

DAISY Supplemental Interview for Age 8 or Older

◆ **This set of questions deals with issues such as physical activity, tv/computer time and sleeping patterns. If you have questions at any time, feel free to ask me for help.**

Physical Activity

◆ **The first few questions are about physical activity.**

1. On how many of the past 7 days did you exercise or participate in a physical activity for at least 20 minutes that made you sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities? (do not read responses)

0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
None	1 day	2 days	3 days	4 days	5 days	6 days	7 days

◆ **Now let me ask about less vigorous activity.**

2. On how many of the past 7 days did you exercise or participate in a physical activity for at least 30 minutes that did **not** make you sweat and breathe hard, such as fast walking, slow bicycling, skating, pushing a lawn mower, or mopping floors?

0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
None	1 day	2 days	3 days	4 days	5 days	6 days	7 days

3. On how many of the past 7 days did you do exercises to strengthen or tone your muscles, such as push-ups, sit-ups, or weight lifting?

0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
None	1 day	2 days	3 days	4 days	5 days	6 days	7 days

4. During the past 12 months, on how many sports teams did you play? Include any teams run by your school or community groups.

0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
None	1 team	2 teams	3 teams	4 or more teams

◆ **Now I'll ask about watching TV and/or movies.**

5. On each weekday, about how much time do you usually spend watching TV/movies?
6. On each weekend day, about how much time do you usually spend watching TV/movies? (do not read responses)

Each weekday	Each weekend Day
1 <input type="checkbox"/> None	1 <input type="checkbox"/> None
2 <input type="checkbox"/> Less than 1 hour	2 <input type="checkbox"/> Less than 1 hour
3 <input type="checkbox"/> 1 hour	3 <input type="checkbox"/> 1 hour
4 <input type="checkbox"/> 2 hours	4 <input type="checkbox"/> 2 hours
5 <input type="checkbox"/> 3 hours	5 <input type="checkbox"/> 3 hours
6 <input type="checkbox"/> 4 hours	6 <input type="checkbox"/> 4 hours
7 <input type="checkbox"/> 5 or more hours	7 <input type="checkbox"/> 5 or more hours

◆ **Now I'll ask about using the computer for fun and playing video games.**

7. On each weekday, about how much time do you usually spend on the computer for fun, including playing video or computer games? Please do not include time on the computer for school or work. (do not read responses)
8. On each weekend day, about how much time do you usually spend on the computer for fun, including playing video or computer games? Please do not include time on the computer for school or work. (do not read responses)

Each weekday	Each weekend Day
1 <input type="checkbox"/> None	1 <input type="checkbox"/> None
2 <input type="checkbox"/> Less than 1 hour	2 <input type="checkbox"/> Less than 1 hour
3 <input type="checkbox"/> 1 hour	3 <input type="checkbox"/> 1 hour
4 <input type="checkbox"/> 2 hours	4 <input type="checkbox"/> 2 hours
5 <input type="checkbox"/> 3 hours	5 <input type="checkbox"/> 3 hours
6 <input type="checkbox"/> 4 hours	6 <input type="checkbox"/> 4 hours
7 <input type="checkbox"/> 5 or more hours	7 <input type="checkbox"/> 5 or more hours

Sleep Patterns

◆ **Now I'll ask a few questions about sleeping.**

9. What time do you **usually go to bed** if you have to go to school or work the next morning?

: AM/ PM (check one)

10. In the last 6 months, how often have you had difficulties falling asleep? Would you say: (read all)

1 Almost every night

2 2-5 times a week

3 About once a week

4 About once a month

5 Rarely or never

11. In the last 6 months, how often have you been troubled by waking up during the night? Would you say: (read all)

1 Almost every night

2 2-5 times a week

3 About once a week

12. What time do you **usually wake up** on school or work days?

: AM/ PM (check one)

13. How often do you feel tired when you get up on mornings that you have school or work? Would you say: (read all)

1 Rarely or never

2 Sometimes

3 1-3 times a week

4 4 or more times a week