



Study ID

### Health Behaviors

This form deals with issues such as physical activity, eating habits, tobacco and other alcohol and drug use. The answers you give on this form will be kept confidential and will not be shared with your parent/guardian or diabetes provider unless specific health issues are identified that need to be treated. Parents will not be notified of tobacco, alcohol or drug use.

A. Today's date is:     
Month Day Year

### Physical Activity

1. Yesterday, were you physically active for a total of at least 60 minutes? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time).

- Yes
- No

2. During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)

0 days  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 exercise or participate in 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?

0 days  1 day  2 days  3 days  4 days  5 days  6 days  7 days

4. 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 days  1 day  2 days  3 days  4 days  5 days  6 days  7 days

5. On an average day, how many hours do you play video or computer games or use a computer for something that is not school work?

I do not play video games or use a computer for something that is not school work  Less than 1 hour a day  2 hours a day  3 hours a day  4 hours a day  5 or more hours a day

**6. On an average school day, how many hours do you spend watching DVDs or videos?** (Include DVDs or videos you watch on a TV, computer, iPod, or other portable device.)

I do not watch DVDs or videos on an average school day

Less than 1 hour a day

2 hours a day

3 hours a day

4 hours a day

5 or more hours a day

**7. On an average school day, how many hours do you watch TV?**

I do not watch TV on an average school day

Less than 1 hour a day

2 hours a day

3 hours a day

4 hours a day

5 or more hours a day

**8. How many TVs are in your home?** (If you sleep in more than one home, answer based on the home you sleep in most.)

0

1

2

3

4

5 or more

**9. Do you have a TV in your bedroom?** (If you have more than one bedroom, answer based on the bedroom you sleep in most).

Yes

No

**10. In an average week when you are in school, on how many days do you go to physical education (PE) classes?**

0 days

1 day

2 days

3 days

4 days

5 days

**11. How much do you agree or disagree with the following statement?** *I enjoyed the physical education (PE) classes I took at school during the past 12 months.*

I did not take PE during the past 12 months

Strongly disagree

Disagree

Neither agree or disagree

Agree

Strongly Agree

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

0 teams

1 team

2 team

3 or more teams

**13. In an average week when you are in school, on how many days do you walk or ride your bike to school when weather allows you to do so?**

0 days

1 day

2 days

3 days

4 days

5 days

14. In an average week when you are in school, on how many days do you walk or ride your bike home from school when weather allows you to do so?

0 days

1 day

2 days

3 days

4 days

5 days

How much do you agree or disagree with each statement?

When I am physically active... (Mark one answer for each statement.)

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
15. I enjoy it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I find it fun.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. It gives me energy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. My body feels good.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. It gives me a strong feeling of success.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much do you agree or disagree with each statement? (Mark one answer for each statement.)

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
20. At home there are enough pieces of sports equipment (such as balls, bicycles, skates) to use for physical activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. There are playgrounds, parks, or gyms close to my home that are easy for me to get to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. It is safe to be physically active by myself in my neighborhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next 4 questions ask about the adults you live with. (Mark one answer for each statement).

During a typical week, how often does an adult in your household...	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
23. encourage you to do physical activities or play sports?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. do a physical activity or play sports with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. provide transportation to a place where you can do physical activities or play sports?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. watch you participate in physical activities or sports?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next 16 questions ask about food you ate or drank during the past 7 days. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.

27. During the past 7 days, how many times did you eat fruit? (Do not count fruit juice)

I did not eat this in past 7 days	1 to 3 times in past 7 days	4 to 6 times in past 7 days	1 time per day	2 times per day	3 times per day	4 or more times per day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. During the past 7 days, how many times did you eat green salad?

I did not eat this in past 7 days	1 to 3 times in past 7 days	4 to 6 times in past 7 days	1 time per day	2 times per day	3 times per day	4 or more times per day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. During the past 7 days, how many times did you eat potatoes? (Do not count French fries, fried potatoes, or potato chips.)

I did not eat this in past 7 days	1 to 3 times in past 7 days	4 to 6 times in past 7 days	1 time per day	2 times per day	3 times per day	4 or more times per day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. During the past 7 days, how many times did you eat French fries or other fried potatoes, such as home fries, hash browns, or tater tots? (Do not count potato chips.)

I did not eat this in past 7 days	1 to 3 times in past 7 days	4 to 6 times in past 7 days	1 time per day	2 times per day	3 times per day	4 or more times per day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. During the past 7 days, how many times did you eat carrots?

I did not eat this in past 7 days	1 to 3 times in past 7 days	4 to 6 times in past 7 days	1 time per day	2 times per day	3 times per day	4 or more times per day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**32. During the past 7 days, how many times did you eat other vegetables?** (Do not count green salad, potatoes, or carrots.)

I did not eat this in past 7 days	1 to 3 times in past 7 days	4 to 6 times in past 7 days	1 time per day	2 times per day	3 times per day	4 or more times per day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**33. During the past 7 days, how many times did you eat pizza?** (Count pizza from a restaurant or school, frozen pizza, and pizza you made at home).

I did not eat this in past 7 days	1 to 3 times in past 7 days	4 to 6 times in past 7 days	1 time per day	2 times per day	3 times per day	4 or more times per day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**34. During the past 7 days, not including when you were treating a low blood sugar, how many times did you drink 100% fruit juices such as orange juice, apple juice, or grape juice?** (Do not count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)

I did not eat this in past 7 days	1 to 3 times in past 7 days	4 to 6 times in past 7 days	1 time per day	2 times per day	3 times per day	4 or more times per day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**35. During the past 7 days, not including when you were treating a low blood sugar, how many times did you drink a can, bottle, or glass of soda or pop, such as Coke, Pepsi, or Sprite?** (Do not count diet soda or diet pop.)

I did not eat this in past 7 days	1 to 3 times in past 7 days	4 to 6 times in past 7 days	1 time per day	2 times per day	3 times per day	4 or more times per day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**36. During the past 7 days, how many times did you drink a can, bottle, or glass of diet soda or pop, such as Diet Coke, Diet Pepsi, or Sprite Zero?**

I did not eat this in past 7 days	1 to 3 times in past 7 days	4 to 6 times in past 7 days	1 time per day	2 times per day	3 times per day	4 or more times per day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**37. During the past 7 days, not including when you were treating a low blood sugar, how many times did you drink a can, bottle, or glass of a sports drink such as Gatorade or PowerAde?** (Do not count low-calorie sports drinks such as Propel or G2.)

I did not eat this in past 7 days	1 to 3 times in past 7 days	4 to 6 times in past 7 days	1 time per day	2 times per day	3 times per day	4 or more times per day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**38. During the past 7 days, how many times did you drink a can, bottle, or glass of an energy drink, such as Red Bull or Jolt? (Do not count diet energy drinks or sports drinks such as Gatorade or PowerAde.)**

I did not eat this in past 7 days	1 to 3 times in past 7 days	4 to 6 times in past 7 days	1 time per day	2 times per day	3 times per day	4 or more times per day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**39. During the past 7 days, how many times did you drink a cup, can, or bottle of coffee, coffee drinks, or any kind of tea?**

I did not eat this in past 7 days	1 to 3 times in past 7 days	4 to 6 times in past 7 days	1 time per day	2 times per day	3 times per day	4 or more times per day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**40. During the past 7 days, not including when you were treating a low blood sugar, how many times did you drink a can, bottle, or glass of a sugar-sweetened beverage such as lemonade, sweetened tea or coffee drinks, flavored milk, Snapple, or Sunny Delight? (Do not count soda or pop, sports drinks, energy drinks, or 100% fruit juice.)**

I did not eat this in past 7 days	1 to 3 times in past 7 days	4 to 6 times in past 7 days	1 time per day	2 times per day	3 times per day	4 or more times per day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**41. During the past 7 days, how many times did you drink a bottle or glass of plain water? Count tap, bottled, and unflavored sparkling water?**

I did not eat this in past 7 days	1 to 3 times in past 7 days	4 to 6 times in past 7 days	1 time per day	2 times per day	3 times per day	4 or more times per day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**42. During the past 7 days, not including when you were treating a low blood sugar, how many glasses of milk did you drink? (Count the milk you drank in a glass or cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass.)**

I did not eat this in past 7 days	1 to 3 times in past 7 days	4 to 6 times in past 7 days	1 time per day	2 times per day	3 times per day	4 or more times per day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**The next 16 questions ask about meals you might have eaten during the past 7 days and the food you have available to you at home and school.**

**43. During the past 7 days, on how many days did you eat breakfast or a morning meal?**

0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**44. During the past 7 days, on how many days did you eat lunch?**

- 0 days  1 day  2 days  3 days  4 days  5 days  6 days  7 days

**45. When you eat lunch at school, where do you usually get the food you eat?**

- I never eat lunch at school
- From home
- From somewhere at school
- From somewhere else

**46. When you get lunch at school, what do you usually get?**

- I do not get lunch at school
- A complete school lunch from the school cafeteria (a meal sold at school that costs the same price every day)
- A la carte items from the school cafeteria (items sold separately from a complete school lunch)
- Salad bar from the school cafeteria
- Fast food from the school cafeteria (such as McDonald's, Taco Bell, or KFC)
- Food from a school vending machine, school canteen, or school store

**47. In an average week when you are in school, on how many days do you eat all or part of a complete school lunch (a meal sold at school that costs the same price every day)?**

- 0 days  1 day  2 days  3 days  4 days  5 days

**48. In an average week when you are in school, on how many days do you bring your own lunch to school from home?**

- 0 days  1 day  2 days  3 days  4 days  5 days

**49. On how many of the past 7 days did you eat dinner or an evening meal?**

- 0 days  1 day  2 days  3 days  4 days  5 days  6 days  7 days

**50. On school days, where do you usually eat dinner?**

- I do not usually eat dinner on school days
- At home
- At school
- At a restaurant, including fast food restaurants
- In a car, bus, or train
- At a friend or relative's house
- Someplace else

**51. When you eat dinner at home, how often is a television on while you are eating?**

- I do not eat dinner at home
- Never
- Rarely
- Sometimes
- Most of the time
- Always

**52. During the past 7 days, on how many days did you eat dinner at home with at least one of your parents or guardians?**

- |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 0 days                   | 1 day                    | 2 days                   | 3 days                   | 4 days                   | 5 days                   | 6 days                   | 7 days                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**53. During the past 7 days, on how many days did you eat at least one meal or snack from a fast food restaurant such as McDonald's, Taco Bell, or KFC?**

- |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 0 days                   | 1 day                    | 2 days                   | 3 days                   | 4 days                   | 5 days                   | 6 days                   | 7 days                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**54. How often are there fruits or vegetables to snack on in your home, such as carrots, celery, apples, bananas, or melon?**

- Never
- Rarely
- Sometimes
- Most of the time
- Always

**55. How often are there foods such as chips, cookies, or cakes to snack on in your home?**

- Never
- Rarely
- Sometimes
- Most of the time
- Always

**56. Does your school have a vending machine that students can use to purchase soda or pop, sports drinks, or fruit drinks that are not 100% juice, such as Coke, Gatorade, or Sunny Delight?**

- Yes
- No
- Not sure

**57. Does your school have a vending machine that students can use to purchase snacks such as chips, cookies, crackers, cakes, pastries, chocolate candy, or other kinds of candy?**

- Yes
- No
- Not sure



**58. Does your school have a vending machine that students can use to purchase fruits or vegetables?  
(Count dried fruit, such as raisins.)**

- Yes
- No
- Not sure

**Remember the answers you give on this form will be kept confidential and will not be shared with your parent/guardian.**

**59. Have you ever tried cigarette smoking, even one or two puffs?**

- Yes
- No (*Skip to question #60*)

**59a. If yes did you smoke cigarettes (even one or two puffs) in the last 30 days?**

- Yes
- No

**60. During the past 30 days, did you use chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?**

- Yes
- No

**61. During the past 30 days, did you smoke cigars, cigarillos, or little cigars?**

- Yes
- No

**62. Have you ever had a drink of alcohol, other than a few sips?**

- Yes
- No (*Skip to question #63*)

**62a. If yes, did you drink alcohol in the last 30 days?**

- Yes
- No

**63. Have you ever tried marijuana?**

- Yes
- No (*Skip to question #64*)

**63a. If yes, did you smoke marijuana in the last 30 days?**

- Yes
- No

**64. Have you done any of the following: used any form of cocaine; used meth; “huffed” or inhaled glue, spray cans, or paints; used a prescription medication that didn’t belong to you; used more cough syrup than was needed?**

- Yes
- No (Skip to question # 65)

**64a. If yes, did you use any form of cocaine; use meth; “huff” or inhale glue, spray cans, or paints; use a prescription medication that didn’t belong to you; use more cough syrup than was needed in the last 30 days?**

- Yes
- No

**65. Have you ever intentionally taken LESS insulin than you should?**

- Yes (Go to #65a and 65b)
- No (Skip to question #66)

**65a. If yes, why? (Please mark Yes or No for each response)**

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Because I did not want other people to notice
<input type="checkbox"/>	<input type="checkbox"/>	Because I just didn’t want to bother
<input type="checkbox"/>	<input type="checkbox"/>	Because I was mad about needing to take insulin
<input type="checkbox"/>	<input type="checkbox"/>	Because I didn’t want to stick myself
<input type="checkbox"/>	<input type="checkbox"/>	Because I didn’t want my blood sugar to go low
<input type="checkbox"/>	<input type="checkbox"/>	Because I wanted to lose weight
<input type="checkbox"/>	<input type="checkbox"/>	Because I didn’t believe it would hurt me at all
<input type="checkbox"/>	<input type="checkbox"/>	Because I didn’t believe it would hurt me severely
<input type="checkbox"/>	<input type="checkbox"/>	Other reason (_____)

**65b. During the past 30 days, how many days did you intentionally take less insulin than you should?**

- None
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

**66. Have you ever intentionally taken MORE insulin than you should?**

- Yes (Go to #66a and 66b)
- No (If no, this is the end of the form. Thank you for your time!)

**66a. If yes, why?** (Please mark Yes or No for each response)

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Because I didn't want my blood sugar to go high
<input type="checkbox"/>	<input type="checkbox"/>	Because I wanted to get attention
<input type="checkbox"/>	<input type="checkbox"/>	Because I wanted to gain weight
<input type="checkbox"/>	<input type="checkbox"/>	Because I wanted to eat more than I should
<input type="checkbox"/>	<input type="checkbox"/>	Because if my blood sugar gets low, it feels good, kind of like feeling "high"
<input type="checkbox"/>	<input type="checkbox"/>	Because I didn't believe it would hurt me at all
<input type="checkbox"/>	<input type="checkbox"/>	Because I didn't believe it would hurt me severely
<input type="checkbox"/>	<input type="checkbox"/>	Other reason (_____)

**66b.**  
**During**  
**the past**  
**30 days,**  
**how**  
**many**  
**days did**  
**you**  
**intentionally**  
**take**  
**more**

**insulin than you should?**

- None
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

**Thank you for your time!**