St. Jude Children's Research Hospital
ALSAC • Danny Thomas, Founder
Finding cures. Saving children.

SJLIFE

Health Habits Survey
11-17 Years of Age Self Report

The questions in this booklet relate to:

Person completing this questionnaire is:

Your relationship:

☐ Self

Today's date: ☐☐ / ☐☐ / ☐☐☐☐
m m d d y y y y

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Please! Do not mark below this line

Survey #225

3432549718

10/26/2016 08:37:19 AM

INSTRUCTIONS FOR COMPLETING THE QUESTIONNAIRE

Please follow these rules in completing this questionnaire. If you have any questions about completing this questionnaire, please call 1-800-775-2167.

1. Use a black ballpoint pen or a number 2 black pencil. Do not use a felt-tip or roller-ball pen. These may cause smudging. If you must erase answers, erase them completely.
2. When marking boxes, make an x inside the box (see examples below).
3. Make no stray marks of any kind. Please keep the form as clean as possible.
4. Written responses must stay within the boxes provided:

CORRECT

Grape

INCORRECT

MARKING EXAMPLES

Below are some examples of how to fill out this questionnaire. Please look these over before you begin.

Example 1

1. During the past month, did your child participate in any physical activities or exercises such as running, aerobics, golf, gardening, bicycling, swimming, wheelchair basketball, or walking for exercise?

☐ No ☒ Yes

Example 2

2. Has your child ever taken. . .

a. PILLS OR INSULIN FOR DIABETES such as Glucophage (metformin), Glucotrol (glipizide), Glynase (glyburide), Prandin, Amaryl, Avandia, Actos, or insulin injections (such as Humulin, Novolin, Lantus)----------

If yes, specify the name of the drug(s) or indicate you do not know the specific name

b. MEDICATIONS FOR ATTENTION OR MEMORY PROBLEMS such as Ritalin, Adderall, Concerta, Strattera, Aricept (donepezil), or Provigil (modafinil)----------

If yes, specify the name of the drug(s) or indicate you do not know the specific name

ritalin

	Not sure	Yes	No	If yes, age at first use
a.		☐	X	
b.		☒		10

Example 3

3. When was this condition diagnosed?

0	4	2	0	0	0

Month (mm) Year (yyyy)

Please! Do not mark below this line

Sun Sensitivity

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

- ☐ Pale or milky white
- ☐ Very light brown, sometimes freckles
- ☐ Light tan, brown, or olive
- ☐ Brown, dark brown, or black

A2. What color are your eyes?

- ☐ Blue
- ☐ Blue-grey
- ☐ Hazel
- ☐ Green
- ☐ Light brown
- ☐ Dark brown/black
- ☐ Mixed/other

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

- ☐ Light blond
- ☐ Blond
- ☐ Light brown
- ☐ Medium brown
- ☐ Red-brown
- ☐ Strawberry (reddish) blond
- ☐ Red
- ☐ Dark brown/black
- ☐ 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)*

- ☐ Never tan, always burn
- ☐ Sometimes tan, usually burn
- ☐ Usually tan, sometimes burn
- ☐ Always tan, rarely burn

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

	Never	1-2 times	3-5 times	6+ times
Back and shoulders	☐	☐	☐	☐
Lower limbs	☐	☐	☐	☐
Face or arms	☐	☐	☐	☐
All over	☐	☐	☐	☐

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

- ☐ No → ***Go to Question A8.***
- ☐ Yes

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

- ☐ None
- ☐ 1-5 days
- ☐ 6-10 days
- ☐ 11 or more days

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

- ☐ No → ***Go to Question A10, next page.***
- ☐ 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?

- ☐ None
- ☐ 1-5 days
- ☐ 6-10 days
- ☐ 11 or more days

Please! Do not mark below this line

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

	Never	Rarely	Sometimes	Often	Always
Applying a sunscreen with a sun protection factor (SPF) of 15 or more on all sun exposed skin areas.	☐	☐	☐	☐	☐
Wearing protective clothing such as long-sleeved shirts and long pants.	☐	☐	☐	☐	☐
Wearing a hat.	☐	☐	☐	☐	☐
Limiting exposure to the sun during the mid-day hours.	☐	☐	☐	☐	☐
Staying in the shade.	☐	☐	☐	☐	☐

Smoking

B1. Have you smoked cigarettes in the last month?

☐ No

☐ Yes

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

☐ No

☐ Yes

B3. How old were you when you started smoking?

☐☐ **Years**

B4. Do you smoke cigarettes now?

☐ No

☐ Yes

B5. In the past year, have you ever used any of these tobacco products? ***(Mark all that apply)***

	Never used	No longer use	Occasionally use	Regularly use
Chewing tobacco	☐	☐	☐	☐
Snuff tobacco.	☐	☐	☐	☐
Pipes.	☐	☐	☐	☐
Cigars.	☐	☐	☐	☐
E-Cigarettes.	☐	☐	☐	☐

Continue on next page.

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Drug Use

B6. During your life, how many times have you used…

	Never	1 - 2 times	3 - 9 times	10 - 19 times	20 - 39 times	40 - 99 times	100 or more times
Marijuana/Hashish/Cannabis	☐	☐	☐	☐	☐	☐	☐
Cocaine/Crack/Freebase	☐	☐	☐	☐	☐	☐	☐
Methamphetamine/Speed/ Ice/Crystal Meth/Ecstasy	☐	☐	☐	☐	☐	☐	☐
Sniffing glue/breathing aerosol spray cans/inhaling paints	☐	☐	☐	☐	☐	☐	☐
Heroin/Smack/Junk/White China	☐	☐	☐	☐	☐	☐	☐
Hallucinogenic Drugs/ LSD/acid/PCP/angel dust/mescaline/mushrooms	☐	☐	☐	☐	☐	☐	☐

B7. During your life, how many times have you used without a doctor's prescription.

	Never	1 - 2 times	3 - 9 times	10 - 19 times	20 - 39 times	40 - 99 times	100 or more times
Steroid Pills or Shots	☐	☐	☐	☐	☐	☐	☐
Prescription Drugs (OxyContin/Percocet/Vicodin/ Codeine/Adderall/Ritalin/ Xanax)	☐	☐	☐	☐	☐	☐	☐

B8. During the past 30 days, how many times did you use…

	Never	1 - 2 times	3 - 9 times	10 - 19 times	20 - 39 times	40 or more
Marijuana/Hashish/Cannabis	☐	☐	☐	☐	☐	☐
Cocaine/Crack/Freebase	☐	☐	☐	☐	☐	☐
Methamphetamine/Speed/ Ice/Crystal Meth/Ecstasy	☐	☐	☐	☐	☐	☐
Sniffing glue/breathing aerosol spray cans/inhaling paints	☐	☐	☐	☐	☐	☐
Heroin/Smack/Junk/White China	☐	☐	☐	☐	☐	☐
Hallucinogenic Drugs/ LSD/acid/PCP/angel dust/mescaline/mushrooms	☐	☐	☐	☐	☐	☐

B9. During the past 30 days, how many times did you use without a doctor's prescription...

	Never	1 - 2 times	3 - 9 times	10 - 19 times	20 - 39 times	40 or more
Steroid Pills or Shots	☐	☐	☐	☐	☐	☐
Prescription Drugs (OxyContin/Percocet/Vicodin/ Codeine/Adderall/Ritalin/ Xanax)	☐	☐	☐	☐	☐	☐

Please! Do not mark below this line

B10. How old were you when you tried _____ for the first time?

Never tried		Age at first use
☐	Marijuana/Hashish/Cannabis	
☐	Cocaine/Crack/Freebase	
☐	Methamphetamine/Speed/ Ice/Crystal Meth/Ecstasy	
☐	Sniffing glue/breathing aerosol spray cans/inhaling paints	
☐	Heroin/Smack/Junk/White China	
☐	Hallucinogenic Drugs/ LSD/acid/PCP/angel dust/mescaline/mushrooms.	

B11. How old were you when you tried _____ for the first time without a doctor's prescription?

Never tried		Age at first use
☐	Steroid Pills or Shots	
☐	Prescription Drugs (OxyContin/Percocet/Vicodin/ Codeine/Adderall/Ritalin/Xanax)	

Alcohol

B12. In your entire life, have you ever had at least 2 drinks of any kind of alcoholic beverage?

☐ No → *Go to Question B15, next page.*

☐ Yes

B13. How old were you when you first started drinking alcohol?

☐☐ **Years**

B14. During the last 12 months, what is the largest number of drinks you had on any single day? Was it. . .

☐ 24+ drinks

☐ 12-23 drinks

☐ 8-11 drinks

☐ 5-7 drinks

☐ 4 drinks

☐ 3 drinks

☐ 2 drinks

☐ 1 drink

☐ 0 drinks

Continue on next page.

Please! Do not mark below this line

Body Weight

B15. Are you now trying to lose weight?

- ☐ No
- ☐ Yes → *Go to Question B17.*
- ☐ Don't know / Not sure

B16. Are you now trying to maintain your current weight, that is, to keep from gaining weight?

- ☐ No → *Go to Question B19.*
- ☐ Yes
- ☐ Don't know / Not sure → *Go to Question B19.*

B17. Are you eating either fewer calories or less fat to lose weight?

- ☐ No
- ☐ Yes, fewer calories
- ☐ Yes, less fat
- ☐ Yes, fewer calories and less fat
- ☐ Don't know / Not sure

B18. Are you using physical activity or exercise to lose weight or keep from gaining weight?

- ☐ No
- ☐ Yes
- ☐ Don't know / Not sure

B19. In the past 12 months, has a doctor, nurse or other health professional given you advice about your weight?

- ☐ No
- ☐ Yes, lose weight
- ☐ Yes, gain weight
- ☐ Yes, maintain current weight
- ☐ Don't know / Not sure

Physical Activity

B20. 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.

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

B21. 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?

- ☐ No → *Go to Question B24, next page.*
- ☐ Yes

B22. 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.

- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days
- ☐ 6 days
- ☐ 7 days

Please! Do not mark below this line

B23. How much time do you spend doing vigorous-intensity activities at work on a typical day?

☐☐ hours ☐☐ minutes

B24. 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?

☐ No → *Go to Question B27.*

☐ Yes

B25. In a typical week, on how many days do you do moderate-intensity activities as part of your work?

☐ 1 day

☐ 2 days

☐ 3 days

☐ 4 days

☐ 5 days

☐ 6 days

☐ 7 days

B26. How much time do you spend doing moderate-intensity activities at work on a typical day?

☐☐ hours ☐☐ minutes

B27. 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?

☐ No → *Go to Question B30.*

☐ Yes

B28. 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?

☐ 1 day

☐ 2 days

☐ 3 days

☐ 4 days

☐ 5 days

☐ 6 days

☐ 7 days

B29. 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.

☐☐ hours ☐☐ minutes

B30. 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?

☐ No → *Go to Question B33, next page.*

☐ Yes

B31. 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.

☐ 1 day

☐ 2 days

☐ 3 days

☐ 4 days

☐ 5 days

☐ 6 days

☐ 7 days

Please! Do not mark below this line

B32. How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?

☐☐ hours ☐☐ minutes

B33. 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?

☐ No → *Go to Question B36.*

☐ Yes

B34. 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.

☐ 1 day

☐ 2 days

☐ 3 days

☐ 4 days

☐ 5 days

☐ 6 days

☐ 7 days

B35. How much time do you spend doing moderate-intensity sports, fitness or recreational activities on a typical day?

☐☐ hours ☐☐ minutes

B36. 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 ☐☐ minutes

B37. Over the past 30 days, on average how many hours per day did you sit and watch TV or videos? Would you say…

☐ Less than 1 hour

☐ 1 hour

☐ 2 hours

☐ 3 hours

☐ 4 hours

☐ 5 hours or more

☐ Don't watch TV or videos

B38. 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…

☐ Less than 1 hour

☐ 1 hour

☐ 2 hours

☐ 3 hours

☐ 4 hours

☐ 5 hours or more

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

B39. 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?

☐ No → *Go to Question B41, next page.*

☐ Yes

B40. 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.

Please! Do not mark below this line

B41. 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?

- ☐ 0 days → *Go to Question B43.*
- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days
- ☐ 6 days
- ☐ 7 days

B42. On average, how long did you play these active video games?

☐☐ **hours** ☐☐ **minutes**

B43. 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?

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

B44. 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?

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

B45. 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?

- ☐ No → *Go to Question B47.*
- ☐ Yes

B46. Do you use school facilities for physical activities during school time?

- ☐ No
- ☐ Yes

B47. Do you have PE or gym during school days?

- ☐ No → *Go to Question B50, next page.*
- ☐ Yes

B48. How often do you have PE or gym?

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

Please! Do not mark below this line

B49. On average, how long is the PE or gym class?

- ☐ Less than 30 minutes
- ☐ 30-45 minutes
- ☐ More than 45 minutes

B50. 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?

- ☐ No → *Go to Question B52.*
- ☐ Yes

B51. In what school sports or physical activity clubs do you participate?

Daily Activity

B52. 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?

- ☐ No
- ☐ Yes

B53. 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?

- ☐ No
- ☐ Yes

B54. Does any impairment or health problem keep you from holding a job or attending school?

- ☐ No
- ☐ Yes

B55. Do you currently have a driver's license?

- ☐ No
- ☐ Yes

Continue on next page.

Please! Do not mark below this line

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

B56a. Mobility

☐ I have no problems in walking around

☐ I have some problems walking around

☐ I have a lot of problems walking around

B56b. Taking care of myself

☐ I have no problems with taking a bath or shower by myself or getting dressed by myself

☐ I have some problems taking a bath or shower by myself or getting dressed by myself

☐ I have a lot of problems taking a bath or shower by myself or getting dressed by myself

B56c. Doing usual activities (for example, going to school, hobbies, sports, playing, doing things with family or friends

☐ I have no problems doing my usual activities

☐ I have some problems doing my usual activities

☐ I have a lot of problems doing my usual activities

B56d. Having pain or discomfort

☐ I have no pain or discomfort

☐ I have some pain or discomfort

☐ I have a lot of pain or discomfort

B56e. Feeling worried, sad, or unhappy

☐ I am not worried, sad, or unhappy

☐ I am a little worried, sad, or unhappy

☐ I am very worried, sad, or unhappy