

#8

DAUGHTER STUDY ID

TODAY'S DATE

_____/_____/_____
MONTH DAY YEAR

The LEGACY Girls Study

Follow-up #1 (at 6 months)

Daughter Questionnaire

For girls age 10 years and older

Recent Physical Activity

Self-administered

Thank you again for continuing your participation in the Legacy Girls Study. These questions are about your age, current grade, and PE classes and your 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 us your best estimate.

SECTION A. CURRENT GRADE AND PE CLASSES

A1. What date were you born?

_____/_____/_____
MONTH DAY YEAR

A2. How old are you now? _____ years

A3. In what grade are you now? _____ grade

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

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

_____ MINUTES

DON'T KNOW

NO ANSWER

SECTION B. GOING TO SCHOOL

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

B1. How do you 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 you 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 do you 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 you 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 you did in the **past year** outside of regular school hours. Think only about sports teams, classes or lessons you did at least once a week for at least one month.

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

NO → PLEASE GO TO QUESTION D1

YES → GO TO C1a



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

| ACTIVITIES | C1b. Did you 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 you do this activity? | C1d. On average, how many minutes per week did you do 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 you 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 you do this activity? | C1d. On average, how many hours and minutes per week did you do 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 your physical activities in 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 you participate in any sports teams with practices and games, classes or lessons? Examples include soccer team, basketball team, dance classes, martial arts lessons, ice skating classes, etc.

NO → GO TO QUESTION D2

YES → GO TO D1a



D1a. In the **past week**, what kind of sports teams, classes or lessons did you participate in?

| Please specify activity | D1b. How many hours and minutes did you 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 physical activities other than sports teams, classes or lessons.

In the **past week**, did you do other physical activities, such as jumping rope, roller blading, riding a bike, playing at a playground, working out at the gym, jogging, etc?

Please do not include time spent in sports teams, classes or lessons 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 you 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 you 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 you are 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 you did yesterday.

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

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

E2. At what time did you wake up yesterday morning?

_____ AM

DON'T KNOW

NO ANSWER

_____ PM

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

_____ AM

DON'T KNOW

NO ANSWER

_____ PM

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

_____ AM

DON'T KNOW

NO ANSWER

_____ PM

E5. Please indicate how many minutes you spent **yesterday** in each of the following sedentary activities.

| SEDENTARY ACTIVITY | E5a. Did you do this activity? (Please check 1 box) | | E5b. How many minutes did you 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 hand-held 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 you did **yesterday** typical for that day of the week?

- No
- Yes
- DON'T KNOW
- NO ANSWER

E7. Did you spend more or less time in quiet or sedentary activities compared to what you usually do 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