**IPEN-Adolescent 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 you and your neighborhood.*

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

 1 2 3 4

 strongly somewhat somewhat strongly

 disagree disagree agree agree

C\_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

C\_TH\_3. Most drivers go faster than the posted speed limits in my neighborhood.

 1 2 3 4

 strongly somewhat somewhat strongly

 disagree disagree agree agree

C\_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

C\_TH\_5. My neighborhood streets have good lighting at night.

 1 2 3 4

 strongly somewhat somewhat strongly

 disagree disagree agree agree

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

 1 2 3 4

 strongly somewhat somewhat strongly

 disagree disagree agree agree

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

 1 2 3 4

 strongly somewhat somewhat strongly

 disagree disagree agree agree

C\_TH\_8. I feel safe crossing the streets in my neighborhood.

 1 2 3 4

 strongly somewhat somewhat strongly

 disagree disagree agree agree

 ***Crime Safety***

*Please circle the answer that best applies to you and your neighborhood, which means within a 10-15 minute walk from your home*

C\_CR\_1. There is a high crime rate in my neighborhood.

 1 2 3 4

 strongly somewhat somewhat strongly

 disagree disagree agree agree

C\_CR\_2. The crime rate in my neighborhood makes it unsafe to go on walks alone or with someone at night.

 1 2 3 4

 strongly somewhat somewhat strongly

 disagree disagree agree agree

C\_CR\_3. I am worried about being outside alone around my home (like in the yard, driveway, or apartment common area) because I am afraid of being taken or hurt by a stranger.

 1 2 3 4

 strongly somewhat somewhat strongly

 disagree disagree agree agree

C\_CR\_4. I am worried about being outside with a friend around my home because I am afraid of being taken or hurt by a stranger.

 1 2 3 4

 strongly somewhat somewhat strongly

 disagree disagree agree agree

C\_CR\_5. I am worried about being or walking alone or with friends in my neighborhood and local streets because I am afraid of being taken or hurt by a stranger.

 1 2 3 4

 strongly somewhat somewhat strongly

 disagree disagree agree agree

C\_CR\_6. I am worried about being in a local/nearby park because I am afraid of being taken or hurt by a stranger.

 1 2 3 4

 strongly somewhat somewhat strongly

 disagree disagree agree agree

*Travel in Your Neighborhood*

C\_PUBTRAN. Not counting traveling to or from school, on how many days a week do you take public transportation (bus, train or light rail)?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0 days | 1 day | 2 days | 3 days | 4 days | 5 days | 6 days | 7days |

2. Not counting traveling to or from school, how far do you travel by yourself or with friends, without your parents? Write “0” if you don’t do these things.

C\_TRV\_WALK By walking: number of minutes from home one way \_\_\_\_\_

C\_TRV\_BIKE By biking: number of minutes from home one way \_\_\_\_\_

C\_TRV\_PUBTRAN By public transit: number of minutes from home one way \_\_\_\_\_

***To and From School***

Reference: Centers for Disease Control Kids-Walk-to-School program: http://www.cdc.gov/nccdphp/dnpa/kidswalk/resources.htm

C\_SCH. Do you go to school outside your home? 1. Yes 0. No *If no, skip to Physical Activity Outside of School section. [Enter -777 for the school sections]*

|  |
| --- |
| In an average school week, on how many days do you use the following modes of transportation to get to and from school? |
| Days per week **TO** school: | 0 days | 1 day | 2 days | 3 days | 4 days | 5 days |
| C\_TSCH\_W. Walk | 0 | 1 | 2 | 3 | 4 | 5 |
| C\_TSCH\_BI. Bicycle | 0 | 1 | 2 | 3 | 4 | 5 |
| C\_TSCH\_SK. Skateboard | 0 | 1 | 2 | 3 | 4 | 5 |
| C\_TSCH\_PT. Public transit | 0 | 1 | 2 | 3 | 4 | 5 |
| C\_TSCH\_BU. School bus | 0 | 1 | 2 | 3 | 4 | 5 |
| C\_TSCH\_C. Car | 0 | 1 | 2 | 3 | 4 | 5 |
| Days per week **FROM** school: | 0 days | 1 day | 2 days | 3 days | 4 days | 5 days |
| C\_HSCH\_W. Walk | 0 | 1 | 2 | 3 | 4 | 5 |
| C\_HSCH\_BI. Bicycle | 0 | 1 | 2 | 3 | 4 | 5 |
| C\_HSCH\_SK. Skateboard | 0 | 1 | 2 | 3 | 4 | 5 |
| C\_HSCH\_PT. Public transit | 0 | 1 | 2 | 3 | 4 | 5 |
| C\_HSCH\_BU. School bus | 0 | 1 | 2 | 3 | 4 | 5 |
| C\_HSCH\_C. Car | 0 | 1 | 2 | 3 | 4 | 5 |

 C\_SCH\_WTIME. How long does it or would it take you to walk to school?

1 2 3 4 5

 1-5 min 6 -10 min 11–20 min 21–30 min 31+ min

***Barriers to Walking and Biking to School***

*Reference: The ActiveWhere? Questionnaire* (rev 7/06/05). *http://sallis.ucsd.edu/measures.html*

|  |
| --- |
| It is difficult for me to walk or bike to my school because… |
|  | Strongly disagree | Somewhat disagree | Somewhat agree | Strongly agree  |
| C\_SCH\_BAR\_1.  |  There are no sidewalks or bike lanes | 1 | 2 | 3 | 4 |
| C\_SCH\_BAR\_2.  | The route is boring | 1 | 2 | 3 | 4 |
| C\_SCH\_BAR\_3.  | The route does not have good lighting | 1 | 2 | 3 | 4 |
| C\_SCH\_BAR\_4.  | There are one or more dangerous crossings | 1 | 2 | 3 | 4 |
| C\_SCH\_BAR\_5.  | I get too hot and sweaty | 1 | 2 | 3 | 4 |
| C\_SCH\_BAR\_6.  | No other teens walk or bike | 1 | 2 | 3 | 4 |
| C\_SCH\_BAR\_7.  | It’s not considered cool to walk or bike | 1 | 2 | 3 | 4 |
| C\_SCH\_BAR\_8.  | I have too much stuff to carry | 1 | 2 | 3 | 4 |
| C\_SCH\_BAR\_9. | It‘s easier to drive or get driven there | 1 | 2 | 3 | 4 |
| C\_SCH\_BAR\_10. | It involves too much planning ahead | 1 | 2 | 3 | 4 |
| C\_SCH\_BAR\_11.  | There is nowhere to leave a bike safely  | 1 | 2 | 3 | 4 |
| C\_SCH\_BAR\_12. | There are stray dogs | 1 | 2 | 3 | 4 |
| C\_SCH\_BAR\_13. | It is too far | 1 | 2 | 3 | 4 |
| C\_SCH\_BAR\_14. | I would have to walk/bike through places that were unsafe because of crime or things sometimes related to crime (e.g., vandalism, graffiti, people drinking alcohol in public places)  | 1 | 2 | 3 | 4 |
| C\_SCH\_BAR\_15.  | I don’t enjoy walking or biking to school | 1 | 2 | 3 | 4 |
| C\_SCH\_BAR\_16. | There are too many hills | 1 | 2 | 3 | 4 |
| C\_SCH\_BAR\_17. | There is too much traffic | 1 | 2 | 3 | 4 |

***Physical Activity:*** Physical activity is any activity that increases your heart rate and makes you get out of breath at least some of the time. Physical activity can be done in sports, being active with friends or walking to school. Examples of physical activity are running, brisk walking, rollerblading, biking, dancing, skateboarding, swimming, soccer, basketball, football and surfing.

When answering these questions, think about your activities over the PAST YEAR, unless otherwise specified.

***Physical Activity at School***

Reference: The ActiveWhere? Questionnaire (rev 7/06/05). http://sallis.ucsd.edu/measures.html

C\_PE\_DAYS. How many days per week do you have gym or Physical Education (PE) class at school?

 *[If 0 days, enter “0” for C\_PE\_MIN]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 0 days | 1 day | 2 days | 3 days | 4 days | 5 days |

 C\_PE\_MIN. If you have PE, on average, how long is each PE period? \_\_\_\_\_\_\_minutes per class

C\_SCH\_TEAMS. In the past year, how many sports teams or “after school” physical activity classes (not PE) have you participated in at school? If you play for more than 1 team of the same sport or across 2 seasons (e.g., two softball leagues), count this as 2.

 0 1 2 3 4 or more

***Physical Activity Outside of School***

Reference: Prochaska, J. J, .Sallis, J.F., & Long, B. (2001). A physical activity screening measure for use with adolescents in primary care. Archives of Pediatrics and Adolescent Medicine 155, 554-559.

|  |
| --- |
| C\_PA60\_7DAYS. Over the past seven days, on how many days were you physically active for a total of at least 60 minutes per day (do not include school PE or gym class)? |
|  0 days | 1 day | 2 days | 3 days | 4 days | 5 days | 6 days | 7 days |
| C\_PA60\_USUWK. Over a typical or usual week, on how many days are you physically active for a total of at least 60 minutes per day (do not include school PE or gym class)? |
|  0 days | 1 day | 2 days | 3 days | 4 days | 5 days | 6 days | 7 days |
| C\_NSCH\_TEAMS. In the past year, how many sports teams or physical activity classes have you participated in outside of school? If you play for more than 1 team of the same sport or across 2 seasons (e.g., two softball leagues), count this as 2. |
|  0 1 2 3 4 or more***Decisions about Physical Activity:*** Remember, think about the PAST YEAR. Reference: Norman, G.J., Sallis, J.F., and Gaskins, R. (2005). Comparability and reliability of paper- and computer-based measures of psychosocial constructs for adolescent physical activity and sedentary behaviors. Research Quarterly for Exercise and Sport, 76, 315-323. |

|  |
| --- |
| Please circle the answer that best applies to you when deciding whether or not to do physical activity. |
|  |  | Strongly disagree | Somewhat disagree | Somewhat agree | Strongly agree |
| C\_PA\_DEC\_1. | I would feel embarrassed if people saw me doing physical activity. | 1 | 2 | 3 | 4 |
| C\_PA\_DEC\_2. | Physical activity would help me stay fit. | 1 | 2 | 3 | 4 |
| C\_PA\_DEC\_3. | My parents would be happy if I did physical activity. | 1 | 2 | 3 | 4 |
| C\_PA\_DEC\_4. | There is too much I would have to learn to do physical activity. | 1 | 2 | 3 | 4 |
| C\_PA\_DEC\_5. | I would feel better about myself if I did physical activity. | 1 | 2 | 3 | 4 |
| C\_PA\_DEC\_6. | I would need too much help from my parents to do physical activity. | 1 | 2 | 3 | 4 |
| C\_PA\_DEC\_7. | I do not like the way physical activity and exercise makes me feel. | 1 | 2 | 3 | 4 |
| C\_PA\_DEC\_8. | I would have fun doing physical activity or playing sports with my friends. | 1 | 2 | 3 | 4 |
| C\_PA\_DEC\_9. | I would have more energy if I did physical activity. | 1 | 2 | 3 | 4 |
|  C\_PA\_DEC\_10. | Physical activity takes time away from being with my friends. | 1 | 2 | 3 | 4 |

***Confidence about Physical Activity:*** Remember, think about the PAST YEAR.

Reference: Norman, G.J., Sallis, J.F., and Gaskins, R. (2005). Comparability and reliability of paper- and computer-based measures of psychosocial constructs for adolescent physical activity and sedentary behaviors. Research Quarterly for Exercise and Sport, 76, 315-323.

|  |
| --- |
| There are many things that can get in the way of physical activity. HOW SURE are you that you can do physical activity in each situation? Please answer ALL questions**.** |
|  |  | I’m sure I can’t |  |  |  | I’m sureI can |
| C\_PA\_CON\_1.  | Do physical activity even when you feel sad or stressed | 1 | 2 | 3 | 4 | 5 |
| C\_PA\_CON\_2.  | Set aside time for physical activity on most days of the week. | 1 | 2 | 3 | 4 | 5 |
| C\_PA\_CON\_3.  | Do physical activity even when your family or friends want you to do something else. | 1 | 2 | 3 | 4 | 5 |
| C\_PA\_CON\_4.  | Get up early, even on weekends, to do physical activity. | 1 | 2 | 3 | 4 | 5 |
| C\_PA\_CON\_5.  | Do physical activity even when you have a lot of homework. | 1 | 2 | 3 | 4 | 5 |
| C\_PA\_CON\_6.  | Do physical activity even when it is raining or really hot outside. | 1 | 2 | 3 | 4 | 5 |

 ***Enjoyment of Physical Activity***

Reference: Norman, G.J., Sallis, J.F., and Gaskins, R. (2005). Comparability and reliability of paper- and computer-based measures of psychosocial constructs for adolescent physical activity and sedentary behaviors. Research Quarterly for Exercise and Sport, 76, 315-323.

 C\_PA\_ENJ\_1. I enjoy doing physical activity.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1Strongly Disagree | 2Somewhat Disagree | 3Neutral | 4Somewhat Agree | 5Strongly Agree |

***Social Support for Physical Activity***

Reference: Norman, G.J., Sallis, J.F., and Gaskins, R. (2005). Comparability and reliability of paper- and computer-based measures of psychosocial constructs for adolescent physical activity and sedentary behaviors. Research Quarterly for Exercise and Sport, 76, 315-323.

|  |
| --- |
| During a typical week, how often does an **adult in your household:** |
|  | Never | Rarely | Sometimes | Often | Very Often |
| C\_PA\_SS\_1.  | Encourage you to do sports or physical activity? | 0 | 1 | 2 | 3 | 4 |
| C\_PA\_SS\_2.  | Provide transportation to a place where you can do physical activity or play sports? | 0 | 1 | 2 | 3 | 4 |
| C\_PA\_SS\_3.  | Do physical activity or play sports with you? | 0 | 1 | 2 | 3 | 4 |
| During a typical week how often do your **brothers/sisters or friends:** |
|  | Never | Rarely | Sometimes | Often | Very Often |
| C\_PA\_SS\_4.  |  Do physical activity or play sports with you? | 0 | 1 | 2 | 3 | 4 |
| C\_PA\_SS\_5.  | Ask you to walk or bike to school or to a friend’s house? | 0 | 1 | 2 | 3 | 4 |

***Sedentary Behaviors:*** Sedentary behaviors are activities that generally involve sitting and not moving around, like watching TV, playing video games, reading, etc.

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 school 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 in school 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 or more hours per day |
| C\_SIT\_1. Watching television/videos/DVD’s | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| C\_SIT\_2. Playing sedentary computer or video games (like Nintendo or Xbox) | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| C\_SIT\_3. Using the internet, emailing or other electronic media for leisure | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| C\_SIT\_4. Doing homework (including reading, writing or using the computer) | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| C\_SIT\_5. Reading a book or magazine NOT for school (including comic books) | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| C\_SIT\_6. Riding in a car, bus, etc. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |

***Things in Your Bedroom***

|  |
| --- |
| Please indicate whether the following is in your bedroom. (1) (0) |
| C\_BDRM\_1. TV | Yes | No |
| C\_BDRM\_2. VCR or DVD player | Yes | No |
| C\_BDRM\_3. Music player (radio, CD or tape player, stereo) | Yes | No |
| C\_BDRM\_4. Computer | Yes | No |
| C\_BDRM\_5. Video game system (non-hand-held—Playstation, Xbox, etc.) | Yes | No |
| C\_BDRM\_6. Internet access | Yes | No |
| ***Your Personal Electronics*** |
| Do you have the following items for your own use? (1) (0) |
| C\_ELEC\_1. Cell phone or 2-way radio | Yes | No |
| C\_ELEC\_2. Hand-held video game player (Game Boy, Sony PSP, etc.) | Yes | No |
| C\_ELEC\_3. Personal stereo (iPod, MP3 player, Discman) | Yes | No |
| C\_ELEC\_4. Do you have your own website, MySpace or Facebook page? | Yes | No |

***Workout Equipment***

Reference: From ActiveWhere (rev 7/06/05).. Shortened and adapted from: Sallis, J.F., Johnson, M.F., Calfas, K.J., Caparosa, S., and Nichols, J. (1997). Assessing perceived physical environment variables that may influence physical activity**.** Research Quarterly for Exercise and Sport, 68, 345-351.

|  |
| --- |
| How often do you use these items in or around your home (or in a common apartment area)?  |
|  | Not available (don’t have) | Available but never use | Once a month or less | Once every other week | Once a week or more |
| C\_EQUIP\_1. Bike | 0 | 1 | 2 | 3 | 4 |
| C\_EQUIP\_2. Basketball hoop  | 0 | 1 | 2 | 3 | 4 |
| C\_EQUIP\_3. Jump rope | 0 | 1 | 2 | 3 | 4 |
| C\_EQUIP\_4. Active video games (like Dance Dance Revolution, Wii, etc.) | 0 | 1 | 2 | 3 | 4 |
| C\_EQUIP\_5. Sports equipment (like balls, racquets, bats, sticks) | 0 | 1 | 2 | 3 | 4 |
| C\_EQUIP\_6. Swimming pool | 0 | 1 | 2 | 3 | 4 |
| C\_EQUIP\_7. Rollerblades, skateboard, scooter | 0 | 1 | 2 | 3 | 4 |
| C\_EQUIP\_8. Home aerobic equipment (like treadmill, stationary bike, workout videos) | 0 | 1 | 2 | 3 | 4 |
| C\_EQUIP\_9. Weight-lifting equipment (like free-weights, weight machines) | 0 | 1 | 2 | 3 | 4 |
| C\_EQUIP\_10. Water or snow equipment (like skis, kayak, snowboard) | 0 | 1 | 2 | 3 | 4 |

***Height and Weight***

It is important that we have an up-to-date measurement of how much you weigh. If you have a scale in your home, please weigh yourself now without your shoes. If you do not have a scale at home but you have been weighed at school or by a doctor in the last month, please provide this weight.

C\_WT. Weight: \_\_\_\_\_\_\_\_ pounds ***modify as needed to reflect the desired unit of measurement.***

It is also important that we have the most up-to-date measurement of how tall you are. If you have a measuring tape in your home, please go and measure your height now without your shoes. When measuring yourself we suggest you stand against the wall, facing out, with your feet flat on the floor and your heels up against the wall. Take a pencil and lightly mark on the wall how tall you are. Then use a tape measure to measure how tall that mark is off the floor. If you do not have a measuring tape at home but you have been measured at school or by a doctor in the last month, please provide this height.

C\_HT. Height: \_\_\_\_\_ feet \_\_\_\_ inches ***modify as needed to reflect the desired unit of measurement.***

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

**IPEN-Adolescent 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****.*

***Current Weight Goals***

C\_WT\_GOALS. Which of the following are you doing about your weight? Check only one answer.

|  |  |  |
| --- | --- | --- |
| 1 | □ | Not trying to do anything about my weight |
| 2 | □ | Trying to lose weight |
| 3 | □ | Trying to keep from gaining weight |
| 4 | □ | Trying to gain weight |
| ***Physical Activity at School*** |
| C\_REC\_DAYS. How many days per week do you have recess at school? *[If 0 days, enter “0” for C\_REC\_NUM & C\_REC\_MIN]* |
| 0 days | 1 day | 2 days | 3 days | 4 days | 5 days |
|  C\_REC\_NUM. If you have recess, how many periods of recess do you have on one day?  \_\_\_\_\_\_\_\_number of recess periods per day

|  |
| --- |
|  C\_REC\_MIN. If you have recess, on average, how long is the time spent per recess? \_\_\_\_\_\_\_minutes per recess  |

 |
|  ***After-School Environment***  |  |

Reference: Durant, N., Harris, S.K., Doyle, S., Person, S., Saelens, B.E., Kerr, J., Norman, G.J., Sallis, J.F. (2009). Relation of school environment and policy to adolescent physical activity. Journal of School Health, 79 (4), 153-159; quiz 205-206.

C\_AFTSCH\_PA. How often does your school have supervised physical activities after school?

 0 1 2 3 4

Never Rarely Sometimes Frequently Always

 C\_AFTSCH\_FIELDS . How often does your school allow students to use play areas or fields after school?

 0 1 2 3 4

Never Rarely Sometimes Frequently Always

***Physical Activity:*** When answering these questions, think about your activities over the PAST YEAR, unless otherwise specified.
 ***Places for Physical Activity Near Your Home***

Reference: Sallis, J.F., Nader, P.R., Broyles, S.L., Berry, C.C., Elder, J.P., McKenzie, T.L., and Nelson, J.A. (1993). Correlates of physical activity at home in Mexican-American and Anglo-American preschool children. Health Psychology, 12(5), 390-398. (ADAPTED).

|  |
| --- |
| How often are you **PHYSICALLY ACTIVE** in/at the following places?  |
|  | Never | Once a month or less | Once every other week | Once a week |  2 or 3 times per week | 4 or more times per week  |
| C\_PA\_NEI\_1. Inside your home | 0 | 1 | 2 | 3 | 4 | 5 |
| C\_PA\_NEI\_2. In your yard or common area | 0 | 1 | 2 | 3 | 4 | 5 |
| C\_PA\_NEI\_3. In your driveway or alley | 0 | 1 | 2 | 3 | 4 | 5 |
| C\_PA\_NEI\_4. At a neighbor’s house, yard or driveway | 0 | 1 | 2 | 3 | 4 | 5 |
| C\_PA\_NEI\_5. On a local street, sidewalk or vacant lot | 0 | 1 | 2 | 3 | 4 | 5 |
| C\_PA\_NEI\_6. In a nearby cul-de-sac or dead-end street | 0 | 1 | 2 | 3 | 4 | 5 |
| C\_PA\_NEI\_7. In a nearby park or open space | 0 | 1 | 2 | 3 | 4 | 5 |

***Other Places for Physical Activity:*** Remember, think about the PAST YEAR.

Reference: The ActiveWhere? Questionnaire (rev 7/06/05). http://sallis.ucsd.edu/measures.html

|  |
| --- |
| How often are you **PHYSICALLY ACTIVE** in/at the following locations? |
|  | Never | Once a month or less | Once every other week | Once a week | 2 or 3 times per week | 4 or more times per week  |
| C\_PA\_FAC\_1.  | Indoor recreation or exercise facility (public or private; YMCA/Boys & Girls Club, dance, martial arts) | 0 | 1 | 2 | 3 | 4 | 5 |
| C\_PA\_FAC\_2.  | Beach, lake, river or creek | 0 | 1 | 2 | 3 | 4 | 5 |
| C\_PA\_FAC\_3.  | Bike/hiking/walking trails, paths | 0 | 1 | 2 | 3 | 4 | 5 |
| C\_PA\_FAC\_4.  | Basketball court | 0 | 1 | 2 | 3 | 4 | 5 |
| C\_PA\_FAC\_5.  | Other playing fields/courts (like football, softball, tennis) | 0 | 1 | 2 | 3 | 4 | 5 |
| C\_PA\_FAC\_6.  | Indoor swimming pool | 0 | 1 | 2 | 3 | 4 | 5 |
| C\_PA\_FAC\_7.  | Small public park | 0 | 1 | 2 | 3 | 4 | 5 |
| C\_PA\_FAC\_8.  | Large public park | 0 | 1 | 2 | 3 | 4 | 5 |
| C\_PA\_FAC\_9.  | Public open space (like plaza, square or undeveloped land) | 0 | 1 | 2 | 3 | 4 | 5 |
| C\_PA\_FAC\_10.  | Friend’s or relative’s house | 0 | 1 | 2 | 3 | 4 | 5 |
| C\_PA\_FAC\_11.  | School grounds (during non-school hours) | 0 | 1 | 2 | 3 | 4 | 5 |
| C\_PA\_FAC\_12.  | Outdoor swimming pool (during warmer months) | 0 | 1 | 2 | 3 | 4 | 5 |
| C\_PA\_FAC\_13. | Ski or other winter area (during colder months) | 0 | 1 | 2 | 3 | 4 | 5 |
| C\_PA\_FAC\_14.  | Skatepark | 0 | 1 | 2 | 3 | 4 | 5 |
| C\_PA\_FAC\_15.  | Parking lot | 0 | 1 | 2 | 3 | 4 | 5 |

***Athletic Ability Reference***

|  |
| --- |
| C\_ATH\_ABIL. How do you rate your athletic ability, compared to others of the same age and sex?  |
| 1Much lower | 2Somewhat lower | 3About the same level | 4Somewhat higher | 5Much higher |

***Activity Rules:***  Remember, think about the PAST YEAR.

Reference: The ActiveWhere? Questionnaire (rev 7/06/05). http://sallis.ucsd.edu/measures.html

|  |
| --- |
| Does your parent or guardian have the following rules, whether they remind you often or not? Please circle an answer for each rule.(1) (0) |
| C\_PA\_RULES\_1. Stay close to or within sight of your home/parent | Yes | No |
| C\_PA\_RULES\_2. Come in before dark | Yes | No |
| C\_PA\_RULES\_3. Do not go places alone | Yes | No |
| C\_PA\_RULES\_4. Stay in the neighborhood | Yes | No |
| C\_PA\_RULES\_5. Do not ride bike on street | Yes | No |
| C\_PA\_RULES\_6. Carry a cell phone or 2-way radio | Yes | No |
| C\_PA\_RULES\_7. Do homework before going out | Yes | No |
| C\_PA\_RULES\_8. Watch out for cars | Yes | No |
| C\_PA\_RULES\_9. Check in frequently | Yes | No |
| C\_PA\_RULES\_10. Stay on paths, trails or sidewalk | Yes | No |
| C\_PA\_RULES\_11. Do not cross busy streets | Yes | No |
| C\_PA\_RULES\_12. Wear hat and/or sunscreen in summer | Yes | No |
| C\_PA\_RULES\_13. Do not fight with other kids | Yes | No |
| C\_PA\_RULES\_14. Do not disrespect others (particularly adults) | Yes | No |

 ***Walking and Biking:***  Remember, think about the PAST YEAR.

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

|  |
| --- |
| How often do you usually **walk or bike** to/from the following? |
|  | Never | Once a month or less | Once every other week | Once a week | 2 or 3 times per week | 4 or more times per week  |
| C\_WLKBK\_1.  | Indoor recreation or exercise facility (public or private; YMCA, Boys & Girls Club, dance, martial arts) | 0 | 1 | 2 | 3 | 4 | 5 |
| C\_WLKBK\_2.  | Friend’s or relative’s house | 0 | 1 | 2 | 3 | 4 | 5 |
| C\_WLKBK\_3.  | Outdoor recreation place (park, sports field, open space, creek) | 0 | 1 | 2 | 3 | 4 | 5 |
| C\_WLKBK\_4.  | Food store or restaurant/cafe | 0 | 1 | 2 | 3 | 4 | 5 |
| C\_WLKBK\_5.  | Other retail stores (e.g., music, clothes) | 0 | 1 | 2 | 3 | 4 | 5 |
| C\_WLKBK\_6.  | Non-school social or educational activities (e.g., church group, band) | 0 | 1 | 2 | 3 | 4 | 5 |
| C\_WLKBK\_7.  | Public transportation stop (bus, train, light rail) | 0 | 1 | 2 | 3 | 4 | 5 |
| C\_WLKBK\_8.  | Work (check if not applicable □ ) [Enter -777] | 0 | 1 | 2 | 3 | 4 | 5 |
| C\_WLKBK\_9.  | Other: (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 0 | 1 | 2 | 3 | 4 | 5 |
| C\_WLKBK\_10.  | How often do you *skateboard* to go places? | 0 | 1 | 2 | 3 | 4 | 5 |

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| ***Dog Ownership*** Reference: Bauman, A., Russell, S.J., Furber, S.E, and Dobson A.J. (2001). The epidemiology of dog walking: an unmet need for human and canine health. Medical Journal of Australia, 175, 632-634. |
|  C\_DOG. Do you have a dog at home? 1. Yes 0. No *If no, skip to next section. [Enter -777 for C\_WLKDOG\_DAYS and C\_PLYDOG\_DAYS].* |
|  C\_WLKDOG\_DAYS. If you answered yes, how many days did you walk your dog last week?  |
|  0 days | 1 day | 2 days | 3 days | 4 days | 5 days | 6 days | 7days |
|  |
| C\_PLYDOG\_DAYS. If you answered yes, how many daysdid you play outside with your dog last week (not including walking)? |
|  0 days | 1 day | 2 days | 3 days | 4 days | 5 days | 6 days | 7days |

***Barriers to Activity in Your Neighborhood***

Reference: The ActiveWhere? Questionnaire (rev 7/06/05). http://sallis.ucsd.edu/measures.html

|  |
| --- |
| It’s difficult for me to be active in the local park or streets/neighborhood near our home because… |
|  | Strongly disagree | Somewhat disagree | Somewhat agree | Strongly agree |
| C\_NEI\_BAR\_1.  | There is no choice of activities | 1 | 2 | 3 | 4 |
| C\_NEI\_BAR\_2.  | There is no equipment (basketball hoop, etc.) | 1 | 2 | 3 | 4 |
| C\_NEI\_BAR\_3.  | There is no adult supervision | 1 | 2 | 3 | 4 |
| C\_NEI\_BAR\_4.  | There are no other teens there | 1 | 2 | 3 | 4 |
| C\_NEI\_BAR\_5.  | It is not safe because of crime (strangers, gangs, drugs) | 1 | 2 | 3 | 4 |
| C\_NEI\_BAR\_6.  | It is not safe because of traffic | 1 | 2 | 3 | 4 |
| C\_NEI\_BAR\_7.  | It does not have good lighting | 1 | 2 | 3 | 4 |
| C\_NEI\_BAR\_8.  | I have been a victim of crime in my neighborhood | 1 | 2 | 3 | 4 |
| C\_NEI\_BAR\_9.  | Someone I know has been a victim of crime in my neighborhood | 1 | 2 | 3 | 4 |

 ***Work***

 C\_WORK. Do you do regular paid or volunteer work (outside of your home)? 1. Yes 0. No

 *If no, skip to next section. [Enter -777 for C\_WORK\_DAYS, C\_WORK\_HRS, C\_WORK\_PA & C\_WORK\_SIT]*

 C\_WORK\_DAYS*.* If yes, (a) On how many days per week? \_\_\_\_\_\_ days per week

 AND C\_WORK\_HRS for how many total hours per week? \_\_\_\_\_\_\_ hours per week

 C\_WORK\_PA. Does your job involve physical activity? 1. Yes 0. No

 C\_WORK\_SIT. How many hours per week do you spend sitting at your work? \_\_\_\_\_\_ hours per week

***Confidence in Reducing Sedentary Time***

*Reference:* Norman, G.J., Sallis, J.F., and Gaskins, R. (2005). Comparability and reliability of paper- and computer-based measures of psychosocial constructs for adolescent physical activity and sedentary behaviors. Research Quarterly for Exercise and Sport, 76, 315-323.

|  |
| --- |
| There are many situations where you can reduce the amount of time that you spend on sedentary habits. HOW SURE are you that you can do the following in each situation? Please answer ALL questions. |
|  |  | I’m sureI can’t |  |  |  | I’m sureI can |
| C\_SED\_CON\_1.  | Turn off the TV even when there is a program on you enjoy | 1 | 2 | 3 | 4 | 5 |
| C\_SED\_CON\_2.  | Limit your online computer time (e.g., emailing, browsing) to 1 hour per day | 1 | 2 | 3 | 4 | 5 |
| C\_SED\_CON\_3.  | Leave the room where the TV is on, even if others are watching it | 1 | 2 | 3 | 4 | 5 |
| C\_SED\_CON\_4.  | Plan ahead of time what TV shows you will watch during the week | 1 | 2 | 3 | 4 | 5 |
| C\_SED\_CON\_5.  | Instead of just sitting listening to music, listen while you are being active (e.g., walking or dancing) | 1 | 2 | 3 | 4 | 5 |
| C\_SED\_CON\_6.  | Set limits on how long you plan to talk on the telephone or text message with friends | 1 | 2 | 3 | 4 | 5 |
| C\_SED\_CON\_7.  | Limit TV, video and computer games to only 2 hours per day | 1 | 2 | 3 | 4 | 5 |

***Enjoyment of Sedentary Time***

*Reference:* Norman, G.J., Sallis, J.F., and Gaskins, R. (2005). Comparability and reliability of paper- and computer-based measures of

psychosocial constructs for adolescent physical activity and sedentary behaviors. Research Quarterly for Exercise and Sport, 76, 315-323.

C\_SED\_ENJ\_1. I enjoy doing sedentary activities like watching TV or playing computer/video games.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1Strongly Disagree | 2Somewhat Disagree | 3Neutral | 4Somewhat Agree | 5Strongly Agree |

***Decisions about Sedentary Time***

*Reference:* Norman, G.J., Sallis, J.F., and Gaskins, R. (2005). Comparability and reliability of paper- and computer-based measures of

psychosocial constructs for adolescent physical activity and sedentary behaviors. Research Quarterly for Exercise and Sport, 76, 315-323.

|  |
| --- |
| Please circle the answer that best applies to you when deciding whether or not to do sedentary activities. |
|  |  | Strongly disagree | Somewhat disagree | Somewhat agree | Strongly agree |
| C\_SED\_DEC\_1.  | I think TV and computer/video games are boring. | 1 | 2 | 3 | 4 |
| C\_SED\_DEC\_2.  | I enjoy playing computer/video games for many hours at a time. | 1 | 2 | 3 | 4 |
| C\_SED\_DEC\_3.  | Watching TV takes time away from doing other, more important things. | 1 | 2 | 3 | 4 |
| C\_SED\_DEC\_4.  | I would feel lazy and sluggish if I sat and watched TV for many hours. | 1 | 2 | 3 | 4 |
| C\_SED\_DEC\_5.  | Watching TV or playing computer/video games is my way to escape from the world. | 1 | 2 | 3 | 4 |
| C\_SED\_DEC\_6.  | I feel good about myself when I do well at my favorite computer/video games. | 1 | 2 | 3 | 4 |
| C\_SED\_DEC\_7.  | I see too many commercials when I watch a lot of TV. | 1 | 2 | 3 | 4 |
| C\_SED\_DEC\_8.  | My parents would be pleased if I spent less time playing computer/video games. | 1 | 2 | 3 | 4 |
| C\_SED\_DEC\_9.  | Playing computer/video games sometimes hurts my eyes and gives me a headache. | 1 | 2 | 3 | 4 |
|  C\_SED\_DEC\_10.  | Watching TV is one of my favorite forms of entertainment. | 1 | 2 | 3 | 4 |
| C\_SED\_DEC\_11.  | I find sitting and watching TV very relaxing. | 1 | 2 | 3 | 4 |
|  C\_SED\_DEC\_12. | My friends would be disappointed if I tried to spend less time chatting with them (e.g., talking on the phone, emailing, texting). | 1 | 2 | 3 | 4 |

 ***Sedentary Time with Others***

|  |
| --- |
| During a typical week, how often do you sit and watch TV or play electronic games (do not include time in exercise games like Wii or Dance Dance Revolution) with… |
|  | Never | 1-2 days | 3-4 days | 5-6 days | Every day |
| C\_SED\_SS\_1.  | Brothers/sisters (if no brothers or sisters, circle ‘Never’) | 0 | 1 | 2 | 3 | 4 |
| C\_SED\_SS\_2. | A parent/ guardian/ caregiver | 0 | 1 | 2 | 3 | 4 |
| C\_SED\_SS\_3.  | Friends | 0 | 1 | 2 | 3 | 4 |

***Sedentary Time Rules***

*Reference*: Salmon, J, Timperio, A., Telford, A., Carver, A., & Crawford, D. (2005). Association of Family Environment with Children’s Television Viewing and with Low Level of Physical Activity. Obesity Research, 13 (11), 1939-1951.

|  |
| --- |
| Does your parent or guardian have the following rules, whether they remind you often or not? (1) (0) |
| C\_SED\_RULES\_1.  | No TV/DVD/computer before homework | Yes | No |
| C\_SED\_RULES\_2. | Less than 2 hours TV/DVD/computer per day | Yes | No |
| C\_SED\_RULES\_3.  | No internet use without permission | Yes | No |