Youth4Health Questionnaire:

PART 2 (Personal/Family History & Physical Activity)

_____

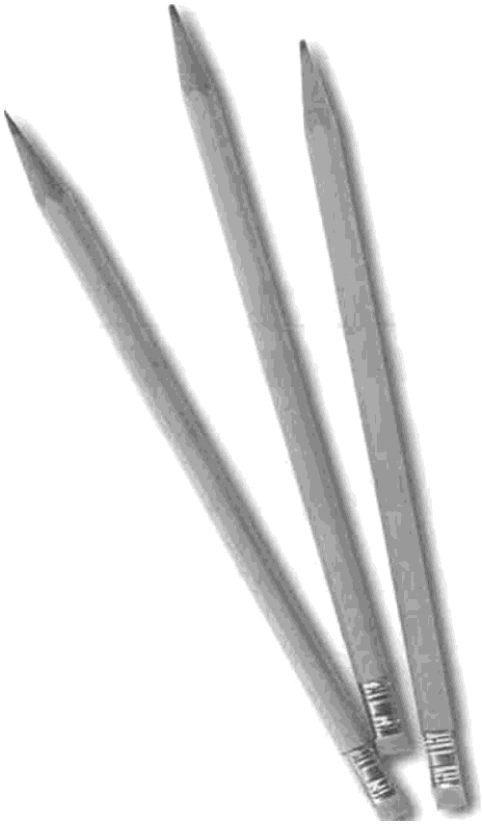
Student ID No.

_____

Date

The questionnaire you are about to complete is very important. The information you share with us will be used to develop health and nutrition programs for youth. Please answer every question carefully. Do not spend too much time on any one question. If something is not clear, please ask for an explanation. Your help with this project is greatly appreciated.

This is NOT a test. Please be as honest as you can in your responses.



MARKING DIRECTIONS

- Mark your answers with a pencil
- Make dark marks that fill the circle
- Erase cleanly any answer you want to change
- Make NO stray marks anywhere on the booklet

We will START with some GENERAL QUESTIONS about you.

40. Are your parents:

- ○ Married
- ○ Divorced
- ○ Separated
- ○ My parents were never married
- ○ One or both of my parents has died

41. During the <u>past seven days,</u> how many times did all, or most, of your family living in your house eat a meal together?

- ○ Never
- ○ 1-2 times
- ○ 3-4 times
- ○ 5-6 times
- ○ 7 times
- ○ More than 7 times

42. On how many of the <u>past seven days,</u> was at least one of your parents in the room with you when you ate dinner?

- ○ Never
- ○ 1-2 days
- ○ 3-4 days
- ○ 5-6 days
- ○ 7 days
- ○ Every day

43. Do you qualify for free or low-cost lunch?

- ○ Yes
- ○ No
- ○ I don't know

44. Does your family get public assistance (welfare, food stamps, or other assistance)?

- ○ Yes
- ○ No
- ○ I don't know

45. If you had a serious decision to make, whose opinions would you value most?

- ○ My parents' opinion
- ○ My friends' opinion

46. Do you have one or more close friends who you <u>can</u> talk to about your problems?

- ○ Yes, always
- ○ Yes, sometimes
- ○ No

47. How far in school did your mother go? (Indicate the highest level)

- ○ Did not finish high school
- ○ Finished high school or got GED
- ○ Did some college or training after high school
- ○ Finished college
- ○ Master's degree or PhD
- ○ I don't know

48. Does your mother…

- ○ Work full-time for pay
- ○ Work part-time for pay
- ○ Not work for pay
- ○ I don't know

49. How much do you feel you can talk to your mother about your problems?

- ○ Not at all
- ○ A little
- ○ Somewhat
- ○ Quite a bit
- ○ Very much

50. How much do you feel your mother cares about you?

- ○ Not at all
- ○ A little
- ○ Somewhat
- ○ Quite a bit
- ○ Very much

51. Compared to other mothers, how strict would you say your mother is with you?

- ○ Much <u>less</u> strict
- ○ Somewhat less strict
- ○ About the same
- ○ Somewhat more strict
- ○ Much <u>more</u> strict

52. My mother…

	Not at all	A little bit	Somewhat	Very much
a. Cares about eating healthy food	○	○	○	○
b. Cares about staying fit and exercising	○	○	○	○
c. Diets to lose weight or keep from gaining weight	○	○	○	○
d. Encourages me to eat healthy foods	○	○	○	○
e. Encourages me to be physically active	○	○	○	○
d. Encourages me to diet to control my weight	○	○	○	○

53. How far in school did your father go? (Indicate the highest level)

- ○ Did not finish high school
- ○ Finished high school or got GED
- ○ Did some college or training after high school
- ○ Finished college
- ○ Master's degree or PhD
- ○ I don't know

54. Does your father…

- ○ Work full-time for pay
- ○ Work part-time for pay
- ○ Not work for pay
- ○ I don't know

55. How much do you feel you can talk to your father about your problems?

- ○ Not at all
- ○ A little
- ○ Somewhat
- ○ Quite a bit
- ○ Very much

56. How much do you feel your father cares about you?

- ○ Not at all
- ○ A little
- ○ Somewhat
- ○ Quite a bit
- ○ Very much

57. Compared to other fathers, how strict would you say your father is with you?

- ○ Much less strict
- ○ Somewhat less strict
- ○ About the same
- ○ Somewhat more strict
- ○ Much more strict

58. My father…

	Not at all	**A little bit**	**Somewhat**	**Very much**
a. Cares about eating healthy food	○	○	○	○
b. Cares about staying fit and exercising	○	○	○	○
c. Diets to lose weight or keep from gaining weight	○	○	○	○
d. Encourages me to eat healthy foods	○	○	○	○
e. Encourages me to be physically active	○	○	○	○
d. Encourages me to diet to control my weight	○	○	○	○

59. How strongly do you agree with the following statements about mealtimes in your family?

	Strongly Disagree	**Somewhat Disagree**	**Somewhat Agree**	**Strongly Agree**
a. In my family, it is important that the family eat at least one meal a day together	○	○	○	○
b. In my family, there are rules at mealtimes that we are expected to follow	○	○	○	○
c. In my family, mealtime is a time for talking with other family members	○	○	○	○
d. In my family, it is often difficult to find a time when family members can sit down to a meal together	○	○	○	○
e. In my family, dinner time is about more than just getting food; we all talk with each other	○	○	○	○

60. How strongly do you agree with the following statements about mealtimes in your family?

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
a. In my family, we often watch TV while eating dinner	○	○	○	○
b. I enjoy eating meals with my family	○	○	○	○
c. In my family, we are expected to be home for dinner	○	○	○	○
d. Manners are important at our dinner table	○	○	○	○
e. I am often just too busy to eat dinner with my family	○	○	○	○

61. How strongly do you agree with the following statements about mealtimes in your family?

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
a. In my family, different schedules make it hard for us to eat meals together	○	○	○	○
b. In my family, eating brings people together in an enjoyable way	○	○	○	○
c. In my family, a child should eat all the foods served even if he/she doesn't like them	○	○	○	○
d. In my family, we don't have to eat meals at the kitchen/dining room table	○	○	○	○
e. In my family, is it OK for a child to make something else to eat if he/she doesn't like the food being served	○	○	○	○

62. Is there an adult at home at the following times?

	Almost Never	Sometimes	Usually	Almost Always
a. Before you go to school in the morning	○	○	○	○
b. When you arrive home from school in the afternoon	○	○	○	○
c. In the early evening – about 6 PM	○	○	○	○
d. When you go to bed at night	○	○	○	○

63. Many of my friends…

	Not at all	A little bit	Somewhat	Very much	I don't know
a. Care about eating healthy food	○	○	○	○	○
b. Care about staying fit and exercising	○	○	○	○	○
c. Diet to lose weight or keep from gaining weight	○	○	○	○	○

64. How would you describe your health?

- ○ Poor
- ○ Fair
- ○ Good
- ○ Excellent

65. How tall are you? _____feet_____inches
66. How much do you weigh? _____pounds
67. At what weight do you think you look best? _____pounds

68. How would you best describe your weight as a young child (up to age 7)?

- ○ Very underweight
- ○ Underweight
- ○ Just about right
- ○ Overweight
- ○ Very overweight

69. Which of the following best describes your biological mother's weight?

- ○ Very underweight
- ○ Underweight
- ○ Just about right
- ○ Overweight
- ○ Very overweight
- ○ I don't know my biological mother

70. Which of the following best describes your biological father's weight?

- ○ Very underweight
- ○ Underweight
- ○ Just about right
- ○ Overweight
- ○ Very overweight
- ○ I don't know my biological father

71. How satisfied are you with your:

	Very Dissatisfied	**Dissatisfied**	**Neutral**	**Satisfied**	**Very Satisfied**
a. Height	○	○	○	○	○
b. Weight	○	○	○	○	○
c. Body Shape	○	○	○	○	○
d. Waist	○	○	○	○	○
e. Hips	○	○	○	○	○
f. Thighs	○	○	○	○	○
g. Stomach	○	○	○	○	○
h. Face	○	○	○	○	○
i. Body build	○	○	○	○	○
j. Shoulders	○	○	○	○	○

72. During the past six months, how important has your weight or shape been in how you feel about yourself?

- ○ Weight and shape were not very important
- ○ Weight and shape played a part in how I felt about myself
- ○ Weight and shape were among the main things that affected how I felt about myself
- ○ Weight and shape were the most important things that affected how I felt about myself

73. At this time, do you feel that you are:

- ○ Very underweight
- ○ Underweight
- ○ Just about right
- ○ Overweight
- ○ Very overweight

74. Are you lactose intolerant or allergic to dairy foods?

- ○ Yes
- ○ No
- ○ I don't know

75. Do you have a physical or health condition that makes it hard for you to do some things other kids your age do? (like concentrating in school, doing sports, or eating like other teenagers)

- ○ Yes
- ○ No - If no skip to Question 79

76. How frequently does this condition affect any of your activities?

- ○ Every day
- ○ A few times a week
- ○ A few times a month
- ○ Once a month or less

77. Are you taking medication for this condition?

- ○ Yes, daily
- ○ Yes, but not daily
- ○ No

78. Does this condition have any effect on the food you can eat?

- ○ Always
- ○ Sometimes
- ○ Not at all
- ○ I don't have a health condition

In a usual week, how many hours do you spend doing the following activities:

79. Strenuous exercise (Heart beats rapidly)
Examples: Biking fast, aerobic dancing, running, jogging, swimming laps, rollerblading, skating, lacrosse, tennis, cross-country skiing, soccer, basketball, football.

- ○ None
- ○ Less than ½ hour a week
- ○ ½-2 hours a week
- ○ 2 ½ - 4 hours a week
- ○ 4 ½ - 6 hours a week
- ○ 6+ hours a week

80. Moderate exercise (not exhausting)
Examples: walking quickly, baseball, gymnastics, easy bicycling, volleyball, skiing, dancing, skateboarding, snowboarding

- ○ None
- ○ Less than ½ hour a week
- ○ ½-2 hours a week
- ○ 2 ½ - 4 hours a week
- ○ 4 ½ - 6 hours a week
- ○ 6+ hours a week

81. Mild exercise (little effort)
Examples: Walking slowly (to school, to friend's house, etc.), bowling, golf, fishing, snowmobiling, yoga

- ○ None
- ○ Less than ½ hour a week
- ○ ½-2 hours a week
- ○ 2 ½ - 4 hours a week
- ○ 4 ½ - 6 hours a week
- ○ 6+ hours a week

82. Are you in a sport or activity where it's important to stay a certain weight (wrestling, gymnastics, ballet, etc.)?

- ○ Yes
- ○ No

83. During the past <u>12 months,</u> on how many sports teams did you play?

- ○ 0 teams
- ○ 1 team
- ○ 2 teams
- ○ 3 or more teams

84. In your free time on an average weekday (Monday-Friday), how many hours do you spend…

	0 hr	**½ hr**	**1 hr**	**2 hr**	**3 hr**	**4 hr**	**5+ hr**
a. Watching TV& Videos	○	○	○	○	○	○	○
b. Reading & doing homework	○	○	○	○	○	○	○
c. Using a computer (not for homework)	○	○	○	○	○	○	○

85. In your free time on an average weekend day (Saturday or Sunday), how many hours do you spend…

	0 hr	**½ hr**	**1 hr**	**2 hr**	**3 hr**	**4 hr**	**5+ hr**
a. Watching TV& Videos	○	○	○	○	○	○	○
b. Reading & doing homework	○	○	○	○	○	○	○
c. Using a computer (not for homework)	○	○	○	○	○	○	○

86. How often do you read magazine articles in which dieting or weight loss are discussed?

- ○ Never
- ○ Hardly Ever
- ○ Sometimes
- ○ Often

87. During the past 12 months, how often have you been bothered or troubled by…

	Not at all	Somewhat	Very much
a. Feeling too tired to do things	○	○	○
b. Having trouble going to sleep or staying asleep	○	○	○
c. Feeling unhappy, sad, or depressed	○	○	○
d. Feeling hopeless about the future	○	○	○
e. Feeling nervous or tense	○	○	○
f. Worrying too much about things	○	○	○
g. Changes in your appetite	○	○	○

88. How often do any of the following things happen to you:

	Never	Less than once a year	A few times a year	A few times a month	At least once a week
a. You are treated with less respect than other people	○	○	○	○	○
b. People act as if they're better than you are	○	○	○	○	○
c. You are called names or insulted	○	○	○	○	○
d. You are teased about your appearance	○	○	○	○	○
e. You are teased about your weight	○	○	○	○	○

89. Have you ever been teased or made fun of by other kids because of your weight?

- ○ No
- ○ Yes

90. If yes, how much did this bother you?

- ○ I have not been teased because of my weight by other kids
- ○ Not at all
- ○ A little bit
- ○ Somewhat
- ○ Very much

91. Have you ever been teased or made fun of by family members because of your weight?

- ○ No
- ○ Yes

92. If yes, how much did this bother you?

- ○ I have not been teased because of my weight by family members
- ○ Not at all
- ○ A little bit
- ○ Somewhat
- ○ Very much

93. How often have you used the following during the past year (12 months)?

	Never	**A Few times**	**Monthly**	**Weekly**	**Daily**
a. Cigarettes	○	○	○	○	○
b. Beer, wine, and hard liquors	○	○	○	○	○
c. Marijuana	○	○	○	○	○
d. Drugs other than marijuana (acid, cocaine, crack, etc)	○	○	○	○	○

94. How often have you used steroids in order to gain muscle, during the past year (12 months)?

- ○ Never
- ○ A few times
- ○ Monthly
- ○ Weekly
- ○ Daily

95. Indicate how strongly you would agree with the following statements:

	Strongly Disagree	**Disagree**	**Agree**	**Strongly Agree**
a. On the whole, I am satisfied with myself	○	○	○	○
b. I feel that I have a number of good qualities	○	○	○	○
c. At times I think I am no good at all	○	○	○	○
d. I am able to do things as well as most other people	○	○	○	○
e. I wish I could have more respect for myself	○	○	○	○
f. I certainly feel useless at times	○	○	○	○

96. How do you feel about going to school?

- ○ I don’t like school at all
- ○ I don’t like school very much
- ○ I like school about half the time
- ○ I like school most of the time
- ○ I like school all the time

97. Mark the two grades you get most often.

- ○ A
- ○ B
- ○ C
- ○ D
- ○ F or incomplete

98. How many hours do you work for pay in a typical week during the school year?

- ○ None
- ○ 1-4 hours a week
- ○ 5-9 hours a week
- ○ 10-20 hours a week
- ○ Over 20 hours a week