER THE CHILD HAS COMPLETED THE LAST PAGES.

From the information provided by the child on the TV and Video Card, how many hours (to the nearest hour) does the child usually watch TV and video during the week? .....

**VIDTVWK**

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NHLBI GROWTH AND HEALTH STUDY  
PHYSICAL ACTIVITY PATTERNS FORM

ID							
NC							
VN							

**INTRODUCTION:** Now I am going to ask you some questions about physical activities you and your family take part in. A physical activity is when you move your body such as in running, dancing, and playing games.

1. Think about your mother or the female guardian you live with. How often does she do physical activities, like jogging, running, playing sports, or taking long walks?

- MOMJOG**
- Never or hardly ever .....  1
- Once or twice a week .....  2
- Three or more times a week .....  3
- No mother or female guardian .....  4
- I don't know .....  5

2. Think about your father or the male guardian you live with. How often does he do physical activities, like jogging, running, playing sports, or taking long walks?

- DADJOG**
- Never or hardly ever .....  1
- Once or twice a week .....  2
- Three or more times a week .....  3
- No father or male guardian .....  4
- I don't know .....  5

3. How often do you do physical activities with one or both parents or guardians who live with you, for example, playing ball, bike riding, taking long walks or swimming?

	<b>PAREXER</b>	
Never or hardly ever .....	<input type="checkbox"/>	1
Once or twice a week .....	<input type="checkbox"/>	2
Three or more times a week .....	<input type="checkbox"/>	3

4. How often do you do physical activities with any of your sisters or brothers who live with you?

	<b>SIBREXER</b>	
Never or hardly ever .....	<input type="checkbox"/>	1
Once or twice a week .....	<input type="checkbox"/>	2
Three or more times a week .....	<input type="checkbox"/>	3
No sisters or brothers .....	<input type="checkbox"/>	4

5. Please tell me if these statements are true for you:

	Yes	No	
A. I play sports or very active games a lot. Is that true for you? .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>SPORTS</b>
B. Most of the time I would rather do OTHER things than exercise. Is that true for you? .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>BETHNG</b>
C. I am a cheerleader or a majorette .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>MAJORET</b>
D. I am in a marching band, baton twirling or drill group .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>MARBAND</b>
E. I enjoy activities such as walking, playing ball, bike riding or skating .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>ENJOY</b>
F. Boys are much better at physical activities than girls .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>BOYBET</b>
G. I would rather play board games or video games than do outdoor activities .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>VIDEO</b>
H. I feel I am good at sports .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>GOODSPRT</b>
I. I believe that exercising keeps me healthy .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>HEALTHY</b>
J. I believe that exercising regularly helps me control my weight .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>CNTRLWT</b>
K. I get as much exercise or physical activity as I need .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>ENUFACT</b>

6. A. Do you have recess at school? .....  Yes  No **RECESS**

*If YES, answer Question 6B.*

B. When you have recess at school, what three things do you do most often?  
(Remember to put what you do most often in the first space.)

- 1. RECESS1
- 2. RECESS2
- 3. RECESS3

7. Now, could you also tell me what three things you do most often after school? (Remember to put what you do most often in the first space.)

- 1. AFTSCH1
- 2. AFTSCH2
- 3. AFTSCH3

8. When you are in school, how often do you take part in gym or P.E. class or any other exercise class (including dance)?

- |  | <b>GYM</b>                 |
|--|----------------------------|
| Less than once a week .....                        | <input type="checkbox"/> 1 |
| Once or twice a week .....                         | <input type="checkbox"/> 2 |
| More than twice but less than five times a week .. | <input type="checkbox"/> 3 |
| Once a day .....                                   | <input type="checkbox"/> 4 |
| Two or more times a day .....                      | <input type="checkbox"/> 5 |

9. When you are not in school, do you take any classes or lessons like dance, gymnastics or swimming (during the school year or during the summer)? .....  Yes  No **CLASS**

*If NO, skip to Question 11.*

10. A. What are these classes or lessons that are taught by an instructor outside of school or during the summer?

<u>CLASS1</u>	<u>CLASS2</u>	<u>CLASS3</u>	<u>CLASS4</u>
1. Class	2. Class	3. Class	4. Class

B. How many times a week do you take it?

	<u>CLASSWK1</u>	<u>CLASSWK2</u>	<u>CLASSWK3</u>	<u>CLASSWK4</u>
Less than once a week	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Once or twice a week	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3 or more times a week	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3

C. For how much of the year do you take it?

	<u>CLASSYR1</u>	<u>CLASSYR2</u>	<u>CLASSYR3</u>	<u>CLASSYR4</u>
Most of the year	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
About half of the year	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
For a small part of the year	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3

CONTINUE HERE:

<u>CLASS5</u>	<u>CLASS6</u>	<u>CLASS7</u>	<u>CLASS8</u>
5. Class	6. Class	7. Class	8. Class

B. How many times a week do you take it?

	<u>CLASSWK5</u>	<u>CLASSWK6</u>	<u>CLASSWK7</u>	<u>CLASSWK8</u>
Less than once a week	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Once or twice a week	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3 or more times a week	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3

C. For how much of the year do you take it?

	<u>CLASSYR5</u>	<u>CLASSYR6</u>	<u>CLASSYR7</u>	<u>CLASSYR8</u>
Most of the year	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
About half of the year	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
For a small part of the year	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3

**CODER OR INTERVIEWER: THIS QUESTION NEEDS Q BY Q TO CLARIFY THAT "THIS SUMMER" REFERS TO THE PAST (OR LAST) SUMMER**

11. A. During the summer, what sports or physical activities (other than classes or lessons) do you do?

	<u>SUMPA1</u>	<u>SUMPA2</u>	<u>SUMPA3</u>
	1. Activity	2. Activity	3. Activity

B. How many times a week do you do it?

	<u>SUMPAWK1</u>	<u>SUMPAWK2</u>	<u>SUMPAWK3</u>
Less than once a week	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Once or twice a week	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3 or more times a week	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3

C. For how much of the summer do you do it?

	<u>SUMPAYR1</u>	<u>SUMPAYR2</u>	<u>SUMPAYR3</u>
Most of the summer	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
About half of the summer	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
For a small part of the summer	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3

CONTINUE HERE:

	<u>SUMPA4</u>	<u>SUMPA5</u>	<u>SUMPA6</u>
	4. Activity	5. Activity	6. Activity

B. How many times a week do you do it?

	<u>SUMPAWK4</u>	<u>SUMPAWK5</u>	<u>SUMPAWK6</u>
Less than once a week	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Once or twice a week	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3 or more times a week	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3

C. For how much of the summer do you do it?

	<u>SUMPAYR4</u>	<u>SUMPAYR5</u>	<u>SUMPAYR6</u>
Most of the summer	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
About half of the summer	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
For a small part of the summer	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3

12. A. During the school year, what sports teams or other physical activities (other than classes or lessons) do you do? This includes activities before school, after school, and on weekends.

<u>SPORT1</u>	<u>SPORT2</u>	<u>SPORT3</u>
1. Activity	2. Activity	3. Activity

B. How many times a week do you do it?

	<b>SPRTWK1</b>	<b>SPRTWK2</b>	<b>SPRTWK3</b>
Less than once a week	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Once or twice a week	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3 or more times a week	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3

C. For how much of the school year do you do it?

	<b>SPRTYR1</b>	<b>SPRTYR2</b>	<b>SPRTYR3</b>
Most of the school year	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
About half of the school year	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
For a small part of the school year	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3

CONTINUE HERE:

<u>SPORT4</u>	<u>SPORT5</u>	<u>SPORT6</u>
4. Activity	5. Activity	6. Activity

B. How many times a week do you do it?

	<b>SPRTWK4</b>	<b>SPRTWK5</b>	<b>SPRTWK6</b>
Less than once a week	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Once or twice a week	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3 or more times a week	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3

C. For how much of the school year do you do it?

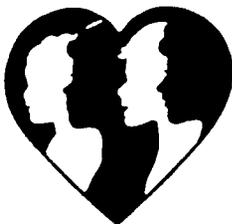
	<b>SPRTYR4</b>	<b>SPRTYR5</b>	<b>SPRTYR6</b>
Most of the school year	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
About half of the school year	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
For a small part of the school year	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3

13. CODER OR INTERVIEWER: FILL OUT AFTER THE GIRL HAS COMPLETED THE LAST PAGES.

From the information provided by the girl on the TV and Video Card, how many hours (to the nearest hour) does she usually watch TV and video during the week? .....

VIDTVWK \_\_\_\_\_





**GROWTH AND HEALTH STUDY  
 PHYSICAL ACTIVITY PATTERNS FORM**

ID						
NC						
VN						

**INTRODUCTION:** These questions are about physical activities. Examples of these activities are running, dancing, playing sports, bike riding, taking long walks, etc.

1. How often do your parent(s) or guardian(s) that you live with do physical activities?

	Never or Hardly Ever	Once or Twice A Week	Three or More Times A Week	Do Not Have One	
A. Mother or Female Guardian ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>MOMJOG2</b>
B. Father or Male Guardian ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>DADJOG2</b>

2. How often do you do physical activities with family members that you live with?

	Never or Hardly Ever	Once or Twice A Week	Three or More Times A Week	Do Not Have One	
A. Parent or Guardian .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>PAREXER2</b>
B. Sister or Brother .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>SIBREXER</b>

3. How often do you do physical activities with one or more of your friends?

	Never or Hardly Ever	Once or Twice A Week	Three or More Times A Week	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>FRNDEXER</b>

4. How many of your friends do physical activities on a regular basis?

	Most or All Of Them	Some of Them	None of Them	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>FRNDJOG</b>

5. Are the following statements true for you?

	Yes	No	
A. I play sports or very active games a lot .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>SPORTS</b>
B. Most of the time I would rather do OTHER things than exercise .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>BETTHNG</b>
C. I am a cheerleader or a majorette .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>MAJORET</b>
D. I take part in a marching band, or in a baton twirling, drill, or pompom group .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>MARBAND</b>
E. Boys are much better at physical activities than girls .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>BOYBET</b>
F. I would rather play board games or video games than do outdoor activities .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>VIDEO</b>
G. I feel I am good at sports .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>GOODSPRT</b>
H. I believe that exercising regularly helps me control my weight .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>CNTRLWT</b>
I. I get as much exercise or physical activity as I need .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>ENUFACT</b>
J. I get a lot of exercise from dancing .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>EXERDANC</b>

6. Would you say that you are: (Mark one box only.)

	<b>ACTVLEVL</b>
Less active than most girls your age? .....	<input type="checkbox"/> 1
About as active as most girls your age? .....	<input type="checkbox"/> 2
More active than most girls your age? .....	<input type="checkbox"/> 3

7. When you are in school how often do you take part in gym or P.E. class or any other exercise class (including dance)? Include both this semester and last semester in your answer.

	<b>GYM2</b>
Less than once a week .....	<input type="checkbox"/> 1
Once or twice a week .....	<input type="checkbox"/> 2
Three or four times a week .....	<input type="checkbox"/> 3
Once a day .....	<input type="checkbox"/> 4
Two or more times a day .....	<input type="checkbox"/> 5
I am not in school at this time .....	<input type="checkbox"/> 6

8. Do you have a job outside the home? .....  Yes  No **OUTJOB**

If YES, answer Questions A and B.

A. How many hours a week do you usually work at this job? ..... JOBHR Hours each week

B. How much time do you usually spend at this job doing the following:

- 1. Sitting or standing ..... JOBSIT Hours each week
- 2. Hard physical work ..... JOBHARD Hours each week

9. Do you do household chores? .....  Yes  No **CHORES**

If YES, answer Question A.

A. How many hours a week do you usually spend doing household chores? CHORHR Hours each week

10. To what extent are the following statements true for you?

I don't do physical activities because:	Usually or Always True	Sometimes True	Never or Almost Never True	
A. I don't look good when I do them. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>NOLOOK</b>
B. I'm not interested in them. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>NOINTRST</b>
C. I don't have enough time. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>NOTIME</b>
D. I don't have enough energy. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>NOENERGY</b>
E. There's no one to do them with me. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>NOONE</b>
F. I have to stay in the house. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>STAYHS</b>
G. They aren't fun. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>NOFUN</b>
H. I'm not good at them. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>NOGOOD</b>
I. I'm afraid of getting hurt. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>MAYHURT</b>

11. During the school year or during the summer, do you take any classes or lessons like dance, gymnastics or swimming that are taught by an instructor outside of school or during the summer .....  Yes  No **CLASS**

What are the Classes or Lessons?	1. How Many Times A Week Do You Do It?			2. For How Much of the Year Do You Do It?		
	Less than once	1 or 2 times	3 or more times	Most of the year	About half the year	For a small part of the year
A. <u>CLASS1</u> Class		CLASSWK1			CLASSYR1	
B. <u>CLASS2</u> Class		CLASSWK2			CLASSYR2	
C. <u>CLASS3</u> Class		CLASSWK3			CLASSYR3	
D. <u>CLASS4</u> Class		CLASSWK4			CLASSYR4	
E. <u>CLASS5</u> Class		CLASSWK5			CLASSYR5	

12. During the school year do you participate in any sports teams or other physical activities (other than classes or lessons)? This includes activities before school, after school, and on weekends. ....  Yes  No **SPORT**

What are the Sports or Physical Activities?	1. How Many Times A Week Do You Do It?			2. For How Much of the School Year Do You Do It?		
	Less than once	1 or 2 times	3 or more times	Most of the school year	About half the school year	For a small part of the school year
A. <u>SPORT1</u> Sport or Physical Activity		SPRTWK1			SPRTYR1	
B. <u>SPORT2</u> Sport or Physical Activity		SPRTWK2			SPRTYR2	
C. <u>SPORT3</u> Sport or Physical Activity		SPRTWK3			SPRTYR3	
D. <u>SPORT4</u> Sport or Physical Activity		SPRTWK4			SPRTYR4	
E. <u>SPORT5</u> Sport or Physical Activity		SPRTWK5			SPRTYR5	

13. During the **summer** do you participate in any sports or physical activities (other than classes or lessons)? .....  Yes  No **SUMMER**

What are the Sports or Physical Activities?	1. How Many Times A Week Do You Do It?			2. For How Much of the Summer Do You Do It?		
	Less than once	1 or 2 times	3 or more times	Most of the summer	About half the summer	For a small part of the summer
A. <u>SUMPA1</u> Sport or Physical Activity						SUMPAYR1
B. <u>SUMPA2</u> Sport or Physical Activity						SUMPAYR2
C. <u>SUMPA3</u> Sport or Physical Activity						SUMPAYR3
D. <u>SUMPA4</u> Sport or Physical Activity						SUMPAYR4
E. <u>SUMPA5</u> Sport or Physical Activity						SUMPAYR5

14. Please estimate the number of **hours** you usually spend watching TV per day (Be sure to include rented videos, MTV, BET, etc.)

	VIDTVWK						
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
A. Morning (6 am to 12 noon)	<u>TVMON1</u>	<u>TVTUE1</u>	<u>TVWED1</u>	<u>TVTHR1</u>	<u>TVFRI1</u>	<u>TVSAT1</u>	<u>TVSUN1</u>
B. Afternoon (12 noon to 6 pm)	<u>TVMON2</u>	<u>TVTUE2</u>	<u>TVWED2</u>	<u>TVTHR2</u>	<u>TVFRI2</u>	<u>TVSAT2</u>	<u>TVSUN2</u>
C. Nighttime (6 pm to 6 am)	<u>TVMON3</u>	<u>TVTUE3</u>	<u>TVWED3</u>	<u>TVTHR3</u>	<u>TVFRI3</u>	<u>TVSAT3</u>	<u>TVSUN3</u>

Thank you very much for answering these questions.





**GROWTH AND HEALTH STUDY  
 PHYSICAL ACTIVITY PATTERNS FORM**

ID							
NC							
VN							

**INTRODUCTION:** These questions are about physical activities. Examples of these activities are running, dancing, playing sports, bike riding, taking long walks, etc.

1. How often do **your parent(s) or guardian(s) that you live with** do physical activities?

	Never or Hardly Ever	Once or Twice A Week	Three or More Times A Week	Do Not Have One	
A. Mother or Female Guardian . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>MOMJOG2</b>
B. Father or Male Guardian . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>DADJOG2</b>

2. How often do **you** do physical activities with **family members that you live with**?

	Never or Hardly Ever	Once or Twice A Week	Three or More Times A Week	Do Not Have One	
A. Parent or Guardian . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>PAREXER2</b>
B. Sister or Brother . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>SIBREXER</b>

3. How often do **you** do physical activities **with one or more of your friends**?

	Never or Hardly Ever	Once or Twice A Week	Three or More Times A Week	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>FRNDEXER</b>

4. How many of **your friends** play sports or very active games at least three times a week?

	Most of Them	Some of Them	None of Them	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>FRNDJOG</b>

5. Are the following statements true for you?

	Yes	No	
A. I play sports or very active games a lot .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>SPORTS</b>
B. Most of the time I would rather do <b>OTHER</b> things than exercise .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>BETHNG</b>
C. I am a cheerleader or a majorette .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>MAJORET</b>
D. I take part in a marching band, or in a baton twirling, drill, or pompom group .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>MARBAND</b>
E. Boys are much better at physical activities than girls .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>BOYBET</b>
F. I would rather play board games or video games than do outdoor activities .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>VIDEO</b>
G. I feel I am good at sports .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>GOODSPRT</b>
H. I believe that exercising regularly helps me control my weight .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>CNTRLWT</b>
I. I get as much exercise or physical activity as I need .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>ENUFACT</b>
J. I get a lot of exercise from dancing .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>EXERDANC</b>
K. I would rather ride in an elevator than walk up steps .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>ELEVATE</b>

6. Would you say that you are: (Mark one box only.)

	<b>ACTVLEVL</b>
Less active than most girls your age? .....	<input type="checkbox"/> 1
About as active as most girls your age? .....	<input type="checkbox"/> 2
More active than most girls your age? .....	<input type="checkbox"/> 3

7. Do you have a job (paid or volunteer)? .....  Yes  No **OUTJOBPV**

If YES, answer Questions A, B and C.

A. At this job, how many hours a week do you usually work? ..... JOBHR2  
Hours a week

B. At this job, how many hours a week do you usually spend sitting? ..... JOBSIT2  
Hours a week

C. At this job, when you are **not sitting**, how do you spend **most** of your time?

(Please check one).

Standing, cooking, or light cleaning .....  1 **JOBMOST**

Walking, heavy cleaning, or gardening .....  2

Shoveling, mowing, carrying heavy loads or a small child .....  3

Other activities (please specify): JOBMSTRM .....  4

8. Do you do household chores? .....  Yes  No **CHORES**

If YES, answer Questions A and B.

A. How many hours a week do you usually spend doing household chores? ..... CHORHR  
Hours a week

B. When doing household chores, how do you spend **most** of your time?

(Please check one).

Activities such as dishwashing, cooking, dusting or doing laundry .....  1 **CHORMOST**

Activities such as vacuuming, mopping, gardening or walking a pet .....  2

Activities such as mowing, shoveling, carrying heavy loads or a small child, or scrubbing floors .....  3

Other activities (please specify): CHORMSRM .....  4

9. In the past 7 days, about how many minutes each day did you exercise or participate in sports activities in which you worked up a sweat or got out of breath, such as jogging, fast dancing, swimming laps, tennis, fast bicycling, or similar aerobic activities? (Write in the time for each day below, If you did not exercise or participate in sports on one or more days, write "0" minutes for that day. DO NOT INCLUDE TIME SPENT IN GYM OR PE CLASS).

	Minutes
A. Sunday .....	<u>EXERMINA</u>
B. Monday .....	<u>EXERMINB</u>
C. Tuesday .....	<u>EXERMINC</u>
D. Wednesday .....	<u>EXERMIND</u>
E. Thursday .....	<u>EXERMINE</u>
F. Friday .....	<u>EXERMINF</u>
G. Saturday .....	<u>EXERMING</u>

10. In general, how many times a day do you climb UP the stairs?  
 (Include stairs you climb inside your house, outside your house,  
 at school, and everywhere else you go)

	Times a Day
A. 1 - 5 steps .....	<u>UPSTEPA</u>
B. 6 - 9 steps .....	<u>UPSTEPB</u>
C. 10 or more steps .....	<u>UPSTEP C</u>

11. In general, how often do you do physical activities like dancing, exercising, or sports?

(Please check one).

- |   | <b>FREQPHYS</b>            |
|---|----------------------------|
| Very Often (5 or more time a week) .....      | <input type="checkbox"/> 1 |
| Often (3-4 times a week) .....                | <input type="checkbox"/> 2 |
| Sometimes (1-2 times a week) .....            | <input type="checkbox"/> 3 |
| Rarely (less than once a week or never) ..... | <input type="checkbox"/> 4 |

If you answered "Sometimes" or "Rarely" above, please answer Question 12:

12. I sometimes or rarely do physical activities like dancing, exercising, or sports because:  
 (Please check YES or NO after each of the following statements.)

- |   | Yes                      | No                       |                 |
|---|--------------------------|--------------------------|-----------------|
| A. I look bad when I do them .....                              | <input type="checkbox"/> | <input type="checkbox"/> | <b>NOLOOK2</b>  |
| B. They don't interest me .....                                 | <input type="checkbox"/> | <input type="checkbox"/> | <b>NOINT2</b>   |
| C. I don't have time .....                                      | <input type="checkbox"/> | <input type="checkbox"/> | <b>NOTIME2</b>  |
| D. I'm too tired .....  | <input type="checkbox"/> | <input type="checkbox"/> | <b>NOENERG2</b> |
| E. I'd have to do them alone .....                              | <input type="checkbox"/> | <input type="checkbox"/> | <b>NOONE2</b>   |
| F. I'm bad at them .....  | <input type="checkbox"/> | <input type="checkbox"/> | <b>BADPHYS</b>  |
| G. I might get hurt .....                                       | <input type="checkbox"/> | <input type="checkbox"/> | <b>GETHURT</b>  |
| H. There's no place to do them .....                            | <input type="checkbox"/> | <input type="checkbox"/> | <b>NOPLACE</b>  |
| I. It's not safe to go outside .....                            | <input type="checkbox"/> | <input type="checkbox"/> | <b>NOTSAFE</b>  |
| J. I have a long-standing medical condition or disability ..... | <input type="checkbox"/> | <input type="checkbox"/> | <b>DISABLE</b>  |

13. Please estimate the number of **hours** you **usually** spend watching TV each day (Be sure to include rented videos, MTV, BET, etc.)

**VIDTVWK**

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
A. Morning (6 am to 12 noon)	<u>TVMON1</u>	<u>TVTUE1</u>	<u>TWED1</u>	<u>TVTHR1</u>	<u>TVFRI1</u>	<u>TVSAT1</u>	<u>TVSUN1</u>
B. Afternoon (12 noon to 6 pm)	<u>TVMON2</u>	<u>TVTUE2</u>	<u>TWED2</u>	<u>TVTHR2</u>	<u>TVFRI2</u>	<u>TVSAT2</u>	<u>TVSUN2</u>
C. Nighttime (6 pm to 6 am)	<u>TVMON3</u>	<u>TVTUE3</u>	<u>TWED3</u>	<u>TVTHR3</u>	<u>TVFRI3</u>	<u>TVSAT3</u>	<u>TVSUN3</u>

14. During the **school year** or **during the summer**, do you take any **classes or lessons** like dance, gymnastics or swimming that are taught by an instructor outside of school or during the summer .....

Yes     No

**CLASS**

What are the Classes or Lessons?	1. How Many Times A Week Do You Do It?			2. For How Much of the Year Do You Do It?		
	Less than once	1 or 2 times	3 or more times	Most of the year	About half the year	For a small part of the year
A. <u>CLASS1</u> Class					<b>CLASSYR1</b>	
B. <u>CLASS2</u> Class					<b>CLASSYR2</b>	
C. <u>CLASS3</u> Class					<b>CLASSYR3</b>	
D. <u>CLASS4</u> Class					<b>CLASSYR4</b>	
E. <u>CLASS5</u> Class					<b>CLASSYR5</b>	

15. During the school year do you participate in any sports teams or other physical activities (other than classes or lessons)? This includes activities before school, after school, and on weekends. ....

Yes  No

**SPORT**

What are the Sports or Physical Activities?	1. How Many Times A Week Do You Do It?			2. For How Much of the School Year Do You Do It?		
	Less than once	1 or 2 times	3 or more times	Most of the school year	About half the school year	For a small part of the school year
A. <u>SPORT1</u> Sport or Physical Activity					SPRTYR1	
B. <u>SPORT2</u> Sport or Physical Activity					SPRTYR2	
C. <u>SPORT3</u> Sport or Physical Activity					SPRTYR3	
D. <u>SPORT4</u> Sport or Physical Activity					SPRTYR4	
E. <u>SPORT5</u> Sport or Physical Activity					SPRTYR5	

16. During the summer do you participate in any sports or physical activities (other than classes or lessons)? .....

Yes  No

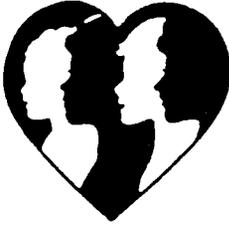
**SUMMER**

What are the Sports or Physical Activities?	1. How Many Times A Week Do You Do It?			2. For How Much of the Summer Do You Do It?		
	Less than once	1 or 2 times	3 or more times	Most of the summer	About half the summer	For a small part of the summer
A. <u>SUMPA1</u> Sport or Physical Activity					SUMPAYR1	
B. <u>SUMPA2</u> Sport or Physical Activity					SUMPAYR2	
C. <u>SUMPA3</u> Sport or Physical Activity					SUMPAYR3	
D. <u>SUMPA4</u> Sport or Physical Activity					SUMPAYR4	
E. <u>SUMPA5</u> Sport or Physical Activity					SUMPAYR5	

17. Please look at the list of sports and other activities below. Are there any you do during the school year or summer but did not include in questions 14-16 on this form? If YES, please write them in the space below.

- |   |   |   |  |
|---|---|---|--|
| Aerobics<br>Archery<br>Badminton<br>Basketball<br>Bicycling<br>Bowling<br>Canoeing<br>Cheerteading<br>Dancing<br>Drill Team | Field Hockey<br>Football<br>Frisbee<br>Golf<br>Gymnastics<br>Horseback Riding<br>Ice Skating<br>Jogging<br>Lacrosse<br>Martial Arts | Racquetball<br>Rollerblading<br>Roller Skating<br>Rope Jumping<br>Rowing Machine<br>Running<br>Skateboarding<br>Skiing (Cross Country)<br>Skiing (Downhill)<br>Soccer | Softball<br>Stairmaster/Stairs<br>Swimming<br>Tennis<br>Track<br>Volleyball<br>Walking (For Exercise)<br>Weight Training |
|---|---|---|--|

What are the Sports or Physical Activities?	1. How Many Times A Week Do You Do It?			2. For How Much of the School Year Do You Do It?		3. For How Much of the Summer Do You Do It?		
	Less than once	1 or 2 times	3 or more times	Most of the school year	About half the school year	Most of the summer	About half the summer	For a small part of the summer
A. <u>ALSO1</u> Sport or Physical Activity		ALSOWK1			ALSOYR1A		ALSOYR1B	
B. <u>ALSO2</u> Sport or Physical Activity		ALSOWK2			ALSOYR2A		ALSOYR2B	
C. <u>ALSO3</u> Sport or Physical Activity		ALSOWK3			ALSOYR3A		ALSOYR3B	
D. <u>ALSO4</u> Sport or Physical Activity		ALSOWK4			ALSOYR4A		ALSOYR4B	
E. <u>ALSO5</u> Sport or Physical Activity		ALSOWK5			ALSOYR5A		ALSOYR5B	



GROWTH AND HEALTH STUDY  
PHYSICAL ACTIVITY PATTERNS FORM

ID number of NGHS girl: .....      -      **RID** -     

Name code of NGHS girl: .....      -      -     

Visit number: ..... **VISIT**

Date: ..... **DO\_FORM**  
     -      -       
Month Day Year

---

Please **PRINT** your full name:

---

First Name Middle Initial Last Name



GROWTH AND HEALTH STUDY  
PHYSICAL ACTIVITY PATTERNS FORM

ID							
NC							
VN							

**INTRODUCTION:** These questions are about physical activities. Examples of these activities are running, dancing, playing sports, bike riding, taking long walks, etc.

1. How often do you do physical activities with one or more of your friends?

Never or Hardly Ever	Once or Twice A Week	Three or More Times A Week	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>FRNDEXER</b>

2. How many of your friends play sports or very active games at least three times a week?

Most of Them	Some of Them	None of Them	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>FRNDJOG</b>

3. Are the following statements true for you?

	Yes	No	
A. I play sports or very active games a lot .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>SPORTS</b>
B. Most of the time I would rather do OTHER things than exercise .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>BETTHNG</b>
C. I take part in a marching band, or in a baton twirling, drill, or pompom group .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>MARBAND</b>
D. Young men my age are much better at physical activities than young women my age .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>BOYBET</b>
E. I would rather play board games or video games than do outdoor activities .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>VIDEO</b>
F. I feel I am good at sports .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>GOODSPRT</b>
G. I believe that exercising regularly helps me control my weight .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>CNTRLWT</b>
H. I get as much exercise or physical activity as I need .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>ENUFACT</b>
I. I get a lot of exercise from dancing .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>EXERDANC</b>
J. I would rather ride in an elevator than walk up steps .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>ELEVATE</b>
K. I take PE or gym class at school .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>TAKEPE</b>
L. I am on a sports team .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>SPORTM</b>

4. Would you say that you are: (Mark one box only.)

**ACTVLEVL**

- Less active than most young women your age? .....  1
- About as active as most young women your age? .....  2
- More active than most young women your age? .....  3

5. Do you have a job (paid or volunteer)? .....

**OUTJOBPV**

- Yes       No

If YES, answer Questions A, B and C.

A. How many hours a week do you usually work at your job(s)? .....

**JOBHR2**  
 Hours a week

B. How many hours a week do you usually spend sitting at your job(s)? .....

**JOBSIT2**  
 Hours a week

C. When you are **not sitting**, how do you spend **most** of your time at your job(s)?

(Please check one).

**JOBMOST2**

- I always sit .....  1
- Standing, cooking, or light cleaning .....  2
- Walking, heavy cleaning, or gardening .....  3
- Carrying heavy loads or a small child, or mowing .....  4
- Other activities (please specify): \_\_\_\_\_ **JBMSTRM2** .....  5

6. Do you do household chores? .....  Yes  No **CHORES**

If YES, answer Questions A and B.

A. How do you spend **most** of your time when doing household chores?  
 DO NOT INCLUDE dishwashing, cooking, and laundry. (Please check one.)

Activities such as:

- |   | <b>CHORMST2</b>            |
|---|----------------------------|
| 1. Vacuuming, sweeping, or mopping .....                    | <input type="checkbox"/> 1 |
| 2. Scrubbing floors or carrying a child .....               | <input type="checkbox"/> 2 |
| 3. Gardening, raking, or walking a pet .....                | <input type="checkbox"/> 3 |
| 4. Mowing .....   | <input type="checkbox"/> 4 |
| 5. Other activities (please specify): _____ <b>CHRMSRM2</b> | <input type="checkbox"/> 5 |

B. How many hours a **week** do you **usually** spend doing **all** the different household chores listed above in Part A? DO NOT INCLUDE dishwashing, cooking, or laundry. ..... **CHORHR2**  
 Hours a week

7. In the past 7 days, **about** how many minutes each day did you **WORK UP A SWEAT OR GET OUT OF-BREATH** by doing the following: (DO NOT INCLUDE TIME SPENT IN PE OR GYM CLASS.)

- Exercising (such as running, exercise bike, or aerobics).
- or
- Participating in sports activities (such as fast dancing, soccer, or basketball).

Write in the time below. If you did not do any activity that made you work up a sweat or get out of breath on one or more days, write "0" minutes for that day.

- |                    | Minutes         |
|--------------------|-----------------|
| A. Sunday .....    | <b>EXERMINA</b> |
| B. Monday .....    | <b>EXERMINB</b> |
| C. Tuesday .....   | <b>EXERMINC</b> |
| D. Wednesday ..... | <b>EXERMIND</b> |
| E. Thursday .....  | <b>EXERMINE</b> |
| F. Friday .....    | <b>EXERMINF</b> |
| G. Saturday .....  | <b>EXERMING</b> |

8. On an average weekday, **about** how many times do you climb **UP** a flight of stairs? ..... **UPSTEP**  
 (1 flight = 10 steps)

9. In general, how often do you do physical activities like dancing, exercising, or sports?  
 (Please check one).

- |   | <b>FREQPHYS</b>            |
|---|----------------------------|
| Very Often (5 or more time a week) .....      | <input type="checkbox"/> 1 |
| Often (3-4 times a week) .....                | <input type="checkbox"/> 2 |
| Sometimes (1-2 times a week) .....            | <input type="checkbox"/> 3 |
| Rarely (less than once a week or never) ..... | <input type="checkbox"/> 4 |

If you sometimes or rarely do physical activities, please answer Question 10, otherwise go to Question 11.

10. I do physical activities sometimes or rarely because:  
 (Please check YES or NO after each of the following statements.)

- |   | Yes                      | No                       |                 |
|---|--------------------------|--------------------------|-----------------|
| A. I look bad when I do them .....                              | <input type="checkbox"/> | <input type="checkbox"/> | <b>NOLOOK2</b>  |
| B. They don't interest me .....                                 | <input type="checkbox"/> | <input type="checkbox"/> | <b>NOINT2</b>   |
| C. I don't have time .....                                      | <input type="checkbox"/> | <input type="checkbox"/> | <b>NOTIME2</b>  |
| D. I'm too tired .....  | <input type="checkbox"/> | <input type="checkbox"/> | <b>NOENERG2</b> |
| E. I'd have to do them alone .....                              | <input type="checkbox"/> | <input type="checkbox"/> | <b>NOONE2</b>   |
| F. I'm bad at them .....  | <input type="checkbox"/> | <input type="checkbox"/> | <b>BADPHYS</b>  |
| G. I might get hurt .....                                       | <input type="checkbox"/> | <input type="checkbox"/> | <b>GETHURT</b>  |
| H. There's no place to do them .....                            | <input type="checkbox"/> | <input type="checkbox"/> | <b>NOPLACE</b>  |
| I. It's not safe to go outside .....                            | <input type="checkbox"/> | <input type="checkbox"/> | <b>NOTSAFE</b>  |
| J. I have a long-standing medical condition or disability ..... | <input type="checkbox"/> | <input type="checkbox"/> | <b>DISABLE</b>  |

11. Please estimate the number of hours you usually spend watching TV each day (Be sure to include rented videos, MTV, BET, etc.)

		<b>VIDTVWK</b>						
		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
A. Morning	(6 am to 12 noon)	<u>TVMON1</u>	<u>TVTUE1</u>	<u>TVWED1</u>	<u>TVTHR1</u>	<u>TVFRI1</u>	<u>TVSAT1</u>	<u>TVSUN1</u>
B. Afternoon	(12 noon to 6 pm)	<u>TVMON2</u>	<u>TVTUE2</u>	<u>TVWED2</u>	<u>TVTHR2</u>	<u>TVFRI2</u>	<u>TVSAT2</u>	<u>TVSUN2</u>
C. Nighttime	(6 pm to 6 am)	<u>TVMON3</u>	<u>TVTUE3</u>	<u>TVWED3</u>	<u>TVTHR3</u>	<u>TVFRI3</u>	<u>TVSAT3</u>	<u>TVSUN3</u>

12. During the **SUMMER** months (June through August) do you:

- do any physical activities,
- participate on any sports teams or
- take any classes or lessons, such as swimming, dance or gymnastics?

**SUMACT**  
 Yes     No

If YES, please write them in the space below; otherwise skip to Question 13.

**Do not include activities done during P.E. or GYM class at school.**

What are the Sports, Physical Activities or Classes?	1. How Many Times A Week Do You Do It?			2. For How Much of the Summer Do You Do It?		
	Less than once	1 or 2 times	3 or more times	Most	About Half	Small Part
A. <u>          <b>SMACT1</b>          </u> Sport, Physical Activity or Class		<b>SMACTWK1</b>			<b>SMACTYR1</b>	
B. <u>          <b>SMACT2</b>          </u> Sport, Physical Activity or Class		<b>SMACTWK2</b>			<b>SMACTYR2</b>	
C. <u>          <b>SMACT3</b>          </u> Sport, Physical Activity or Class		<b>SMACTWK3</b>			<b>SMACTYR3</b>	
D. <u>          <b>SMACT4</b>          </u> Sport, Physical Activity or Class		<b>SMACTWK4</b>			<b>SMACTYR4</b>	
E. <u>          <b>SMACT5</b>          </u> Sport, Physical Activity or Class		<b>SMACTWK5</b>			<b>SMACTYR5</b>	
F. <u>          <b>SMACT6</b>          </u> Sport, Physical Activity or Class		<b>SMACTWK6</b>			<b>SMACTYR6</b>	
G. <u>          <b>SMACT7</b>          </u> Sport, Physical Activity or Class		<b>SMACTWK7</b>			<b>SMACTYR7</b>	
H. <u>          <b>SMACT8</b>          </u> Sport, Physical Activity or Class		<b>SMACTWK8</b>			<b>SMACTYR8</b>	
I. <u>          <b>SMACT9</b>          </u> Sport, Physical Activity or Class		<b>SMACTWK9</b>			<b>SMACTYR9</b>	

13. During the **REST OF THE YEAR** (September through May) do you:

- do any physical activities,
- participate on any sports teams or
- take any classes or lessons, such as swimming, dance or gymnastics?

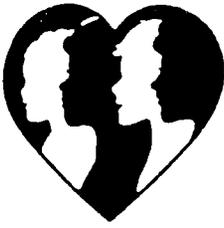
**RSTACT**  
 Yes     No

If YES, please write them in the space below.

**Do not include activities done during P.E. or GYM class at school.**

What are the Sports, Physical Activities or Classes?	1. How Many Times A Week Do You Do It?			2. For How Much of the 9 Months Do You Do It?		
	Less than once	1 or 2 times	3 or more times	Most	About Half	Small Part
A. <u>RSACT1</u> Sport, Physical Activity or Class		RSACTWK1			RSACTYR1	
B. <u>RSACT2</u> Sport, Physical Activity or Class		RSACTWK2			RSACTYR2	
C. <u>RSACT3</u> Sport, Physical Activity or Class		RSACTWK3			RSACTYR3	
D. <u>RSACT4</u> Sport, Physical Activity or Class		RSACTWK4			RSACTYR4	
E. <u>RSACT5</u> Sport, Physical Activity or Class		RSACTWK5			RSACTYR5	
F. <u>RSACT6</u> Sport, Physical Activity or Class		RSACTWK6			RSACTYR6	
G. <u>RSACT7</u> Sport, Physical Activity or Class		RSACTWK7			RSACTYR7	
H. <u>RSACT8</u> Sport, Physical Activity or Class		RSACTWK8			RSACTYR8	
I. <u>RSACT9</u> Sport, Physical Activity or Class		RSACTWK9			RSACTYR9	





**GROWTH AND HEALTH STUDY  
PHYSICAL ACTIVITY PATTERNS FORM  
REVISED - YEAR 10**

NGHS Form 12  
Rev. 7 01/96  
6 Pages

ID							
NC							
VN							

**INTRODUCTION: These questions are about physical activities. Examples of these activities are running, dancing, playing sports, bike riding, taking long walks, etc.**

1. Are the following statements true for you? Yes    No
- |   |                          |                          |                 |
|---|--------------------------|--------------------------|-----------------|
| A. I play sports or very active games a lot .....                       | <input type="checkbox"/> | <input type="checkbox"/> | <b>SPORTS</b>   |
| B. Most of the time I would rather do other things than exercise .....  | <input type="checkbox"/> | <input type="checkbox"/> | <b>BETTHNG</b>  |
| C. I feel I am good at sports .....                                     | <input type="checkbox"/> | <input type="checkbox"/> | <b>GOODSPRT</b> |
| D. I believe that exercising regularly helps me control my weight ..... | <input type="checkbox"/> | <input type="checkbox"/> | <b>CNTRLWT</b>  |
| E. I get as much exercise or physical activity as I need .....          | <input type="checkbox"/> | <input type="checkbox"/> | <b>ENUFACT</b>  |
| F. I get a lot of exercise from dancing .....                           | <input type="checkbox"/> | <input type="checkbox"/> | <b>EXERDANC</b> |
| G. I would rather ride in an elevator than walk up steps .....          | <input type="checkbox"/> | <input type="checkbox"/> | <b>ELEVATE</b>  |
| H. I am on a sports team .....  | <input type="checkbox"/> | <input type="checkbox"/> | <b>SPORTM</b>   |

2. Would you say that you are: (Mark one box only.) **ACTVLEVL**
- |   |                          |   |
|---|--------------------------|---|
| Less active than most young women your age? .....   | <input type="checkbox"/> | 1 |
| About as active as most young women your age? ..... | <input type="checkbox"/> | 2 |
| More active than most young women your age? .....   | <input type="checkbox"/> | 3 |

3. Do you have a job (paid or volunteer)? .....

**OUTJOBPV**  
 Yes     No

If YES, answer Questions A, B and C.

A. How many hours a week do you usually work at your job(s)? .....

**JOBHR2**  
 \_\_\_\_\_  
 Hours a week

B. How many hours a week do you usually spend sitting at your job(s)? .....

**JOBSIT2**  
 \_\_\_\_\_  
 Hours a week

C. When you are not sitting, how do you spend most of your time at your job(s)?  
 (Please check one.)

- I always sit .....  1
- Standing, cooking, or light cleaning .....  2
- Walking, heavy cleaning, or gardening .....  3
- Carrying heavy loads or a small child, or mowing .....  4
- Other activities (please specify): \_\_\_\_\_ **JBMSTRM2** .....  5

**JOBMOST2**

4. Do you do household chores? .....  
 Do not include dishwashing, cooking, and laundry.

**CHORES**  
 Yes     No

If YES, answer Questions A and B.

A. How do you spend most of your time when doing household chores?  
 (Please check one.)

Activities such as:

- 1. Vacuuming, sweeping, or mopping .....  1
- 2. Scrubbing floors or carrying a child .....  2
- 3. Gardening, raking, or walking a pet .....  3
- 4. Mowing .....  4
- 5. Other activities (please specify): \_\_\_\_\_ **CHRMSRM2** .....  5

**CHORMST2**

B. How many hours a week do you usually spend doing all the different household chores listed above in Part A? .....

**CHORHR2**  
 \_\_\_\_\_  
 Hours a week

5. In the past 7 days, **about** how many minutes each day did you **work up a sweat or get out of breath** by doing the following: (Do not include time spent in PE or gym class.)

- Exercising (such as running, exercise bike, or aerobics).
- or
- Participating in sports activities (such as fast dancing, soccer, or basketball).

Write in the time below. If you did not do any activity that made you work up a sweat or get out of breath on one or more days, write "0" minutes for that day.

	Minutes
A. Sunday .....	<u>EXERMINA</u>
B. Monday .....	<u>EXERMINB</u>
C. Tuesday .....	<u>EXERMINC</u>
D. Wednesday .....	<u>EXERMIND</u>
E. Thursday .....	<u>EXERMINE</u>
F. Friday .....	<u>EXERMINF</u>
G. Saturday .....	<u>EXERMING</u>

6. On an average weekday, **about** how many times do you climb **UP** a flight of stairs? ..... UPSTEP  
 (1 flight = 10 steps)

7. On an average weekday, **about** how many city blocks do you walk? ..... WALKBLOK  
 (Include only walking outdoors.)

8. In general, how often do you do physical activities like dancing, exercising, or sports?  
 (Please check one.)

	FREQPHYS
Very Often (5 or more times a week) .....	<input type="checkbox"/> 1
Often (3-4 times a week) .....	<input type="checkbox"/> 2
Sometimes (1-2 times a week) .....	<input type="checkbox"/> 3
Rarely (less than once a week or never) .....	<input type="checkbox"/> 4

If you sometimes or rarely do physical activities, please answer Question 9, otherwise go to Question 10.

9. I do physical activities sometimes or rarely because:  
 (Please check yes or no after each of the following statements.)

	Yes	No	
A. I look bad when I do them .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>NOLOOK2</b>
B. They don't interest me .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>NOINT2</b>
C. I don't have time .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>NOTIME2</b>
D. I'm too tired .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>NOENERG2</b>
E. I'd have to do them alone .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>NOONE2</b>
F. I'm bad at them .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>BADPHYS</b>
G. I might get hurt .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>GETHURT</b>
H. There's no place to do them .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>NOPLACE</b>
I. It's not safe to go outside .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>NOTSAFE</b>
J. I have a long-standing medical condition or disability .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>DISABLE</b>

10. Please estimate the number of hours you usually spend watching TV each day (Be sure to include rented videos, MTV, BET, etc.)

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
A. Morning (6 am to 12 noon)	<b>TVMON1</b> __ . __	<b>TVTUE1</b> __ . __	<b>TVWED1</b> __ . __	<b>TVTHR1</b> __ . __	<b>TVFRI1</b> __ . __	<b>TVSAT1</b> __ . __	<b>TVSUN1</b> __ . __
B. Afternoon (12 noon to 6 pm)	<b>TVMON2</b> __ . __	<b>TVTUE2</b> __ . __	<b>TVWED2</b> __ . __	<b>TVTHR2</b> __ . __	<b>TVFRI2</b> __ . __	<b>TVSAT2</b> __ . __	<b>TVSUN2</b> __ . __
C. Nighttime (6 pm to 6 am)	<b>TVMON3</b> __ . __	<b>TVTUE3</b> __ . __	<b>TVWED3</b> __ . __	<b>TVTHR3</b> __ . __	<b>TVFRI3</b> __ . __	<b>TVSAT3</b> __ . __	<b>TVSUN3</b> __ . __

11. During the **summer** months (June through August) do you:

- do any physical activities,
- participate on any sports teams or
- take any classes or lessons, such as swimming, dance or gymnastics?

**SUMACT**  
 Yes     No

If yes, please write them in the space below; otherwise skip to Question 12.

**Do not include activities done during P.E. or GYM class at school.**

What are the Sports, Physical Activities or Classes?	1. How Many Times A Week Do You Do It?			2. For How Much of the Summer Do You Do It?		
	Less than once	1 or 2 times	3 or more times	Most of the Summer	Half of the Summer	Small Part of the Summer
A. <u>          </u> <b>SMACT1</b> Sport, Physical Activity or Class		<b>SMACTWK1</b>			<b>SMACTYR1</b>	
B. <u>          </u> <b>SMACT2</b> Sport, Physical Activity or Class		<b>SMACTWK2</b>			<b>SMACTYR2</b>	
C. <u>          </u> <b>SMACT3</b> Sport, Physical Activity or Class		<b>SMACTWK3</b>			<b>SMACTYR3</b>	
D. <u>          </u> <b>SMACT4</b> Sport, Physical Activity or Class		<b>SMACTWK4</b>			<b>SMACTYR4</b>	
E. <u>          </u> <b>SMACT5</b> Sport, Physical Activity or Class		<b>SMACTWK5</b>			<b>SMACTYR5</b>	
F. <u>          </u> <b>SMACT6</b> Sport, Physical Activity or Class		<b>SMACTWK6</b>			<b>SMACTYR6</b>	
G. <u>          </u> <b>SMACT7</b> Sport, Physical Activity or Class		<b>SMACTWK7</b>			<b>SMACTYR7</b>	
H. <u>          </u> <b>SMACT8</b> Sport, Physical Activity or Class		<b>SMACTWK8</b>			<b>SMACTYR8</b>	
I. <u>          </u> <b>SMACT9</b> Sport, Physical Activity or Class		<b>SMACTWK9</b>			<b>SMACTYR9</b>	

12. During the rest of the year (September through May) do you:

- do any physical activities,
- participate on any sports teams or
- take any classes or lessons, such as swimming, dance or gymnastics?

**RSTACT**  
 Yes     No

If yes, please write them in the space below.

**Do not include activities done during P.E. or GYM class at school.**

What are the Sports, Physical Activities or Classes?	1. How Many Times A Week Do You Do It?			2. For How Much of the 9 Months Do You Do It?		
	Less than once	1 or 2 times	3 or more times	Most	About Half	Small Part
A. <u>RSACT1</u> Sport, Physical Activity or Class		RSACTWK1			RSACTYR1	
B. <u>RSACT2</u> Sport, Physical Activity or Class		RSACTWK2			RSACTYR2	
C. <u>RSACT3</u> Sport, Physical Activity or Class		RSACTWK3			RSACTYR3	
D. <u>RSACT4</u> Sport, Physical Activity or Class		RSACTWK4			RSACTYR4	
E. <u>RSACT5</u> Sport, Physical Activity or Class		RSACTWK5			RSACTYR5	
F. <u>RSACT6</u> Sport, Physical Activity or Class		RSACTWK6			RSACTYR6	
G. <u>RSACT7</u> Sport, Physical Activity or Class		RSACTWK7			RSACTYR7	
H. <u>RSACT8</u> Sport, Physical Activity or Class		RSACTWK8			RSACTYR8	
I. <u>RSACT9</u> Sport, Physical Activity or Class		RSACTWK9			RSACTYR9	