

FLASHE – Annotated Parent Physical Activity Survey

Notes about this instrument:

- This annotated instrument is designed to provide question content, variable names, labels and response values. It does NOT represent the actual survey completed by respondents because skip patterns and other programming for web-based administration are not presented. For a full list of variables included in each dataset, as well as missing data codes, please reference the codebook. Screen shots of the surveys as administered are available upon request at: email nciflashe@mail.nih.gov
- The variable information in all capitals is the VARIABLE NAME. Following the variable name is the VARIABLE LABEL.
- Survey instrument is indicated by the starting letters of the variable name:
 - T = Teen Demographic survey
 - TD = Teen Diet survey
 - TP = Teen Physical Activity Survey
 - P = Parent Demographic Survey
 - PD = Parent Diet Survey
 - PP = Parent Physical Activity Survey
- Some variables were constructed to facilitate data analyses. These variables are indicated by variable names beginning with “X.” Some of these X variables can be found in this instrument and others can be found in the codebook.
- Federal Laws govern the protection of individual respondents participating in federally-sponsored studies and surveys. In order to ensure that FLASHE was in compliance with these regulations, a risk assessment study was conducted. Data that was determined to pose too great a risk of exposure for personal identifiable information to respondents were modified to ensure confidentiality. The types of changes made included:
 - Recoding some responses to combine response categories due to small cell sizes. Variable names that include “RC” have been recoded.
 - Removing some data from the public use dataset. These data are indicated with the statement “*Information not available on the public use dataset*”.

Section 1: Physical Activity

PHYSICAL ACTIVITY in this survey means any play, game, sport, exercise or transportation (like walking or biking to work) that gets you moving and breathing harder.

1. There are lots of things that might prevent people from exercising as much as they’d like to. Please select how much you disagree or agree with how true each of these reasons is for YOU.

I don’t exercise as much as I like to because...	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
a. I don’t like to sweat PPBPASWT: PP_BarrierPA_Sweat	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. I don’t like to exercise PPBPANLIKE: PP_BarrierPA_NotLikeExercise	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. I don’t want to mess up my hair PPBPAHAIR: PP_BarrierPA_MessUpHair	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. My family doesn’t like to exercise PPBPAFNLK: PP_BarrierPA_FamilyNotLike	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. I’m not athletic PPBPANATHL: PP_BarrierPA_NotAthletic	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

2. Please think about being physically active on most days of the week. Then please select how much you disagree or agree with each of the statements listed below.

If I were to be physically active most days of the week it would...	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
a. Be fun PPAPAFUN: PP_AttitudePA_Fun	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Help me cope with stress PPAPASTRESS: PP_AttitudePA_CopeWithStress	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Help me make new friends PPAPAFRND: PP_AttitudePA_MakeNewFriends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Get or keep me in shape PPAPAINSHAP: PP_AttitudePA_InShape	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. Make or keep me more attractive PPAPAATTRCT: PP_AttitudePA_MoreAttractive	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. Give me more energy PPAPAENERGY: PP_AttitudePA_MoreEnergy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

3. There are lots of reasons why people might try to exercise most days of the week. Please select how much you disagree or agree with how true each of these reasons is for YOU.

I would exercise most days of the week because...	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
a. I would feel bad about myself if I didn't PPMPABAD: PP_MotivationPA_FeelBadMyself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. I have thought about it and decided that I want to exercise PPMPAWANT: PP_MotivationPA_WantToExercise	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Others would be upset with me if I didn't PPMPAUPST: PP_MotivationPA_OthersUpset	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. It is an important thing for me to do PPMPAIMPT: PP_MotivationPA_ImportantToDo	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

4. Please select how much you disagree or agree with this statement:

I feel confident in my ability to exercise regularly.

PPEFFPA: PP_EfficacyPA

- 1 Strongly disagree
- 2 Somewhat disagree
- 3 Neither disagree nor agree
- 4 Somewhat agree
- 5 Strongly agree

We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. The questions will ask you about the time you spent being physically active in the past 7 days. Please answer each question, even if you do not consider yourself to be an active person. Please think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise, or sport.

Think about all the VIGOROUS activities that you did in the PAST 7 DAYS.

VIGOROUS physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Think ONLY about those physical activities that you did for at least 10 minutes at a time.

5. During the LAST 7 DAYS, on how many days did you do VIGOROUS physical activities like heavy lifting, digging, aerobics, or fast bicycling?

PPVIGDAYS: PP_VigPA_Days

days per week

- No vigorous physical activities

PPVIGNONE: PP_VigPA_None

0 Not checked

1 Checked

IF RESPONDENT CHECKED “NO VIGOROUS ACTIVITIES”, SKIPPED TO QUESTION 7.

6. How much time did you usually spend doing **vigorous** physical activities on one of those days?

PPVIGHRS: PP_VigPA_Hrs

PPVIGMINS: PP_VigPA_Mins

hours per day

minutes per day

- Don't know/Not sure

PPVIGDK: PP_VigPA_DK

0 Not checked

1 Checked

Think about all the MODERATE activities that you did in the LAST 7 DAYS.

Moderate activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

7. During the LAST 7 DAYS, on how many days did you do MODERATE physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking.

PPMODDAYS: PP_ModPA_Days

days per week

- No moderate physical activities

PPMODNONE: PP_ModPA_None

0 Not checked

1 Checked

IF RESPONDENT CHECKED “NO MODERATE ACTIVITIES”, SKIPPED TO QUESTION 9.

8. How much time did you usually spend doing MODERATE physical activities on one of those days?

PPMODHRS: PP_ModPA_Hrs

PPMODMINS: PP_ModPA_Mins

hours per day

minutes per day

Don't know/Not sure

PPMODDK: PP_ModPA_DK

0 Not checked

1 Checked

Think about the time you spent WALKING in the LAST 7 DAYS. This includes at work and at home, walking to travel from place to place, and any other walking that you have done solely for recreation, sport, exercise, or leisure.

9. During the LAST 7 DAYS, on how many days did you WALK for at least 10 minutes at a time?

PPWLKDAY: PP_WalkPA_Days

days per week

No walking

PPWLKNONE: PP_WalkPA_None

0 Not checked

1 Checked

IF RESPONDENT CHECKED "NO WALKING", SKIPPED TO QUESTION 11.

10. How much time did you usually spend WALKING on one of those days?

PPWLKHRS: PP_WalkPA_Hrs

PPWLKMINS: PP_WalkPA_Mins

hours per day

minutes per day

Don't know/Not sure

PPWLKDK: PP_WalkPA_DK

0 Not checked

1 Checked

The last question is about the time you spent SITTING on weekdays during the LAST 7 DAYS. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

11. During the LAST 7 DAYS, how much time did you spend SITTING on a WEEKDAY?

PPSITHRS: PP_Sitting_Hrs

PPSITMINS: PP_Sitting_Mins

hours per day

minutes per day

Don't know/Not sure

PPSITDK: PP_Sitting_DK

0 Not checked

1 Checked

Section 2: Your Neighborhood

Your neighborhood is the local area around your home, within a 10-15 minute walk in any direction.

12. Please select how much you disagree or agree with the following statements.

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
a. Many shops, stores, markets or other places to buy things I need are within a 10-15 minute walk of my home PPANSTORE: PP_AvailNbhdPA_ShopStoreMarket	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. A transit stop like a bus, train or trolley is within a 10-15 walk of my home PPANTRANSIT: PP_AvailNbhdPA_TransitStop	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. There are sidewalks on most of the streets in my neighborhood PPANSWALK: PP_AvailNbhdPA_StreetSidewalks	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. My neighborhood has several FREE or LOW COST recreation facilities, such as parks, walking trails, bike paths, recreation centers, playgrounds, etc. PPANRECFAC: PP_AvailNbhdPA_FreeLowCostRecFac	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. The crime rate in my neighborhood makes it unsafe to go on walks at night PPCRIME: PP_Crime	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. People in this neighborhood help each other out PPSCHELPOTH: PP_SocialCapital_HelpEachOther	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. We watch out for each other's children in the neighborhood PPSCWATCH: PP_SocialCapital_WatchOut	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h. There is litter or garbage on the streets or sidewalks in my neighborhood PPSCLITTER: PP_SocialCapital_LitterOnStreets	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Section 3: Using Electronic Devices

People watch TV or videos, surf the internet and play games using many different kinds of electronic devices. When thinking about videos, please count Netflix, YouTube, ONDemand, etc. From the list below, please select which ones YOU use and how often YOU use each.

13. About how many hours PER DAY do you use each electronic device?

	Not at all	Less than 1/2 hour	1/2 hour to 2 hours	2 to 4 hours	4 to 6 hours	6+hours
a. Desktop, laptop computer, iPad or other tablet. DO NOT include time spent on these devices for work or school PPCOMPHRS: PP_ComputerUseED	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
b. Cell phone or Smartphone for gaming, internet or videos. Do not include time spent talking on these devices PPCELLHRS: PP_PhoneUseED	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
c. Television PPTVHRS: PP_TVUseED	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
d. Gaming console like Wii, Xbox, PlayStation, etc. PPGAMEHRS: PP_GameUseED	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
e. Handheld gaming devices like Nintendo DS, Sony PSP, iTouch, etc. PPHNDHLDHRS: PP_HandheldUseED	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
f. Electronic reader, like Kindle or Nook PPREADERHRS: PP_eReaderUseED	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

14. How many TVs are in your home?

[PPNUMTV: PP_AvailTVHome](#)

0 0

1 1

2 2

3 3

4 4

5 5 or more

For these next questions, please think about the electronic devices you just selected.

15. There are lots of reasons why people might limit the amount of time they spend using electronic devices. Please select how much you disagree or agree with how true each of these reasons is for YOU.

I would try to limit the amount of time I spend using electronic devices because...

	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
a. I would feel bad about myself if I didn't PPMEDBAD: PP_MotivationED_FeelBadMyself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. I have thought about it and decided that I want to limit the amount of time I spend using electronic devices PPMEDWANT: PP_MotivationED_WantToLimit	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Others would be upset with me if I didn't limit the amount of time I spend using electronic devices PPMEDUPST: PP_MotivationED_OthersUpset	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. It's an important thing for me to do PPMEDIMPT: PP_MotivationED_ImportantToDo	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

16. Please select how much you disagree or agree with this statement:
I feel confident in my ability to limit how much time I spend using electronic devices.

- [PPEFFED: PP_EfficacyED](#)
- 1 Strongly disagree
 2 Somewhat disagree
 3 Neither disagree nor agree
 4 Somewhat agree
 5 Strongly agree

Section 4: Time Spent in the Sun and Indoor Tanning

17. For the following questions, think about what you do when you're outside during the summer on a warm sunny day.

How often do you...	Never	Rarely	Sometimes	Often	Always
a. Wear sunscreen? PPSUNSCRN: PP_SunSafe_Sunscreen	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Wear a shirt with sleeves that cover your shoulders? PPSLEEVES: PP_SunSafe_Sleeves	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Wear a hat? PPHAT: PP_SunSafe_Hat	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Stay in the shade or under an umbrella? PPSHADE: PP_SunSafe_ShadeUmbrella	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. Spend time in the sun in order to get a tan? PPTIMESUN: PP_SunSafe_InTheSunTan	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

19. In the PAST 12 MONTHS, how many times did you have a red or painful sunburn that lasted a day or more?

PPTIMEBRN: PP_Sunburn

- 0 0 times
- 1 1 time
- 2 2 times
- 3 3 times
- 4 4 times
- 5 5 or more times

20. How many times in the past 12 months have you used a tanning bed or booth?

PPTIMEBED: PP_Tanning

- 1 0 times
- 2 1-2 times
- 3 3-10 times
- 4 11-24 times
- 5 25 times or more
- 6 Don't know

Section 5: Tobacco Use

21. Have you smoked at least 100 cigarettes in your entire life?

PP100CIG: PP_Smoke100

- 1 Yes
- 2 No

IF 2, RESPONDENT SKIPPED TO QUESTION 27

22. How often do you now smoke cigarettes?

PPFREQSMOK: PP_SmokeFreq

- 1 Everyday
- 2 Some days
- 3 Not at all

23. In the PAST MONTH (30 days), when you smoked, how many cigarettes did you smoke per day?

PP30DAYSMOK: PP_SmokeNum

Number of cigarettes per day

I did not smoke cigarettes in the past month (30 days)

PP30DAYNOSM: PP_SmokeNone

- 0 Not checked
- 1 Checked

24. At what age did you start smoking regularly?

PPAGESMOKE: PP_SmokeAge

years old

Never smoked regularly

PPNVRSMOKE: PP_SmokeNever

- 0 Not checked
- 1 Checked

25. What was the date of your last cigarette?

PPLASTCIG: PP_SmokeDate

YYYY-MM-DD

I have not smoked cigarettes

PPNOTSMOKE: PP_SmokeNot

- 0 Not checked
- 1 Checked

26. During the PAST MONTH (30 days), did you smoke cigarettes to help you lose weight or keep from gaining weight?
 PPSMOKEWT: PP_SmokeWeight
- 1 Yes
 - 2 No
 - 3 I don't smoke

Section 6: Sleep

For the following questions, please answer separately for WEEKDAYS (Monday-Friday) and WEEKENDS (Saturday-Sunday).

Select the time in the boxes and please select either A.M. or P.M.

Midnight is 12:00 A.M.

27. What time do you usually go to bed in the evening (turn out the lights in order to go to sleep)?

Weekday

PPTBWKDYH: PP_SleepTime_GoToBed_WkDayHr

PPTBWKDYM: PP_SleepTime_GoToBed_WkDayMin

Hour: _____

Minute: _____

AM or PM: ____

PPTBWKDY: PP_SleepTime_GoToBed_WkDayAmPm

1 AM

2 PM

Weekend

PPTBWKNDH: PP_SleepTime_GoToBed_WkEndHr

PPTBWKNDM: PP_SleepTime_GoToBed_WkEndMin

Minute: _____

Hour: _____

AM or PM: ____

PPTBWKND: PP_SleepTime_GoToBed_WkEndAmPm

1 AM

2 PM

28. What time do you usually get out of bed in the morning?

Weekday

PPOBWKDYH: PP_SleepTime_OutofBed_WkDayHr

PPOBWKDYM: PP_SleepTime_OutofBed_WkDayMin

Hour: _____

Minute: _____

AM or PM: ____

PPOBWKDYP: PP_SleepTime_OutofBed_WkDayAmPm

1 AM

2 PM

Weekend

PPOBWKNDH: PP_SleepTime_OutofBed_WkEndHr

PPOBWKNDM: PP_SleepTime_OutofBed_WkEndMin

Hour: _____

Minute: _____

AM or PM: ____

PPOBWKNDP: PP_SleepTime_OutofBed_WkEndAmPm

1 AM

2 PM

29. Do you generally have trouble staying asleep at night?

PPSLEEPQUAL: PP_SleepQuality

1 Yes

2 No

30. Please select how often the statements below describe how you feel.

	Never	Rarely	Sometimes	Often	Always
a. I feel left out PPLLEFTOUT: PP_Loneliness_LeftOut	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. I feel isolated from others PPLISOLATED: PP_Loneliness_Isolated	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Section 7: Your Teenager

This next part of the survey asks you to think about {TEEN}'s physical activity, experiences at school and time spent using or watching electronic devices such as laptops, smartphones, gaming systems or televisions. Remember to answer only for {TEEN}.

For these first questions, keep in mind that physical activity means any play, game, sport, exercise or transportation (like walking or biking to school) that gets {TEEN} moving and breathing harder.

31. Now think about {TEEN}'s time being physically active. How much do you disagree or agree with each of the statements listed below for {TEEN}?

	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
a. I have to make sure my teenager gets enough physical activity PPPPAENOUGH: PP_ParentingPA_GetEnough	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. I take my teenager places where he/she can be physically active PPPPATKPLCS: PP_ParentingPA_TakePlaces	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. My teenager and I decide together how much physical activity he/she has to do PPPPADECID: PP_ParentingPA_DecideTogether	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. I make my teenager exercise or go out and play PPPPAMKEXRC: PP_ParentingPA_MakeExercise	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. I try to be physically active when my teenager is around PPPPABEACTV: PP_ParentingPA_BeActive	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. It's okay for me to make rules about how much time my teenager spends being physically active/playing PPPPAMKRULE: PP_ParentingPA_MakeRules	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

These next questions ask about “SCREEN TIME,” that is, the time {TEEN} spends using electronic devices to watch videos, surf the internet, play video games and do other activities that involve sitting and looking at a screen.

32. People watch TV or videos, surf the internet, and play games using many different kinds of electronic devices. When thinking about videos, count Netflix, YouTube, ONDemand, etc. From the list below, please select which ones {TEEN} uses.

- Desktop, laptop computer, iPad or other tablet. **Do not** include time spent on these devices for school or work.
PPTEDCOMPTR: PP_TeenTypesED_Computer
 - Cell phone or Smartphone. **Do not** include time spent talking on the phone.
PPTEDCELLPH: PP_TeenTypesED_Cellphone
 - Television
PPTEDTV: PP_TeenTypesED_TV
 - Gaming console like Wii, Xbox, PlayStation, etc.
PPTEDGAME: PP_TeenTypesED_GameConsole
 - Handheld gaming devices like Nintendo DS, Sony PSP, iTouch, etc.
PPTEDHANDHD: PP_TeenTypesED_HandHeld
 - Electronic reader, such as Kindle or Nook
PPTEDEREADR: PP_TeenTypesED_eReader
- 0 Not checked
1 Checked

33. Now think about {TEEN}'s time with the electronic devices you selected in Question 31. How much do you disagree or agree with each of the statements listed below for {TEEN}?

	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
a. If my teenager has a bad day, I let him/her have screen time to feel better PPPEDBADDAY: PP_ParentingED_BadDay	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. I take my teenager places where he/she can play video games, watch movies, etc. PPPEDTKPLCS: PP_ParentingED_TakePlaces	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. My teenager and I decide together how much screen time he/she can have PPPEDEDECIDE: PP_ParentingED_DecideTogether	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. I have to make sure my teenager does not have too much screen time PPPEDPARREG: PP_ParentingED_RegulateScreenTime	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. I decide how much screen time my teenager can have PPPEDPARDEC: PP_ParentingED_DecideHowMuch	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. I try to limit my own screen time when my teenager is around PPPEDTRYLIM: PP_ParentingED_TryToLimit	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. It's okay for me to make rules about how much screen time my teenager can have PPPEDMKRULE: PP_ParentingED_MakeRules	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Next, we have a few general questions about {TEEN}.

34. Most parents think about what they'd like in life for their teenager. For each of the statements listed below, please select how important it is to you when you think about what you'd like for {TEEN}.

	Not at all important to me	A little important to me	Somewhat important to me	Very important to me	Extremely important to me
a. When my teenager is an adult, he/she will feel that there are people who really love him/her PPFEELLOVE: PP_LifeGoal_FeelLoved	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. The things my teenager will do as an adult will make other people's lives better PPOTHBETTER: PP_LifeGoal_OtherLivesBetter	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. My teenager will get good grades in school PPGETGDGRAD: PPLifeGoal_GetGoodGrades	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. People will often comment about how attractive my teenager looks as an adult PPATTRACTV: PP_LifeGoal_Attractive	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. When my teenager is an adult, he/she will have a job that pays well PPJOBPAYWL: PP_LifeGoal_JobPaysWell	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

35. Has a doctor or other healthcare professional ever told you that {TEEN} has any condition that could limit his/her ability to exercise, such as obesity, asthma, diabetes, high blood pressure, etc.?

[PPHCPALIMIT: PP_HealthCondPA_LimitAbility](#)

- 1 Yes
- 2 No
- 3 I don't know

36. Do medical, behavioral or other health conditions interfere with {TEEN}'s ability to do any of the following things?

	Yes	No
a. Participate in sports, clubs or other organized physical activities PPHCPASPORT: PP_HealthCondPA_Sports	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Go on outings such as the park, library, zoo, shopping, church, restaurants or family gatherings PPHCPAOUT: PP_HealthCondPA_Outings	<input type="checkbox"/> 1	<input type="checkbox"/> 2