

California Healthy Kids Survey

■ Section E ■

This section contains more questions about physical activity, diet, and general health.

- E1. Which of the following are you trying to do about your weight?
- A) Lose weight
 - B) Gain weight
 - C) Stay the same weight
 - D) I am not trying to do anything about my weight

During the past **30 days**, did you do any of the following things to lose weight or to keep from gaining weight?

	No	Yes
E2. Exercise	A	B
E3. Eat less food, fewer calories, or foods low in fat	A	B
E4. Go without eating for 24 hours or more (also called fasting)	A	B
E5. Take any diet pills, powders, or liquids without a doctor's advice (Do not include meal replacement products, such as Slim Fast.)	A	B
E6. Vomit or take laxatives	A	B

- E7. How do **you** describe your weight?
- A) Very underweight
 - B) Slightly underweight
 - C) About the right weight
 - D) Slightly overweight
 - E) Very overweight

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E8. On an average school day, how many hours do you watch TV or play video games?

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|---|--------------------|
| A) I do not watch TV on an average school day | E) 3 hours |
| B) Less than 1 hour | F) 4 hours |
| C) 1 hour | G) 5 hours or more |
| D) 2 hours | |

E9. During the past **12 months**, on how many sports teams did you play? (Include school sponsored and any other sports teams.)

- A) 0 teams
- B) 1 team
- C) 2 teams
- D) 3 or more teams

E10. How often do you wear a seat belt when **riding in** a car driven by someone else?

- A) Never
- B) Rarely
- C) Sometimes
- D) Most of the time
- E) Always

E11. When you rode a bicycle during the past 12 months, how often did you wear a helmet?

- | | |
|---|-----------------------------------|
| A) I did not ride a bicycle during the past 12 months | D) Sometimes wore a helmet |
| B) Never wore a helmet | E) Most of the time wore a helmet |
| C) Rarely wore a helmet | F) Always wore a helmet |

E12. In an average **week**, on how many days do you have physical activity in your physical education class (P.E. or gym)?

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|-----------|-----------|
| A) 0 days | D) 3 days |
| B) 1 day | E) 4 days |
| C) 2 days | F) 5 days |

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- E13. During the past **12 months**, did you have a regular check up with a doctor when you were not sick or injured?
- A) No
 - B) Yes
- E14. During the past **12 months**, did you visit a dentist for an examination, teeth cleaning, or dental work?
- A) No
 - B) Yes
- E15. During the past **7 days**, how many days did you take a vitamin?
- A) 0 days
 - B) 1 to 2 days
 - C) 3 to 4 days
 - D) 5 to 6 days
 - E) Daily
- E16. In the past **12 months**, when you are **not exercising** have you ever had wheezing (a whistling sound in the chest), chest tightness, or trouble breathing?
- A) No
 - B) Yes
- E17. In the past **12 months**, when you do exercise, have you ever had wheezing (a whistling sound in the chest), chest tightness, or trouble breathing?
- A) No
 - B) Yes
- E18. In the past **12 months**, have you ever had a dry cough at night, even when you did not have a cold or flu?
- A) No
 - B) Yes
- E19. In the past **12 months**, have you been to a doctor or hospital for wheezing or trouble breathing?
- A) No
 - B) Yes

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