

**ADOLESCENT ACTIVITY, HEALTH, AND
WELL-BEING SURVEY**

ADOLESCENT SURVEY

Thank you for agreeing to participate in the study and your willingness to share your thoughts and feelings with me. I would like to find out what activities you participate in during the weekdays and weekends. Please read every question carefully and answer the questions to the best of your knowledge. There is no right or wrong answers. Your answers will be kept confidential and your responses will not be shared with other people.

General Information about yourself....

Age: _____

Grade: _____

Gender (please circle): Male Female

Height: _____ Weight: _____

Race (you can circle one or more):

1. White
2. Black or African American
3. Asian
4. Latino
5. American Indian
6. Other _____ (specify)

Parent's marital status

Biological Mother:

Place an "X" in the box.

Single, never married	
Married to my biological father	
Separated from my biological father	
Divorced from my biological father, but not remarried	
Remarried	
_____ Other status (please specify)	

Parent's marital status continued:

Biological Father:

Place an "X" in the box.

Single, never married	
Married to my biological mother	
Separated from my biological mother	
Divorced from my biological mother, but not remarried	
Remarried	
_____ Other status (please specify)	

Parent's Education

Mother's Education: Please indicate highest level achieved.

Place an "X" in the box.

Mother did not graduate from high school	
Mother has high school diploma or GED	
Mother graduated with a two-year degree (Associate)	
Mother graduated with a four-year degree (BA/BS)	
Mother has an advanced degree (Master's, PhD., Doctor, Lawyer)	
_____ Other (please specify)	

Father's Education: Please indicate highest level achieved.

Place an "X" in the box.

Father did not graduate from high school	
Father has high school diploma or GED	
Father graduated with a two-year degree (Associate)	
Father graduated with a four-year degree (BA/BS)	
Father has an advanced degree (Master's, PhD., Doctor, Lawyer)	
_____ Other (please specify)	

As best you can, please explain who you live with. For example, who do you live with and how are they related to you, if at all? (i.e. mother, father, 2 brothers; or mother, step-father, and 2 brothers).

What kind of physical activities have you engaged in over the last 7 days?

1. First, did you engage in any of these activities last week - Day, evening, or night?
(Yes or No).
2. If YES, tell me how many days you participated in this activity over the last week.
3. How long on average did you spend doing this activity each time? (your best guess is okay.)

	NO	YES	1-2 days	3-4 days	5-6 days	Everyday	For how long each time?
Soccer							
Basketball							
Baseball/Softball							
Football							
Volleyball							
Ice hockey							
Tennis							
Bicycling							
Swimming							
Skipping							
Rowing/canoeing							
In-line skating							
Tag							
Dance							
Badminton							
Skateboarding							

Previous question continued...

1. First, did you engage in any of these activities last week - Day, evening, or night?
(Yes or No).
2. If YES, tell me how many days you participated in this activity over the last week.
3. How long on average did you spend doing this activity each time? (your best guess is okay.)

	NO	YES	1-2 days	3-4 days	5-6 days	Everyday	For how long each time?
Stretching Exercises (e.g yoga,pilates)							
Push-ups, Sit-ups							
Weight Lifting							
Floor Hockey							
Ice Skating							
Cross-country skiing							
Exercise videos/games (e.g. Wii, PX90)							
PE classes in school							
Other activities you did that are not listed above. Please list: _____							

1. Compared to others of the same sex (gender), how active are you?				
Much more active 1	Somewhat more active 2	About as active 3	Somewhat less active 4	Much less active 5

2. Compared to others of similar age, how active are you?				
Much more active 1	Somewhat more active 2	About as active 3	Somewhat less active 4	Much less active 5

3. Were you sick last week, or did anything else prevent you from doing your normal activities?

Yes.....

No.....

If yes, what prevented you? _____

This is another set of activities we do on a day to day basis.

1. First, did you engage in each of these activities last week - Day, evening, or night? (Yes or No).
2. If YES, tell me how many days you participated in this activity over the last week.
3. How long on average did you spend doing this activity each time? (your best guess is okay.)

	NO	YES	1-2 days	3-4 days	5-6 days	Everyday	For how long each time?
Watch television, dvds, or videos							
Play computer games or video games							
Use the internet, mail, social networking sites for things other than schoolwork							
Sit to do homework							
Sit and listen to music (ipod, radio, CD, mp3, etc.							
Sit and talk on the phone or texting							
Sit and hang out with friends or family							
Read a book or magazine that is NOT for school							
Do hobbies (music, art, crafts, etc.)							
Go to movies							
Attend clubs (chess, math, etc.)							
Ride or drive a car when you could have walked							

1. How often you see other people walking or jogging for exercise in your neighborhood.				
Never	Rarely	Sometimes	Often	Always
1	2	3	4	5

2. How often you see other people using open spaces in your neighborhood for playing games like soccer, kickball, or football?				
Never	Rarely	Sometimes	Often	Always
1	2	3	4	5

3. How often you see other people using formal recreational space like fitness centers, an outdoor track, tennis or basketball courts?				
Never	Rarely	Sometimes	Often	Always
1	2	3	4	5

For the next set of questions, think about the area around your home which is within walking distance or within a short drive (10-15 minutes) of your home.

1. For walking in your neighborhood, would you say your sidewalks are...	
Very well maintained	
Somewhat maintained	
Not very well maintained	
Not at all maintained	
I do not have any sidewalks	

2. For walking in your neighborhood, would you say motorized traffic is...	
A big problem	
Somewhat of a problem	
Not very much of a problem	
Not at all a problem	
I don't know if traffic is a problem	

1. Please indicate with a Yes or No which outdoor facilities your school has.
2. Then indicate on how many days you used each of the facilities in the past week. Do NOT include times when you are involved with team sports or PE.

	No	Yes	None	1-3 days	4-6 days	Everyday
Track for walking, jogging, running						
Outdoor Pool						
Outdoor Volleyball court						
Outdoor Basketball court						
Outdoor Tennis court						
Baseball or softball field						
Soccer or football field						
Outdoor athletic or playground equipment						
Parking lot or blacktop areas						

1. In general, would you say your athletic fields at school are....

Extremely well maintained	
Well maintained	
They are ok	
They are in poor condition	
They are extremely poor condition	

2. In general, your indoor courts and recreational areas at school are...

Extremely well maintained	
Well maintained	
They are ok	
They are in poor condition	
They are extremely poor condition	

1. Now think about your classmates and their level of participation in school sports.

On average, your classmates are....

Extremely involved with school sports	
Involved a little more than normal	
Involved about normal	
Involved only a little	
Not involved in school sports	

2. Please think about your classmates and their level of participation in PE.

On average, your classmates are....

Extremely active in PE	
Moderately active in PE	
Neutral	
A little active in PE	
Not at all active in PE	

3. Now think about your teachers and others who work at your school. How often do you see them being active (for example, walking or exercising in the community; being active in the school's facilities either before school, during breaks, or after school).

I see them being active....

Never	
1-2 times per week	
3-4 times per week	
5-6 times per week	
Everyday	

The next question is about your mother or female guardian's activities. If you do not have a mother or adult female living with you, please skip to the next page.

Think about your mother or female guardian's activities. How many times a week does she participate in the following?					
	Never	1-2 days	3-4 days	5-6 days	Everyday
Walk to exercise					
Bicycling					
Jogging or running					
Strength training/weight lifting					
Aerobics/fitness classes					
Stretching exercises, yoga					
Swimming					
Competitive sports (e.g. soccer, basketball, softball)					
Other: _____ _____ _____					

The next question is about your father or male guardian's activities. If you do not have a father or adult male living with you, please skip to the next question.

Think about your father or male guardian's activities. How many times a week does he participate in the following?					
	Never	1-2 days	3-4 days	5-6 days	Everyday
Walk to exercise					
Bicycling					
Jogging or running					
Strength training/weight lifting					
Aerobics/fitness classes					
Stretching exercises, yoga					
Swimming					
Competitive sports (e.g. soccer, basketball, softball)					
Other: _____ _____ _____					

This is another set of activities your parents may do on a day to day basis.

1. First, did EITHER of them engage in each of these activities last week - Day, evening, or night? (Yes or No).
2. If YES, tell me how many days they participated in this activity over the last week.
3. How long on average did they spend doing this activity each time? (your best guess is okay.)

	NO	YES	1-2 days	3-4 days	4-6 days	Everyday	For how long each time?
Watch television, dvds, or videos							
Play computer games or video games							
Use the internet, mail, social networking sites for things other than schoolwork							
Sit to do homework							
Sit and listen to music (ipod, radio, CD, mp3, etc.							
Sit and talk on the phone or texting							
Sit and hang out with friends or family							
Read a book or magazine that is NOT for work							
Do hobbies (music, art, crafts, etc.)							
Go to movies							
Attend clubs (chess, math, etc.)							
Ride or drive a car when they could have walked							

Please think about your parents and their involvement with your activities....

If you do not have a mother or female adult in your household, skip to the next question.					
During a typical week, how often has your mother or female guardian.....					
	Never	Rarely	Sometimes	Often	Always
Watched you participate in sports.					
Encouraged you to be physically active.					
Encouraged you to play sports.					
Played sports with you.					
Encouraged you to be less inactive. (for example, told you to "go do something")					

If you do not have a father or male adult in your household, skip to the next question.					
During a typical week, how often has your father or male guardian.....					
	Never	Rarely	Sometimes	Often	Always
Watched you participate in sports.					
Encouraged you to be physically active.					
Encouraged you to play sports.					
Played sports with you.					
Encouraged you to be less inactive. (for example, told you to "go do something")					

If you do not have a mother or adult female in your household, skip to then next question.

My mother or female guardian thinks I should be physically active.				
Disagree a lot	Disagree	Neutral	Agree	Agree a lot
1	2	3	4	5

If you do not have a father or adult male in your household, skip to then next question.

My father or male guardian thinks I should be physically active.				
Disagree a lot	Disagree	Neutral	Agree	Agree a lot
1	2	3	4	5

Now think about some of the rules in your household....

1. In a typical week, my parents or other adult allow me to watch as much TV as I want.				
Never	Rarely	Sometimes	Often	Always
1	2	3	4	5

2. In a typical week, my parents or other adult allow me to play video games or computer games as much as I want.				
Never	Rarely	Sometimes	Often	Always
1	2	3	4	5

3. My parents encourage me to play inside because of safety concerns for example, traffic, crime, or lack of supervision.				
Never	Rarely	Sometimes	Often	Always
1	2	3	4	5

4. My parents have put limits on the amount of time I can spend in sports or outside playing.				
Never	Rarely	Sometimes	Often	Always
1	2	3	4	5

In the past year, how often has a parent or guardian.....					
	Never	Rarely	Sometimes	Often	Always
Paid fees so that you could participate in on a sports team.					
Paid fees so you could take lessons related to sports					
Purchased equipment or supplies related to sports.					
Transported or arranged for carpool so you could go somewhere to play sports.					

In the past year, how often has a parent or guardian purchased (or given you money) for the following items for you?					
	Never	Once	2-3 times	4-5 times	6 times or more
Handheld video games					
Video games for use on t.v. or computer					

Now think about your feelings and attitudes toward being active.....Check appropriate response.

	Disagree a lot	Disagree	Neutral	Agree	Agree a lot
I can be physically active during my free time on most days.					
I can ask my parent or other adult to do physically active things with me.					
I can ask my parent or other adult to sign me up for a sport or other physical activity.					
I can ask my parent or other adult to take me to a physical activity or sport practice.					
I can be physically active during my free time on most days even if it is very hot or cold outside.					
I can ask my best friend to be physically active with me during my free time on most days.					
I can be physically active during my free time on most days even if I have to stay at home.					
I have the coordination I need to be physically active during my free time on most days.					
I can be physically active during my free time on most days no matter how busy my day is.					

For the next set of questions, place an X in the box for your answer.					
When I am in PE class...					
	Dislike a lot	Dislike a little	Neutral	Enjoy a little	Enjoy a lot
Learning new skills is something that I					
Changing clothes is something that I					
Working out with other students is something that I					
Doing different types of physical activities is something that I					
Getting warmed up and breaking a sweat is something that I					
Being with other students in class is something that I					
Getting a break from other classes is something that I					
Being in the gym or on the playing field is something that I					
Showering after class is something that I					
Learning about physical fitness is something that I					
Being with the PE teacher is something that I					
Getting some exercise is something that I					

For the next set of questions, check appropriate response.					
When I am physically active....					
	Strongly Disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
I enjoy it.					
I feel bored.					
I dislike it.					
I find it pleasurable.					
It's no fun at all.					
It gives me energy.					
It makes me depressed.					

For the next set of questions, check appropriate response.					
When I am physically active....					
	Strongly Disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
It's very pleasant.					
My body feels good.					
I get something out of it.					
It's very exciting.					
It frustrates me.					
It's not at all interesting.					
It gives me a strong feeling of success.					

Finally, we want to know a little about your health.....

The following items are about activities you might do during a typical day.			
Does your health now limit you in these activities? If so how much?			
	Yes, limited a lot	Yes, limited a little	No, not at all
Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports			
Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf			
Lifting or carrying groceries			
Climbing several flights of stairs			
Climbing one flight of stairs			
Bending, kneeling, or stooping			
Walking more than a mile			
Walking several blocks			
Walking one block			
Bathing or dressing yourself			

During the past 4 weeks, to what extent have you experienced the following			
	Yes, a lot	Yes, a little	No, not at all
Your physical health has interfered with your normal social activities with family friends, and neighbors.			
You have experienced bodily pain.			
Pain has interfered with school work or any jobs you may have.			

These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks...

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
1. Did you feel full of pep?					
2. Have you been a nervous person?					
3. Have you felt so down in the dumps that nothing could cheer you up?					
4. Have you felt calm and peaceful?					
5. Did you have a lot of energy?					
6. Have you felt downhearted and blue?					
7. Did you feel worn out?					
8. Have you been a happy person?					
9. Did you feel tired?					

Thank you very much for taking the time to complete this survey. If you have any questions, please feel free to contact the investigator, Jodi Canfield at 315-229-5874, or tell your PE instructor that you have a question regarding the survey and he/she can get you in contact with Jodi Canfield.

Thank you again!!