

Adolescent survey I

We need your help to make our study a success. Your honest answers to the items in this survey are very important to us. This will not take too long to complete.

Remember....

- we want to know what you think,
- there are no right or wrong answers, and
- everything you tell us will be kept strictly confidential (secret).
- try to answer all the questions

Please answer these questions thinking about the house and neighborhood that you live in the most.



A. Equipment Checklist

For the following non-portable electronic devices, please count the total number in your home that work, whether or not you use them. Please then tell us how many of these are in your bedroom (if any). Please write the number in the space provided under home and bedroom. If you do not have the device, write 0.

	a. Total number in home	b. Number in my bedroom
1. TVs	_____	_____
2. VCR or DVD player	_____	_____
3. digital TV recorders (like TiVo, ReplayTV, Sonic Blue)	_____	_____
4. music players (like radio, CD or tape players, stereo system)	_____	_____
5. desktop computer <u>with</u> internet access	_____	_____
6. desktop computer <u>without</u> internet access	_____	_____
7. video game player that hooks up to a TV (like Playstation, xbox)	_____	_____
8. telephone (non-cell phone)	_____	_____

Please tell us how many of the following portable electronic devices you have access to in your home (if any). Please write the total number in the space provided.

	Total number in home
9. music player (CD, MP3 player, iPod)	_____
10. hand held videogame player (like a game boy, sony psp etc)	_____
11. computer <u>with</u> internet access (like a laptop, PDA)	_____
12. computer <u>without</u> internet access	_____
13. cell phone	_____



B. Stores and Other Public Places in Your Neighborhood

About how long would it take you to walk from your home to the nearest stores or places listed below? Please circle the time it would take you to walk to each place, even if you don't normally go there.

Ex:	gas station	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
1	convenience/corner store/ small grocery store/bodega	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
2	supermarket	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
3	hardware store	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
4	fruit/vegetable market	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
5	laundry or dry cleaners	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
6	clothing store	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
7	post office	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
8	library	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
9	elementary school	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
10	middle or high school	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
11	book store	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
12	fast food restaurant	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
13	coffee place	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
14	bank/credit union	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
15	non-fast food restaurant	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
16	video store	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
17	pharmacy/drug store	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
18	hairdressers/barber shop	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
19	any offices/worksites	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
20	bus, subway or train stop	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know



C. Recreation Places in Your Neighborhood

About how long would it take you to walk from your home to the nearest recreation place listed below? Please circle the time it would take you to walk to each place, even if you don't normally go there.

1	indoor recreation or exercise facility (public or private)	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
2	beach, lake, river, or creek	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
3	bike/hiking/walking trails, paths	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
4	basketball court	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
5	other playing fields/courts (like soccer, football, softball, tennis, skate park etc.)	1-5 min	6-10 min	11-20 min	20-30 min	30+ min	don't know
6	YMCA	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
7	boys and girls club	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
8	swimming pool	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
9	walking / running track	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
10	school with recreation facilities <u>open to the public</u>	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
11	small public park	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
12	large public park	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
13	public playground with equipment	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
14	public open space (grass or sand/dirt) that is not a park	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know



D. Recreation places and sports facilities where you live



For the following questions please answer both parts.

-Please tell us how often you are active in the following places

-And, if you go there, please tell us if you usually walk or bike there (either alone or with someone)

Even if you are not active in the place (but might go there for other reasons) please tell us whether you walk or bike there. Please circle the answer that best applies to you.

	a. I am active here:				b. I usually walk or bike to or from here:	
	Never	Once a month or less	Once every other week	Once a week or more	Yes	No
1 indoor recreation or exercise facility (public or private)	0	1	2	3	Yes	No
2 beach, lake, river, or creek	0	1	2	3	Yes	No
3 bike/hiking/walking trails, paths	0	1	2	3	Yes	No
4 basketball court	0	1	2	3	Yes	No
5 other playing fields/courts (like football, softball, tennis)	0	1	2	3	Yes	No
6 YMCA	0	1	2	3	Yes	No
7 boys and girls club	0	1	2	3	Yes	No
8 swimming pool	0	1	2	3	Yes	No
9 walking / running track	0	1	2	3	Yes	No
10 school with recreation facilities <u>open to the public</u>	0	1	2	3	Yes	No
11 small public park	0	1	2	3	Yes	No
12 large public park	0	1	2	3	Yes	No
13 public playground with equipment	0	1	2	3	Yes	No
14 public open space (grass or sand/dirt) that is not a park	0	1	2	3	Yes	No
15 shopping mall, plaza	0	1	2	3	Yes	No
16 friend/relative's house	0	1	2	3	Yes	No
17 place I work ___ Check here and skip if you do not work	0	1	2	3	Yes	No

E. Barriers to walking and biking to the local park

Please circle the answer that best applies to you.

- | | | |
|---|-----|----|
| 1a. Are there parks within a 15-minute walk or bike from your home? | Yes | No |
| 1b. If yes, do you walk or bike to get there (alone or with someone)? | Yes | No |

Do you agree or disagree with the following statements:

It is difficult to walk or bike to the local park (alone or with someone) because...

	1 strongly disagree	2 somewhat disagree	3 somewhat agree	4 strongly agree
2. There are too many hills along the way	1	2	3	4
3. There are no sidewalks or bike lanes	1	2	3	4
4. The route is boring	1	2	3	4
5. The route does not have good lighting	1	2	3	4
6. There is too much traffic along the route	1	2	3	4
7. There is one or more dangerous crossings	1	2	3	4
8. I get too hot and sweaty	1	2	3	4
9. No other children walk or bike to this park	1	2	3	4
10. It's not considered cool to walk or bike	1	2	3	4
11. I have too much stuff to carry	1	2	3	4
12. It is easier for someone to drive me here on the way to something else	1	2	3	4
13. It involves too much planning ahead	1	2	3	4
14. It is unsafe because of crime (strangers, gangs, drugs)	1	2	3	4
15. I get bullied, teased, harassed	1	2	3	4
16. There is nowhere to leave a bike safely	1	2	3	4
17. There are stray dogs	1	2	3	4
18. It is too far	1	2	3	4

F. Barriers to walking and biking to shops and restaurants

Please circle the answer that best applies to you.

1a. Are there shops, restaurants, or food stores within a 15-minute walk or bike from your home? Yes No

1b. If yes, do you walk or bike there (alone or with someone)? Yes No

Do you agree or disagree with the following statements:

It is difficult to walk or bike to the local stores and restaurants (alone or with someone) because...

	1 strongly disagree	2 somewhat disagree	3 somewhat agree	4 strongly agree
2. There are too many hills along the way	1	2	3	4
3. There are no sidewalks or bike lanes	1	2	3	4
4. The route is boring	1	2	3	4
5. The route does not have good lighting	1	2	3	4
6. There is too much traffic along the route	1	2	3	4
7. There is one or more dangerous crossings	1	2	3	4
8. I get too hot and sweaty	1	2	3	4
9. Others do not walk or bike to this place	1	2	3	4
10. It's not considered cool to walk or bike	1	2	3	4
11. I have too much stuff to carry	1	2	3	4
12. It is easier for someone to drive me here on the way to something else	1	2	3	4
13. It involves too much planning ahead	1	2	3	4
14. It is unsafe because of crime (strangers, gangs, drugs)	1	2	3	4
15. I get bullied, teased, harassed	1	2	3	4
16. There is nowhere to leave a bike safely	1	2	3	4
17. There are stray dogs	1	2	3	4
18. It is too far	1	2	3	4

G. Barriers to activity in the local neighborhood

Please circle the answer that best applies to you. Do you agree or disagree with the following statements:

It is difficult to be active in the local park near our home because...

	1 strongly disagree	2 somewhat disagree	3 somewhat agree	4 strongly agree
1. There is not enough space to be active in	1	2	3	4
2. There is no choice of activities	1	2	3	4
3. There is no equipment	1	2	3	4
4. There is no adult supervision	1	2	3	4
5. There are no other teens there	1	2	3	4
6. It is not safe because of crime (strangers, gangs, drugs)	1	2	3	4
7. I get bullied, teased, harassed	1	2	3	4
8. It is not safe because it is close to a road	1	2	3	4
9. There are too many people there	1	2	3	4
10. It does not have good lighting	1	2	3	4
11. It is difficult to get to	1	2	3	4

Do you agree or disagree with the following statements:

It is difficult to be active in the local streets, alley ways, cul de sacs because...

	1 strongly disagree	2 somewhat disagree	3 somewhat agree	4 strongly agree
12. There is not enough space to be active in	1	2	3	4
13. There is no choice of activities	1	2	3	4
14. There is no equipment (like basketball hoops)	1	2	3	4
15. There is no adult supervision	1	2	3	4
16. There are no other teens there	1	2	3	4
17. It is not safe because of crime (strangers, gangs, drugs)	1	2	3	4
18. I get bullied, teased, harassed	1	2	3	4
19. It is not safe because it is close to a road	1	2	3	4
20. There are too many people there	1	2	3	4
21. It does not have good lighting	1	2	3	4



H. 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.

1. How common are separate or stand alone one family homes in your neighborhood?

There are:

1	2	3	4	5
None	A few	Some	A lot	All the residences are separate one family homes

2. How common are connected townhouses or rows of houses in your neighborhood?

There are:

1	2	3	4	5
None	A few	Some	A lot	All the residences are townhouses or row houses

3. How common are multiple family or duplex homes in your neighborhood?

There are:

1	2	3	4	5
None	A few	Some	A lot	All the residences are multiple family/duplex homes

4. How common are apartment or condo buildings in your neighborhood?

There are:

1	2	3	4	5
None	A few	Some	A lot	All the residences are in apartment or condo buildings



You're making great progress.....keep it up!



I. Access to services

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

1. Stores are within easy walking distance of my home.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

2. Parking is difficult in local shopping areas.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

3. There are many places to go (alone or with someone) within easy walking distance of my home.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

4. From my home, it is easy to walk to a transit stop (bus, subway, train), alone or with someone.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

5. The streets in my neighborhood are hilly, making my neighborhood difficult to walk in (alone or with someone).

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

6. There are major barriers to walking (alone or with someone) in my local area that make it hard to get from place to place (for example, freeways, railway lines, rivers).

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree



J. Streets in my neighborhood

Please circle the answer that best applies to you and your neighborhood.

1. The streets in my neighborhood do not have many cul-de-sacs (dead-end streets).

- | | | | |
|----------------------|----------------------|-------------------|-------------------|
| 1 | 2 | 3 | 4 |
| strongly
disagree | somewhat
disagree | somewhat
agree | strongly
agree |

2. The distance between intersections (where streets cross) in my neighborhood is usually short (100 yards or less; the length of a football field or less).

- | | | | |
|----------------------|----------------------|-------------------|-------------------|
| 1 | 2 | 3 | 4 |
| strongly
disagree | somewhat
disagree | somewhat
agree | strongly
agree |

3. There are many different routes for getting from place to place in my neighborhood (I don't have to go the same way every time).

- | | | | |
|----------------------|----------------------|-------------------|-------------------|
| 1 | 2 | 3 | 4 |
| strongly
disagree | somewhat
disagree | somewhat
agree | strongly
agree |



K. Places for walking

Please circle the answer that best applies to you and your neighborhood.

1. There are sidewalks on most of the streets in my neighborhood.

- | | | | |
|----------------------|----------------------|-------------------|-------------------|
| 1 | 2 | 3 | 4 |
| strongly
disagree | somewhat
disagree | somewhat
agree | strongly
agree |

2. Sidewalks are separated from the road/traffic in my neighborhood by parked cars.

- | | | | |
|----------------------|----------------------|-------------------|-------------------|
| 1 | 2 | 3 | 4 |
| strongly
disagree | somewhat
disagree | somewhat
agree | strongly
agree |

3. There is grass/dirt between the streets and the sidewalks in my neighborhood.

- | | | | |
|----------------------|----------------------|-------------------|-------------------|
| 1 | 2 | 3 | 4 |
| strongly
disagree | somewhat
disagree | somewhat
agree | strongly
agree |



L. Neighborhood surroundings

Please circle the answer that best applies to you and your neighborhood.

1. There are trees along the streets in my neighborhood.

- | | | | |
|-------------------|-------------------|----------------|----------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

2. There are many interesting things to look at while walking in my neighborhood.

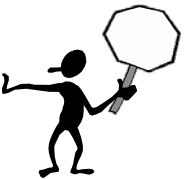
- | | | | |
|-------------------|-------------------|----------------|----------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

3. There are many beautiful natural things to look at in my neighborhood (e.g., gardens, views).

- | | | | |
|-------------------|-------------------|----------------|----------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

4. There are many buildings/homes in my neighborhood that are nice to look at.

- | | | | |
|-------------------|-------------------|----------------|----------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |



M. Neighborhood safety

Please circle the answer that best applies to you and your neighborhood.

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 disagree | somewhat disagree | somewhat agree | strongly agree |

2. The speed of traffic on most nearby streets is usually slow (30 mph or less).

- | | | | |
|-------------------|-------------------|----------------|----------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

3. Most drivers go faster than the posted speed limits in my neighborhood.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

4. My neighborhood streets have good lighting at night.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

5. Walkers and bikers on the streets in my neighborhood can be easily seen by people in their homes.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

6. There are crosswalks and signals to help walkers cross busy streets in my neighborhood.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

7. When walking in my neighborhood there are a lot of exhaust fumes.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

8. There is a high crime rate in my neighborhood.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

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

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

10. 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 disagree	somewhat disagree	somewhat agree	strongly agree

11. 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 disagree	somewhat disagree	somewhat agree	strongly agree

12. 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 disagree | somewhat disagree | somewhat agree | strongly agree |

13. 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 disagree | somewhat disagree | somewhat agree | strongly agree |

N. Weather

Please circle the answer that best applies to you and your neighborhood.

1. Bad weather (like rain, snow, or cold) often keeps me from being physically active outside.

- | | | | |
|-------------------|-------------------|----------------|----------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

2. Bad weather often keeps me from biking or walking places.

- | | | | |
|-------------------|-------------------|----------------|----------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

O. Local environment

How often are you active in the following places? Please circle the answer that best applies to you.

	Never	Once a month or Less	Once every other week	Once a week or more	
1. Inside my home	0	1	2	3	
2. In my yard	0	1	2	3	No yard
3. In my driveway	0	1	2	3	No driveway
4. At a neighbor's house, yard or driveway	0	1	2	3	
5. In a local street, cul de sac (dead end street), vacant lot	0	1	2	3	



P. Home environment

Please tell us if you have the following items in your home, yard, or apartment complex, and if you have them, how often you use each item.

		Not available	Available but never use	Use once a month or less	Use once every other week	Use once a week or more
1	bike	0	1	2	3	4
2	basketball hoop	0	1	2	3	4
3	jump rope	0	1	2	3	4
4	sports equipment (like balls, racquets, bats, sticks)	0	1	2	3	4
5	swimming pool	0	1	2	3	4
6	roller skates, skateboard, scooter	0	1	2	3	4
7	fixed play equipment (like swing set, play house, jungle gym)	0	1	2	3	4
8	home aerobic equipment (like treadmill, cycle, cross trainer, stepper, rower, workout video or audiotapes)	0	1	2	3	4
9	weight lifting equipment, toning devices (like free weights, pull up bars, exercise balls, ankle weights etc)	0	1	2	3	4
10	water or snow equipment (like skis, skates, canoe, row boat, kayak, surf board, boogie board, windsurf board)	0	1	2	3	4
11	yoga/exercise mats	0	1	2	3	4
12	exercise, play or rec room	0	1	2	3	4
13	trampoline	0	1	2	3	4
14	stairs	0	1	2	3	4



Q. Physical activity

Physical activity is any activity that increases your heart rate and makes you get out of breath 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.

Add up the times you spend in physical activity each day (do not include school physical education or gym class). Circle the answer that best applies to you.

1. For the past seven days, how many days were you physically active for a total of at least 60 minutes per day?

0 days 1 2 3 4 5 6 7

2. Over a typical or usual week on how many days are you physically active for a total of at least 60 minutes per day?

0 days 1 2 3 4 5 6 7

3. Not counting school PE classes, how many days per week do you play practice team sports?

0 days 1 2 3 4 5 or more

4. Not counting school PE classes, how many days per week do you have physical activity classes or lessons not in a team sport (like martial arts, dance, tennis)?

0 days 1 2 3 4 5 or more

5. How many days per week do you have gym or physical education (PE) class at school?

0 days 1 2 3 4 5 or more

6. On average, how long is each PE period? _____ minutes per class ___ don't know

7. Do you have a dog at home? Yes No

7a. If you answered yes, how much time did you spend walking your dog last week?

_____ hours _____ minutes

8. Do you have a family membership to a health club or gym? Yes No

9. Do you have a family membership to a public, private, or community pool? Yes No



R. Sedentary behavior

WEEK DAYS

Please tell us how much time on a usual WEEK DAY during the school year you do the following activities, when you are mostly sitting, and not moving around. Please think about the time from when you wake up until you go to bed. DO NOT include time during regular school hours. Please circle the best answer for you. If you do two things at once, just count the main activity.

1. Watching television/videos/DVDs	None	15 min	30 min	1 hour	2 hours	3 hours	4 hours or more
2. Playing computer or video games (like Nintendo or xbox)	None	15 min	30 min	1 hour	2 hours	3 hours	4 hours or more
3. Using the internet, emailing, or other electronic media for leisure	None	15 min	30 min	1 hour	2 hours	3 hours	4 hours or more
4. Doing homework (including reading, writing, or using the computer)	None	15 min	30 min	1 hour	2 hours	3 hours	4 hours or more
5. Sitting listening to music (on radio, CD, tape, MP3, iPod, etc.)	None	15 min	30 min	1 hour	2 hours	3 hours	4 hours or more
6. Sitting talking on the telephone or texting	None	15 min	30 min	1 hour	2 hours	3 hours	4 hours or more
7. Sitting/hanging out/talking with friends or family	None	15 min	30 min	1 hour	2 hours	3 hours	4 hours or more
8. Reading a book or magazine NOT for school (including comic books)	None	15 min	30 min	1 hour	2 hours	3 hours	4 hours or more
9. Doing inactive hobbies (music, art, crafts, clubs, going to movies etc)	None	15 min	30 min	1 hour	2 hours	3 hours	4 hours or more
10. Sitting at work (if you have a job) _____ I don't have job	None	15 min	30 min	1 hour	2 hours	3 hours	4 hours or more
11. Riding or driving in a car	None	15 min	30 min	1 hour	2 hours	3 hours	4 hours or more



Good Work! Keep it up. You are over half way!!!

WEEKENDS

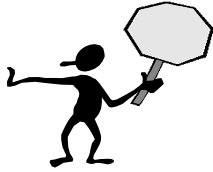
Please tell us how much time on a typical WEEKEND day you do the following activities, when you are mostly sitting, and not moving around. Please think about the time from when you wake up until you go to bed. Please circle the best answer for you. If you do two things at once, just count the main activity.

12. Watching television/videos/DVDs	None	15 min	30 min	1 hour	2 hours	3 hours	4 hours or more
13. Playing computer or video games (like Nintendo or xbox)	None	15 min	30 min	1 hour	2 hours	3 hours	4 hours or more
14. Using the internet, emailing, or other electronic media for leisure	None	15 min	30 min	1 hour	2 hours	3 hours	4 hours or more
15. Doing homework (including reading, writing, or using the computer)	None	15 min	30 min	1 hour	2 hours	3 hours	4 hours or more
16. Sitting listening to music (on radio, CD, tape, MP3, iPod, etc.)	None	15 min	30 min	1 hour	2 hours	3 hours	4 hours or more
17. Sitting talking on the telephone or texting	None	15 min	30 min	1 hour	2 hours	3 hours	4 hours or more
18. Sitting/hanging out/talking with friends or family	None	15 min	30 min	1 hour	2 hours	3 hours	4 hours or more
19. Reading a book or magazine NOT for school (including comic books)	None	15 min	30 min	1 hour	2 hours	3 hours	4 hours or more
20. Doing inactive hobbies (music, art, crafts, clubs, going to movies etc)	None	15 min	30 min	1 hour	2 hours	3 hours	4 hours or more
21. Sitting at work (if you have a job) _____ don't have job	None	15 min	30 min	1 hour	2 hours	3 hours	4 hours or more
22. Riding or driving in a car	None	15 min	30 min	1 hour	2 hours	3 hours	4 hours or more

23. Do you do paid or volunteer work? Yes No

12a. If yes, how many days per week do you work? _____

12b. How many hours per day do you usually work? _____



S. Rules

Rules for playing outside

Does your parent or guardian have the following rules for you, whether your parent or guardian tells you often or not? Please circle an answer for each rule.

1	Stay close to or within sight of the house/parent	Yes	No	Sometimes
2	Do not go into the street	Yes	No	Sometimes
3	Come in before dark	Yes	No	Sometimes
4	Do not fight or play rough games	Yes	No	Sometimes
5	Do not climb walls, trees or fences	Yes	No	Sometimes
6	Do not go places alone	Yes	No	Sometimes
7	Stay within the neighborhood	Yes	No	Sometimes
8	Do not ride bike on the street	Yes	No	Sometimes
9	Wear a bike helmet	Yes	No	Sometimes
10	Wear other protective clothing (like knee pads)	Yes	No	Sometimes
11	Do not cross busy streets	Yes	No	Sometimes
12	Carry a cell phone	Yes	No	Sometimes
13	Avoid strangers	Yes	No	Sometimes
14	Do homework before going out	Yes	No	Sometimes
15	Watch out for cars	Yes	No	Sometimes
16	Check in frequently	Yes	No	Sometimes
17	Stay on paths, trails or sidewalk	Yes	No	Sometimes
18	Wear hat and/or sunscreen in summer	Yes	No	Sometimes

Rules for TV and Related Behaviors

Does your parent or guardian have the following rules about you watching TV, DVDs, or videos, or playing computer games, whether your parent or guardian tells you often or not? Please circle an answer for each rule.

19	Not too much TV/DVDs	Yes	No	Sometimes
20	No TV/DVD before homework	Yes	No	Sometimes
21	No TV/DVD while doing homework	Yes	No	Sometimes
22	Less than 2 hours TV/DVD per day	Yes	No	Sometimes
23	No computer before homework	Yes	No	Sometimes
24	Only 1 hour computer per day	Yes	No	Sometimes
25	No internet without permission	Yes	No	Sometimes
26	No TV/computer unless exercised first	Yes	No	Sometimes

Rules for Eating

Does your parent or guardian have the following rules about your eating, whether your parent or guardian tells you often or not? Please circle an answer for each rule.

27	No second helpings at meals	Yes	No	Sometimes
28	Limited portion sizes at meals	Yes	No	Sometimes
29	No dessert until plate is cleaned	Yes	No	Sometimes
30	No desserts except fruit	Yes	No	Sometimes
31	No meals while watching TV/DVDs	Yes	No	Sometimes
32	No snacking while watching TV/DVDs	Yes	No	Sometimes
33	No sweet snacks	Yes	No	Sometimes
34	No fried snacks (such as potato chips)	Yes	No	Sometimes
35	Must help with meal preparation at home	Yes	No	Sometimes
36	Must help with clean-up after meals at home	Yes	No	Sometimes
37	Must eat dinner with family at home	Yes	No	Sometimes
38	Limited fast food	Yes	No	Sometimes



T. Food

1. In a typical day, how many servings of fruit do you eat? A serving is equal to:

- 1 medium piece of fresh fruit
- 1/2 cup of fruit salad
- 1/4 cup of raisins, apricots or other dried fruit
- 6 oz. of 100% orange, apple, or grapefruit juice

(Do not count fruit punch, lemonade, Gatorade, Sunny Delight or fruit drink)

None (0) 1 2 3 4 or more

2. In a typical day, how many servings of vegetables do you eat? A serving is equal to:

- 1 medium carrot or other fresh vegetable
- 1 small bowl of green salad
- 1/2 cup of fresh or cooked vegetables
- 3/4 cup of vegetable soup

(Do not count French fries, onion rings, potato chips, or fried okra)

None (0) 1 2 3 4 or more

How often are the following food items available in your home? Please circle one answer for each food.

3	chocolate candy	Never	Rarely	Sometimes	Frequently	Always
4	other candy	Never	Rarely	Sometimes	Frequently	Always
5	raw fruit (like apples, oranges)	Never	Rarely	Sometimes	Frequently	Always
6	cakes, brownies, muffins or cookies	Never	Rarely	Sometimes	Frequently	Always
7	regular chips	Never	Rarely	Sometimes	Frequently	Always
8	baked chips	Never	Rarely	Sometimes	Frequently	Always
9	raw vegetables (like carrots)	Never	Rarely	Sometimes	Frequently	Always
10	100% fruit juice	Never	Rarely	Sometimes	Frequently	Always
11	juice drinks (like Snapple, Sunny delight)	Never	Rarely	Sometimes	Frequently	Always
12	regular sodas with sugar	Never	Rarely	Sometimes	Frequently	Always
13	diet or sugar free sodas	Never	Rarely	Sometimes	Frequently	Always
14	sports drinks (like Gatorade)	Never	Rarely	Sometimes	Frequently	Always
15	whole or 2% milk	Never	Rarely	Sometimes	Frequently	Always
16	1%, fat-free or skim milk	Never	Rarely	Sometimes	Frequently	Always
17	sweetened breakfast cereal (Frootloops, frosted flakes)	Never	Rarely	Sometimes	Frequently	Always
18	unsweetened breakfast cereal (Cheerios, shredded wheat, Kix)	Never	Rarely	Sometimes	Frequently	Always



U. Physical activity & school

The following questions are about your school, what it is like, where it is and how you get there. Please circle the best answer for you and your school.

1. Do you go to school outside your home?

Yes No **(If no skip to section X)**

If yes, we would like to know how far away you live from your school:

a. What is the name of the school? _____

b. Where is the school (what's the address or what area is it in)? _____

In an average school week, how many days do you use the following modes of transportation to get to and from school? (for example: if you always ride the bus to and from school, you would circle a 5 next to "go by car or bus" in both columns)

2. DAYS PER WEEK TO SCHOOL:

a. Walk 0 1 2 3 4 5

b. Bicycle 0 1 2 3 4 5

c. Go by car or bus 0 1 2 3 4 5

3. DAYS PER WEEK FROM SCHOOL:

a. Walk 0 1 2 3 4 5

b. Bicycle 0 1 2 3 4 5

c. Go by car or bus 0 1 2 3 4 5

For the next few questions, tell us how much you agree or disagree with each statement. Please circle your answers.

	strongly disagree	somewhat disagree	somewhat agree	strongly agree
4. Other kids my age walk or bike to school by themselves	1	2	3	4
5. Other kids my age walk or bike to school with a parent or other adult	1	2	3	4
6. Other kids my age think walking or biking to school is "cool"	1	2	3	4
7. At my school the older kids think walking or biking to school is "cool"	1	2	3	4
8. I enjoy (or would enjoy) walking or biking to school	1	2	3	4
9. I enjoy (or would enjoy) walking or biking to school with friends	1	2	3	4
10. I enjoy (or would enjoy) walking or biking to school with a parent or other adult.	1	2	3	4

We would like to know more about your school environment. Please circle the answer that best applies to you and your school.

11. How often does your school have supervised physical activities after school?

never rarely sometimes frequently always don't know

12. How often does your school allow students to use play areas or fields after school?

never rarely sometimes frequently always don't know

13. How often does your school allow students to use play areas or fields after lunch?

never rarely sometimes frequently always don't know



Do you have any of these at your school? Circle all that apply.

14. basketball hoops Yes No Don't know

15. soccer goal posts Yes No Don't know

16. baseball backstop Yes No Don't know

17. playground markings Yes No Don't know

18. things to climb up Yes No Don't know

19. running/walking track Yes No Don't know

20. weight lifting machines Yes No Don't know

21. indoor exercise machines such as treadmills/stair climbers Yes No Don't know

Please circle the answer that best applies to your school.

22. In the past school year, have you had homework assignments trying to increase the amount of physical activity you do?

Yes No

23. In the past school year, have you had homework assignments trying to decrease the amount of TV you watch?

Yes No

V. Barriers to walking and biking to school

Please circle the answer that best applies to you.

1a. Is your school within a 30 minute walk or bike from your home? Yes No

1b. Do you walk or bike to school, either alone or with someone (at least once week)? Yes No

Do you agree or disagree with the following statements:

It is difficult to walk or bike to school (alone or with someone) because...

	1 strongly disagree	2 somewhat disagree	3 somewhat agree	4 strongly agree
2. There are too many hills along the way	1	2	3	4
3. There are no sidewalks or bike lanes	1	2	3	4
4. The route is boring	1	2	3	4
5. The route does not have good lighting	1	2	3	4
6. There is too much traffic along the route	1	2	3	4
7. There is one or more dangerous crossings	1	2	3	4
8. I get too hot and sweaty	1	2	3	4
9. Others do not walk or bike to school	1	2	3	4
10. It's not considered cool to walk or bike	1	2	3	4
11. I have too much stuff to carry	1	2	3	4
12. It is easier for someone to drive me here on the way to something else	1	2	3	4
13. It involves too much planning ahead	1	2	3	4
14. It is unsafe because of crime (strangers, gangs, drugs)	1	2	3	4
15. I get bullied, teased, harassed	1	2	3	4
16. There is nowhere to leave a bike safely	1	2	3	4
17. There are stray dogs	1	2	3	4
18. It is too far	1	2	3	4



W. Food & school

1. In the past school year, have you had homework assignments trying to improve your eating habits, such as eating more fruits and vegetables or drinking fewer sugary drinks? Yes No

2. How often does your school send home information about the nutritional content of the foods offered at school?

never rarely sometimes frequently always

3. Are there food vending machines at your school? Yes No

3a. If yes, how many days per week do you use them? 0 1 2 3 4 5

4. Are there food vending machines at your school that offer only "healthy" foods, including fruit? Yes No

4a. If yes, how many days per week do you use them? 0 1 2 3 4 5

5. Are there drink vending machines at your school? Yes No

5a. If yes, how many days per week do you use them? 0 1 2 3 4 5

6. Are there drink machines at your school that offer only "healthy" drinks, including water and 100% fruit juice? Yes No

6a. If yes, how many days per week do you use them? 0 1 2 3 4 5

7. Is there usually a salad bar at your school? Yes No

7a. If yes, how many days per week do you eat there? 0 1 2 3 4 5

8. Are there carts to buy food at school outside of the regular lunch line? Yes No

8a. If yes, how many days per week do you eat there? 0 1 2 3 4 5

9. Are name-brand fast foods served at your school (like Pizza Hut or Taco Bell)? Yes No

9a. If yes, how many days per week do you eat there? 0 1 2 3 4 5

10. Is there a student store at your school that sells food? Yes No

10a. If yes, how many days per week do you eat there? 0 1 2 3 4 5

11. Is it permitted for you to go off-campus during lunch time? Yes No
11a. How many days per week do you eat off-campus? 0 1 2 3 4 5

12. How often do clubs or other groups sell candy at school?
never rarely sometimes frequently always

13. How many days do you typically eat breakfast at school?
Number of days per week: 0 1 2 3 4 5

14. How many days do you typically get lunch in the cafeteria line?
Number of days per week: 0 1 2 3 4 5

15. How many days do you typically bring your lunch from home?
Number of days per week: 0 1 2 3 4 5

16. Is there a fruit and vegetable market within a 5-minute walk from your school?
Yes No Don't Know

17. Is there a convenience store/ corner shop /bodega within a 5-minute walk from your school?
Yes No Don't Know

18. Is there a fast food restaurant within a 5-minute walk from your school?
Yes No Don't Know

19. During a normal school week, how many days per week do you get lunch off campus at a fast food restaurant?
Number of days per week: 0 1 2 3 4 5

20. During a normal school week, how many days per week do you get lunch off campus at a convenience store?
Number of days per week: 0 1 2 3 4 5

X. General information

Please print clearly. Please give us your accurate address so you can receive your next survey and gift card.

1. Home address: _____
Street Apt/Suite

City

State Zip Code
2. How many days a week do you live at this address?
0 1 2 3 4 5 6 7
3. Nearest street intersection to home: _____ & _____
4. Phone number: _____
Area code Number
5. Email Address: _____
6. Age: _____
7. Please circle: Male Female
8. Do you consider yourself Hispanic or Latino? Yes No
9. Race (you can circle one or more):
1 White
2 Black or African American
3 Asian
4 Native Hawaiian or Pacific Islander
5 American Indian or Alaskan Native
6 Other _____
10. Height: ____ feet ____ inches
11. Weight: _____ pounds
12. Do you have a valid driver's license (not a permit)? Yes No
13. Do you have any medical or physical limitation which prevents you from walking?
Yes No
- What is today's date? ____ month ____ day ____ year

You're Finished!

Thank you for your time and effort!

Please mail this survey back to us.

Remember, the envelope should include 4 items:

- *Your survey*
- *Your parent's survey,*
- *Your signed assent form*
- *Your parent's signed consent form*



If you don't have the envelope we provided, mail to:

*The Active Where? Project
3900 5th Ave, Suite 310
San Diego, CA 92103*

Please feel free to give us a call if you have any questions.

Contact the *Active Where? Study*
Jacqueline Kerr, Ph.D.
(619) 260-1966

For Office Use Only

Date mailed _____	Date entered _____
Date received _____	By _____
ID Number _____	Date entered _____
	By _____