

FLASHE – Annotated Teen Physical Activity Survey

Notes about this instrument:

- This annotated instrument is designed to provide question content, variable names, labels and response values. It does NOT represent the actual survey completed by respondents because skip patterns and other programming for web-based administration are not presented. For a full list of variables included in each dataset, as well as missing data codes, please reference the codebook. Screen shots of the surveys as administered are available upon request at: email nciflashe@mail.nih.gov
- The variable information in all capitals is the VARIABLE NAME. Following the variable name is the VARIABLE LABEL.
- Survey instrument is indicated by the starting letters of the variable name:
 - T = Teen Demographic survey
 - TD = Teen Diet survey
 - TP = Teen Physical Activity Survey
 - P = Parent Demographic Survey
 - PD = Parent Diet Survey
 - PP = Parent Physical Activity Survey
- Some variables were constructed to facilitate data analyses. These variables are indicated by variable names beginning with “X.” Some of these X variables can be found in this instrument and others can be found in the codebook.
- Federal Laws govern the protection of individual respondents participating in federally-sponsored studies and surveys. In order to ensure that FLASHE was in compliance with these regulations, a risk assessment study was conducted. Data that was determined to pose too great a risk of exposure for personal identifiable information to respondents were modified to ensure confidentiality. The types of changes made included:
 - Recoding some responses to combine response categories due to small cell sizes. Variable names that include “RC” have been recoded.
 - Removing some data from the public use dataset. These data are indicated with the statement “*Information not available on the public use dataset*”.

Section 1: Physical Activity

PHYSICAL ACTIVITY in this survey means any play, game, sport, exercise or transportation (like walking or biking to school) that gets you moving and breathing harder.

1. Please select how much you disagree or agree with each of the statements listed below.

	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
During a typical week...					
a. My friends play sports or are physically active with me TPSUPPRTPA: TP_SupportPA	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. My friends exercise most days of the week TPNORMPA: TP_NormPA	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

2. There are lots of things that might prevent people from exercising as much as they'd like to. Please select how much you disagree or agree with how true each of these reasons is for YOU.

	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
a. I don't like to sweat TPBPASWT: TP_BarrierPA_Sweat	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. I don't like to exercise TPBPANLIKE: TP_BarrierPA_NotLikeExercise	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. I don't want to mess up my hair TPBPAHAIR: TP_BarrierPA_MessUpHair	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. My family doesn't like to exercise TPBPAFNLK: TP_BarrierPA_FamilyNotLike	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. I'm not athletic TPBPANATHL: TP_BarrierPA_NotAthletic	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

3. Please think about being physically active on most days of the week. Then please select how much you disagree or agree with each of the statements listed below.

If I were to be physically active most days of the week it would...	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
a. Be fun TPAPAFUN: TP_AttitudePA_Fun	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Help me cope with stress TPAPASTRESS: TP_AttitudePA_CopeWithStress	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Help me make new friends TPAPAFRND: TP_AttitudePA_MakeNewFriends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Make me more good looking TPAPAGDLK: TP_AttitudePA_GoodLooking	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. Make me better in sports, dance or other activities TPAPASPORTS: TP_AttitudePA_BetterInSports	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

4. There are lots of reasons why people might exercise most days of the week. Please select how much you disagree or agree with how true each of these reasons is for YOU.

I would exercise most days of the week because...	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
a. I would feel bad about myself if I didn't TPMPABAD: TP_MotivationPA_FeelBadMyself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. I have thought about it and decided that I want to exercise TPMPAWANT: TP_MotivationPA_WantToExercise	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Others would be upset with me if I didn't TPMPAUPST: TP_MotivationPA_OthersUpset	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. It is an important thing for me to do TPMPAIMPT: TP_MotivationPA_ImportantToDo	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

5. Please select how much you disagree or agree with this statement:

	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
a. I feel confident in my ability to exercise regularly TPEFFPA: TP_EfficacyPA	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. I stay at a healthy weight TPHLTHYWT: TP_HealthyWeight	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. People tease me about my weight TPTEASEWT: TP_TeasedWeight	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

6. Please select how often the statements below describe how you feel.

	Never	Rarely	Sometimes	Often	Always
a. I feel left out TPLLEFTOUT: TP_Loneliness_LeftOut	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. I feel isolated from others TPLISOLATED: TP_Loneliness_Isolated	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

7. Are you currently in school?

- TPINSCHOOL: TP_InSchool
- 1 Yes
- 2 No

IF NO, RESPONDENT SKIPPED TO NON-SCHOOL QUESTIONS (QUESTION 11)

8. What is your current school level?

- TPSCHLLVL: TP_SchoolLevel
- 1 Elementary School
- 2 Middle School
- 3 High School

For the following questions, select the time in the boxes and please select either AM or PM.

9. What time does your school day typically start?

School start
TPSCHSTRTH: TP_SchoolStart_Hr
TPSCHSTRTM: TP_SchoolStart_Min
Hour: _____
Minute: _____

AM or PM: ____
TPSCHSTRT: TP_SchoolStart_AmPm
1 AM
2 PM

10. What time does your school day typically end?

School end
TPSCHENDH: TP_SchoolEnd_Hr
TPSCHENDM: TP_SchoolEnd_Min
Hour: _____
Minute: _____

AM or PM: ____
TPSCHEND: TP_SchoolEnd_AmPm
1 AM
2 PM

**IF QUESTION 8=1, RESPONDENT SKIPPED TO ELEMENTARY SCHOOL QUESTIONS (QUESTION 24)
IF QUESTION 8=2 OR 3, RESPONDENT SKIPPED TO MIDDLE/HIGHSCHOOL QUESTIONS (QUESTION 40)**

NONSCHOOL QUESTIONS

This section will ask you about the time you spend being active and the time you spend being sedentary last week.

PHYSICAL ACTIVITIES are things that involve a lot of walking, running or moving around. It includes biking and dancing as well as sports or outdoor play that involves a lot of moving around

11. Before we begin, please pick the response that best summarizes your level of physical activity LAST WEEK.

[TPTYPLWNS: TP_TypicalPA_LastWeek_NS](#)

- 1 I did not do physical activity in my free time
- 2 I sometimes (1-2 times last week) did physical activity in my free time
- 3 I often (3-4 times last week) did physical activity in my free time
- 4 I quite often (5-6 times last week) did physical activity in my free time
- 5 I very often (7 or more times last week) did physical activity in my free time

Most questions will ask you to think only about the LAST 7 DAYS, but a few questions will ask about what you typically do (during a normal week). THERE ARE NO RIGHT OR WRONG ANSWERS SO PROVIDE HONEST ANSWERS.

Weekday Activity Levels

These questions ask about your overall levels of physical activity during last week (Monday - Friday). This would include structured exercise or sport activities as well as activity playing with friends, dancing or doing work/chores. ANSWER THE QUESTIONS BASED ON YOUR PHYSICAL ACTIVITY IN THE LAST WEEK (Monday – Friday).

12. ACTIVITY TO A PLACE: How many days did you WALK OR BIKE TO a job, a friend's house, or to an event or activity? (If you can't remember, try to estimate.)

[TPTOPLCNS: TP_ToPlacePA_NS](#)

- 0 0 days
- 1 1 day
- 2 2 days
- 3 3 days
- 4 4 to 5 days

13. ACTIVITY FROM A PLACE: How many days did you WALK OR BIKE FROM a job, a friend's house, or from an event or activity? (If you can't remember, try to estimate.)

[TPFRMPLCNS: TP_FromPlacePA_NS](#)

- 0 0 days
- 1 1 day
- 2 2 days
- 3 3 days
- 4 4 to 5 days

14. MORNING ACTIVITY: How many days IN THE MORNING (6:00 - 12:00pm/Noon) did you do some form of physical activity for at least 10 minutes? This can include playing with your friends/family/ supper camps, team practices, or classes involving a physical activity, but NOT walking or biking to a job, a friend's house, or to an event or activity.

[TPMORNPA_NS: TP_MorningPA_NS](#)

- 0 0 days
- 1 1 day
- 2 2 days
- 3 3 days
- 4 4 to 5 days

15. ACTIVITY AFTER LUNCH: How many days IN THE AFTERNOON (between 12:00pm/Noon – 6:00 PM) did you do some form of physical activity for at least 10 minutes? This can include playing with your friends/family/ supper camps, team practices, or classes involving a physical activity, but NOT walking or biking to a job, a friend's house, or to an event or activity. [TPAFTRNPANS: TP_AfternoonPA_NS](#)
- 0 0 days
 1 1 day
 2 2 days
 3 3 days
 4 4 to 5 days
16. ACTIVITY IN THE EVENING: How many EVENINGS (6:00-10:00 pm) did you do some form of physical activity for at least 10 minutes? This can include playing with your friends/family/ supper camps, team practices, or classes involving a physical activity, but NOT walking or biking to a job, a friend's house, or to an event or activity. [TPEVEPANS: TP_EveningPA_NS](#)
- 0 0 days
 1 1 day
 2 2 days
 3 3 days
 4 4 to 5 days

Most questions will ask you to think only about the LAST 7 DAYS, but a few questions will ask about what you typically do (during a normal week). THERE ARE NO RIGHT OR WRONG ANSWERS SO PROVIDE HONEST ANSWERS.

Weekend Activity Levels

These questions ask about your overall levels of physical activity during last weekend (Saturday - Sunday). This would include structured exercise or sport activities as well as activity playing with friends, dancing or doing work/chores. ANSWER THE QUESTIONS BASED ON WHAT YOU DID ON SATURDAY AND SUNDAY.

17. ACTIVITY ON SATURDAY: How much physical activity did you do last SATURDAY? This could be for exercise, work/chores, family outings, sports, dance, or play. If you don't remember, try to estimate. [TPSATPANS: TP_SaturdayPA_NS](#)
- 1 No activity (0 minutes)
 2 Small amount of activity (1 to 30 minutes)
 3 Small to Moderate amount of activity (31 to 60 minutes)
 4 Moderate to Large amount of activity (1 to 2 hours)
 5 Large amount of activity (more than 2 hours)
18. ACTIVITY ON SUNDAY: How much physical activity did you do last SUNDAY? This could be for exercise, work/chores, family outings, sports, dance, or play. If you don't remember, try to estimate. [TPSUNPANS: TP_SundayPA_NS](#)
- 1 No activity (0 minutes)
 2 Small amount of activity (1 to 30 minutes)
 3 Small to Moderate amount of activity (31 to 60 minutes)
 4 Moderate to Large amount of activity (1 to 2 hours)
 5 Large amount of activity (more than 2 hours)

Sedentary Habits

Most questions will ask you to think only about the LAST 7 DAYS, but a few questions will ask about what you typically do (during a normal week). THERE ARE NO RIGHT OR WRONG ANSWERS SO PROVIDE HONEST ANSWERS.

SEDENTARY HABITS refer to activities such as watching TV, or playing video games, computer games, or browsing the internet or playing hand-held games. It includes time spent using a phone to talk or text with friends but does NOT include the time you spend sitting while eating or playing musical instruments.

These questions ask about time spent resting and sitting. You probably sit while eating, reading, or playing musical instruments. But you also may spend time sitting while watching TV, playing video games, using the computer or using your phone, or iTouch/iPad). ANSWER THESE QUESTIONS ABOUT THE TIME YOU SPENT SITTING DURING THESE ACTIVITIES IN THE PAST 7 DAYS.

19. TV TIME: How much time did you spend WATCHING TV? This includes time spent watching movies or sports but NOT time spent playing video games.
TPTVUSENS: TP_TVUseED_NS
- 1 I didn't watch TV at all
 - 2 I watched less than 1 hour per day
 - 3 I watched 1 to 2 hours per day
 - 4 I watched 2 to 3 hours per day
 - 5 I watched more than 3 hours per day
10. VIDEO GAME TIME: How much time did you spend PLAYING VIDEO GAMES? This includes games on Nintendo DS, wii, Xbox, PlayStation, iTouch, iPad, or games on your phone.
TPVIDUSENS: TP_VideoUseED_NS
- 1 I didn't really play at all
 - 2 I played less than 1 hour per day
 - 3 I played 1 to 2 hours per day
 - 4 I played 2 to 3 hours per day
 - 5 I played more than 3 hours per day
21. COMPUTER TIME: How much time did you spend using COMPUTERS? This includes time on Facebook as well as time spent surfing the internet, instant messaging, playing online video games or computer games.
TPCOMUSENS: TP_ComputerUseED_NS
- 1 I didn't really use the computer at all
 - 2 I used a computer less than 1 hour per day
 - 3 I used a computer 1 to 2 hours per day
 - 4 I used a computer 2 to 3 hours per day
 - 5 I used a computer more than 3 hours per day
22. PHONE / TEXT TIME: How much time did you spend using your CELL PHONE? This includes time spent talking or texting.
TPPHNUSENS: TP_PhoneUseED_NS
- 1 I didn't really use a cell phone
 - 2 I used a phone less than 1 hour per day
 - 3 I used a phone 1 to 2 hours per day
 - 4 I used a phone 2 to 3 hours per day
 - 5 I used a phone more than 3 hours per day
23. OVERALL SEDENTARY HABITS: Which of the following best describes your TYPICAL sedentary habits at home? Try to think about a typical week, and not just last week.
TPSEDHABNS: TP_SedentaryHabits_NS
- 1 I spent almost none of my free time sitting
 - 2 I spent little time sitting during my free time
 - 3 I spent a moderate amount of time sitting during my free time
 - 4 I spent a lot of time sitting during my free time
 - 5 I spent almost all of my free time sitting

RESPONDENT SKIPPED TO QUESTION 55

ELEMENTARY SCHOOL QUESTIONS

This section will ask you about the time you spend being active (both in school and out of school) and the time you spend being sedentary.

Physical activities are things that involve a lot of walking, running or moving around. It includes biking and dancing as well as sports or outdoor play that involves a lot of moving around

24. Before we begin, please pick the response that best summarizes your level of physical activity LAST WEEK.

[TPTYPLWEL: TP_TypicalPA_LastWeek_EL](#)

- 1 I did not do physical activity in my free time
- 2 I sometimes (1-2 times last week) did physical activity in my free time
- 3 I often (3-4 times last week) did physical activity in my free time
- 4 I quite often (5-6 times last week) did physical activity in my free time
- 5 I very often (7 or more times last week) did physical activity in my free time

Most questions will ask you to think only about the LAST 7 DAYS, but a few questions will ask about what you typically do (during an normal week). THERE ARE NO RIGHT OR WRONG ANSWERS SO PROVIDE HONEST ANSWERS.

Activity Levels - at School

These questions ask about your physical activity at school. This includes physical education but you may also be active on your way to school, during recess, or at lunch. ANSWER THE QUESTIONS BASED ON YOUR PHYSICAL ACTIVITY AT SCHOOL IN THE LAST 7 DAYS.

25. ACTIVITY TO SCHOOL: How many days did you WALK OR BIKE TO SCHOOL? If you can't remember, try to estimate.

[TPTOSCHLEL: TP_ToSchoolPA_EL](#)

- 0 0 days (never)
- 1 1 day
- 2 2 days
- 3 3 days
- 4 4-5 days (most every day)

26. ACTIVITY DURING PHYSICAL EDUCATION CLASS: During PHYSICAL EDUCATION, how often were you running and moving as part of the planned games or activities? If you didn't have PE, choose "I didn't have physical education."

[TPPEPAEL: TP_PhysEdPA_EL](#)

- 1 I didn't have physical education
- 2 Almost none of the time
- 3 A little bit of the time
- 4 A moderate amount of the time
- 5 A lot of the time
- 6 Almost all of the time

27. ACTIVITY DURING RECESS: During RECESS, how often were you playing sports, walking, running, or playing active games? *If you didn't have a recess at school, choose "I didn't have recess."*

[TPRECSSPAEL: TP_RecessPA_EL](#)

- 1 I didn't have recess
- 2 Almost none of the time
- 3 A little bit of the time
- 4 A moderate amount of the time
- 5 A lot of the time
- 6 Almost all of the time

28. ACTIVITY DURING LUNCH: During LUNCH BREAK, how often were you moving around, walking or playing? If you didn't have a lunch break at school, choose "I didn't have lunch breaks."

[TPLUNCHPAEL: TP_LunchPA_EL](#)

- 1 I didn't have lunch breaks
 2 Almost none of the time
 3 A little bit of the time
 4 A moderate amount of the time
 5 A lot of the time
 6 Almost all of the time

29. ACTIVITY FROM SCHOOL: How many days did you WALK OR BIKE FROM SCHOOL? If you can't remember, try to estimate.

[TPFRMSCHLEL: TP_FromSchoolPA_EL](#)

- 0 0 days (never)
 1 1 day
 2 2 days
 3 3 days
 4 4-5 days (most every day)

Most questions will ask you to think only about the LAST 7 DAYS, but a few questions will ask about what you typically do (during a normal week). THERE ARE NO RIGHT OR WRONG ANSWERS SO PROVIDE HONEST ANSWERS.

Activity Levels - Outside of School

These questions ask about your overall levels of physical activity during different periods of time (outside of school time). This would include structured exercise or sport activities as well as activity playing with friends, dancing or doing work/chores. ANSWER THE QUESTIONS BASED ON YOUR PHYSICAL ACTIVITY OUTSIDE OF SCHOOL IN THE LAST 7 DAYS.

30. ACTIVITY BEFORE SCHOOL: How many days BEFORE SCHOOL (6:00-8:00 am) did you do some form of physical activity for at least 10 minutes? This includes activity at home NOT walking or biking to school.

[TPBSCHLPAEL: TP_BeforeSchoolPA_EL](#)

- 0 0 days
 1 1 day
 2 2 days
 3 3 days
 4 4 to 5 days

31. ACTIVITY AFTER SCHOOL: How many days AFTER SCHOOL (between 3:00 - 6:00 pm) did you do some form of physical activity for at least 10 minutes? This includes activity at home NOT walking or biking to school.

[TPASCHLPAEL: TP_AfterSchoolPA_EL](#)

- 0 0 days
 1 1 day
 2 2 days
 3 3 days
 4 4-5 days

32. ACTIVITY ON WEEKNIGHTS: How many SCHOOL EVENINGS (6:00 - 10:00 pm) did you do some form of physical activity for at least 10 minutes? This can include playing with your friends/family, team practices or classes involving physical activity, but NOT walking or biking home from school.

[TPWKNTPAEL: TP_WeeknightPA_EL](#)

- 0 0 days
 1 1 day
 2 2 days
 3 3 days
 4 4-5 days

33. ACTIVITY ON SATURDAY: How much physical activity did you do last SATURDAY? This could be for exercise, work/chores, family outings, sports, dance, or play. If you don't remember, try to estimate.

[TPSATPAEL: TP_SaturdayPA_EL](#)

- 1 No activity (0 minutes)
- 2 Small amount of activity (1 to 30 minutes)
- 3 Small to Moderate amount of activity (31 to 60 minutes)
- 4 Moderate to Large amount of activity (1 to 2 hours)
- 5 Large amount of activity (more than 2 hours)

34. ACTIVITY ON SUNDAY: How much physical activity did you do last SUNDAY? This could be for exercise, work/chores, family outings, sports, dance, or play. If you don't remember, try to estimate.

[TPSUNPAEL: TP_SundayPA_EL](#)

- 1 No activity (0 minutes)
- 2 Small amount of activity (1 to 30 minutes)
- 3 Small to Moderate amount of activity (31 to 60 minutes)
- 4 Moderate to Large amount of activity (1 to 2 hours)
- 5 Large amount of activity (more than 2 hours)

Sedentary Activities - Outside of School

Most questions will ask you to think only about the LAST 7 DAYS, but a few questions will ask about what you typically do (during a normal week). THERE ARE NO RIGHT OR WRONG ANSWERS SO PROVIDE HONEST ANSWERS.

SEDENTARY ACTIVITIES are things such as watching TV, or playing video games, computer games, or hand-held games that you do in your free time. It does NOT include the time you spend sitting while eating or while doing homework.

These questions ask about time spent resting and sitting. You probably sit while eating, doing homework, or playing musical instruments. But you also may spend time sitting while watching TV, playing video games, using the computer or using your phone, or iTouch/iPad). ANSWER THE QUESTIONS ABOUT THE TIME YOU SPENT SITTING DURING THESE ACTIVITIES IN THE PAST 7 DAYS.

35. TV TIME: How much time did you spend WATCHING TV outside of school time? This includes time spent watching movies or sports but NOT time spent playing video games.

[TPTVUSEEL: TP_TVUseED_EL](#)

- 1 I didn't really watch TV at all
- 2 I watched less than 1 hour per day
- 3 I watched 1 to 2 hours per day
- 4 I watched 2 to 3 hours per day
- 5 I watched more 3 hours per day

36. VIDEO GAME TIME: How much time did you spend PLAYING VIDEO GAMES outside of school time? This includes games on Nintendo DS, wii, Xbox, PlayStation, iTouch, iPad, or games on your phone.

[TPVIDUSEEL: TP_VideoUseED_EL](#)

- 1 I didn't really play at all
- 2 I played less than 1 hour per day
- 3 I played about 1 to 2 hours per day
- 4 I played 2 to 3 hours per day
- 5 I played more than 3 hours per day

37. COMPUTER TIME: How much time did you spend using COMPUTERS outside of school time? This DOESN'T include home work time but includes time on Facebook as well as time spent surfing the internet, instant messaging, playing online video games or computer games.

[TPCOMUSEEL: TP_ComputerUseED_EL](#)

- 1 I didn't really use the computer at all
- 2 I used a computer less than 1 hour per day
- 3 I used a computer 1 to 2 hours per day
- 4 I used a computer 2 to 3 hours per day
- 5 I used a computer more than 3 hours per day

38. PHONE / TEXT TIME: How much time did you spend using your CELL PHONE after school? This includes time spent talking or texting.

TPPHNUSEEL: TP_PhoneUseED_EL

- 1 I didn't really use a cell phone at all
- 2 I used a phone less than 1 hour per day
- 3 I used a phone 1 to 2 hours per day
- 4 I used a phone 2 to 3 hours per day
- 5 I used a phone more than 3 hours per day

39. OVERALL SEDENTARY HABITS: Which of the following best describes your TYPICAL sedentary habits at home? Try to think about a typical week and not just last week.

TPSEDHABEL: TP_SedentaryHabits_EL

- 1 I spend almost none of my free time sitting
- 2 I spend little time sitting during my free time
- 3 I spend a moderate amount of time sitting during my free time
- 4 I spend a lot of time sitting during my free time
- 5 I spend almost all of my free time sitting

RESPONDENT SKIPPED TO QUESTION 56

MIDDLE/HIGH SCHOOL QUESTIONS

This section will ask you about the time you spend being active (both in school and out of school) and the time you spend being sedentary.

Physical activities refer to activities such as walking, biking, running, dancing or playing physical games. It includes fitness activities like running, swimming aerobics, and weight lifting. It also includes structured exercise or sport activities or work that involves a lot of physical movement.

40. Before we begin, please pick the response that best summarizes your level of physical activity LAST WEEK.

TPTYPLWMH: TP_TypicalPA_LastWeek_MH

- 1 I did not do physical activity in my free time
- 2 I sometimes (1-2 times last week) did physical activity in my free time
- 3 I often (3-4 times last week) did physical activity in my free time
- 4 I quite often (5-6 times last week) did physical activity in my free time
- 5 I very often (7 or more times last week) did physical activity in my free time

Most questions will ask you to think only about the LAST 7 DAYS, but a few questions will ask about what you typically do (during a normal week). THERE ARE NO RIGHT OR WRONG ANSWERS SO PROVIDE HONEST ANSWERS.

Activity Levels - at School

These questions ask about your physical activity at school. This includes physical education but you may also be active on your way to school, during breaks, or at lunch. ANSWER THE QUESTIONS BASED ON YOUR PHYSICAL ACTIVITY AT SCHOOL IN THE LAST 7 DAYS.

41. ACTIVITY TO SCHOOL: How many days did you WALK OR BIKE TO SCHOOL? If you can't remember, try to estimate.

TPTOSCHLMH: TP_ToSchoolPA_MH

- 0 0 days (never)
- 1 1 day
- 2 2 days
- 3 3 days
- 4 4-5 days (most every day)

42. ACTIVITY DURING PHYSICAL EDUCATION CLASS: During PHYSICAL EDUCATION, how often were you running and moving as part of the planned games or activities? If you didn't have PE, choose "I didn't have physical education."

TPPEPAMH: TP_PhysEdPA_MH

- 1 I didn't have physical education
- 2 Almost none of the time
- 3 A little bit of the time
- 4 A moderate amount of the time
- 5 A lot of the time
- 6 Almost all of the time

43. ACTIVITY DURING BREAKS / STUDY HALL: During BREAKS / STUDY HALL, how often were you playing sports, walking, running, or playing active games? If you didn't have a break at school, choose "I didn't have breaks/study hall."

TPBREAKPAMH: TP_SchoolBreakPA_MH

- 1 I didn't have breaks/study hall
- 2 Almost none of the time
- 3 A little bit of the time
- 4 A moderate amount of the time
- 5 A lot of the time
- 6 Almost all of the time

44. ACTIVITY DURING LUNCH: During LUNCH BREAK, how often were you moving around, walking or playing? If you didn't have a lunch break at school, choose "I didn't have lunch breaks."

TPLUNCHPAMH: TP_LunchPA_MH

- 1 I didn't have lunch breaks
- 2 Almost none of the time
- 3 A little bit of the time
- 4 A moderate amount of the time
- 5 A lot of the time
- 6 Almost all of the time

45. ACTIVITY FROM SCHOOL: How many days did you WALK OR BIKE FROM SCHOOL? If you can't remember, try to estimate.

TPFRMSCHLMH: TP_FromSchoolPA_MH

- 0 0 days (never)
- 1 1 day
- 2 2 days
- 3 3 days
- 4 4-5 days (most every day)

Most questions will ask you to think only about the LAST 7 DAYS, but a few questions will ask about what you typically do (during a normal week). THERE ARE NO RIGHT OR WRONG ANSWERS SO PROVIDE HONEST ANSWERS.

Activity Levels - Outside of School

These questions ask about your overall levels of physical activity during different periods of time (outside of school time). This would include structured exercise or sport activities as well as activity playing with friends, dancing or doing work/chores. ANSWER THE QUESTIONS BASED ON YOUR PHYSICAL ACTIVITY OUTSIDE OF SCHOOL IN THE LAST 7 DAYS.

46. ACTIVITY BEFORE SCHOOL: How many days BEFORE SCHOOL (6:00-8:00 am) did you do some form of physical activity for at least 10 minutes? This includes activity at home NOT walking or biking to school.

TPBSCHLPAMH: TP_BeforeSchoolPA_MH

- 0 0 days
- 1 1 day
- 2 2 days
- 3 3 days
- 4 4 to 5 days

47. ACTIVITY AFTER SCHOOL: How many days AFTER SCHOOL (between 3:00 - 6:00 pm) did you do some form of physical activity for at least 10 minutes? This can include playing with your friends/family, team practices or classes involving physical activity, but NOT walking or biking home from school.
 TPASCHLPAMH: TP_AfterSchoolPA_MH
- 0 0 days
 1 1 day
 2 2 days
 3 3 days
 4 4-5 days
48. ACTIVITY ON WEEKNIGHTS: How many SCHOOL EVENINGS (6:00 - 10:00 pm) did you do some form of physical activity for at least 10 minutes? This can include playing with your friends/family, team practices or classes involving physical activity, but NOT walking or biking home from school.
 TPWKNTPAMH: TP_WeeknightPA_MH
- 0 0 days
 1 1 day
 2 2 days
 3 3 days
 4 4-5 days
49. ACTIVITY ON SATURDAY: How much physical activity did you do last SATURDAY? This could be for exercise, work/chores, family outings, sports, dance, or play. If you don't remember, try to estimate.
 TPSATPAMH: TP_SaturdayPA_MH
- 1 No activity (0 minutes)
 2 Small amount of activity (1 to 30 minutes)
 3 Small to Moderate amount of activity (31 to 60 minutes)
 4 Moderate to Large amount of activity (1 to 2 hours)
 5 Large amount of activity (more than 2 hours)
50. ACTIVITY ON SUNDAY: How much physical activity did you do last SUNDAY? This could be for exercise, work/chores, family outings, sports, dance, or play. If you don't remember, try to estimate.
 TPSUNPAMH: TP_SundayPA_MH
- 1 No activity (0 minutes)
 2 Small amount of activity (1 to 30 minutes)
 3 Small to Moderate amount of activity (31 to 60 minutes)
 4 Moderate to Large amount of activity (1 to 2 hours)
 5 Large amount of activity (more than 2 hours)

Sedentary Habits

Most questions will ask you to think only about the LAST 7 DAYS, but a few questions will ask about what you typically do (during a normal week). THERE ARE NO RIGHT OR WRONG ANSWERS SO PROVIDE HONEST ANSWERS.

SEDENTARY HABITS refer to activities such as watching TV, playing video games, computer games, browsing the internet, or hand-held games. It includes time spent using a phone to talk or text with friends but does NOT include the time you spend sitting while eating, doing homework, or playing musical instruments.

These questions ask about time spent resting and sitting. You probably sit while eating, doing homework, or playing musical instruments. But you also may spend time sitting while watching TV, playing video games, using the computer or using your phone, or iTouch/iPad. ANSWER THE QUESTIONS ABOUT THE TIME YOU SPENT SITTING DURING THESE ACTIVITIES IN THE PAST 7 DAYS.

51. TV TIME: How much time did you spend WATCHING TV outside of school time? This includes time spent watching movies or sports but NOT time spent playing video games.
 TPTVUSEMH: TP_TVuseED_MH
- 1 I didn't really watch TV at all
 2 I watched less than 1 hour per day
 3 I watched 1 to 2 hours per day
 4 I watched 2 to 3 hours per day
 5 I watched more 3 hours per day

52. VIDEO GAME TIME: How much time did you spend PLAYING VIDEO GAMES outside of school time? This includes games on Nintendo DS, wii, Xbox, PlayStation, iTouch, iPad, or games on your phone)
 TPVIDUSEMH: [TP_VideoUseED_MH](#)
- 1 I didn't really play at all
 - 2 I played less than 1 hour per day
 - 3 I played about 1 to 2 hours per day
 - 4 I played 2 to 3 hours per day
 - 5 I played more than 3 hours per day
53. COMPUTER TIME: How much time did you spend using COMPUTERS outside of school time? This DOESN'T include homework time but includes time on Facebook as well as time spent surfing the internet, instant messaging, playing online video games or computer games.
 TPCOMUSEMH: [TP_ComputerUseED_MH](#)
- 1 I didn't really use the computer at all
 - 2 I used a computer less than 1 hour per day
 - 3 I used a computer 1 to 2 hours per day
 - 4 I used a computer 2 to 3 hours per day
 - 5 I used a computer more than 3 hours per day
54. PHONE / TEXT TIME: How much time did you spend using your CELL PHONE after school? This includes time spent talking or texting.
 TPPHNUSEMH: [TP_PhoneUseED_MH](#)
- 1 I didn't really use a cell phone at all
 - 2 I used a phone less than 1 hour per day
 - 3 I used a phone 1 to 2 hours per day
 - 4 I used a phone 2 to 3 hours per day
 - 5 I used a phone more than 3 hours per day
55. OVERALL SEDENTARY HABITS: Which of the following best describes your TYPICAL sedentary habits at home? Try to think about a typical week and not just last week.
 TPSEDHABMH: [TP_SedentaryHabits_MH](#)
- 1 I spend almost none of my free time sitting
 - 2 I spend little time sitting during my free time
 - 3 I spend a moderate amount of time sitting during my free time
 - 4 I spend a lot of time sitting during my free time
 - 5 I spend almost all of my free time sitting

Section 2: Your Home and Neighborhood

56. Do you have a TV in your bedroom?
 TPTVBEDRM: [TP_AvailTVBedroom](#)
- 1 Yes
 - 2 No

57. Please indicate if you have the following items in your HOME, YARD OR APARTMENT COMPLEX and if you have them, how often you use each item. DO NOT include what might be available in your neighborhood.

	Not available	Available but never use	Use once a month or less	Use once every other week	Use once a week or more
a. Bicycle. Don't count stationary bikes TPBICYCL: TP_AvailPA_Bicycle	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Basketball hoop TPBASKTBL: TP_AvailPA_Basketball	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Sports equipment like balls, racquets, bats and sticks TPSPORTSEQ: TP_AvailPA_SportsEquipment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Skateboard or scooter TPSKATESCTR: TP_AvailPA_Skateboard	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. Weight lifting equipment TPWTLIFTEQ: TP_AvailPA_WeightLiftEquipment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. Cardio equipment like tread-mills, stationary bicycles, step climbers, elliptical machines, rowing machines, etc. TPCARDIOEQ: TPAvailPA_CardioEquipment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. Active gaming like Wii or Xbox Kinect TPACTVGAMG: TP_AvailPA_ActiveGaming	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. Exercise videos or DVD's TPEXRCVID: TP_AvailPA_VideosDVD	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Please tell us about your neighborhood. Your neighborhood is the local area around your home, within a 10-15 minute walk in any direction.

58. Please indicate if you have the following in your neighborhood. Select all that apply.

- Indoor recreation or exercise facility (public or private)
[TPANINDOOR: TP_AvailNbhd_IndoorRec](#)
 - School with recreation facilities open to the public
[TPANSCHREC: TP_AvailNbhd_SchoolRec](#)
 - Bike/hiking/walking trails, paths
[TPANTRAILS: TP_AvailNbhd_Trails](#)
 - Basketball courts, running track/other playing fields (like soccer, football, softball, tennis, skate park etc.)
[PTANPLAYFLD: TP_AvailNbhd_PlayingFields](#)
 - Public park
[TPANPUBPRK: TP_AvailNbhd_PublicPark](#)
- 0 Not Selected
1 Selected

59. Please select how much you disagree or agree with the following statements about your neighborhood.

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
a. Many shops, stores, markets or other places to buy things I need are within easy walking distance of my home TPANSTORE: TP_AvailNbhdPA_ShopStoreMarket	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. The crime rate in my neighborhood makes it unsafe to go on walks at night TPCRIME: TP_Crime	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. There is so much traffic along nearby streets that it makes it difficult or unpleasant to walk (alone or with someone) in my neighborhood TPTRAFFIC: TP_BarrierTraffic	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Section 3: Using Electronic Devices

60. People watch TV or videos, surf the internet, and play games using many different kinds of electronic devices. When thinking about videos, count Netflix, YouTube, ONDemand, etc. From the list below, please select which ones YOU use.

- Desktop, laptop computer, iPad or other tablet. **Do not** include time spent on these devices for school or work.
[TPTEDCOMPTR: TP_TypesED_Computer](#)
- Cell phone or Smartphone. **Do not** include time spent talking on the phone.
[TPTEDCELLPH: TP_TypesED_Cellphone](#)
- Television
[TPTEDTV: TP_TypesED_TV](#)
- Gaming console like Wii, Xbox, PlayStation, etc.
[TPTEDGAME: TP_TypesED_GameConsole](#)
- Handheld gaming devices like Nintendo DS, Sony PSP, iTouch, etc.
[TPTEDHANDHD: TP_TypesED_Handheld](#)
- Electronic reader, such as Kindle or Nook
[TPTEDEREADR: TP_TypesED_eReader](#)

0 Not Selected

1 Selected

For these next questions, please think about the electronic devices you just selected.

61. There are lots of reasons why people might limit the amount of time they spend using electronic devices. Please select how much you disagree or agree with how true each of these reasons is for YOU.

I would try to limit the amount of time I spend using electronic devices because...	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
a. I would feel bad about myself if I didn't TPMEDBAD: TP_MotivationED_FeelBadMyself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. I have thought about it and decided that I want to limit the amount of time I spend using electronic devices TPMEDWANT: TP_MotivationED_WantToLimit	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Others would be upset with me if I didn't limit the amount of time I spend using electronic devices TPMEDUPST: TP_MotivationED_OthersUpset	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. It's an important thing for me to do TPMEDIMPT: TP_MotivationED_ImportantToDo	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

62. Please select how much you disagree or agree with each of the statements listed below.

	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
a. I feel confident in my ability to limit how much time I spend using electronic devices TPEFFED: TP_EfficacyED	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. My friends watch TV, play on the computer or play electronic games most days of the week TPNORMED: TP_NormED	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Section 4: Time Spent in the Sun and Indoor Tanning

63. For the following questions, think about what you do when you're outside during the summer on a warm sunny day. How often do you.....

	Never	Rarely	Sometimes	Often	Always
a. Wear sunscreen? TPSUNSCRN: TP_SunSafe_Sunscreen	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Wear a shirt with sleeves that cover your shoulders? TPSLEEVES: TP_SunSafe_Sleeves	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Wear a hat? TPHAT: TP_SunSafe_Hat	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Stay in the shade or under an umbrella? TPSHADE: TP_SunSafe_ShadeUmbrella	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. Spend time in the sun in order to get a tan? TPTIMESUN: TP_SunSafe_InTheSunTan	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

64. In the PAST 12 MONTHS, how many times did you have a red OR painful sunburn that lasted a day or more?

TPTIMEBRN: TP_Sunburn

- 0 0 times
- 1 1 time
- 2 2 times
- 3 3 times
- 4 4 times
- 5 5 or more times

65. How many times in the past 12 months have you used a tanning bed or booth?

TPTIMEBED: TP_Tanning

- 1 0 times
- 2 1-2 times
- 3 3-10 times
- 4 11-24 times
- 5 25 times or more
- 6 Don't know

Section 5: Tobacco Use

These next few questions ask about your experiences using tobacco products.

66. Have you smoked at least 100 cigarettes in your entire life?

TP100CIG: TP_Smoke100

- 1 Yes
- 2 No

IF NO, RESPONDENT SKIPPED TO QUESTION 71

67. How often do you now smoke cigarettes?

TPFREQSMOK: TP_SmokeFreq

- 1 Everyday
- 2 Some days
- 3 Not at all

68. In the PAST MONTH (30 days), when you smoked, how many cigarettes did you smoke per day?

TP30DAYSMOK: TP_SmokeNum

_____ Number of cigarettes

I did not smoke cigarettes in the past month (30 days)

TP30DAYNOSM: TP_SmokeNone

- 0 Not Selected
- 1 Selected

69. At what age did you start smoking regularly?

TPAGESMOKE: TP_SmokeAge

_____ Years old

Never smoked regularly

TPNVRSMOKE: TP_SmokeNever

- 0 Not Selected
- 1 Selected

70. During the PAST MONTH (30 days), did you smoke cigarettes to help you lose weight or keep from gaining weight?

TPTSMOKEWT: TP_SmokeWeight

- 1 Yes
- 2 No
- 3 I don't smoke

Section 6: Sleep

71. Do you have a regular bedtime?

TPREGBEDTM: TP_RegularBedTime

- 1 Yes
 2 No

For the following questions, please answer separately for WEEKDAYS (Monday-Friday) and WEEKENDS (Saturday-Sunday).

Select the time in the boxes and please select either A.M. or P.M.

Midnight is 12:00 A.M.

72. What time do you usually go to bed in the evening (turn out the lights in order to go to sleep)?

Weekday

TPTBWKDYH: TP_SleepTime_GoToBed_WkDayHr

TPTBWKDYM: TP_SleepTime_GoToBed_WkDayMin

Hour: _____

Minute: _____

AM or PM: ____

TPTBWKDY: TP_SleepTime_GoToBed_WkDayAmPm

- 1 AM
2 PM

Weekend

TPTBWKNDH: TP_SleepTime_GoToBed_WkEndHr

TPTBWKNDM: TP_SleepTime_GoToBed_WkEndMin

Hour: _____

Minute: _____

AM or PM: ____

TPTBWKND: TP_SleepTime_GoToBed_WkEndAmPm

- 1 AM
2 PM

73. What time do you usually get out of bed in the morning?

Weekday

TPOBWKDYH: TP_SleepTime_OutOfBed_WkDayHr

TPOBWKDYM: TP_SleepTime_OutOfBed_WkDayMin

Hour: _____

Minute: _____

AM or PM: ____

TPOBWKDY: TP_SleepTime_OutOfBed_WkDayAmPm

- 1 AM
2 PM

Weekend

TPOBWKNDH: TP_SleepTime_OutOfBed_WkEndHr

TPOBWKNDM: TP_SleepTime_OutOfBed_WkDayMin

Hour: _____

Minute: _____

AM or PM: ____

TPOBWKND: TP_SleepTime_OutOfBed_WkDayAmPm

- 1 AM
2 PM

74. Do you generally have trouble staying asleep at night?

TPSLEEPQUAL: TP_SleepQuality

- 1 Yes
- 2 No

75. How often do you fall asleep or feel tired during class?

TPFALLSLEEP: TP_FallAsleep

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Always

Section 7: Goals in Life

76. For each of the statements listed below, please select how important it is to you when you think about what you want for yourself in life.

	Not at all important to me	A little important to me	Somewhat important to me	Very important to me	Extremely important to me
a. When I'm an adult, people will love me TPFEELLOVE: TP_LifeGoal_FeelLoved	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. The things I will do as an adult will make people's lives better TPOTHBETTER: TP_LifeGoal_OtherLivesBetter	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. People will say I'm good looking as an adult TPGOODLOOK: TP_LifeGoal_GoodLooking	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. When I'm an adult, I'll have a job that pays well TPJOBPAYWL: TP_LifeGoal_JobPaysWell	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Section 8: Your Parent(s)

Again, in this survey “PARENT” means the adult who takes care of you. It could be your birth mother or father or you adopted mother or father. It could also be your guardian, and adult relative who isn’t related to you.

77. Please select how much you disagree or agree with each of the statements listed below regarding what your PARENT(S) say and do when it comes to being physically active.

	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
a. My parent(s) have to make sure that I get enough physical activity. TPPPAENOUGH: TP_ParentingPA_GetEnough	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. My parent(s) take me places where I can be physically active TPPPATKPLCS: TP_ParentingPA_TakePlaces	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. My parent(s) and I decide together how much physical activity I have to do TPPPADECID: TP_ParentingPA_DecideTogether	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. My parent(s) make me exercise or go out and play TPPPAMKEXRC: TP_ParentingPA_MakeExercise	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. My parent(s) try to be physically active when I'm around TPPPABEACTV: TP_ParentingPA_BeActive	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. It's okay for my parent(s) to make rules about how much time I spend being physically active/playing TPPPAMKRULE: TP_ParentingPA_MakeRules	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

This next set of questions asks about “SCREEN TIME,” that is, the time you or your parent(s) spend using electronic devices to watch videos, surf the internet, play video games and do other activities that involve sitting and looking at a screen.

78. Please select how much you disagree or agree with each of the statements listed below regarding what your PARENT(S) say and do when it comes to screen time.

	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
a. If I've had a bad day, my parent(s) let me have screen time to make me feel better TPPEDBADDAY: TP_ParentingED_BadDay	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. My parent(s) and I decide together how much screen time I can have TPPTEDDECIDE: TP_ParentingED_DecideTogether	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. My parent(s) take me places where I can play video games, watch movies, etc. TPPEDTKPLCS: TP_ParentingED_TakePlaces	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. My parent(s) decide how much screen time I can have TPPEDPARDEC: TP_ParentingED_ParentDecideHowMuch	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. My parent(s) have to make sure that I do not have too much screen time TPPEDPARREG: TP_ParentingED_RegulateScreenTime	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. My parent(s) try to limit their screen time when I'm around TPPEDTRYLIM: TP_ParentingED_TryToLimit	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. It's okay for my parent(s) to make rules about how much screen time I can have TPPEDMKRULE: TP_ParentingED_MakeRules	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5