

Below, there is a list of words that describe different feelings and emotions. Read each item and put an X in the box that goes with how much you have felt this way during the past few weeks.

	1	2	3	4	5
Feeling or Emotion	Not at all	A little	Somewhat	Quite a bit	Extremely
Interested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frightened	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ashamed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guilty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Miserable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jittery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheerful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proud	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afraid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joyful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fearless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disgusted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delighted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gloomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



When we do different behaviors, we may think about them in different ways. Think about how much you agree or disagree with each statement, and put an X in the square under that response for each one. Please answer all the questions as honestly and accurately as you can. There are no right and wrong answers

	1	2	3	4	5
AH01-1 1. Kids who <b>drink alcohol</b> are more grown-up	disagree a lot <input type="checkbox"/>	disagree a little <input type="checkbox"/>	neither <input type="checkbox"/>	agree a little <input type="checkbox"/>	agree a lot <input type="checkbox"/>
AH02-1 2. Kids who <b>smoke</b> are more grown-up	disagree a lot <input type="checkbox"/>	disagree a little <input type="checkbox"/>	neither <input type="checkbox"/>	agree a little <input type="checkbox"/>	agree a lot <input type="checkbox"/>
AH03-1 3. Kids who <b>get into fights</b> are more grown-up	disagree a lot <input type="checkbox"/>	disagree a little <input type="checkbox"/>	neither <input type="checkbox"/>	agree a little <input type="checkbox"/>	agree a lot <input type="checkbox"/>
AH04-1 4. <b>Drinking alcohol</b> lets you have more fun	disagree a lot <input type="checkbox"/>	disagree a little <input type="checkbox"/>	neither <input type="checkbox"/>	agree a little <input type="checkbox"/>	agree a lot <input type="checkbox"/>
AH05-1 5. <b>Smoking cigarettes</b> lets you have more fun	disagree a lot <input type="checkbox"/>	disagree a little <input type="checkbox"/>	neither <input type="checkbox"/>	agree a little <input type="checkbox"/>	agree a lot <input type="checkbox"/>
AH06-1 6. <b>Getting into fights</b> lets you have more fun	disagree a lot <input type="checkbox"/>	disagree a little <input type="checkbox"/>	neither <input type="checkbox"/>	agree a little <input type="checkbox"/>	agree a lot <input type="checkbox"/>
AH07-1 7. <b>Drinking alcohol</b> makes you look cool	disagree a lot <input type="checkbox"/>	disagree a little <input type="checkbox"/>	neither <input type="checkbox"/>	agree a little <input type="checkbox"/>	agree a lot <input type="checkbox"/>
AH08-1 8. <b>Smoking cigarettes</b> makes you look cool	disagree a lot <input type="checkbox"/>	disagree a little <input type="checkbox"/>	neither <input type="checkbox"/>	agree a little <input type="checkbox"/>	agree a lot <input type="checkbox"/>
AH09-1 9. <b>Fighting</b> makes you look cool	disagree a lot <input type="checkbox"/>	disagree a little <input type="checkbox"/>	neither <input type="checkbox"/>	agree a little <input type="checkbox"/>	agree a lot <input type="checkbox"/>
AH10-1 10. Kids who <b>drink alcohol</b> have more friends	disagree a lot <input type="checkbox"/>	disagree a little <input type="checkbox"/>	neither <input type="checkbox"/>	agree a little <input type="checkbox"/>	agree a lot <input type="checkbox"/>
AH11-1 11. Kids who <b>smoke</b> have more friends	disagree a lot <input type="checkbox"/>	disagree a little <input type="checkbox"/>	neither <input type="checkbox"/>	agree a little <input type="checkbox"/>	agree a lot <input type="checkbox"/>
AH12-1 12. Kids who <b>get into fights</b> have more friends	disagree a lot <input type="checkbox"/>	disagree a little <input type="checkbox"/>	neither <input type="checkbox"/>	agree a little <input type="checkbox"/>	agree a lot <input type="checkbox"/>



For the next questions, put an X in the square under your response.

*Cig01-1*

1. Have you ever tried cigarette smoking, even one or two puffs?	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0
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*Cig02-1*

2. During the past 30 days, on how many days did you smoke cigarettes?	0 days <input type="checkbox"/> 0	1-2 days <input type="checkbox"/> 1	3-5 days <input type="checkbox"/> 2	6-9 days <input type="checkbox"/> 3	10-19 days <input type="checkbox"/> 4	20-29 days <input type="checkbox"/> 5	All 30 days <input type="checkbox"/> 6
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*Cig03-1*

3. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?	<input type="checkbox"/> I did not smoke cigarettes during the past 30 days <input type="checkbox"/> Less than 1 cigarette per day <input type="checkbox"/> 1 cigarette per day <input type="checkbox"/> 2 to 5 cigarettes per day <input type="checkbox"/> 6 to 10 cigarettes per day <input type="checkbox"/> 1 to 20 cigarettes per day <input type="checkbox"/> More than 20 cigarettes per day						
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*Cig04-1*

4. During the past 30 days, on how many days did you smoke cigars, or use chewing tobacco, snuff or dip such as Beechnut, Skoal, or Copenhagen?	0 days <input type="checkbox"/> 0	1-2 days <input type="checkbox"/> 1	3-5 days <input type="checkbox"/> 2	6-9 days <input type="checkbox"/> 3	10-19 days <input type="checkbox"/> 4	20-29 days <input type="checkbox"/> 5	All 30 days <input type="checkbox"/> 6
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The next questions ask about whether you have been in a physical fight.

*FH01-1*

1. Have you ever been in a physical fight?	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0
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*FH02-1*

2. Have you ever been in a physical fight in which you were hurt and had to be treated by a doctor or nurse?	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0
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*FH03-1*

3. During the past 6-months, how many times were you in a physical fight?	0 <input type="checkbox"/> 0	1 time <input type="checkbox"/> 1	2 times <input type="checkbox"/> 2	3 times <input type="checkbox"/> 3	4 times <input type="checkbox"/> 4	5 times <input type="checkbox"/> 5	6 or more <input type="checkbox"/> 6
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This next part of the survey is about some activities you do in your spare time. Please be as accurate and honest as possible. On an average school day, how many hours do you spend:

	None	15 min	30 min.	45 min.	1 hour	1 ½ hours	2 hours	2 ½ hours	3 hours	3 ½ hours	4 hours	4 ½ hours	5 or more hours
	<input type="checkbox"/> 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"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12

*act01-1*

1. Watching TV or videos?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*act02-1*

2. On the computer/internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*act03-1*

3. Playing video games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Everyone feels angry or mad from time to time. It is totally normal! We are interested in why you get angry. Please read each question very carefully and be honest when you answer them. If you have questions, ask one of the researchers or your teacher. There are no right or wrong answers.

### Part 1

Sometimes we get angry or mad at ourselves and sometimes we get angry or mad at other people. Close your eyes and think about the last time when you were **angry or mad AT SOMEONE**. Try to remember as much as you can about the person and the situation, and then answer these questions.

aa-1a

1a.) The person you were angry at was: ☒ Male ☒ Female

AA-1b

1b.) Who was this person ? (check only one box)

Your boyfriend or girlfriend	<input checked="" type="checkbox"/> 1	A brother or sister	<input checked="" type="checkbox"/> 5
A good friend	<input checked="" type="checkbox"/> 2	A parent	<input checked="" type="checkbox"/> 6
A classmate	<input checked="" type="checkbox"/> 3	Another family member	<input checked="" type="checkbox"/> 7
A teacher	<input checked="" type="checkbox"/> 4	Other _____	<input checked="" type="checkbox"/> 8

1c.) Why did this person make you angry ?

	yes	no
aa-1c-1 This person said something mean to you	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
aa-1c-2 This person took something that belonged to you	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
aa-1c-3 This person got something that you should have gotten or wanted	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
aa-1c-4 You could not do something you wanted to do because of this person	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
aa-1c-5 This person ignored you	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
aa-1c-6 This person lied to you	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
aa-1c-7 This person cheated (in a game, on a test, in a sport)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
aa-1c-8 This person teased you or made fun of you	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
aa-1c-9 You could not have something you wanted to have because of this person	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
aa-1c-10 This person accused you of something you did not do	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

aa-1d 1d.) Did this person make you angry or mad on purpose ?

☒ 1 No, not at all    
 ☒ 2 Yes, a little bit    
 ☒ 3 Yes, quite a bit    
 ☒ 4 Yes, very much    
 ☒ 5 Yes, definitely



1e.) What did you do to make yourself feel better?

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- aa-2.) When did this situation happen ? ☐ today \_\_\_\_\_ days ago
- aa-3.) In this situation, you felt... ☐ a little bit angry ☐ somewhat angry ☐ quite angry ☐ very angry ☐ extremely angry
- aa-4.) How long did you feel angry ? ☐ several seconds ☐ several minutes ☐ about half an hour ☐ an hour ☐ several hours ☐ more than a day
- aa-5.) Who did you talk to about the situation or the person that made you angry ? ☐ I did not talk to anyone ☐ I talked to the person I was angry or mad at ☐ I talked to someone else

Please only answer these next three questions if you talked to someone else

- aa-5a.) The person you talked to was: ☐ Male ☐ Female
- aa-5b.) The person you talked to was (check only one box):
- |                             |                          |  |                          |
|-----------------------------|--------------------------|--|--------------------------|
| Your boyfriend / girlfriend | <input type="checkbox"/> | A brother / sister                         | <input type="checkbox"/> |
| A good friend               | <input type="checkbox"/> | A parent                                   | <input type="checkbox"/> |
| A classmate                 | <input type="checkbox"/> | Another relative (grandparent, aunt, etc.) | <input type="checkbox"/> |
| A teacher                   | <input type="checkbox"/> | Other _____                                | <input type="checkbox"/> |
- aa-5c.) How did talking to this person make you feel ? ☐ much less angry ☐ a little less angry ☐ the same as before ☐ a little more angry ☐ much more angry ☐ I did not talk to anyone

- aa-6.) Do you still get angry when you think about this person or this situation ? ☐ not at all angry ☐ a little bit angry ☐ somewhat angry ☐ quite angry ☐ very angry ☐ extremely angry



## Part 2

**Instructions:** Now we would like you to think about how you usually behave when you get angry or mad at someone. Please read these questions carefully and be honest when you answer them. There are no right or wrong answers.

**Most of the time, when I am angry or mad at SOMEONE....**

	Almost never 1	Sometimes 2	Often 3	Almost always 4
a. I express my anger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I hide my anger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I feel like crying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I withdraw from other people or go to be by myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I do things like slam doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I argue with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I am angry, but I don't show it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I attack whatever annoys me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I can stop myself from losing control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I get calm faster than others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I try to be tolerant or understanding of the person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I hold my anger in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. I attack whatever makes me angry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. I control my anger feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. I try to calm myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. I take a deep breath and relax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. I try to simmer down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. I try to get calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. I reduce my anger as soon as possible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. I do something to calm down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. I try to relax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. I do something that relaxes me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. If someone annoys me, I let them know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**How often do you feel...**

	Never 1	Less than once a month 2	Once a month 3	Several times a month 4	Once a week 5	Several times a week 6	Once a day 7	Several times a day 8
1. Angry or mad at other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Angry or mad at yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Angry or mad at other things (computer, TV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



This next part of the survey is about some activities you do in your spare time. Please be as accurate and honest as possible.

	1	2	3	4	5
1. In the last 7 days, during your physical education (PE) classes, how often were you very active (playing hard, running, jumping, throwing)? (Check one only.)	I don't do PE <input type="checkbox"/>	Hardly ever <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Quite often <input type="checkbox"/>	Always <input type="checkbox"/>
2. In the last 7 days, what did you do most of the time <i>at recess</i> ? (Check one only.)	Sat down (talking, reading, doing schoolwork) <input type="checkbox"/>	Stood around or walked around <input type="checkbox"/>	Ran or played a little bit <input type="checkbox"/>	Ran around and played quite a bit <input type="checkbox"/>	Ran and played hard most of the time <input type="checkbox"/>
3. In the last 7 days, what did you normally do <i>at lunch</i> (besides eating lunch)? (Check one only.)	Sat down (talking, reading, doing schoolwork) <input type="checkbox"/>	Stood around or walked around <input type="checkbox"/>	Ran or played a little bit <input type="checkbox"/>	Ran around and played quite a bit <input type="checkbox"/>	Ran and played hard most of the time <input type="checkbox"/>
4. In the last 7 days, on how many days <i>right after school</i> , did you do sports, dance, or play games in which you were very active? (Check one only.)	None <input type="checkbox"/>	1 time last week <input type="checkbox"/>	2 or 3 times last week <input type="checkbox"/>	4 times last week <input type="checkbox"/>	5 times last week <input type="checkbox"/>
5. In the last 7 days, on how many <i>evenings</i> did you do sports, dance, or play games in which you were very active? (Check one only.)	None <input type="checkbox"/>	1 time last week <input type="checkbox"/>	2 or 3 times last week <input type="checkbox"/>	4 or 5 times last week <input type="checkbox"/>	6 or 7 times last week <input type="checkbox"/>
6. On the last weekend, how many times did you do sports, dance, or play games in which you were very active? (Check one only.)	None <input type="checkbox"/>	1 time <input type="checkbox"/>	2 or 3 times <input type="checkbox"/>	4 or 5 times last week <input type="checkbox"/>	6 or more times <input type="checkbox"/>

Which *one* of the following describes you best for the last 7 days? Read *all five* statements before deciding on the *one* answer that describes you.

All or most of my free time was spent doing things that involve little physical effort.	<input type="checkbox"/>	1
1 — 2 times last week, I did physical things in my free time (e.g. played sports, went running, swimming, bike riding, did aerobics).	<input type="checkbox"/>	2
3 — 4 times last week, I did physical things in my free time.	<input type="checkbox"/>	3
5 — 6 times last week, I did physical things in my free time.	<input type="checkbox"/>	4
7 or more times last week, I did physical things in my free time.	<input type="checkbox"/>	5



Mark how often you did physical activity (like playing sports, games, doing dance, or any other physical activity) for each day last week.

	1	2	3	4	5
Yesterday (Tuesday) <i>Ex Tue - 1</i>	None <input type="checkbox"/>	Little bit <input type="checkbox"/>	Medium <input type="checkbox"/>	Often <input type="checkbox"/>	Very often <input type="checkbox"/>
Monday <i>Ex Mon - 1</i>	None <input type="checkbox"/>	Little bit <input type="checkbox"/>	Medium <input type="checkbox"/>	Often <input type="checkbox"/>	Very often <input type="checkbox"/>
Sunday <i>Ex Sun - 1</i>	None <input type="checkbox"/>	Little bit <input type="checkbox"/>	Medium <input type="checkbox"/>	Often <input type="checkbox"/>	Very often <input type="checkbox"/>
Saturday <i>Ex Sat - 1</i>	None <input type="checkbox"/>	Little bit <input type="checkbox"/>	Medium <input type="checkbox"/>	Often <input type="checkbox"/>	Very often <input type="checkbox"/>
Friday <i>Ex Fri - 1</i>	None <input type="checkbox"/>	Little bit <input type="checkbox"/>	Medium <input type="checkbox"/>	Often <input type="checkbox"/>	Very often <input type="checkbox"/>
Thursday <i>Ex Tho - 1</i>	None <input type="checkbox"/>	Little bit <input type="checkbox"/>	Medium <input type="checkbox"/>	Often <input type="checkbox"/>	Very often <input type="checkbox"/>
Wednesday <i>Ex Wed - 1</i>	None <input type="checkbox"/>	Little bit <input type="checkbox"/>	Medium <input type="checkbox"/>	Often <input type="checkbox"/>	Very often <input type="checkbox"/>

The next several questions ask about your body weight and eating habits.

1. How do <b>you</b> describe your weight?	very underweight <input type="checkbox"/> 1	slightly underweight <input type="checkbox"/> 2	about the right weight <input type="checkbox"/> 3	slightly overweight <input type="checkbox"/> 4	very overweight <input type="checkbox"/> 5
2. Which of the following are you trying to do about your weight? <i>Wght02 - 1</i>	lose weight <input type="checkbox"/> 1	gain weight <input type="checkbox"/> 2	stay same weight <input type="checkbox"/> 3	I am <b>not</b> trying to do <b>anything</b> about My weight <input type="checkbox"/> 4	
3. During the past week, did you <b>exercise</b> to lose weight or to keep from gaining weight? <i>Wght03 - 1</i>	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0			
4. During the past week, did you <b>eat less food, fewer calories, or foods low in fat</b> to lose weight or to keep from gaining weight? <i>Wght04 - 1</i>	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0			
5. During the past week, did you <b>go without eating for 24 hours or more</b> (also called fasting) to lose weight or to keep from gaining weight? <i>Wght05 - 1</i>	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0			
6. Do you have the desire to eat when you are <b>bored or have nothing to do</b> ? <i>Wght06 - 1</i>	never <input type="checkbox"/> 1	seldom <input type="checkbox"/> 2	sometimes <input type="checkbox"/> 3	often <input type="checkbox"/> 4	very often <input type="checkbox"/> 5
7. Do you have the desire to eat when you are <b>sad or depressed</b> ? <i>Wght07 - 1</i>	never <input type="checkbox"/> 1	seldom <input type="checkbox"/> 2	sometimes <input type="checkbox"/> 3	often <input type="checkbox"/> 4	very often <input type="checkbox"/> 5
8. Do you have the desire to eat when you are feeling <b>lonely</b> ? <i>Wght08 - 1</i>	never <input type="checkbox"/> 1	seldom <input type="checkbox"/> 2	sometimes <input type="checkbox"/> 3	often <input type="checkbox"/> 4	very often <input type="checkbox"/> 5



9. Do you have the desire to eat when you are <b>angry or frustrated</b> ? <i>wght 09-1</i>	never <input type="checkbox"/> 1	seldom <input type="checkbox"/> 2	sometimes <input type="checkbox"/> 3	often <input type="checkbox"/> 4	very often <input type="checkbox"/> 5
10. Do you have the desire to eat when you are <b>worried or frightened</b> ? <i>wght 10-1</i>	never <input type="checkbox"/> 1	seldom <input type="checkbox"/> 2	sometimes <input type="checkbox"/> 3	often <input type="checkbox"/> 4	very often <input type="checkbox"/> 5

The next several questions ask about your general eating habits.

	0	1	2	3	4
1. How many <b>snacks</b> do you eat per day? <i>Food 01-1</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How many <b>pieces/servings of fruits</b> do you eat per day? <i>Food 02-1</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How many <b>servings of vegetables</b> do you eat per day? <i>Food 03-1</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How many <b>glasses/bottles of water</b> do you drink per day? <i>Food 04-1</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How many <b>glasses of soda/pop</b> do you drink per day? <i>Food 05-1</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. How many times in the last week did you eat a <b>snack while watching TV</b> ? <i>Food 06-1</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. How many times in the <u>last week</u> did you eat <b>fried foods or fast food</b> ? <i>Food 07-1</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. How many days in the <u>last week</u> did you eat <b>candy, chips, or chocolate</b> ? <i>Food 08-1</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you answer all the questions. Thank you!