

Amherst Health and Activity Study (AHA)
ADULT SURVEY OF CHILD HEALTH HABITS

ID: _____

Child name: _____

Date: _____

This survey should be completed by the adult in the home who is most familiar with this child's daily activities.

If you have already completed this survey for another child in your household, please write that child's name here and DO NOT complete this survey. Please ask the child named above to return this survey to the teacher tomorrow.

Other child for whom you completed a similar survey

Adult's signature

This survey will help us understand physical activity and other health habits of children and teenagers. Your answers are very valuable. Please take a few minutes to complete the survey, then return it immediately in the envelope provided. **If you have questions, call the University of Massachusetts, 577-0380.**

All the questions on this survey are about the child whose name is at the top of this page.

GENERAL INFORMATION ABOUT THIS CHILD

Q1. What is this child's birth date? _____ month _____ day _____ year

Q2. What is this child's gender? (CIRCLE ONE NUMBER) 0. Male Female

Q3. What is this child's height? _____ feet _____ inches

Q4. What is this child's weight? _____ pounds

Q5. Does this child have any medical conditions or disabilities that limit his or her physical activity?
(CIRCLE ONE NUMBER)

0. No 1. Yes, please specify: _____

Q6. In school, this child makes: (CIRCLE ONE NUMBER ONLY)

1. mostly A's and B's
2. mostly C's
3. mostly D's and F's

Q7. How do you identify your child's racial or ethnic background? (CIRCLE ONE NUMBER ONLY)

1. Asian/Pacific Islander
2. Black/African American
3. Native American Indian
4. Latino/Hispanic
5. White
6. Multi-racial/Multi-ethnic
7. Other (please specify) _____

THIS CHILD'S ACTIVITIES

This part of the survey is about this child's activities **over the past 7 days** including activities done at school, after school, at home, and on weekends. Please give all answers only about the child or teenager named at the top of the survey.

It may help you remember if you think about the following things:

- In the past week, what did this child do for recreation?
- What sports, exercise, or physical activity teams, classes, lessons, or practices did this child participate in last week?
- Did this child go anywhere unusual last week, for a weekend outing or after-school event?
- What activities did this child do with his or her friends?

We know that you are probably not aware of all the activities this child does. You will have to make estimates of the amount of time this child spent in various activities. If you simply do not know whether this child has done a particular activity in the past 7 days, then circle the "don't know" number.

We prefer that you complete this survey based on your *own* knowledge of this child's activities.

For each activity, please answer three questions

- Did this child do this activity in the past 7 days? (CIRCLE YES, NO, DON'T KNOW)
- If yes, on how many days did this child do the activity in the past 7 days?
- On average, how many minutes did this child do this activity on days when he or she did the activity?

Think about this child's activities during the last 7 days.

ACTIVITY	Was this activity done in the last seven days?			How many days in the last 7 days?	On average how many minutes each day activity was done?
	No	Yes	Don't Know		
1. Aerobics/aerobic dancing	0		2	_____ days	_____ minutes
2. Ball play: 4-square, dodge ball, kickball, catch	0		2	_____ days	_____ minutes
3. Baseball/softball	0		2	_____ days	_____ minutes
4. Basketball	0		2	_____ days	_____ minutes
5. Bicycling or exercise cycling	0		2	_____ days	_____ minutes
6. Calisthenics: push-ups, sit-ups, jumping jacks	0		2	_____ days	_____ minutes
7. Cheerleading, marching band, drill team	0		2	_____ days	_____ minutes
8. Climbing stairs for exercise, stairmaster	0		2	_____ days	_____ minutes
9. Computer/video games/internet	0	1	2	_____ days	_____ minutes
10. Dance classes (ballet, jazz, modern, tap)	0	1	2	_____ days	_____ minutes
11. Dancing (social, recreational)	0	1	2	_____ days	_____ minutes
12. Football	0	1	2	_____ days	_____ minutes
13. Field hockey	0		2	_____ days	_____ minutes
14. Frisbee games	0		2	_____ days	_____ minutes
15. Gardening, yardwork, mowing	0		2	_____ days	_____ minutes
16. Golfing	0		2	_____ days	_____ minutes

ACTIVITY	Was this activity done in the last seven days?			How many days in the last 7 days?	On average how many minutes each day activity was done?
	No	Yes	Don't recall		
17. Gymnastics, tumbling, trampoline	0	1	2	_____ days	_____ minutes
18. Hiking	0		2	_____ days	_____ minutes
19. Homework, studying	0		2	_____ days	_____ minutes
20. Housecleaning that involves mopping, scrubbing, sweeping, vacuuming	0	1	2	_____ days	_____ minutes
21. Ice hockey	0		2	_____ days	_____ minutes
22. Indoor or outdoor playground: swing, slide, monkey bars, Kidsports	0		2	_____ days	_____ minutes
23. Jumping rope	0		2	_____ days	_____ minutes
24. Laser tag	0		2	_____ days	_____ minutes
25. Martial arts: karate, judo	0	1	2	_____ days	_____ minutes
26. Outdoor play: war, climb trees, hide & seek	0		2	_____ days	_____ minutes
27. Racquet sports: tennis, squash, paddle ball, badminton, etc	0	1	2	_____ days	_____ minutes
28. Reading (not for school)	0		2	_____ days	_____ minutes
29. Rowing or rowing machine	0		2	_____ days	_____ minutes
30. Running, jogging, treadmill	0		2	_____ days	_____ minutes
31. Sitting and listening to music	0		2	_____ days	_____ minutes
32. Sitting and talking with friends (not on phone)	0		2	_____ days	_____ minutes
33. Skate boarding	0	1	2	_____ days	_____ minutes
34. Skating: ice, roller, in-line	0		2	_____ days	_____ minutes
35. Skiing: cross-country or NordicTrack	0		2	_____ days	_____ minutes
36. Skiing: downhill or water	0		2	_____ days	_____ minutes
37. Soccer	0	1	2	_____ days	_____ minutes
38. Swimming laps	0		2	_____ days	_____ minutes
39. Talking on the phone	0		2	_____ days	_____ minutes
40. Television or video watching	0		2	_____ days	_____ minutes
41. Volleyball	0		2	_____ days	_____ minutes
42. Walking for exercise (including treadmill)	0	1	2	_____ days	_____ minutes
43. Walking for transportation	0		2	_____ days	_____ minutes
44. Water play: in pool or lake	0		2	_____ days	_____ minutes

ACTIVITY	Was this activity done in the last seven days?			How many days in the last 7 days?	On average how many minutes each day activity was done?
	No	Yes	Don't recall		
45. Weight lifting	0		2	_____ days	_____ minutes
46. Wrestling	0		2	_____ days	_____ minutes
47. Other _____	0		2	_____ days	_____ minutes
48. Other _____	0	1	2	_____ days	_____ minutes
49. Other _____	0		2	_____ days	_____ minutes

Q8. How confident are you in the accuracy of the estimates in the preceding list? (CIRCLE ONE NUMBER ONLY)

1. Very confident
2. Somewhat confident
3. Not sure how confident
4. Slightly confident
5. Not at all confident

Q9. How do you rate this child's level of physical activity, compared to others of the same age and sex?
(CIRCLE ONE NUMBER ONLY)

1. Much less than others
2. Somewhat less than others
3. About the same
4. Somewhat more than others
5. Much more than others

Q10. In the past 7 days, how many days did this child do physical activity or sports at these locations?
(CIRCLE ONE NUMBER FOR EACH ITEM)

	<u>Number of days in the past week</u>						
A. School grounds (after-school only)	0	1	2	3	4	5	6 7
B. Park or playground	0	1	2	3	4	5	6 7
C. Neighborhood	0	1	2	3	4	5	6 7
D. After-school care	0	1	2	3	4	5	6 7
E. Commercial facility (YMCA/YWCA, health club, dance studio)	0	1	2	3	4	5	6 7
F. Public recreation center	0		2	3	4	5	6 7
G. Other, please specify: _____	0		2	3	4	5	6 7

Q11. Where does this child go most often after school? (CIRCLE ONE NUMBER ONLY)

1. After-school program at school
2. After-school program at another location
3. Home, with supervision
4. Home, without supervision
5. Home of relative or friend
6. Other, please specify: _____

Q12. Indicate which of the following **sports teams** this child was on during the **past year at school and outside of school**: (CIRCLE NO "0" OR YES "1" FOR EACH ITEM)

	At School		Outside of School	
	No	Yes	No	Yes
A. Baseball or softball	0	1	0	1
B. Basketball	0		0	1
C. Field hockey	0		0	1
D. Frisbee	0		0	1
E. Football	0		0	
F. Golf	0	1	0	1
G. Ice hockey	0		0	1
H. Lacrosse	0		0	1
I. Soccer	0		0	1
J. Swimming	0		0	1
K. Tennis	0		0	1
L. Track and field	0		0	
M. Volleyball	0	1	0	
N. Other (specify): _____				

Q13. Indicate which of the following **classes or lessons** this child took during the **past year outside of school**: (CIRCLE NO "0" OR YES "1" FOR EACH ITEM)

	No	Yes
A. Dance (ballet, jazz, modern)	0	1
B. Aerobics	0	
C. Figure skating	0	
D. Gymnastics	0	1
E. Martial arts	0	
F. Skiing	0	
G. Swimming	0	
H. Tennis	0	
I. Baseball or softball	0	
J. Basketball	0	
K. Field Hockey	0	1
L. Football	0	1
M. Golf	0	
N. Ice Hockey	0	1
O. Lacrosse	0	1
P. Soccer	0	1
Q. Track and Field	0	1
R. Other (specify): _____		

Q14. On average, how many minutes does this child spend **each week** walking, bicycling, or skating to and from school?

minutes per week

Q15. During the past week, how much time did your child spend outdoors:

A. On a typical weekday? _____ minutes per day outdoors

B. On a typical weekend day? _____ minutes per day outdoors

Q16. How do you rate this child's athletic coordination, compared to others of the same age and sex?
(CIRCLE ONE NUMBER ONLY)

1. Much less coordinated
2. Somewhat less coordinated
3. About the same
4. Somewhat more coordinated
5. Much more coordinated

Q17. How much does this child enjoy physical activity? (CIRCLE ONE NUMBER ONLY)

1. Activity is very un-enjoyable
2. Activity is somewhat un-enjoyable
3. Neutral
4. Activity is somewhat enjoyable
5. Activity is very enjoyable

Q18. How much does this child enjoy physical education classes at school? (CIRCLE ONE NUMBER ONLY)

1. PE is very un-enjoyable
2. PE is somewhat un-enjoyable
3. Neutral
4. PE is somewhat enjoyable
5. PE is very enjoyable
6. Not enrolled in PE

Q19. What does this child usually do when she or he has a choice about how to spend recreational time?
(CIRCLE ONE NUMBER ONLY)

1. Almost always chooses activities like TV, reading, listening to music, or computers
2. Usually chooses activities like TV, reading, listening to music, or computers
3. Just as likely to choose active as inactive recreation
4. Usually chooses activities like bicycling, dancing, outdoor games, or active sports
5. Almost always chooses activities like bicycling, dancing, outdoor games, or active sports

THIS CHILD'S ENVIRONMENT

Q20. Please indicate which of the following apply to your neighborhood.
(CIRCLE NO "0" OR YES "1" FOR EACH ITEM)

	<u>No</u>	<u>Yes</u>
Sidewalks	0	1
Heavy traffic	0	1
Hills	0	
Street lights	0	
Dogs that are unattended	0	
Enjoyable scenery	0	
Frequently see people walking or exercising	0	1
High crime	0	1

Q21. How much do you agree with the following statements? (CIRCLE ONE NUMBER FOR EACH ITEM)

	Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
A. This child does enough physical activity to maintain good health and fitness.	1	2	3	4	5
B. It is safe for this child to play outdoors with other children in the neighborhood without adult supervision.		2	3	4	5
C. There are playgrounds, parks, or gyms close to home or that this child can get to easily.	1	2	3	4	5

Q22. How far from your home is the nearest public park where your child can be active or play sports?
miles

Q23. This park has a reputation of being: (CIRCLE ONE NUMBER ONLY)

1. Very unsafe
2. Somewhat unsafe
3. Neutral
4. Somewhat safe
5. Very safe

Q24. How often does this child go to this park? (CIRCLE ONE NUMBER ONLY)

0. None
1. Rarely
2. Sometimes
3. Often
4. Very often

Q25. At this child's **school**, are there supervised physical activity programs for all interested students?
(CIRCLE ONE NUMBER FOR EACH ITEM)

	No	Yes	Don't Know
A. After school	0	1	2
B. On weekends	0	1	2
C. During the summer	0	1	2

Q26. Yesterday, did this child eat the following: (CIRCLE ONE NUMBER FOR EACH ITEM)

	None	Once	More than once
A. Fresh fruit	0	1	2
B. Drank fruit juice	0	1	2
C. Green salad	0	1	2
D. Cooked vegetables	0	1	2
E. Hamburger, hot dog, or sausage	0	1	2
F. French fries or potato chips	0	1	2
G. Cookies, doughnuts, pie, or cake	0	1	2

HOUSEHOLD INFLUENCES

During a typical week how often has a member of your household:

(CIRCLE ONE NUMBER FOR EACH TYPE OF PERSON)

	None	Once	Sometimes	Almost daily	Daily	Don't know	Not applicable
Q27. Encouraged this child to do physical activities or play sports?							
A. Male adult(s)	0	1	2	3	4	5	6
B. Female adult(s)	0	1	2	3	4	5	6
C. Other children	0		2	3	4	5	6
Q28. Done a physical activity or played sports with this child?							
A. Male adult(s)	0	1	2	3	4	5	6
B. Female adult(s)	0	1	2	3	4	5	6
C. Other children	0	1	2	3	4	5	6
Q29. Provided transportation so this child can go to a place where he or she can do physical activities or play sports?							
A. Male adult(s)	0	1	2	3	4	5	6
B. Female adult(s)	0	1	2	3	4	5	6
C. Other children	0	1	2	3	4	5	6
Q30. Watched this child participate in physical activities or sports?							
A. Male adult(s)	0		2	3	4	5	6
B. Female adult(s)	0	1	2	3	4	5	6
C. Other children	0	1	2	3	4	5	6
Q31. Told this child that physical activity is good for his or her health?							
A. Male adult(s)	0		2	3	4	5	6
B. Female adult(s)	0		2	3	4	5	6
C. Other children	0	1	2	3	4	5	6

Q32. How important is it to adults in your household that this child is good at sports and physical activities?
(CIRCLE ONE NUMBER FOR EACH TYPE OF PERSON)

	Very unimportant	Somewhat unimportant	Neutral	Somewhat important	Very important	Not Applicable
A. Male adult(s)	1	2	3	4	5	6
B. Female adult(s)	1	2	3	4	5	6

Q33. How much do the adults in your family enjoy physical activity or exercise?
(CIRCLE ONE NUMBER FOR EACH TYPE OF PERSON)

	Not enjoyable	A little enjoyable	Not sure	Somewhat enjoyable	Very enjoyable	Not Applicable
A. Male adult(s)		2	3	4	5	6
B. Female adult(s)		2	3	4	5	6

THIS CHILD'S FRIENDS

Q34. How many of this child's **five closest friends** are physically active on a regular basis?
(CIRCLE ONE NUMBER ONLY)

Number of closest friends 0 1 2 3 4 5

During a typical week, how often: (CIRCLE ONE NUMBER FOR EACH ITEM)

	None	Once	Sometimes	Almost daily	Daily	Don't know
Q35. Does this child encourage his or her friends to do physical activities or sports?	0	1	2	3	4	5
Q36. Does this child's friends encourage him or her to do sports or physical activities?	0		2	3	4	5
Q37. Does this child's friends do physical activities or play sports with your child?	0	1	2	3	4	5
Q38. Do this child's friends or classmates tease him or her about not being good at physical activities or sports?	0		2	3	4	5

PHYSICAL ACTIVITY OF ADULTS

Q39. How many **days in the past week** did the adults in your household **walk for exercise**?
(CIRCLE ONE NUMBER FOR EACH PERSON)

	Days in the past week									Not applicable
A. Myself	0	1	2	3	4	5	6	7	8	
B. Other adult female	0	1	2	3	4	5	6	7	8	
C. Other adult male	0	1	2	3	4	5	6	7	8	

Q40. On how many of the past 7 days did adults in your household do heavy house cleaning, gardening, or yard work for at least 20 minutes at a time?

(WRITE NUMBER FOR EACH PERSON OR LEAVE BLANK IF NOT APPLICABLE)

- A. Myself _____ days in past week
B. Other adult female _____ days in past week
C. Other adult male _____ days in past week

Q41. On how many of the **past 7 days** did adults in your household exercise or participate in sports activities for at least 20 minutes that made you sweat and breathe hard, such as basketball, jogging, swimming laps, tennis, fast bicycling or similar aerobic activities? (WRITE NUMBER FOR EACH PERSON OR LEAVE BLANK IF NOT APPLICABLE)

- A. Myself _____ times per week
B. Other adult female _____ times per week
C. Other adult male _____ times per week

HOUSEHOLD DESCRIPTION

Q42. Which of the following people live in the child's primary residence? (CIRCLE ALL THAT APPLY)

	No	Yes
A. Mother	0	1
B. Other adult female	0	1
C. Father	0	1
D. Other adult male	0	1

Q43. Who is the main person completing this form? (CIRCLE ONE NUMBER ONLY)

1. Mother
2. Other adult female
3. Father
4. Other adult male

Answer the following questions for **yourself and other adults in the household** who help rear this child.

Q44. Which of the following categories includes the age of yourself and other adults in the household?
(CIRCLE ONE NUMBER FOR EACH PERSON)

	<u>A. Myself</u>	<u>B. Other adult female</u>	<u>C. Other adult male</u>
Under 25	1	1	1
25 - 34	2	2	2
35 - 44	3	3	3
45 - 54	4	4	4
55 - 64	5	5	5
65 - 74	6	6	6
75 or over	7	7	7
Not applicable	8	8	8

Q45. For yourself and the other adults in the household, indicate the highest level of education completed.
(CIRCLE ONE NUMBER FOR EACH PERSON)

	<u>A. Myself</u>	<u>B. Other adult female</u>	<u>C. Other adult male</u>
High school or less	1	1	1
Some college but no degree	2	2	2
Associate degree in college-occupational program	3	3	3
Associate degree in college-academic program	4	4	4
Bachelors degree	5	5	5
Masters degree	6	6	6
Professional school degree	7	7	7
Doctorate degree	8	8	8
Not applicable	9	9	9

Q46. How many children age 18 and younger live in this household most of the time (including child who is the subject of this survey)?

_____ children 18 and younger

Q47. Please write your address and telephone number. (PLEASE PRINT)

Name: _____

Street address: _____

City, state, zip: _____

Phone number: _____

Q48. Please write the name, address, and phone number of a relative who will know how to contact you if you move. (PLEASE PRINT)

Name: _____

Street address: _____

City, state, zip: _____

Phone number: _____

Q49. What changes, if any, have you made recently in the amount or types of physical activity you do? Be as specific as possible in describing any changes. (PLEASE PRINT)

Q50. If you have made any changes in physical activity, why did you make these changes? Simply state reasons in your own words. (PLEASE PRINT)

Thank you for completing this survey.

Please place it in the envelope and return it to this child's teacher.
