■ Module E ■

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

On how many of the past 7 days did you...

		Number of Days							
		0	1	2	3	4	5	6	7
E1.	Exercise or do a physical activity for at least 20 minutes that made you sweat and breathe hard? (For example, basketball, soccer, running, swimming laps, fast bicycling, fast dancing or similar aerobic activities.)	A	B	C	D	E	F	G	H
E2.	Participate in a physical activity for at least 30 minutes that did not make you sweat and breathe hard?(For example, fast walking, slow bicycling, shooting baskets, skating, raking leaves, or mopping floors.)	A	B	C	D	E	F	G	H
E3.	Do exercises to strengthen or tone your muscles? (For example, push-ups, sit-ups, or weight lifting.)	A	B	C	D	E	F	G	H

During the past 24 hours (yesterday), how many times did you...

		Number of Times					
		0	1	2	3	4	5 or more
E4.	Drink milk or eat yogurt? (In any form, including in cereal.)	A	B	C	D	E	F
E5.	Drink soda pop?	A	B	C	D	E	F
E6.	Drink 100% fruit juices, such as orange, apple or grape? (Do not count punch, Kool-Aid, sports drinks, and fruit-flavored drinks.)	A	B	C	D	E	F
E7.	Eat french fries, potato chips, or other fried potatoes?	A	B	C	D	E	F
E8.	Eat fruit? (Do not count fruit juice.)	A	B	C	D	E	F
E9.	Eat vegetables? (Include salads and nonfried potatoes.)	A	B	C	D	E	F

E10.	Has a doctor ever told you or your parent/guardian that you have asthma?
   A)	No
   B)	Yes
   C)	Don't know

E11.	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

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

		No	Yes
E12.	**Exercise**	A	B
E13.	**Eat less food, fewer calories, or foods low in fat**	A	B
E14.	**Go without eating for 24 hours or more (also called fasting)**	A	B
E15.	**Take any diet pills, powders, or liquids without a doctor's advice(Do not include meal replacement products, such as Slim Fast.)**	A	B
E16.	**Vomit or take laxatives**	A	B

E17. **How do you describe your weight?**

    A) Very underweight   **D)** Slightly overweight

    B) Slightly underweight   **E)** Very overweight

    C) About the right weight

E18. **On an average school day, how many hours do you watch TV or play video games?**

    A) I do not watch TV on an average school day   **D)** 2 hours

                                                      E) 3 hours

    B) Less than 1 hour   **F)** 4 hours

    C) 1 hour   **G)** 5 hours or more

E19. **During the past 12 months, on how many sports teams did you play? (Include school sponsored and any other sports teams.)**

    A) 0 teams   **C)** 2 teams

    B) 1 team   **D)** 3 or more teams

E20. **How often do you wear a seat belt when riding in a car driven by someone else?**

    A) Never   **D)** Most of the time

    B) Rarely   **E)** Always

    C) Sometimes

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E21. **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

   B) Never wore a helmet

   C) Rarely wore a helmet

   D) Sometimes wore a helmet

   E) Most of the time wore a helmet

   F) Always wore a helmet

E22. **In an average week, on how many days do you have physical activity in your physical education class (P.E. or gym)?**

   A) 0 days

   B) 1 day

   C) 2 days

   D) 3 days

   E) 4 days

   F) 5 days

E23. **During an average physical education (P.E.) class, how many minutes do you spend actually exercising or playing sports?**

   A) I do not take P.E.

   B) Less than 10 minutes

   C) 10 to 20 minutes

   D) 21 to 30 minutes

   E) More than 30 minutes

E24. **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

E25. **During the past 12 months, did you visit a dentist for an examination, teeth cleaning, or dental work?**

   A) No

   B) Yes

E26. **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

E27. **During the past 12 months, have you had an episode of asthma or an asthma attack?**

   A) No

   B) Yes

E28. **During the past 12 months, have you ever had a cough, chest tightness, trouble breathing, or wheezing that was so bad that you could not finish saying a sentence?**

   A) No

   B) Yes

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E29.   **During the past 12 months, have you been to the emergency room or stayed overnight in the hospital because of a cough, chest tightness, trouble breathing, or wheezing?**
   - A)   No
   - B)   Yes

E30.   **During the past 12 months, have you used a medicine (an inhaler, puffer, or a breathing machine) to treat a cough, chest tightness, trouble breathing, or wheezing?**
   - A)   No
   - B)   Yes

E31.   **During the past 30 days, about how many days each week have you had a cough, chest tightness, trouble breathing, or wheezing when you did not have a cold or flu?**
   - A)   Never
   - B)   2 days a week or less
   - C)   More than 2 days each week but not every day
   - D)   Every day

E32.   **During the past 30 days, about how many nights did you wake up because of a cough, chest tightness, trouble breathing, or wheezing when you did not have a cold or flu?**
   - A)   Never
   - B)   2 nights in the last 30 days or less
   - C)   3 or 4 nights in the last 30 days
   - D)   More than 4 nights in the last 30 days but not every night
   - E)   Every night or almost every night

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How tall are you without your shoes on?

Write your height in feet and inches in the answer-form boxes and fill in the bubbles with matching numbers.

For example:

If you are 4 feet 9 inches tall, you would answer the question as follows:

Feet	Inches
4	9

If you are 5 feet 0 inches tall, you would answer the question as follows:
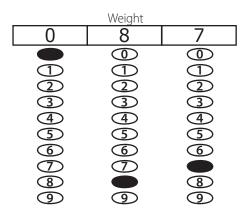
Feet	Inches
5	0

How much do you weigh without your shoes on?

Write your weight in the answer-form boxes and fill in the bubbles with matching numbers.

For example:

If you weigh 87 pounds, you would answer the question as follows:

Weight		
0	8	7

If you weigh 102 pounds, you would answer the question as follows:

Weight		
1	0	2