

## ■ 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 |
|     |   | A              | B | C | D | E | F | G | H |
| 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.) |                |   |   |   |   |   |   |   |
| 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 |
|      |  | A               | B | C | D | E | F         |
| 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 | 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           |
- 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 | D) 3 days |
| B) 1 day  | E) 4 days |
| C) 2 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.   | D) 21 to 30 minutes     |
| B) Less than 10 minutes | E) More than 30 minutes |
| C) 10 to 20 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      | D) 5 to 6 days |
| B) 1 to 2 days | E) Daily       |
| C) 3 to 4 days |                |
- 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                                  |
| <input type="radio"/> 2            | <input type="radio"/> 0            |
| <input type="radio"/> 3            | <input type="radio"/> 1            |
| <input checked="" type="radio"/> 4 | <input type="radio"/> 2            |
| <input type="radio"/> 5            | <input type="radio"/> 3            |
| <input type="radio"/> 6            | <input type="radio"/> 4            |
| <input type="radio"/> 7            | <input type="radio"/> 5            |
|                                    | <input type="radio"/> 6            |
|                                    | <input type="radio"/> 7            |
|                                    | <input type="radio"/> 8            |
|                                    | <input checked="" type="radio"/> 9 |
|                                    | <input type="radio"/> 10           |
|                                    | <input type="radio"/> 11           |

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

| Feet                               | Inches                             |
|------------------------------------|------------------------------------|
| 5                                  | 0                                  |
| <input type="radio"/> 2            | <input checked="" type="radio"/> 0 |
| <input type="radio"/> 3            | <input type="radio"/> 1            |
| <input type="radio"/> 4            | <input type="radio"/> 2            |
| <input checked="" type="radio"/> 5 | <input type="radio"/> 3            |
| <input type="radio"/> 6            | <input type="radio"/> 4            |
| <input type="radio"/> 7            | <input type="radio"/> 5            |
|                                    | <input type="radio"/> 6            |
|                                    | <input type="radio"/> 7            |
|                                    | <input type="radio"/> 8            |
|                                    | <input type="radio"/> 9            |
|                                    | <input type="radio"/> 10           |
|                                    | <input type="radio"/> 11           |

**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                                  |
| <input checked="" type="radio"/> 0 | <input type="radio"/> 0            | <input type="radio"/> 0            |
| <input type="radio"/> 1            | <input type="radio"/> 1            | <input type="radio"/> 1            |
| <input type="radio"/> 2            | <input type="radio"/> 2            | <input type="radio"/> 2            |
| <input type="radio"/> 3            | <input type="radio"/> 3            | <input type="radio"/> 3            |
| <input type="radio"/> 4            | <input type="radio"/> 4            | <input type="radio"/> 4            |
| <input type="radio"/> 5            | <input type="radio"/> 5            | <input type="radio"/> 5            |
| <input type="radio"/> 6            | <input type="radio"/> 6            | <input type="radio"/> 6            |
| <input type="radio"/> 7            | <input type="radio"/> 7            | <input checked="" type="radio"/> 7 |
| <input type="radio"/> 8            | <input checked="" type="radio"/> 8 | <input type="radio"/> 8            |
| <input type="radio"/> 9            | <input type="radio"/> 9            | <input type="radio"/> 9            |

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

| Weight                             |                                    |                                    |
|------------------------------------|------------------------------------|------------------------------------|
| 1                                  | 0                                  | 2                                  |
| <input type="radio"/> 0            | <input checked="" type="radio"/> 0 | <input type="radio"/> 0            |
| <input checked="" type="radio"/> 1 | <input type="radio"/> 1            | <input type="radio"/> 1            |
| <input type="radio"/> 2            | <input type="radio"/> 2            | <input checked="" type="radio"/> 2 |
| <input type="radio"/> 3            | <input type="radio"/> 3            | <input type="radio"/> 3            |
| <input type="radio"/> 4            | <input type="radio"/> 4            | <input type="radio"/> 4            |
| <input type="radio"/> 5            | <input type="radio"/> 5            | <input type="radio"/> 5            |
| <input type="radio"/> 6            | <input type="radio"/> 6            | <input type="radio"/> 6            |
| <input type="radio"/> 7            | <input type="radio"/> 7            | <input type="radio"/> 7            |
| <input type="radio"/> 8            | <input type="radio"/> 8            | <input type="radio"/> 8            |
| <input type="radio"/> 9            | <input type="radio"/> 9            | <input type="radio"/> 9            |