



# SJLIFE

## Health Habits Survey 11-17 Years of Age Self Report

**Control**

*Finding cures. Saving children.*

The questions in this booklet relate to:

**Name**

Person completing this questionnaire is:

**percomp text**

Your relationship:

**1**  Self **relation**

Today's date:

		/			/				
<b>m</b>	<b>m</b>		<b>d</b>	<b>d</b>		<b>y</b>	<b>y</b>	<b>y</b>	<b>y</b>

**datecomp**

**Our mailing address is:**

St. Jude Children's Research Hospital  
Department of Epidemiology  
Mail Stop 735  
262 Danny Thomas Place  
Memphis, TN 38105-3678

**Toll-free phone number:**

1-800-775-2167

**e-mail:**

SJLIFE@stjude.org

**SJLIFEID**

Please! Do not mark below this line

**MRN**

Survey #316

8185550439

05/03/2022 01:39:45 PM

**Sun Sensitivity**

**A1. How would you describe your natural skin color on parts of your body not exposed to the sun? *skinco***

- 1  Pale or milky white
- 2  Very light brown, sometimes freckles
- 3  Light tan, brown, or olive
- 4  Brown, dark brown, or black

**A2. What color are your eyes? *eyeco***

- 1  Blue
- 2  Blue-grey
- 3  Hazel
- 4  Green
- 5  Light brown
- 6  Dark brown/black
- 7  Mixed/other

**A3. What is your natural hair color? (*check only one*) *hairco***

- 1  Light blond
- 2  Blond
- 3  Light brown
- 4  Medium brown
- 5  Red-brown
- 6  Strawberry (reddish) blond
- 7  Red
- 8  Dark brown/black
- 9  Jet black

**Sunburn is a reddening of the skin that lasts at least 12 hours after you have been outdoors in the sun.**

**A4. Suppose that after several months of not being in the sun, you went out in the sun without a hat, sunscreen, or protective clothing for an hour. Would you . . . (*check only one*) *nohat***

- 1  Never tan, always burn
- 2  Sometimes tan, usually burn
- 3  Usually tan, sometimes burn
- 4  Always tan, rarely burn

**A5. How often have you had a severe, painful sunburn on each of these areas of the body?**

		1 Never	2 1-2 times	3 3-5 times	4 6+ times
Back and shoulders . . . . .	<i>brnbk</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower limbs . . . . .	<i>brnleg</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Face or arms . . . . .	<i>brnfac</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All over . . . . .	<i>brnall</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A6. Have you ever sunbathed or sat outside by the water? *eversn***

- 2  No → Go to Question A8.
- 1  Yes ↓

**A7. If yes, how many days in the last 12 months have you sunbathed or sat outside by the water? *daysun***

- 1  None
- 2  1-5 days
- 3  6-10 days
- 4  11 or more days

**A8. Have you ever used artificial tanning devices such as a sunlamp, or gone to a tanning booth? *fakesn***

- 2  No → Go to Question A10, next page.
- 1  Yes

**A9. If yes, how many days in the last 12 months have you used any artificial tanning devices such as a sunlamp, or gone to a tanning booth? *dyfsn***

- 1  None
- 2  1-5 days
- 3  6-10 days
- 4  11 or more days

**A10. When you were outside last summer for more than 15 minutes, how often did you protect yourself from the sun by . . .**

Applying a sunscreen with a sun protection factor (SPF) of 15 or more on all sun exposed skin areas. . . . **spf**

Wearing protective clothing such as long-sleeved shirts and long pants. . . . **prtect**

Wearing a hat. . . . **hat**

Limiting exposure to the sun during the mid-day hours. . . . **limit**

Staying in the shade. . . . **shade**

	1 Never	2 Rarely	3 Sometimes	4 Often	5 Always
Applying a sunscreen with a sun protection factor (SPF) of 15 or more on all sun exposed skin areas. . . . <b>spf</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wearing protective clothing such as long-sleeved shirts and long pants. . . . <b>prtect</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wearing a hat. . . . <b>hat</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limiting exposure to the sun during the mid-day hours. . . . <b>limit</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staying in the shade. . . . <b>shade</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Smoking**

**B1. Have you smoked cigarettes in the last month? **cigmo****

- 2  No
- 1  Yes

**B2. Have you used smokeless tobacco in the last month? **tobmo****

- 2  No
- 1  Yes

**B3. Have you smoked at least 100 cigarettes in your entire life? **evsm****

- 2  No **→ Go to Question B6.**
- 1  Yes **↓**

**B4. How old were you when you started smoking?**

		Years
--	--	-------

**smstr**

**B5. Do you smoke cigarettes now? **smnow****

- 2  No
- 1  Yes

**B6. In the past year, have you ever used any of these tobacco products? **(Mark all that apply)****

	1 Never used	2 No longer use	3 Occasionally use	4 Regularly use
Chewing tobacco . . . . . <b>chew</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snuff tobacco. . . . . <b>snuff</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pipes. . . . . <b>pipe</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cigars. . . . . <b>cigar</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-Cigarettes. . . . . <b>ecig</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next questions ask about electronic “vaping” products, such as JUUL, Vuse, MarkTen, and blu. Electronic vaping products include e-cigarettes, vapes, vape pens, e-cigars, ehookahs, hookah pens, and mods. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.

**B6a. Have you ever used an electronic vaping product, even just one time in your entire life?**

- 2  No **→ Go to Question B7 on page 5.** **vaping**
- 1  Yes
- 3  Don't know/Not sure

**B6b. How old were you when you first used an electronic vaping product? **vaping\_age****

		Years
--	--	-------

**B6c. Do you use electronic vaping products now? **vaping\_now****

- 2  No
- 1  Yes

**B6d. What types of mist have you inhaled when you use an electronic vaping product (select all that apply)? **vaping\_inhal****

- Nicotine **vaping\_inhale\_nicotine**
- Marijuana or hash oil **vaping\_inhale\_marijuana**
- Just Flavoring **vaping\_inhale\_flavor**
- Other **vaping\_inhale\_other**
- Don't know **vaping\_inhale\_dontknow**

Please! Do not mark below this line

**B6e. When you use an electronic vaping product, what mist do you use most often?** `vaping_mist`

- 1  Nicotine
- 2  Marijuana or hash oil
- 3  Just Flavoring
- 4  Other
- 5  Don't know

**B6f. During the past 30 days, on how many days did you use an electronic vaping product?** `vaping_30days`

- 0  0 days
- 1  1 or 2 days
- 2  3 to 5 days
- 3  6 to 9 days
- 4  10 to 19 days
- 5  20 to 29 days
- 6  All 30 days

**B6g. On the days that you vaped, how many times did you usually pick up your electronic vaping product to vape?** `vaping_times`

- 0  0
- 1  1
- 2  2
- 3  3-5
- 4  6-9
- 5  10-14
- 6  15-20
- 7  >20 times per day

**B6h. Each time you picked up your electronic vaping product to vape, how many puffs did you usually take before putting it away?** `vaping_puffs`

- 0  0
- 1  1
- 2  2
- 3  3-5
- 4  6-9
- 5  10-14
- 6  15-20
- 7  >20 puffs

**B6i. During the past 30 days, how did you usually get your own electronic vaping products? (Select only one response.)** `vaping_get`

- 1  I did not use any electronic vapor products during the past 30 days
- 2  I bought them in a store such as a convenience store, supermarket, discount store, gas station, or vape store
- 3  I got them on the Internet
- 4  I gave someone else money to buy them for me
- 5  I borrowed them from someone else
- 6  A person who can legally buy these products gave them to me
- 7  I took them from a store or another person
- 8  I got them some other way

---

Please! Do not mark below this line

**Drug Use**

**B7. During your life, how many times have you used...**

	0 Never	1 1 - 2 times	2 3 - 9 times	3 10 - 19 times	4 20 - 39 times	5 40 - 99 times	6 100 or more times
Marijuana/Hashish/Cannabis . . . . . <i>pot</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine/Crack/Freebase . . . . . <i>crack</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine/Speed/ Ice/Crystal Meth/Ecstasy . . . . . <i>speed</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sniffing glue/breathing aerosol spray cans/inhaling paints . . . . . <i>inhale</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin/Smack/Junk/White China . . . . . <i>heroin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallucinogenic Drugs/ LSD/acid/PCP/angel dust/mescaline/mushrooms . . . . . <i>halluc</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B8. During your life, how many times have you used without a doctor's prescription. . . . .**

	0 Never	1 1 - 2 times	2 3 - 9 times	3 10 - 19 times	4 20 - 39 times	5 40 - 99 times	6 100 or more times
Steroid Pills or Shots . . . . . <i>steroid</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription Drugs (OxyContin/Percocet/Vicodin/ Codeine/Adderall/Ritalin/ Xanax) . . . . . <i>rxdrug</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B9. During the past 30 days, how many times did you use...**

	0 Never	1 1 - 2 times	2 3 - 9 times	3 10 - 19 times	4 20 - 39 times	5 40 or more
Marijuana/Hashish/Cannabis . . . . . <i>pot30</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine/Crack/Freebase . . . . . <i>crk30</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine/Speed/ Ice/Crystal Meth/Ecstasy . . . . . <i>spd30</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sniffing glue/breathing aerosol spray cans/inhaling paints . . . . . <i>inh30</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin/Smack/Junk/White China . . . . . <i>her30</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallucinogenic Drugs/ LSD/acid/PCP/angel dust/mescaline/mushrooms . . . . . <i>hal30</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B10. During the past 30 days, how many times did you use without a doctor's prescription...**

	0 Never	1 1 - 2 times	2 3 - 9 times	3 10 - 19 times	4 20 - 39 times	5 40 or more
Steroid Pills or Shots . . . . . <i>strd30</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription Drugs (OxyContin/Percocet/Vicodin/ Codeine/Adderall/Ritalin/ Xanax) . . . . . <i>rxdrug30</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please! Do not mark below this line

**B11. How old were you when you tried \_\_\_\_\_ for the first time?**

Never tried

Age at first use

- 1  Marijuana/Hashish/Cannabis ..... **pota**
- Cocaine/Crack/Freebase ..... **crka**
- Methamphetamine/Speed/Ice/Crystal Meth/Ecstasy ..... **spda**
- Sniffing glue/breathing aerosol spray cans/inhaling paints ..... **inha**
- Heroin/Smack/Junk/White China ..... **hera**
- Hallucinogenic Drugs/ LSD/acid/PCP/angel dust/mescaline/mushrooms. .... **hala**

**B12. How old were you when you tried \_\_\_\_\_ for the first time without a doctor's prescription?**

Never tried

Age at first use

- 1  Steroid Pills or Shots ..... **strda**
- Prescription Drugs (OxyContin/Percocet/Vicodin/Codeine/Adderall/Ritalin/Xanax) ..... **rxdrga**

**Alcohol**

**B13. In your entire life, have you ever had at least 2 drinks of any kind of alcoholic beverage? **evdrk****

2  No **→ Go to Question B16, next page.**

1  Yes **↓**

**B14. How old were you when you first started drinking alcohol? **agdrk****

Years

**B15. During the last 12 months, what is the largest number of drinks you had on any single day? Was it... **mostdrk****

- 8  24+ drinks
- 7  12-23 drinks
- 6  8-11 drinks
- 5  5-7 drinks
- 4  4 drinks
- 3  3 drinks
- 2  2 drinks
- 1  1 drink
- 0  0 drinks

**Continue on next page.**

## Body Weight

**B16. Are you now trying to lose weight?** loswt

2  No

1  Yes **→ Go to Question B18.**

3  Don't know / Not sure

**B17. Are you now trying to maintain your current weight, that is, to keep from gaining weight?** maiwt

2  No **→ Go to Question B20.**

1  Yes

3  Don't know / Not sure **→ Go to Question B20.**

**B18. Are you eating either fewer calories or less fat to lose weight?** kcalwt

4  No

1  Yes, fewer calories

2  Yes, less fat

3  Yes, fewer calories and less fat

5  Don't know / Not sure

**B19. Are you using physical activity or exercise to lose weight or keep from gaining weight?** phyactwt

2  No

1  Yes

3  Don't know / Not sure

**B20. In the past 12 months, has a doctor, nurse or other health professional given you advice about your weight?** mdwt

4  No

1  Yes, lose weight

2  Yes, gain weight

3  Yes, maintain current weight

5  Don't know / Not sure

## Physical Activity

**B21. During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.** play60

1  0 days

2  1 day

3  2 days

4  3 days

5  4 days

6  5 days

7  6 days

8  7 days

**B22. Now think about the time you spend doing different types of physical activity in a typical week. First think about the time you spend doing work. Work is the things that you have to do such as paid or unpaid work, household chores, and yard work. Does your work involve vigorous-intensity activity that causes large increases in breathing or heart rate like carrying or lifting heavy loads, digging or construction work for at least 10 minutes continuously?** wkvpa10

2  No **→ Go to Question B25, next page.**

1  Yes

**B23. In a typical week, on how many days do you do vigorous-intensity activities as part of your work? Vigorous-intensity activity causes large increases in breathing or heart rate and is done for at least 10 minutes continuously.** wkvpadays

2  1 day

3  2 days

4  3 days

5  4 days

6  5 days

7  6 days

8  7 days

B24. How much time do you spend doing vigorous-intensity activities at work on a typical day?

<input type="text"/>	<input type="text"/>	hours	<input type="text"/>	<input type="text"/>	minutes
wkvpahrs			wkvpamin		

B25. Does your work involve moderate-intensity activity that causes small increases in breathing or heart rate such as brisk walking or carrying light loads for at least 10 minutes continually? **wkmpa10**

2  No **→ Go to Question B28.**

1  Yes

B26. In a typical week, on how many days do you do moderate-intensity activities as part of your work? **wkmpadays**

2  1 day

3  2 days

4  3 days

5  4 days

6  5 days

7  6 days

8  7 days

B27. How much time do you spend doing moderate-intensity activities at work on a typical day?

<input type="text"/>	<input type="text"/>	hours	<input type="text"/>	<input type="text"/>	minutes
wkmpahrs			wkmpamin		

B28. The next questions exclude the physical activities at work that you have already mentioned and ask about the usual way you travel to and from school, for shopping, or to work. In a typical week do you walk or use a bicycle for at least 10 minutes continuously to get to and from places? **walk10**

2  No **→ Go to Question B31.**

1  Yes

B29. In a typical week, on how many days do you walk or bicycle for at least 10 minutes continuously to get to and from places? **walkdays**

2  1 day

3  2 days

4  3 days

5  4 days

6  5 days

7  6 days

8  7 days

B30. How much time do you spend walking or bicycling for travel on a typical day? Think about a typical day when you walk or bicycle for travel.

<input type="text"/>	<input type="text"/>	hours	<input type="text"/>	<input type="text"/>	minutes
walkhrs			walkmin		

B31. The next questions exclude the work and transport activities that you already mentioned and ask about sports, fitness, and recreational activities. In a typical week do you do any vigorous-intensity sports, fitness, or recreational activities that cause large increases in breathing or heart rate such as running or basketball for at least 10 minutes continuously? **recvpa10**

2  No **→ Go to Question B34, next page.**

1  Yes

B32. In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational activities? Vigorous-intensity activity causes large increases in breathing or heart rate and is done for at least 10 minutes continuously. **recvpadays**

2  1 day

3  2 days

4  3 days

5  4 days

6  5 days

7  6 days

8  7 days



B33. How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?

hours

recvpahrs

minutes

recvpamin

B34. In a typical week do you do any moderate-intensity sports, fitness, or recreational activities that cause a small increase in breathing or heart rate such as brisk walking, bicycling, swimming, or volleyball for at least 10 minutes continuously? **recmpa10**

2  No [→ Go to Question B37.](#)

1  Yes

B35. In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational activities? Moderate-intensity sports, fitness or recreational activities cause small increases in breathing or heart rate and is done for least 10 minutes continuously. **recmpadays**

2  1 day

3  2 days

4  3 days

5  4 days

6  5 days

7  6 days

8  7 days

B36. How much time do you spend doing moderate-intensity sports, fitness or recreational activities on a typical day?

hours

recmpahrs

minutes

recmpamin

B37. The following question is about sitting at school, at home, getting to and from places, or with friends including time spent sitting at a desk, traveling in a car or bus, reading, playing cards, watching television, or using a computer. Do not include time spent sleeping. How much time do you usually spend sitting on a typical day?

hours

sithrs

minutes

sitmin

B38. Over the past 30 days, on average how many hours per day did you sit and watch TV or videos? Would you say... **tvhrs**

0  Less than 1 hour

1  1 hour

2  2 hours

3  3 hours

4  4 hours

5  5 hours or more

6  Don't watch TV or videos

B39. Over the past 30 days, on average how many hours per day do you use a computer or play computer games outside of school? Include Playstation, Nintendo DS, or other portable video games. Would you say... **gamehrs**

0  Less than 1 hour

1  1 hour

2  2 hours

3  3 hours

4  4 hours

5  5 hours or more

6  Don't use a computer outside of work or school

B40. For the next questions, think about the types of sports or physical activities you may have done during the past 7 days. Please do not include things you did during the school day like PE or gym class. Did you do any physical activities during the past 7 days? **pa7**

2  No [→ Go to Question B42 next page.](#)

1  Yes

B41. What physical activities did you do during the past 7 days? Don't include activities you did during gym or PE. Did you do any other physical activities? For example, baseball, running, or swimming.

pa7spe text

**B42.** During the past 7 days, on how many days did you play active video games such as Wii Sports, Wii Fit, Xbox 360, Xbox Kinect, Playstation 3, or Dance, Dance Revolution? **actvgdays**

- 1  0 days → Go to Question B44.
- 2  1 day
- 3  2 days
- 4  3 days
- 5  4 days
- 6  5 days
- 7  6 days
- 8  7 days

**B43.** On average, how long did you play these active video games?

<table border="1" style="display: inline-table; width: 30px; height: 30px;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>			hours	<table border="1" style="display: inline-table; width: 30px; height: 30px;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>			minutes
<b>actvghrs</b>		<b>actvgmin</b>					

**B44.** In this question you can include activities done in school. On how many of the past 7 days did you exercise or participate in physical activity for at least 20 minutes that made you sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar activities? **pa20days**

- 1  0 days
- 2  1 day
- 3  2 days
- 4  3 days
- 5  4 days
- 6  5 days
- 7  6 days
- 8  7 days

**B45.** On how many of the past 7 days did you do exercise to strengthen or tone your muscles, such as push-ups, sit-ups, or weight lifting? **patone**

- 1  0 days
- 2  1 day
- 3  2 days
- 4  3 days
- 5  4 days
- 6  5 days
- 7  6 days
- 8  7 days

**B46.** The next questions ask about activities during the school year. If you are not currently in school, think about your activities when you were last in school. Are students at your school allowed to use school facilities during lunch or during a free or elective period, such as the gymnasium, tennis courts, weight room, or track, during school time? **facilyn**

- 2  No → Go to Question B48.
- 1  Yes

**B47.** Do you use school facilities for physical activities during school time? **faciluse**

- 2  No
- 1  Yes

**B48.** Do you have PE or gym during school days? **peyn**

- 2  No → Go to Question B51, next page.
- 1  Yes

**B49.** How often do you have PE or gym? **pedays**

- 1  1 day a week
- 2  2 days a week
- 3  3 days a week
- 4  4 days a week
- 5  Every day

B50. On average, how long is the PE or gym class? **pemin**

- 1  Less than 30 minutes
- 2  30-45 minutes
- 3  More than 45 minutes

B51. The following are activities that may be done before, during, or after school other than during PE or gym class. If you are not currently in school, think about your activities when you were last in school. Do you participate in school sports or physical activity clubs? **schsprt**

- 2  No → Go to Question B53.
- 1  Yes

B52. In what school sports or physical activity clubs do you participate?

**schsprtsp**    **text**

**Daily Activity**

B53. Because of any impairment or health problems, do you need the help of other persons with personal care needs, such as eating, bathing, dressing, or getting around your home? **help**

- 2  No
- 1  Yes

*If yes, specify the impairment or health problem.*

**help\_reason**    **text**

B54. Because of any impairment or health problems, do you need the help of other persons in handling routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? **chore**

- 2  No
- 1  Yes

*If yes, specify the impairment or health problem.*

**chore\_reason**    **text**

B55. Does any impairment or health problem keep you from holding a job or attending school? **nojob**

- 2  No
- 1  Yes

*If yes, specify the impairment or health problem.*

**nojob\_reason**    **text**

B56. Do you currently have a driver's license? **drive**

- 2  No
- 1  Yes

**Continue on next page.**

Please indicate which statements best describe your own health today.  
(Check only one for each group)

**B57a. Mobility** **admob**

- 1  I have no problems in walking around
- 2  I have some problems walking around
- 3  I have a lot of problems walking around

**B57b. Taking care of myself** **adself**

- 1  I have no problems with taking a bath or shower by myself or getting dressed by myself
- 2  I have some problems taking a bath or shower by myself or getting dressed by myself
- 3  I have a lot of problems taking a bath or shower by myself or getting dressed by myself

**B57c. Doing usual activities (for example, going to school, hobbies, sports, playing, doing things with family or friends)** **adusual**

- 1  I have no problems doing my usual activities
- 2  I have some problems doing my usual activities
- 3  I have a lot of problems doing my usual activities

**B57d. Having pain or discomfort** **adpain**

- 1  I have no pain or discomfort
- 2  I have some pain or discomfort
- 3  I have a lot of pain or discomfort

**B57e. Feeling worried, sad, or unhappy** **adanx**

- 1  I am not worried, sad, or unhappy
- 2  I am a little worried, sad, or unhappy
- 3  I am very worried, sad, or unhappy

---

Please! Do not mark below this line