

PARENT/GUARDIAN STUDY ID _____

DAUGHTER STUDY ID _____

TODAY'S DATE / /
 MONTH DAY YEAR

The LEGACY Girls Study

Baseline Parent/Guardian Questionnaire

For parents/guardians with daughters age 6-13 years

Physical Activity History

Self-administered

SECTION A. DAUGHTER'S PHYSICAL ACTIVITY HISTORY

The next questions are about your daughter's physical activity history.

A1. Think about your daughter's physical activity between the ages of 3 and 5 years. How would you best describe her activity compared to other girls of similar age?

- Highly physically active, running or actively playing most of the time
- Active
- Mostly inactive
- Inactive, sitting or reading most of the time
- Don't know

The next questions are about your daughter's organized physical activities, such as lessons or sports teams with practices and games. Examples include lessons like dance, ballet, ice skating, swimming, tennis, or team sports like soccer, volleyball, or basketball. Think only about organized activities your daughter has done in the past at least once a week for at least one season. By season we mean spring, summer, fall, or winter.

A2. In the past, has your daughter ever participated in any organized physical activities outside of school?

- YES → PLEASE GO TO THE NEXT PAGE
- NO → PLEASE RETURN THE QUESTIONNAIRE TO THE INTERVIEWER

On the next 2 pages is a list of sports and exercise your daughter may have done in the past. For **each** activity listed, please indicate:

- ❖ Whether or not she has done this activity in the past, at least once a week for at least one season (**please circle YES or NO**)
- ❖ How old she was when she started the activity (**please write her age when she started the activity**)
- ❖ How old she was when she stopped the activity (**please write her age when she stopped the activity**). **If your daughter is still doing the activity, please check the box.**
- ❖ On average, for how many hours per week or minutes per week did she do the activity (**please write the NUMBER OF HOURS PER WEEK or the NUMBER OF MINUTES PER WEEK**)
 For example: 1.5 hours per week or 90 minutes per week
 For example: 45 minutes per week
- ❖ How many seasons per year did she do the activity; by season we mean Spring, Summer, Fall, or Winter (**please write the NUMBER OF SEASONS PER YEAR**)
 For example: if she did the activity in the spring and fall, please write 2 (seasons per year)
- ❖ If your daughter did an activity (for example soccer) more frequently at a certain age than at another age, please use **Other (SPECIFY)** to write the additional information for that activity

For example:

Soccer team	NO	YES	6 AGE STARTED	<input type="checkbox"/> STILL DOING 8 AGE ENDED	1.5 HOURS PER WEEK OR MINUTES PER WEEK	2 # SEASONS PER YEAR
Other (SPECIFY) Soccer team	NO	YES	9 AGE STARTED	<input type="checkbox"/> STILL DOING 12 AGE ENDED	3 HOURS PER WEEK OR MINUTES PER WEEK	2 # SEASONS PER YEAR

- ❖ If she did activities not on the list, you can write them down, under **Other (SPECIFY)**.

A3. Has YOUR DAUGHTER ever participated at least once a week for at least one season in any of the following organized activities?			A4. At what age did she start (ACTIVITY)?	A5. At what age did she stop (ACTIVITY)?	A6. How many hours or minutes per week did she do (ACTIVITY)?	A7. How many seasons per year did she do (ACTIVITY)?
Dance or ballet class	NO	YES	AGE STARTED	<input type="checkbox"/> STILL DOING AGE ENDED	HOURS PER WEEK OR MINUTES PER WEEK	# SEASONS PER YEAR
Gymnastics class	NO	YES	AGE STARTED	<input type="checkbox"/> STILL DOING AGE ENDED	HOURS PER WEEK OR MINUTES PER WEEK	# SEASONS PER YEAR
Ice skating class	NO	YES	AGE STARTED	<input type="checkbox"/> STILL DOING AGE ENDED	HOURS PER WEEK OR MINUTES PER WEEK	# SEASONS PER YEAR
Cheerleading squad	NO	YES	AGE STARTED	<input type="checkbox"/> STILL DOING AGE ENDED	HOURS PER WEEK OR MINUTES PER WEEK	# SEASONS PER YEAR
Martial arts class	NO	YES	AGE STARTED	<input type="checkbox"/> STILL DOING AGE ENDED	HOURS PER WEEK OR MINUTES PER WEEK	# SEASONS PER YEAR
Yoga class	NO	YES	AGE STARTED	<input type="checkbox"/> STILL DOING AGE ENDED	HOURS PER WEEK OR MINUTES PER WEEK	# SEASONS PER YEAR
Soccer team	NO	YES	AGE STARTED	<input type="checkbox"/> STILL DOING AGE ENDED	HOURS PER WEEK OR MINUTES PER WEEK	# SEASONS PER YEAR
Basketball team	NO	YES	AGE STARTED	<input type="checkbox"/> STILL DOING AGE ENDED	HOURS PER WEEK OR MINUTES PER WEEK	# SEASONS PER YEAR
Baseball or softball team	NO	YES	AGE STARTED	<input type="checkbox"/> STILL DOING AGE ENDED	HOURS PER WEEK OR MINUTES PER WEEK	# SEASONS PER YEAR

A3. Has YOUR DAUGHTER ever participated at least once a week for at least one season in any of the following organized activities?			A4. At what age did she start (ACTIVITY)?	A5. At what age did she stop (ACTIVITY)?	A6. How many hours or minutes per week did she do (ACTIVITY)?	A7. How many seasons per year did she do (ACTIVITY)?
Volleyball team	NO	YES	AGE STARTED	<input type="checkbox"/> STILL DOING AGE ENDED	HOURS PER WEEK OR MINUTES PER WEEK	# SEASONS PER YEAR
Swim team	NO	YES	AGE STARTED	<input type="checkbox"/> STILL DOING AGE ENDED	HOURS PER WEEK OR MINUTES PER WEEK	# SEASONS PER YEAR
Other (SPECIFY)	NO	YES	AGE STARTED	<input type="checkbox"/> STILL DOING AGE ENDED	HOURS PER WEEK OR MINUTES PER WEEK	# SEASONS PER YEAR
Other (SPECIFY)	NO	YES	AGE STARTED	<input type="checkbox"/> STILL DOING AGE ENDED	HOURS PER WEEK OR MINUTES PER WEEK	# SEASONS PER YEAR
Other (SPECIFY)	NO	YES	AGE STARTED	<input type="checkbox"/> STILL DOING AGE ENDED	HOURS PER WEEK OR MINUTES PER WEEK	# SEASONS PER YEAR
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Other (SPECIFY)	NO	YES	AGE STARTED	<input type="checkbox"/> STILL DOING AGE ENDED	HOURS PER WEEK OR MINUTES PER WEEK	# SEASONS PER YEAR
Other (SPECIFY)	NO	YES	AGE STARTED	<input type="checkbox"/> STILL DOING AGE ENDED	HOURS PER WEEK OR MINUTES PER WEEK	# SEASONS PER YEAR

Thank you for your time and participation