

Supplemental Health Module

SUPPLEMENT 1

1. Do you think you are too skinny, about right, or too fat?
 - A) Too skinny
 - B) About right
 - C) Too fat
2. Are you doing anything to try to lose weight?
 - A) No
 - B) Yes
3. How many days each **week** do you exercise, dance, or play sports?
 - A) 0 days
 - B) 1 day
 - C) 2 days
 - D) 3 days
 - E) 4 days
 - F) 5 days
 - G) 6 or 7 days
4. When not exercising, do you ever have trouble breathing (for example, shortness of breath, wheezing, or a sense of tightness in your chest)?
 - A) No
 - B) Yes
5. Has a parent or some other adult ever told you that you have asthma?
 - A) No
 - B) Yes
6. **Yesterday**, how much time did you spend watching TV or playing video games?
 - A) None, I didn't watch TV yesterday
 - B) Less than 1 hour
 - C) About 1 hour
 - D) About 2 hours
 - E) 3 or more hours

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7. When you ride in a car, do you wear a seat belt?
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time
8. When you ride a bicycle, do you wear a helmet?
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time
 - E) I do not ride a bicycle
9. Do **other kids** at school spread mean rumors or lies, or hurtful pictures, about you online, on social media, or on a cell phone?
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time
10. Do you feel safe outside of school?
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time