

Interviewer ID _____

Circle participant: Mother or Father

Health

	Does not describe you at all	Describes you a little	Describes you about 50-50	Describes you fairly well	Describes you very well
1. I reflect about my health a lot.	0	1	2	3	4
2. I'm very self-conscious about my health.	0	1	2	3	4
3. I'm generally attentive to my inner feelings about my health.	0	1	2	3	4
4. I'm constantly examining my health.	0	1	2	3	4
5. I'm alert to changes in my health.	0	1	2	3	4
6. I'm usually aware of my health.	0	1	2	3	4
7. I'm aware of the state of my health as I go through the day.	0	1	2	3	4
8. I notice how I feel physically as I go through the day	0	1	2	3	4
9. I'm very involved with my health.	0	1	2	3	4

10. In general, would you say your health is:	Poor (1)	Fair (2)	Good (3)	Very Good (4)	Excellent (5)	
11. During the past 4 weeks, have you been limited in any activities due to health problems?	Not limited at all (1)	Limited a little (2)	Limited some (3)	Limited a lot (4)		
12. During the past 4 weeks, how often have you had bodily pain or discomfort?	None of the time (1)	Once or twice (2)	A few times (3)	Fairly often (4)	Very Often (5)	Every or almost every day (6)

	Never	Once or twice	Once every 2-3 months	Once a month	Once every 2-3 weeks	Once a week	2-3 times a week	Once a day or more
13. How many times have you used tobacco in the last year?	0	1	2	3	4	5	6	7
14. How many times did you drink beer, wine, or hard liquor in the last year?	0	1	2	3	4	5	6	7
15. How often did you smoke marijuana in the last year?	0	1	2	3	4	5	6	7
16. How often did you use other drugs (not for medical reasons) in the last year?	0	1	2	3	4	5	6	7

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I'm going to ask a few questions about the foods you eat. Think about all the meals and snacks you have from the time you wake up until the time you go to bed. Be sure and include food you eat at home, restaurants, anywhere else.

	None	1-3 times a week	4-6 times a week	1-2 times each day	3-4 times each day
17. During the past 7 days , how many times did you eat fruit (e.g., apple, banana, grapes)?	0	1	2	3	4
18. During the past 7 days , how many times did you eat vegetables (e.g., green beans, green salad, peas)? Do NOT include potatoes or rice	0	1	2	3	4
19. During the past 7 days , how many glasses or cans of soda (e.g., Coke) or other sweetened drinks (e.g., Fruit punch, Sunny Delight) did you drink a day? Do NOT count diet or sugar-free drinks.	0	1	2	3	4
20. During the past 7 days , how many times did you eat fast food (e.g., McDonald's)? Include home, carry out, drive thru.	0	1	2	3	4

The next several questions are about physical activity or exercise.

21. In the past 7 days , how many days did you do a physical activity for at least 20 MINUTES that made you sweat and breathe hard (e.g., basketball, running, swimming, fast bicycling, dancing)?	None (1)	1-3 times/week (2)	4-6 times/week (3)	1 time each day (4)	2+ times each day (5)
22. In the past 7 days , how many days did you do a physical activity for at least 30 MINUTES that did not make you sweat or breathe hard (e.g., fast walking, slow bicycling, skating, pushing a lawn mower, mopping floors) for at least 30 MINUTES?	None (1)	1-3 times/week (2)	4-6 times/week (3)	1 time each day (4)	2+ times each day (5)
23. In the past 7 days , how many days did you do exercises to strengthen or tone your muscles (e.g., push-ups, weights, sit-ups)?	None (1)	1-3 times/week (2)	4-6 times/week (3)	1 time each day (4)	2+ times each day (5)
24. On average, how many hours altogether do you spend watching TV, playing video games, or spending non-job-related time on the computer per day?	None (1)	Less than 1 hour each day (2)	1-2 hours each day (3)	3-4 hours each day (4)	4+ hours each day (5)
25. When you are driving/riding in a car, how often do you wear a seatbelt?	Never (1)	Sometimes (2)	Usually (3)	Always (4)	