**IPEN-Adolescent PARENT SURVEY -- Required Items**

The following items will be a requirement of the IPEN Adolescent Study. Please retain all items, even if it does not apply for your country. If you add questions of special interest, let us know as soon as possible so we can inform other countries who could adopt them. Or, you could work with multiple countries to develop new items for your region. We will post back-translations of each survey for investigators to access.

*Getting Around in Your Neighborhood*

Reference: Rosenberg, D., Ding, D., Sallis, J.F., Kerr, J., Norman, G.J., Durant, N., Harris, S.K., and Saelens, B.E. (2009). Neighborhood Environment Walkability Scale for Youth (NEWS-Y): Reliability and relationship with physical activity. Preventive Medicine, 49, 213-218.

***Neighborhood Safety****Please circle the answer that best applies to the neighborhood where you and your child live.*

P\_TH\_1. There is so much traffic along nearby streets that it makes it difficult or unpleasant for my child to walk (alone or with someone) in our neighborhood.

1 2 3 4

strongly somewhat somewhat strongly

disagree disagree agree agree

P\_TH\_2. The speed of traffic on most nearby streets is usually slow (30 mph or less).

1 2 3 4

strongly somewhat somewhat strongly

disagree disagree agree agree

P\_TH\_3. Most drivers go faster than the posted speed limits in our neighborhood.

1 2 3 4

strongly somewhat somewhat strongly

disagree disagree agree agree

P\_TH\_4. When walking in my neighborhood there are a lot of exhaust fumes

1 2 3 4

strongly somewhat somewhat strongly

disagree disagree agree agree

P\_TH\_5. Our neighborhood streets have good lighting at night.

1 2 3 4

strongly somewhat somewhat strongly

disagree disagree agree agree

P\_TH\_6. Walkers and bikers on the streets in our neighborhood can be easily seen by people in their homes.

1 2 3 4

strongly somewhat somewhat strongly

disagree disagree agree agree

P\_TH\_7. There are crosswalks and signals to help walkers cross busy streets in our neighborhood.

1 2 3 4

strongly somewhat somewhat strongly

disagree disagree agree agree

P\_TH\_8. I feel safe letting my child cross the streets in our neighborhood.

1 2 3 4

strongly somewhat somewhat strongly

disagree disagree agree agree

***Crime Safety****Please circle the answer that best applies to the neighborhood where you and your child live.*

P\_CR\_1. There is a high crime rate in our neighborhood.

1 2 3 4

strongly somewhat somewhat strongly

disagree disagree agree agree

P\_CR\_2. The crime rate in our neighborhood makes it unsafe for my child to go on walks (alone or with someone) at night.

1 2 3 4

strongly somewhat somewhat strongly

disagree disagree agree agree

P\_CR\_3. I am worried about letting my child play outside alone around my home (e.g. yard, driveway, apartment common area) because I am afraid of then being taken or hurt by a stranger.

1 2 3 4

strongly somewhat somewhat strongly

disagree disagree agree agree

P\_CR\_4. I am worried about letting my child be outside with a friend around my home because I am afraid my child will be taken or hurt by a stranger.

1 2 3 4

strongly somewhat somewhat strongly

disagree disagree agree agree

P\_CR\_5. I am worried about letting my child play or walk alone or with friends in my neighborhood and local streets because I am afraid my child will be taken or hurt by a stranger.

1 2 3 4

strongly somewhat somewhat strongly

disagree disagree agree agree

P\_CR\_6. I am worried about letting my child be alone or with friends in a local or nearby park because I am afraid my child will be taken or hurt by a stranger.

1 2 3 4

strongly somewhat somewhat strongly

disagree disagree agree agree

***Access to Services***

*Please circle the answer that best applies to the neighborhood where you and your child live. Both local and within walking distance mean within a 10-15 minute walk from your home.*

P\_LA\_1. Stores are within easy walking distance of our home.

1 2 3 4

strongly somewhat somewhat strongly

disagree disagree agree agree

P\_LA\_2. There are many places for my child to go (alone or with someone) within easy walking distance of our home.

1 2 3 4

strongly somewhat somewhat strongly

disagree disagree agree agree

P\_LA\_3. From our home, it is easy for my child to walk(alone or with someone) to a transit stop (bus, subway, train).

1 2 3 4

strongly somewhat somewhat strongly

disagree disagree agree agree

P\_LA\_4. There are major barriers to walking in our local area that make it hard for my child to get from place to place (for example, freeways, railway lines, rivers).

1 2 3 4

strongly somewhat somewhat strongly

disagree disagree agree agree

P\_LA\_5. Parking is difficult in shopping areas.

1 2 3 4

strongly somewhat somewhat strongly

disagree disagree agree agree

P\_LA\_6. The streets in my neighborhood are hilly, making our neighborhood difficult for my child to walk in.

1 2 3 4

strongly somewhat somewhat strongly

disagree disagree agree agree

***Streets in my Neighborhood***

*Please circle the answer that best applies to the neighborhood where you and your child live.*

P\_SC\_1. The distance between intersections (where streets cross) in our neighborhood is usually short (100 yards or less; the length of a football field or less).

1 2 3 4

strongly somewhat somewhat strongly

disagree disagree agree agree

P\_SC\_2. The streets in our neighborhood do not have many cul-de-sacs (dead end streets).

1 2 3 4

strongly somewhat somewhat strongly

disagree disagree agree agree

P\_SC\_3. There are many different routes for getting from place to place in our neighborhood (my child doesn’t have to go the same way every time).

1 2 3 4

strongly somewhat somewhat strongly

disagree disagree agree agree

***Places for Walking***

*Please circle the answer that best applies to the neighborhood where you and your child live.*

P\_IS\_1. There are sidewalks on most of the streets in our neighborhood.

1 2 3 4

strongly somewhat somewhat strongly

disagree disagree agree agree

P\_IS\_2. Sidewalks are separated from the road/traffic in our neighborhood by parked cars.

1 2 3 4

strongly somewhat somewhat strongly

disagree disagree agree agree

P\_IS\_3. There is grass/dirt between the streets and the sidewalks in our neighborhood.

1 2 3 4

strongly somewhat somewhat strongly

disagree disagree agree agree

***Neighborhood Surroundings***

*Please circle the answer that best applies to the neighborhood where you and your child live.*

P\_AE\_1. There are trees along the streets in our neighborhood.

1 2 3 4

strongly somewhat somewhat strongly

disagree disagree agree agree

P\_AE\_2. There are many interesting things for my child to look at while walking in our neighborhood.

1 2 3 4

strongly somewhat somewhat strongly

disagree disagree agree agree

P\_AE\_3. There are many beautiful natural things for my child to look at in my neighborhood (e.g. gardens, views).

1 2 3 4

strongly somewhat somewhat strongly

disagree disagree agree agree

P\_AE\_4. There are many buildings/homes in our neighborhood that are nice for my child to look at.

1 2 3 4

strongly somewhat somewhat strongly

disagree disagree agree agree

***Distance to Locations***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| About how long would it take **you** to walk from your home to the nearest places listed below? Please circle the time it would take you to walk to each place, regardless of whether you or your child go there. | | | | | | |
|  | 1-5 min | 6-10 min | 11-20 min | 21-30 min | 31+ min | Don’t know |
| P\_LD\_1. Convenience/corner store/small grocery store | 1 | 2 | 3 | 4 | 5 | 8 |
| P\_LD\_2. Supermarket | 1 | 2 | 3 | 4 | 5 | 8 |
| P\_LD\_3. Laundry or dry cleaners | 1 | 2 | 3 | 4 | 5 | 8 |
| P\_LD\_4. Library | 1 | 2 | 3 | 4 | 5 | 8 |
| P\_LD\_5. Post office | 1 | 2 | 3 | 4 | 5 | 8 |
| P\_LD\_6. Bank/credit union | 1 | 2 | 3 | 4 | 5 | 8 |
| P\_LD\_7. Pharmacy/drug store | 1 | 2 | 3 | 4 | 5 | 8 |
| P\_LD\_8. Any school | 1 | 2 | 3 | 4 | 5 | 8 |
| P\_LD\_9. Your child’s school | 1 | 2 | 3 | 4 | 5 | 8 |
| P\_LD\_10. Fast food restaurant | 1 | 2 | 3 | 4 | 5 | 8 |
| P\_LD\_11. Coffee place | 1 | 2 | 3 | 4 | 5 | 8 |
| P\_LD\_12. Non-fast food restaurant | 1 | 2 | 3 | 4 | 5 | 8 |
| P\_LD\_13. Swimming pool | 1 | 2 | 3 | 4 | 5 | 8 |
| P\_LD\_14. Bus, subway or train stop | 1 | 2 | 3 | 4 | 5 | 8 |
| P\_LD\_15. Indoor recreation or exercise facility (public or private; YMCA/Boys & Girls Club, dance, martial arts) | 1 | 2 | 3 | 4 | 5 | 8 |
| P\_LD\_16. clothing store | 1 | 2 | 3 | 4 | 5 | 8 |
| P\_LD\_17. bookstore | 1 | 2 | 3 | 4 | 5 | 8 |
| P\_LD\_18. video/DVD store or kiosk/machine | 1 | 2 | 3 | 4 | 5 | 8 |
| P\_LD\_19. public open space (not a park) | 1 | 2 | 3 | 4 | 5 | 8 |
| P\_LD\_20. Beach, lake, river or creek | 1 | 2 | 3 | 4 | 5 | 8 |
| P\_LD\_21. Bike/hiking/walking trails, paths | 1 | 2 | 3 | 4 | 5 | 8 |
| P\_LD\_22. Basketball court | 1 | 2 | 3 | 4 | 5 | 8 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| P\_LD\_23. Other playing fields/courts (e.g., soccer, skate park) | 1 | 2 | 3 | 4 | 5 | 8 |
| P\_LD\_24. Small public park | 1 | 2 | 3 | 4 | 5 | 8 |
| P\_LD\_25. Large public park | 1 | 2 | 3 | 4 | 5 | 8 |
| P\_LD\_26. School with available recreation facilities | 1 | 2 | 3 | 4 | 5 | 8 |
| P\_LD\_27. Other: | 1 | 2 | 3 | 4 | 5 | 8 |

**Types of homes in your neighborhood**

*While thinking about the places where people live in your neighborhood, please circle an answer for each of the following questions. Your neighborhood is the local area around your home, within a 10-15 minute walk in any direction..*

P\_RD\_1. How common are detached single-family residences in your neighborhood?

1 2 3 4 5

None A few Some Most All

P\_RD\_2. How common are multi-family houses of 1-3 stories in your neighborhood?

1 2 3 4 5

None A few Some Most All

P\_RD\_3. How common are multi-family houses of 4-6 stories in your neighborhood?

1 2 3 4 5

None A few Some Most All

P\_RD\_4. How common are multi-family houses of 7-12 stories in your neighborhood?

1 2 3 4 5

None A few Some Most All

P\_RD\_5. How common are multi-family houses of 13-20 stories in your neighborhood?

1 2 3 4 5

None A few Some Most All

P\_RD\_6. How common are multi-family houses of over 20 stories in your neighborhood?

1 2 3 4 5

None A few Some Most All

***Reasons for Moving Here***

Reference: Adapted from: Frank, Lawrence, Leerssen, Christopher, Chapman James, Contrino, Heather (2001). Strategies for Metropolitan Atlanta's Regional Transportation and Air Quality (SMARTRAQ). Georgia Institute of Technology.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please rate the importance of the following reasons for choosing your current neighborhood. Please circle one response for each item. | | | | | |
|  | Not at all important |  | Some-what important |  | Very important |
| P\_RMOVE\_1. Affordability/Value | 1 | 2 | 3 | 4 | 5 |
| P\_RMOVE\_2. Closeness to open space (e.g., parks) | 1 | 2 | 3 | 4 | 5 |
| P\_RMOVE\_3. Closeness to job | 1 | 2 | 3 | 4 | 5 |
| P\_RMOVE\_4. Presence of other children in the neighborhood | 1 | 2 | 3 | 4 | 5 |
| P\_RMOVE\_5. Closeness to public transportation | 1 | 2 | 3 | 4 | 5 |
| P\_RMOVE\_6. Closeness to shops and services | 1 | 2 | 3 | 4 | 5 |
| P\_RMOVE\_7. Ease of walking | 1 | 2 | 3 | 4 | 5 |
| P\_RMOVE\_8. Sense of community | 1 | 2 | 3 | 4 | 5 |
| P\_RMOVE\_9. Safety from crime | 1 | 2 | 3 | 4 | 5 |
| P\_RMOVE\_10. Quality of schools | 1 | 2 | 3 | 4 | 5 |
| P\_RMOVE\_11. Closeness to recreational facilities | 1 | 2 | 3 | 4 | 5 |
| P\_RMOVE\_12. Closeness to good restaurants and food stores | 1 | 2 | 3 | 4 | 5 |
| P\_RMOVE\_13. Access to freeways | 1 | 2 | 3 | 4 | 5 |
| P\_RMOVE\_14. Closeness to healthcare facilities | 1 | 2 | 3 | 4 | 5 |
| P\_RMOVE\_15. Closeness to cultural and entertainment choices | 1 | 2 | 3 | 4 | 5 |
| P\_RMOVE\_16. Closeness to school | 1 | 2 | 3 | 4 | 5 |
| P\_RMOVE\_17. Distance from busy street | 1 | 2 | 3 | 4 | 5 |
| P\_RMOVE\_18. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 | 2 | 3 | 4 | 5 |

***Your Child’s School***

P\_SCH\_N. What is the name of your child’s school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the address of the school?

P\_SCH\_ADD. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street

P\_SCH\_CITY. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ P\_SCH\_ST. \_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State

P\_SCH\_ZIP. \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip code

***Child Demographics:*** *Please respond to these questions for the child who is participating in the study.*

P\_ADD\_DAYS. How many days per week does your child live at your address? ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_

P\_C\_BDATE. Your child’s birth date: \_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Month Day Year

P\_C\_GENDER. Child’s gender:

0. 🞎 Male

1. 🞎 Female

P\_C\_RACE. Child’s race (you can check one or more): ***modify as needed to reflect your population.***

|  |  |  |
| --- | --- | --- |
| 1. | 🞎 | Caucasian |
| 2. | 🞎 | African-American or Black |
| 3. | 🞎 | Asian-American |
| 4. | 🞎 | Pacific Islander |
| 5. | 🞎 | American Indian or Alaskan Native |
| 6. | 🞎 | Other \_\_\_\_\_\_\_\_\_\_\_\_\_ |

P\_C\_LIC. Does your child have a valid driver’s license?

1. 🞎 Yes

0. 🞎 No

P\_C\_CARACC. Does your child have access to a car to drive?

1. 🞎 Yes

0. 🞎 No

P\_C\_GRADES. In school, your child makes the following grades: (check one answer only) ***modify as needed to reflect common grade assignations in your country.***

|  |  |  |
| --- | --- | --- |
| 1. | 🞎 | Mostly A's and B's |
| 2. | 🞎 | Mostly C's |
| 3. | 🞎 | Mostly D's and F's |

***Parent Demographics:*** *Please respond about yourself.*

P\_P\_AGE. Your age: \_\_\_\_\_\_\_\_

P\_P\_GENDER. Your gender:

|  |  |  |
| --- | --- | --- |
| 0. | 🞎 | Male |
| 1. | 🞎 | Female |

P\_P\_RACE. Your race (you can check one or more): ***modify as needed to reflect your population.***

|  |  |  |
| --- | --- | --- |
| 1. | 🞎 | Caucasian |
| 2. | 🞎 | African-American or Black |
| 3. | 🞎 | Asian-American |
| 4. | 🞎 | Pacific Islander |
| 5. | 🞎 | American Indian or Alaskan Native |
| 6. | 🞎 | Other \_\_\_\_\_\_\_\_\_\_\_\_\_ |

P\_MAR. What is your marital status?

|  |  |  |
| --- | --- | --- |
| 1. | 🞎 | Married |
| 2. | 🞎 | Widowed/divorced/separated |
| 3. | 🞎 | Single and never married |
| 4. | 🞎 | Living with partner |

P\_WORK. How many hours per week do you (or your child’s primary caregiver) work outside of the home?

1. 🞎 None or less than part time (0-15 hours)

2. 🞎 Part-time (16-35 hours)

3. 🞎 Full-time (36+ hours)

P\_HT. Your height: \_\_\_\_\_ feet \_\_\_\_ inches ***modify as needed to reflect the desired unit of measurement.***

P\_WT. Your current weight: \_\_\_\_\_\_\_ pounds ***modify as needed to reflect the desired unit of measurement.***

***Household Information***

Home street address:

P\_ADD. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number/Street Apt./Suite

P\_CITY. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ P\_ST. \_\_\_\_\_\_\_\_\_ P\_ZIP. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code

P\_PH. Phone number: ( ) \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_

P\_ADD\_LENGTH. How long have you lived at your current address? \_\_\_\_\_\_ years and \_\_\_\_\_\_ months

P\_ADD\_NEI. How long have you lived in your neighborhood? \_\_\_\_\_\_ years and \_\_\_\_\_\_ months

P\_NUM\_PPL. How many people (including yourself) live in your household? \_\_\_\_\_\_\_ people

P\_NUM\_CH. How many children under 18 live in your household? \_\_\_\_\_\_\_\_ children

P\_P\_EDU. What was the highest education level **you** completed? ***modify as needed, but we need an equivalent to less than completed high school, completed high school, and completed college.***

1. 🞎 Less than 7th grade

2. 🞎 Junior high/middle school

3. 🞎 Some high school

4. 🞎 Completed high school

5. 🞎 Some college or vocational training

6. 🞎 Completed college or university

7. 🞎 Completed graduate or professional degree

P\_HIGH\_EDU. What is the highest level of education among the **most educated** **adult** in your household? ***modify as needed, but we need an equivalent to less than completed high school, completed high school, and completed college.***

1. 🞎 Less than 7th grade

2. 🞎 Junior high/middle school

3. 🞎 Some high school

4. 🞎 Completed high school

5. 🞎 Some college or vocational training

6. 🞎 Completed college or university

7. 🞎 Completed graduate or professional degree

P\_MV. How many drivable motor vehicles (cars, motorcycles) are there at your household? \_\_\_\_\_\_\_

P\_LDR. How many licensed drivers are in your household (including yourself)? \_\_\_\_\_\_\_

P\_DATE. What is today’s date? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IPEN-Adolescent Parent-Reported Preferred Items**

The following items will **not be a requirement** of the IPEN Adolescent study because they are not measuring primary outcomes. However, it would be good to include them in the surveys if possible. We are referring to these items as ***Preferred Items****.*

***Global Physical Activity Questionnaire (GPAQ)***

*Reference: Fiona C. Bull, Tahlia S. Maslin, and Timothy Armstrong . Global Physical Activity Questionnaire (GPAQ): Journal of Physical Activity and Health, 2009, 6, 790-80).*

*GPAQ responses should be screened using the following guidelines:*

* *Participants must report 7 or fewer days for each item. If days are greater than 7, this question will require asking the participant for clarification.*
* *If a participant reports inconsistent answers (e.g., 0 days, but values >0 in the corresponding time variable), this question will require asking the participant for clarification.*

**Your Physical Activity Behaviors:** The following questions ask you about the time you spend doing different types of physical activity in a typical week. Please answer these questions even if you do not consider yourself to be a physically active person.

In answering the following questions:

* *Vigorous-intensity* activitiesare activities that require hard physical effort and cause large increases in breathing or heart rate and
* *Moderate-intensity* activities are activities that require moderate physical effort and cause small increases in breathing or heart rate.

***Activity at Work***

Think first about the time you spend doing work.

P\_GJOB\_1. Does your work involve vigorous-intensity activity that causes large increases in breathing or heart rate (like carrying or lifting heavy loads, digging or construction work) for at least 10 minutes continuously?

1. Yes 0. No If no, skip to question 4. *[If no, enter “0” for P\_GJOB\_2 & PJOB\_3]*

7. I do not currently work If not working, skip to section M.

*[If checked, enter “-777” for P\_GJOB\_2 thru P\_GJOB\_6]*

P\_GJOB\_2. In *a typical week*, on how many days do you do vigorous-intensity activities as part of your work?

Number of days \_\_\_\_\_ per week

P\_GJOB\_3. How much time do you spend doing vigorous-intensity activities at work *on a typical day*?

Hours \_\_\_\_ per day **OR**  Minutes \_\_\_\_ per day *[Report P\_GJOB\_3 as total minutes per day]*

P\_GJOB\_4. Does your work involve moderate-intensity activity that causes small increases in breathing or heart rate (such as brisk walking or carrying light loads) for at least 10 minutes continuously?

1. Yes 0. No If no, skip to section M.

*[If no, enter “0” for P\_GJOB\_5 & P\_GJOB\_6]*

P\_GJOB\_5. In *a typical week*, on how many days do you do moderate-intensity activities as part of your work?

Number of days \_\_\_\_\_­ per week

P\_GJOB\_6. How much time do you spend doing moderate-intensity activities at work on *a typical day*?

Hours \_\_\_\_ per day **OR** Minutes \_\_\_\_ per day *[Report P\_GJOB\_6 as total minutes per day]*

***Travel To and From Places***

The next questions ask you about the usual way you travel to and from places. For example, to work, stores, movies, and so on. Do not include the physical activities at work you have already mentioned.

P\_GTRA\_1. Do you walk or use a bicycle for at least 10 minutes continuously to get to and from places?

1. Yes 0. No If no, skip to section N.

*[If no, enter “0 “ for P\_GTRA\_2 & P\_GTRA\_3]*

P\_GTRA\_2. In *a typical week*, on how many days do you walk or bicycle for at least 10 minutes continuously to get to and from places?

Number of days \_\_\_\_ per week

P\_GTRA\_3. How much time do you spend walking or bicycling for travel on *a typical day*?

Hours \_\_\_\_ per day **OR** Minutes \_\_\_\_ per day *[Report P\_GTRA\_3 as total minutes per day.]*

***Recreational Activities***

The next questions exclude the work and transport activities that you have already mentioned.

The questions ask you about sports, fitness and recreational activities (leisure).

P\_GLEI\_1. Do you do any vigorous-intensity sports, fitness or recreational (leisure) activities that cause large increases in breathing or heart rate for at least 10 minutes continuously?

1. Yes 0. No If no, skip to question 4.

*[If no, enter “0” for P\_GLEI\_2 & P\_LEI\_3]*

P\_GLEI\_2. In *a typical week*, on how many days do you do vigorous-intensity sports, fitness or recreational (leisure) activities?

Number of days \_\_\_\_ per week

P\_GLEI\_3. How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on *a typical day*?

Hours­­­\_\_\_\_\_ per day **OR** Minutes\_\_\_\_\_ per day *[Report P\_GLEI\_3 as total minutes per day]*

P\_GLEI\_4. Do you do any moderate-intensity sports, fitness or recreational (leisure) activities that cause small increases in breathing or heart rate for at least 10 minutes continuously?

1. Yes 0. No If no, skip to section O.

*[If no, enter “0” for P\_GLEI\_5 & P\_GLEI\_6]*

P\_GLEI\_5. In *a typical week*, on how many days do you do moderate-intensity sports, fitness, or

recreational (leisure) activities?

Number of days \_\_\_\_ per week

P\_GLEI\_6. How much time do you spend doing moderate-intensity sports, fitness, or recreational (leisure) activities on *a typical day*?

Hours\_\_\_\_\_ per day **OR** Minutes\_\_\_\_\_ per day *[Report P\_GLEI\_6 as total minutes per day]*

***Sedentary Behaviors***

The following questions are about the time you spend sitting while at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, reading, or sitting or lying down to watch TV, playing cards, traveling in car, bus or train, or visiting friends. Do not include time spent sleeping.

P\_GSIT\_1. How much time do you usually spend sitting or reclining on *a typical day*?

Hours\_\_\_\_\_ per day **OR**  Minutes\_\_\_\_\_ per day *[Report P\_GSIT\_1 as total minutes per day.]*

References: Sallis, J.F., McKenzie, T.L., Elder, J.P, & Conway, T. (1999). Middle School Physical Activity and Nutrition (M-SPAN) Student Survey. Total MET hours per week all activities (exclude other activities) R=0.33 (100). ‘

Marshall, S. J., Biddle, S., Sallis, J. F., McKenzie, T. L., & Conway, T. L. (2002). Clustering of sedentary behaviors and physical activity among youth: A cross-national study. *Pediatric Exercise Science*, *14(4)*, 401-417.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Please indicate how much time on a typical week day you do the following activities. Please think about the time from when you wake up until you go to bed. Please DO NOT include time when you are at work during regular hours. Do not include weekends. | | | | | | | |
|  | None | 15 min per day | 30 min per day | 1 hour per day | 2 hours per day | 3 hours per day | 4 hours or more per day |
| P\_SIT\_2. Watching television | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| P\_SIT\_3. Playing sedentary computer or video games (like Nintendo or Xbox) | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| P\_SIT\_4. Using the internet, emailing or other electronic media for leisure | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| P\_SIT\_5. Doing work (including reading, writing or using the computer) | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| P\_SIT\_6. Reading a book or magazine | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| P\_SIT\_7. Riding in a car, bus, etc. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |

***Parent Demographics***

P\_PREG. Are you currently pregnant?

|  |  |  |
| --- | --- | --- |
| 1. | 🞎 | Yes |
| 0. | 🞎 | No |
| 7. | 🞎 | Not applicable |

***Household Information***

What are the ages and genders (circle one) of all children living in your household?

P\_CAGE\_1. \_\_\_\_\_\_\_\_\_ P\_CGENDER\_1. 0. male 1. female

P\_CAGE\_2. \_\_\_\_\_\_\_\_\_ P\_CGENDER\_2. 0. male 1. female

P\_CAGE\_3. \_\_\_\_\_\_\_\_\_ P\_CGENDER\_3. 0. male 1. female

P\_CAGE\_4. \_\_\_\_\_\_\_\_\_ P\_CGENDER\_4. 0. male 1. female

P\_CAGE\_5. \_\_\_\_\_\_\_\_\_ P\_CGENDER\_5. 0. male 1. female

P\_CAGE\_6. \_\_\_\_\_\_\_\_\_ P\_CGENDER\_6. 0. male 1. female

P\_OWN. Do you rent or own your home?

1. 🞎 Own/buying

2. 🞎 Rent

P\_INC. Approximate annual household income: ***modify as needed for your country***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. | 🞎 | <$10,000 | 7. | 🞎 | $60,000-$69,000 |
| 2. | 🞎 | $10,000-$19,000 | 8. | 🞎 | $70,000-$79,000 |
| 3. | 🞎 | $20,000-$29,000 | 9. | 🞎 | $80,000-$89,000 |
| 4. | 🞎 | $30,000-$39,000 | 10 | 🞎 | $90,000-$99,000 |
| 5. | 🞎 | $40,000-$49,000 | 11. | 🞎 | >$100,000 |
| 6. | 🞎 | $50,000-$59,000 |  |  |  |