

Thank you again for continuing your participation in the Legacy Girls Study. The first set of questions is about your PARTICIPATING DAUGHTER's age and grade in school. Then, we will ask about her recent physical activity.

If there are certain questions that you don't want to answer, you don't have to and we will go to the next question. If you are not sure about the answer, just give your best estimate.

SECTION A. CURRENT GRADE AND PE CLASSES

A1. What date was your daughter born?

_____/_____/_____
MONTH DAY YEAR

A2. How old is she now? _____ years

A3. In what grade is she now? _____ grade

A4. If she is not in school now, what grade will she enter next fall? _____ grade

A5. In a typical school week, how many minutes per week does your daughter have physical education or PE or gym class as part of the regular school activities?

_____ MINUTES

DON'T KNOW

NO ANSWER

SECTION B. TRANSPORTATION BETWEEN HOME AND SCHOOL

The next questions are about your daughter's physical activities outside of school.

B1. How does your daughter usually travel from home to school? Usually means 3 or more days a week.

- Walk (including walking to the bus or subway station) → **GO TO B1a**
- Bicycle → **GO TO B1a**
- Skateboard, scooter, or rollerblade → **GO TO B1a**



B1a. How long does it usually take your daughter to go from home to school?

_____ MINUTES DON'T KNOW NO ANSWER

- Bus, train, car, taxi, subway → **GO TO B2**
- No usual pattern → **GO TO B2**
- Other (SPECIFY) _____ → **GO TO B2**
- DON'T KNOW → **GO TO B2**
- NO ANSWER → **GO TO B2**

B2. How does your daughter usually travel from school to home? Usually means 3 or more days a week.

- Walk (including walking to the bus or subway station) → **GO TO B2a**
- Bicycle → **GO TO B2a**
- Skateboard, scooter, or rollerblade → **GO TO B2a**



B2a. How long does it usually take your daughter to go from school to home?

_____ MINUTES DON'T KNOW NO ANSWER

- Bus, train, car, taxi, subway → **GO TO C1**
- No usual pattern → **GO TO C1**
- Other (SPECIFY) _____ → **GO TO C1**
- DON'T KNOW → **GO TO C1**
- NO ANSWER → **GO TO C1**

SECTION C. PHYSICAL ACTIVITY IN THE PAST YEAR

The next questions are about physical activity your daughter did in the **past year** outside of regular school hours. Think only about team sports, classes or lessons she did at least once a week for at least one month.

C1. In the **past year**, outside of regular school hours, did your daughter participate in any sports teams with practices or games, classes like dance, or lessons like martial arts?

NO → PLEASE GO TO QUESTION D1

YES → GO TO C1a



C1a. In the **past year**, did your daughter participate at least once a week for at least one month in any of the following teams sports, classes or lessons:

ACTIVITIES	C1b. Did your daughter do this activity in the <u>past year</u> (please check 1 box)		C1c. For how many months in the <u>past year</u> did she participate in this activity?	C1d. On average, how many hours and minutes per week did she participate in this activity?
Baseball or softball team	No <input type="checkbox"/>	Yes → <input type="checkbox"/>	____ Months per year	____ Hours and ____ Minutes per week
Basketball team	No <input type="checkbox"/>	Yes → <input type="checkbox"/>	____ Months per year	____ Hours and ____ Minutes per week
Bicycling team	No <input type="checkbox"/>	Yes → <input type="checkbox"/>	____ Months per year	____ Hours and ____ Minutes per week
Cheerleading squad	No <input type="checkbox"/>	Yes → <input type="checkbox"/>	____ Months per year	____ Hours and ____ Minutes per week
Dance or ballet classes	No <input type="checkbox"/>	Yes → <input type="checkbox"/>	____ Months per year	____ Hours and ____ Minutes per week
Fitness exercise class	No <input type="checkbox"/>	Yes → <input type="checkbox"/>	____ Months per year	____ Hours and ____ Minutes per week
Floor exercises, such as push-ups, sit-ups, and jumping jacks	No <input type="checkbox"/>	Yes → <input type="checkbox"/>	____ Months per year	____ Hours and ____ Minutes per week

ACTIVITIES	C1b. Did your daughter do this activity in the <u>past year</u> (please check 1 box)		C1c. For how many months in the <u>past year</u> did she participate in this activity?	C1d. On average, how many hours and minutes per week did she participate in this activity?
Gymnastics class	No <input type="checkbox"/>	Yes → <input type="checkbox"/>	____ Months per year	____ Hours and ____ Minutes per week
Martial arts class	No <input type="checkbox"/>	Yes → <input type="checkbox"/>	____ Months per year	____ Hours and ____ Minutes per week
Running or track team	No <input type="checkbox"/>	Yes → <input type="checkbox"/>	____ Months per year	____ Hours and ____ Minutes per week
Soccer or field hockey team	No <input type="checkbox"/>	Yes → <input type="checkbox"/>	____ Months per year	____ Hours and ____ Minutes per week
Ice skating class, not including hockey	No <input type="checkbox"/>	Yes → <input type="checkbox"/>	____ Months per year	____ Hours and ____ Minutes per week
Ice Hockey team	No <input type="checkbox"/>	Yes → <input type="checkbox"/>	____ Months per year	____ Hours and ____ Minutes per week
Swimming laps or swim team	No <input type="checkbox"/>	Yes → <input type="checkbox"/>	____ Months per year	____ Hours and ____ Minutes per week
Tennis or other racquet sport class/team	No <input type="checkbox"/>	Yes → <input type="checkbox"/>	____ Months per year	____ Hours and ____ Minutes per week
Volleyball team	No <input type="checkbox"/>	Yes → <input type="checkbox"/>	____ Months per year	____ Hours and ____ Minutes per week
Yoga class	No <input type="checkbox"/>	Yes → <input type="checkbox"/>	____ Months per year	____ Hours and ____ Minutes per week
Other (please specify)	No <input type="checkbox"/>	Yes → <input type="checkbox"/>	____ Months per year	____ Hours and ____ Minutes per week
Other (please specify)	No <input type="checkbox"/>	Yes → <input type="checkbox"/>	____ Months per year	____ Hours and ____ Minutes per week

SECTION D. PHYSICAL ACTIVITY IN THE PAST WEEK

The next set of questions asks about physical activities your daughter may have done during the **past week**. First, we ask about participation in sports teams, classes or lessons. And then we ask about other types of physical activities.

D1. In the **past week**, did your daughter participate in any sports teams with practices and games, classes or lessons? Examples include soccer team, basketball team, dance lessons, martial arts classes, ice skating classes, etc.

NO → **GO TO QUESTION D2**

YES → **GO TO D1a**



D1a. Please list in the table below what kind of sports teams, classes or lessons your daughter participated in during the **past week**?

Please specify activity	D1b. How many hours and minutes did she do the activity in the past week?
	____ Hours and ____ Minutes
	____ Hours and ____ Minutes
	____ Hours and ____ Minutes
	____ Hours and ____ Minutes
	____ Hours and ____ Minutes

D2. Now please think about your daughter's physical activities other than sports teams, classes or lessons.

In the **past week**, did your daughter do other physical activities, such as jumping rope, roller blading, riding a bike, playing tag, playing outside where you live or at a playground, working out at the gym, etc?

Please do not include time spent in sports teams, classes or lessons that you already told us about.

NO → GO TO QUESTION D3

YES → GO TO D2a



D2a. During the **past week**, on Monday through Friday, how many hours in total did she spend doing physical activities other than sports teams, classes and lessons?

_____ HOURS

DON'T KNOW
 NO ANSWER

D2b. During the **past weekend**, on Saturday and Sunday, how many hours in total did she spend doing physical activities other than sports teams, classes and lessons?

_____ HOURS

DON'T KNOW
 NO ANSWER

D3. In general, about how much time do you feel that your daughter is physically active?

- All of the time
- Most of the time
- Some of the time
- Hardly at all
- Never
- DON'T KNOW
- NO ANSWER

SECTION E. QUIET ACTIVITIES YESTERDAY

The next questions are about quiet or sedentary activities. By sedentary, we mean activities that require little physical movement. We are specifically interested in activities that your daughter did yesterday.

E1. What day was yesterday **(CHECK ONE)**

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

E2. At what time did your daughter wake up yesterday morning?

_____ AM

DON'T KNOW

NO ANSWER

_____ PM

E3. At what time did she go to bed last night?

_____ AM

DON'T KNOW

NO ANSWER

_____ PM

E4. At what time did she wake up this morning?

_____ AM

DON'T KNOW

NO ANSWER

_____ PM

E5. Please indicate how many hours and minutes your daughter spent **yesterday** in each of the following sedentary activities.

SEDENTARY ACTIVITY	E5a. Did your daughter do this activity (Please check 1 box)		E5b. How many hours and minutes did she do this activity?
	No <input type="checkbox"/>	Yes → <input type="checkbox"/>	____ Hours and ____ Minutes
In school	No <input type="checkbox"/>	Yes → <input type="checkbox"/>	____ Hours and ____ Minutes
Watching TV, videos or movies	No <input type="checkbox"/>	Yes → <input type="checkbox"/>	____ Hours and ____ Minutes
Playing sedentary video games on handheld devices, like X-Box, Play station, or iPads	No <input type="checkbox"/>	Yes → <input type="checkbox"/>	____ Hours and ____ Minutes
Playing physically active video games such as Nintendo Wii™	No <input type="checkbox"/>	Yes → <input type="checkbox"/>	____ Hours and ____ Minutes
Taking a nap	No <input type="checkbox"/>	Yes → <input type="checkbox"/>	____ Hours and ____ Minutes
Sitting and talking on the telephone, text messaging, or playing board games or cards	No <input type="checkbox"/>	Yes → <input type="checkbox"/>	____ Hours and ____ Minutes
Sitting and doing activities such as working on a computer, homework or reading	No <input type="checkbox"/>	Yes → <input type="checkbox"/>	____ Hours and ____ Minutes
IF ANY: How many of those hours were spent working on a computer?	→	→	____ Hours and ____ Minutes

E6. Were the activities she did **yesterday** typical for that day of the week?

- No
 Yes
 DON'T KNOW
 NO ANSWER

E7. Did she spend more or less time in quiet or sedentary activities compared to what she usually does on that day of the week?

- More time than usual
 Less time than usual
 About the same amount of time
 DON'T KNOW
 NO ANSWER

Thank you for your time and participation