

**SUPPLEMENTAL ACTIVITY QUESTIONNAIRE**  
**(AGE 8 AND OLDER)**

**Overview**

The Supplemental Questionnaire is an interviewer administered form used to obtain the most accurate information from older children. Occasionally, children may not respond to perceived sensitive questions in the presence of parents or guardians. By asking similar questions to both the child and the adult, comparisons can be made to the validity of the response.

**Physical Activity**

Physical inactivity has been identified as a key determinant of overweight and obesity in youth. Sedentary lifestyles in youth may contribute to the risk factors that may occur with diabetes.

**Measurement Approach:** To facilitate comparison with national survey data, questions on physical activity are taken from the CDC-sponsored Youth Risk Behavior Surveillance (YRBS). Similar to other brief approaches to physical activity assessment in youth, questions include frequency of vigorous and moderate activity; hours spent watching television and playing video games, and sleep patterns.

**Specific instructions:** Questions 1 through 8 ask specific questions to determine the amount of physical activity the patient participates in. Although there are specific response options printed on the form for the patient, these ARE NOT to be read. The answers to these questions are self-evident (e.g., how many of the past 7 days) and reading each possible response would be distracting. There are no cue cards.

**Questions 1 through 8**

For each item, read the question and allow the patient to answer. Record answer.

*Probing Tips for Physical Activity Questions*

For *Questions 1, 2, and 3*, the response is equal to a number of days. If the patient says (for example), “Either 3 or 4”, DO NOT assume an answer. Probe by saying “Which would you say it was 3 or 4?” and record the patient’s answer.

For *Questions 4 through 6*, if the patient says “I have no idea,” you can provide the lowest and the highest answer as a probe and let the patient answer. For example, if the patient does not give an answer to number of hours of watching TV, you can say “Please give me your best guess: it could be less than ½ hour or it could be 5 or more hours, or something in between”. Then give the patient a moment to think and they will answer.

*Questions 5 and 6* must be approached from both **weekdays** and **weekend days**.

*Questions 7 and 8* address issues of using the computer for fun, e.g. video or computer games. These questions are not meant to include time a child may spend doing

schoolwork. If a child watches television shows or movies *on* the computer, this counts as hours watching TV. These questions also approach computer use from both **weekdays** and **weekend days**.

### Questions 13 through 18

Decrements in sleep duration and quality might help to explain the development of diabetes. Standardized questions about sleep experience have been developed for the WHO coordinated project called Health Behavior of School Aged Children (HBSC). The community-based responses to these questions have been summarized for 11-, 13-, and 15-year old adolescents<sup>29</sup>. Unfortunately, the US Youth Risk Behavior Surveillance System does not ask any questions about sleep experience. Based on the HBSC questionnaire and results, questions are included to describe “sleep duration during the school (or work or camp) week”, “morning tiredness”, “difficulty sleeping”, and “reasons for waking during the night”. These questions have been excerpted from the HBSC questionnaires of 1990 and 1994 with minor modifications.

For each item, read the question and allow the patient to answer. Record answer.

#### *Probing Tips for sleep pattern Questions*

*Questions 9 through 13* ask about the patient’s sleep patterns. When conducting the patient interview, read all selections and document the patient’s response.

*Question 9:* Asks the patient’s usual bedtime. Check AM or PM - Enter **2** digits for Hour and **2** digits for Minute

*Question 10:* Asks if the patient has had difficulty sleeping over the previous 6 months. Read all responses and mark the one chosen by the patient.

*Question 11:* Asks how often the patient had difficulty sleeping *in the past 6 months*. Read all responses and mark the one chosen by the patient.

*Question 12:* Asks the patient what time they usually wake up on school or work days. Check AM or PM- Enter 2 digits for Hour and 2 digits for Minute.

*Question 13:* Asks how often the patient feels tired when they awake on school or work mornings. Read all responses and mark the one chosen by the patient.