

## ISCOLE Diet and Lifestyle Questionnaire

Please read every question carefully. What answer comes to your mind first?  
Choose the box that fits your answer best and fill it in.

Remember: This is not a test so there are no wrong answers. It is important that you answer all the questions and that we can see your marks clearly.

You do not have to show your answers to anybody. Also, nobody who knows you will look at your questionnaire once you have finished it.

For the questions on this page, please tell about what you did *last week*.

1. On a school day, how many hours did you watch TV?

- I did not watch TV on school days     < 1 hour     1 hour     2 hours     3 hours     4 hours     5 or more hours

2. On a school day, how many hours did you play video or computer games or use a computer for something that was not school work?

- I did not play video/computer games or use a computer other than for school work on school days     < 1 hour     1 hour     2 hours     3 hours     4 hours     5 or more hours

3. On a school day how much time did you spend outside **before** school?

- < 1 hour     1 hour     2 hours     3 hours     4 hours     5 or more hours

4. On a school day how much time did you spend outside **after** school before bedtime?

- < 1 hour     1 hour     2 hours     3 hours     4 hours     5 or more hours

5. On a weekend day, how many hours did you watch TV?

- I did not watch TV on weekend days     < 1 hour     1 hour     2 hours     3 hours     4 hours     5 or more hours

6. On a weekend day, how many hours did you play video or computer games or use a computer for something that was not school work?

- I did not play video/computer games or use a computer other than for school work on the weekend     < 1 hour     1 hour     2 hours     3 hours     4 hours     5 or more hours

7. On a weekend day, how much time did you spend outside?

- < 1 hour     1 hour     2 hours     3 hours     4 hours     5 or more hours

8. In the last week you were in school, on how many days did you go to physical education (PE) classes?

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

9. In the last week you were in school, the **MAIN** part of your journey to school was by:

- walking
- bicycle, roller-blade, skateboard or scooter
- bus, train, tram, underground or boat
- car, motorcycle or moped
- other \_\_\_\_\_

10. In the last week you were in school, **HOW LONG** did it take you to travel to school?

- < 5 minutes
- 5 - 15 minutes
- 16 - 30 minutes
- 31 minutes to 1 hour
- >1 hour

11. During the past year (12 months), did you do any of these activities? (Check all that apply)

- sports teams
- dance / martial arts class
- art / music class
- none of these

12. During the past week (7 days), on how many days were you physically active for a total of at least 60 minutes per day? (all the time you spent in activities that increased your heart rate and made you breathe hard)

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

**Please tick the box that most sounds like you:**

	Disagree a Lot	—————>			Agree a Lot
	1	2	3	4	5
13. I can be physically active during my free time on most days.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I can ask my parent or other adult to do physically active things with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I can be physically active during my free time on most days even if I could watch TV or play video games instead.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I can be physically active during my free time on most days even if it is very hot or cold outside.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I can ask my best friend to be physically active with me during my free time on most days.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I can be physically active during my free time on most days even if I have to stay at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I have the coordination I need to be physically active during my free time on most days.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I can be physically active during my free time on most days no matter how busy my day is.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

There are lots of reasons why people take part in physical activity. Please tick the box to show how much each of the reasons below is true for you:

never true for me      a little bit true for me      sometimes true for me      true for me      very true for me

21. I take part in exercise because other people say I should

22. It's important to me to exercise regularly

23. I can't see why I should bother exercising

24. I feel like a failure when I haven't exercised in a while

25. I find exercise a pleasurable activity

26. During the past week, what time have you usually turned out the light and gone to sleep on school days?

:  AM / PM (circle AM or PM)

27. During the past week, at what time have you usually woken up in the morning on school days?

:  AM / PM (circle AM or PM)

28. During the past week, what time have you usually turned out the light and gone to sleep on weekend days?

:  AM / PM (circle AM or PM)

29. During the past week, at what time have you usually woken up in the morning on weekend days?

:  AM / PM (circle AM or PM)

30. During the past week, how would you rate your sleep **quality** overall (how **well** you sleep)?

very good       fairly good       fairly bad       very bad

31. During the past week, how would you rate your sleep **quantity** overall (how **much** you sleep)?

very good       fairly good       fairly bad       very bad

32. Do you have a television in your bedroom?

Yes       No

33. How many times do you usually eat . . . ? (Please mark only one box for each line)

	Never	Less than once a week	Once a week	2-4 days a week	5-6 days a week	Once a day, every day	Every day, more than once
Fruits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sweets (candy/chocolate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular cola or soft drinks that contain sugar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cake, pastries, or donuts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diet cola or diet soft drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potato chips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French fries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dark green vegetables (broccoli, spinach, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orange vegetables (carrots, squash, sweet potato, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruit juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low fat milk (1%,2%, skim)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole milk (homogenized)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other milk products (yogurt, chocolate milk, pudding, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole grain bread or cereal (oatmeal, muesli, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat alternatives (beans, lentils, tofu, eggs, peanut butter, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energy drinks (Red Bull, Rock Star, Guru, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports drinks (Gatorade, Powerade, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fried food such as chicken wings, chicken fingers, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fast foods such as pizza, hamburgers, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

34. How many times do you usually eat the following food items **while watching television**?

	Never	Less than once a week	Once a week	2-4 days a week	5-6 days a week	Once a day, every day	Every day, more than once
Potato chips or peanuts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fried food such as chicken wings, chicken fingers, french fries, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cookies, biscuits, chocolate or candy bars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fast foods such as pizza, hamburgers, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruits or vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35. How often do you usually have **breakfast** (more than a glass of milk or fruit juice)? Mark one box for weekdays and one box for weekend.

**Weekdays**

**Weekend**

- I never have breakfast on weekdays
- One day
- Two days
- Three days
- Four days
- Five days

- I never have breakfast on the weekend
- I usually have breakfast on only one day of the weekend (Saturday OR Sunday)
- I usually have breakfast on both weekend days (Saturday AND Sunday)

36. Does your school serve school lunches?

- Yes       No

37. In the last week you were in school, about **how many times a week** did you eat a school lunch?

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

38. During the past week, how many meals (breakfast, lunch or dinner) did you get that were **prepared away from home** in places such as restaurants, fast food places, food stands, grocery stores or vending machines? (please do not include meals provided as part of school breakfast or school lunch)

meals

**How well do these statements describe you?** (Put a mark in the box that best describes how often this happens).

	Never or Almost Never	Sometimes	Usually or Always
39. When I am worried I eat more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. I eat when I am mad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. When I do something well I give myself a food treat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. When I am sad I eat more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. When I am happy I eat more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. When I am bored I eat more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. I eat between meals even when I am not hungry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Thinking about the last week.....** (Put a mark in the box that best describes how you felt)

	Not at all	Slightly	Moderately	Very	Extremely
46. Have you felt fit and well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Have you felt full of energy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Have you felt sad?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Have you felt lonely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Have you had enough time for yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Have you been able to do the things that you want to do in your free time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Have your parent(s) treated you fairly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Have you had fun with your friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Have you got on well at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Have you been able to pay attention?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. In general, how would you say your health is?					
	<input type="checkbox"/> excellent	<input type="checkbox"/> very good	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

**Thank you**