

Curtin University of Technology

Young People's Activity Questionnaire

YAQ

Many of the activities you do everyday at home and school affect you in different ways. They affect the way you think, move, act and play. The questions in this survey ask you about these activities and how you think they affect you. Your answers will help us to provide guidelines for these activities so that you can enjoy doing them.

There are three sections in this questionnaire

- 1. Questions asking general information about you*
- 2. Questions about a range of different activities you do*
- 3. Questions about using computers at school and home*

Please fill in the boxes provided by either ticking the box, or writing your answer in the space available.

Thank you for answering these questions

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Associate Professor: Dr Leon Straker (School of Physiotherapy)
Professor : Dr Clare Pollock (School of Psychology)

1. Questions about you and your school.

a. Which school do you go to?

b. What year are you in at school?

 year/grade

c. Who is your class teacher?

d. What suburb do you live in?

e. When were you born?

 day month year

f. Are you a boy or girl?

 boy girl

g. Do you wear glasses or contact lenses?

 yes no

h. Which hand do you usually write with?

 left right either

i. How many times in an average week do you do the following types of exercise for more than 15 minutes at a time?

Hard exercise that makes you puff and your heart beat fast – for example running, hockey, swimming training, dancing

Medium exercise that is active but not exhausting – for example fast walking, gym, biking, skate boarding

Light exercise that is not demanding – for example bowling, easy walking, playing or climbing outside or at the park

j. When getting ready to go to school how often do you feel like you have butterflies in your stomach?

 don't 1 x month 1 x week 2-3 x week daily

k. How much do you enjoy going to school?

 really don't enjoy it don't enjoy it so so like it really like it

Now some questions about your health.

l. Have you ever had a problem with your muscles, bones or joints?

₁ yes ₂ no => if 'no' go to question p
↳ if 'yes' go to next question

m. Please describe the problem with your muscles, bones or joints. (What it was [for example broken bone, scoliosis, arthritis], how long ago you had it, how it affects you now, why do you think you had it?)

.....
.....

n. In the last month, did you take any medicine to reduce the soreness you felt in your muscles, bones or joints?

₁ yes ₂ no

o. In the last month, did you see a doctor, physiotherapist, etc., because of the soreness you felt in your muscles, bones or joints?

₁ yes ₂ no

p. In the last month how often did you experience a headache?

₁ not at all ₂ 1 x month ₃ 1 x week ₄ 2-3 x week ₅ daily
↳ if 'not at all' go to question 'r'

q. In the last month, did you take any medicine to reduce the headache/s?

₁ yes ₂ no

r. In the last month how often did you experience any stomach pain, eg. nausea, vomiting, or cramps? (For girls this does not include period pain)

₁ not at all ₂ 1 x month ₃ 1 x week ₄ 2-3 x week ₅ daily
↳ if 'not at all' go to the next page

s. In the last month, did you take any medicine to reduce the stomach pain/s?

₁ yes ₂ no

2. Now some questions about **GENERAL ACTIVITIES** you do each month.

In the last month, how often did you do the following activities? *Tick one box only for each activity.*

| | | | | | |
|--|-------------------------------------|------------------------------------|-----------------------------------|-------------------------------------|--------------------------------|
| a. Watching TV shows and DVDs | <input type="checkbox"/> not at all | <input type="checkbox"/> 1 x month | <input type="checkbox"/> 1 x week | <input type="checkbox"/> 2-3 x week | <input type="checkbox"/> daily |
| b. Writing and Drawing with pens and pencils | <input type="checkbox"/> not at all | <input type="checkbox"/> 1 x month | <input type="checkbox"/> 1 x week | <input type="checkbox"/> 2-3 x week | <input type="checkbox"/> daily |
| c. Reading Books / Magazines | <input type="checkbox"/> not at all | <input type="checkbox"/> 1 x month | <input type="checkbox"/> 1 x week | <input type="checkbox"/> 2-3 x week | <input type="checkbox"/> daily |
| d. Using a Mobile Phone for Calls or Texts | <input type="checkbox"/> not at all | <input type="checkbox"/> 1 x month | <input type="checkbox"/> 1 x week | <input type="checkbox"/> 2-3 x week | <input type="checkbox"/> daily |
| e. Playing a Musical Instrument | <input type="checkbox"/> not at all | <input type="checkbox"/> 1 x month | <input type="checkbox"/> 1 x week | <input type="checkbox"/> 2-3 x week | <input type="checkbox"/> daily |

In the last month, for how long did you usually do the following activities each time? *Tick one box only for each activity.*

| | | | | | | |
|--|--------------------------------|---------------------------------------|--|------------------------------------|------------------------------------|-----------------------------------|
| f. Watching TV shows and DVDs | <input type="checkbox"/> never | <input type="checkbox"/> < 30 minutes | <input type="checkbox"/> 30-60 minutes | <input type="checkbox"/> 1-2 hours | <input type="checkbox"/> 2-5 hours | <input type="checkbox"/> >5 hours |
| g. Writing and Drawing with pens and pencils | <input type="checkbox"/> never | <input type="checkbox"/> < 30 minutes | <input type="checkbox"/> 30-60 minutes | <input type="checkbox"/> 1-2 hours | <input type="checkbox"/> 2-5 hours | <input type="checkbox"/> >5 hours |
| h. Reading Books / Magazines | <input type="checkbox"/> never | <input type="checkbox"/> < 30 minutes | <input type="checkbox"/> 30-60 minutes | <input type="checkbox"/> 1-2 hours | <input type="checkbox"/> 2-5 hours | <input type="checkbox"/> >5 hours |
| i. Using a Mobile Phone for Calls or Texts | <input type="checkbox"/> never | <input type="checkbox"/> < 30 minutes | <input type="checkbox"/> 30-60 minutes | <input type="checkbox"/> 1-2 hours | <input type="checkbox"/> 2-5 hours | <input type="checkbox"/> >5 hours |
| j. Playing a Musical Instrument | <input type="checkbox"/> never | <input type="checkbox"/> < 30 minutes | <input type="checkbox"/> 30-60 minutes | <input type="checkbox"/> 1-2 hours | <input type="checkbox"/> 2-5 hours | <input type="checkbox"/> >5 hours |

In the last month, what was the longest time you performed the following activities without a break? *Tick one box only for each activity.*

| | | | | | | |
|--|--------------------------------|---------------------------------------|--|------------------------------------|------------------------------------|-----------------------------------|
| k. Watching TV shows and DVDs | <input type="checkbox"/> never | <input type="checkbox"/> < 30 minutes | <input type="checkbox"/> 30-60 minutes | <input type="checkbox"/> 1-2 hours | <input type="checkbox"/> 2-5 hours | <input type="checkbox"/> >5 hours |
| l. Writing and Drawing with pens and pencils | <input type="checkbox"/> never | <input type="checkbox"/> < 30 minutes | <input type="checkbox"/> 30-60 minutes | <input type="checkbox"/> 1-2 hours | <input type="checkbox"/> 2-5 hours | <input type="checkbox"/> >5 hours |
| m. Reading Books / Magazines | <input type="checkbox"/> never | <input type="checkbox"/> < 30 minutes | <input type="checkbox"/> 30-60 minutes | <input type="checkbox"/> 1-2 hours | <input type="checkbox"/> 2-5 hours | <input type="checkbox"/> >5 hours |
| n. Using a Mobile Phone for Calls or Texts | <input type="checkbox"/> never | <input type="checkbox"/> < 30 minutes | <input type="checkbox"/> 30-60 minutes | <input type="checkbox"/> 1-2 hours | <input type="checkbox"/> 2-5 hours | <input type="checkbox"/> >5 hours |
| o. Playing a Musical Instrument | <input type="checkbox"/> never | <input type="checkbox"/> < 30 minutes | <input type="checkbox"/> 30-60 minutes | <input type="checkbox"/> 1-2 hours | <input type="checkbox"/> 2-5 hours | <input type="checkbox"/> >5 hours |

Now some final questions about *GENERAL ACTIVITIES* you do each month.

p. In the last month, how often did you feel any soreness in your muscles, bones or joints when you did any of these activities (**watch TV, read, write, use a mobile phone, play an instrument?**)

- 1 not at all 2 1 x month 3 1 x week 4 2-3 x week 5 daily

▶ If 'not at all' go to question 3 on the next page ==▶

q. Which activity were you doing when you felt the soreness?

r. In the last month, did you ever stop the activity because of the soreness?

- 1 yes 2 no

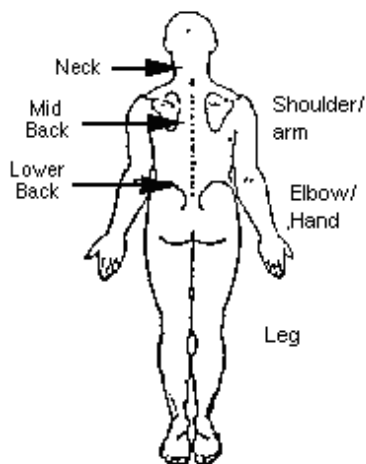
s. In the last month, did you take any medicine to reduce the soreness you felt as a result of the activity?

- 1 yes 2 no

t. In the last month, did you see a doctor/physiotherapist/etc. because of the soreness you felt as a result of doing the activity?

- 1 yes 2 no

u. Circle each body part on the picture where you felt soreness while doing any of these general activities in the last month.



v. For each area you circled, rate how much soreness you had on a scale from 0 (no soreness) to 10 (extreme soreness). Put the number from 0 to 10 in the box.

- a neck
- b mid back
(between your shoulder blades)
- c lower back
- d left shoulder/arm
- e left elbow/hand
- f right shoulder/arm
- g right elbow/hand
- h legs
- i other

w. What do you think caused this soreness?

.....

3. Questions about PLAYING ELECTRONIC GAMES. (not on a computer)

a. Do you have access to electronic games at home (not on a computer)?

- yes no

b. In the last month, how often did you play with electronic game devices? For example GameBoy™, PSP, PlayStation, Xbox, hand held electronic games like 20Q, solitaire?

- not at all 1 x month 1 x week 2-3 x week daily

▶ If 'not at all' go to the next page =>

c. List the electronic game equipment you are most likely to use each month.

| | | |
|--|--|--|
| | | |
| | | |

d. In the last month, for how long did you usually play electronic games each time?

- < 30 minutes 30-60 minutes 1-2 hours 2-5 hours >5 hours

e. In the last month, what was the longest time you played electronic games without a break?

- < 30 minutes 30-60 minutes 1-2 hours 2-5 hours >5 hours

f. In the last month, how often did you feel any soreness in your muscles, bones and joints when you played electronic games?

- not at all 1 x month 1 x week 2-3 x week daily

▶ If 'not at all' go to the next page =>

g. In the last month, did you ever stop playing electronic games because of the soreness?

- yes no

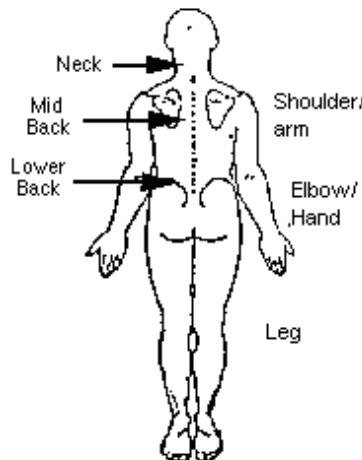
h. In the last month, did you take any medicine to reduce the soreness you felt as a result of playing electronic games?

- yes no

i. In the last month, did you see a doctor/physiotherapist/etc. because of the soreness you felt as a result of playing electronic games?

- yes no

j. Circle each body part on the picture where you felt soreness while playing electronic games in the last month.



k. For each area you circled, rate how much soreness you had on a scale from 0 (no soreness) to 10 (extreme soreness). Put the number from 0 to 10 in the box.

- a neck
- b mid back (between your shoulder blades)
- c lower back
- d left shoulder/arm
- e left elbow/hand
- f right shoulder/arm
- g right elbow/hand
- h legs
- i other

l. What do you think caused this soreness?

.....

4. Questions about *PHYSICAL ACTIVITIES* like sport and exercise.

a. In the last month, how often did you do vigorous physical activity (activities that make you puff or your heart beat faster like running, swimming, football, netball, hockey, dancing, bike riding, sport practice and games)?

- not at all
 1 x month
 1 x week
 2-3 x week
 daily
 ▶ If 'not at all' go to the next page =>

b. List the vigorous physical activities you most likely do each month.

| | | |
|--|--|--|
| | | |
| | | |

c. In the last month, for how long did you usually do these physical activities each time?

- < 30 minutes
 30-60 minutes
 1-2 hours
 2-5 hours
 >5 hours

d. In the last month, what was the longest time you did these physical activities without a break?

- < 30 minutes
 30-60 minutes
 1-2 hours
 2-5 hours
 >5 hours

e. In the last month, how often did you feel any soreness in your muscles, bones and joints when you did these physical activities?

- not at all
 1 x month
 1 x week
 2-3 x week
 daily
 ▶ If 'not at all' go to the next page =>

f. In the last month, did you ever stop doing these physical activities because of the soreness?

- yes
 no

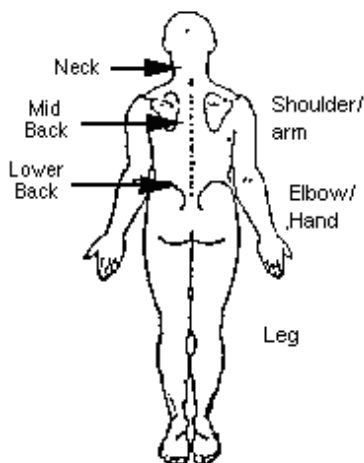
g. In the last month, did you take any medicine to reduce the soreness you felt as a result of doing these physical activities?

- yes
 no

h. In the last month, did you see a doctor/physiotherapist/etc. because of the soreness you felt as a result of doing these physical activities?

- yes
 no

i. Circle each body part on the picture where you felt soreness in the last month when doing these physical activities.



j. For each area you circled, rate how much soreness you had on a scale from 0 (no soreness) to 10 (extreme soreness). Put the number from 0 to 10 in the box.

- a neck
- b mid back
(between your shoulder blades)
- c lower back
- d left shoulder/arm
- e left elbow/hand
- f right shoulder/arm
- g right elbow/hand
- h legs
- i other

k. What do you think caused this soreness?

.....

5. Questions about USING A DESKTOP OR LAPTOP COMPUTER

a. Have you ever used a computer?

₁ yes ₂ no => if 'no' go to question 6 =>

↳ if 'yes' go to the next question

b. About what age were you when you started using a computer?

years old

*The rest of this page is about using computers at **SCHOOL** only*

c. In the last month, how often did you use a computer at **school**?

₁ not at all ₂ 1 x month ₃ 1 x week ₄ 2-3 x week ₅ daily

↳ If 'not at all' go to question 6. =>

d. In the last month, for how long did you usually use a computer at **school** each time?

₁ < 30 minutes ₂ 30-60 minutes ₃ 1-2 hours ₄ 2-5 hours ₅ >5 hours

e. In the last month, what was the longest time you used a computer at **school** without a break?

₁ < 30 minutes ₂ 30-60 minutes ₃ 1-2 hours ₄ 2-5 hours ₅ >5 hours

f. In the last month, how often did you feel any soreness in your muscles, bones and joints when you used a computer at **school**?

₁ not at all ₂ 1 x month ₃ 1 x week ₄ 2-3 x week ₅ daily

↳ If 'not at all' go to the next page =>

g. In the last month, did you ever stop using a computer at **school** because of the soreness?

₁ yes ₂ no

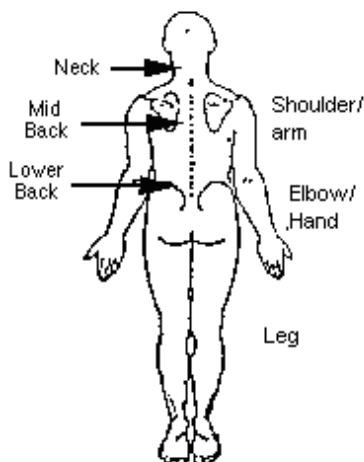
h. In the last month, did you take any medicine to reduce the soreness you felt as a result of using a computer at **school**?

₁ yes ₂ no

i. In the last month, did you see a doctor/physiotherapist/etc. because of the soreness you felt as a result of using a computer at **school**?

₁ yes ₂ no

j. Circle each body part on the picture where you felt soreness in the last month when using a computer at school.



k. For each area you circled, rate how much soreness you had on a scale from 0 (no soreness) to 10 (extreme soreness). Put the number from 0 to 10 in the box.

- a neck
- b mid back
(between your shoulder blades)
- c lower back
- d left shoulder/arm
- e left elbow/hand
- f right shoulder/arm
- g right elbow/hand
- h legs
- i other

l. What do you think caused this soreness?

.....

Now some extra questions about your use of computers AT SCHOOL.

m. When using a computer at **school** which of these postures do you use? (tick all boxes that apply)

- sitting at desk/table
 sitting on floor
 sitting on sofa/beanbag
 lying down
 standing
 other

In the last month, how often did you do the following activities on a computer at **school**? (tick one box only for each activity)

| | | | | | |
|--|-------------------------------------|------------------------------------|-----------------------------------|-------------------------------------|--------------------------------|
| n. Play games | <input type="checkbox"/> not at all | <input type="checkbox"/> 1 x month | <input type="checkbox"/> 1 x week | <input type="checkbox"/> 2-3 x week | <input type="checkbox"/> daily |
| o. Use / create multi-media, eg pictures and music | <input type="checkbox"/> not at all | <input type="checkbox"/> 1 x month | <input type="checkbox"/> 1 x week | <input type="checkbox"/> 2-3 x week | <input type="checkbox"/> daily |
| p. Write letters, stories etc. | <input type="checkbox"/> not at all | <input type="checkbox"/> 1 x month | <input type="checkbox"/> 1 x week | <input type="checkbox"/> 2-3 x week | <input type="checkbox"/> daily |
| q. Use learning programs | <input type="checkbox"/> not at all | <input type="checkbox"/> 1 x month | <input type="checkbox"/> 1 x week | <input type="checkbox"/> 2-3 x week | <input type="checkbox"/> daily |
| r. Surf the Net | <input type="checkbox"/> not at all | <input type="checkbox"/> 1 x month | <input type="checkbox"/> 1 x week | <input type="checkbox"/> 2-3 x week | <input type="checkbox"/> daily |
| s. Send/receive emails | <input type="checkbox"/> not at all | <input type="checkbox"/> 1 x month | <input type="checkbox"/> 1 x week | <input type="checkbox"/> 2-3 x week | <input type="checkbox"/> daily |
| t. Chat room | <input type="checkbox"/> not at all | <input type="checkbox"/> 1 x month | <input type="checkbox"/> 1 x week | <input type="checkbox"/> 2-3 x week | <input type="checkbox"/> daily |
| u. Other activities | <input type="checkbox"/> not at all | <input type="checkbox"/> 1 x month | <input type="checkbox"/> 1 x week | <input type="checkbox"/> 2-3 x week | <input type="checkbox"/> daily |

v. In the last month, when using a computer at school how often did you use a computer in your classroom?

- not at all
 1 x month
 1 x week
 2-3 x week
 daily

w. In the last month, when using a computer at school how often did you use a computer in a computer lab?

- not at all
 1 x month
 1 x week
 2-3 x week
 daily

x. When you are using a computer at **school** who usually decides what you do?

- me
 friend
 teacher
 other person

y. How often can you choose what you do when using a computer at **school**?

- always
 usually
 sometimes
 rarely
 never

z. Who else is usually with you when you are using a computer at **school**?

- no one
 friend
 teacher
 other

za. When using a computer at **school** who do you usually talk with?

- no one
 friend
 teacher
 other

zb. Thinking about the last seven days, in total how many hours have you spent using a computer at **school**? hours

zc. What type of computer do you use at school?

- laptop
 desktop
 both desktop and laptop

Now the last questions about your use of computers AT SCHOOL.

Think about each time in the last week you used a computer at **school** while you are answering the following questions. (Tick one box per question)

| | strongly agree | moderately agree | slightly agree | don't agree or disagree | slightly disagree | moderately disagree | strongly disagree |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| zd. When using a computer at school, I felt I could make the computer do what I wanted it to. | 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"/> |
| ze. I felt the computer was more in charge of what happened than I was. | 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"/> |
| zf. When using a computer at school, I thought about other things. | 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"/> |
| zg. When using a computer at school, I noticed other things going on around me. | 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"/> |
| zh. When using a computer at school, I was totally absorbed in what I was doing. | 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"/> |
| zi. Using a computer at school excited my curiosity. | 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"/> |
| zj. Getting involved using a computer at school made me curious. | 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"/> |
| zk. Using a computer at school fired up my imagination. | 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"/> |
| zl. Using a computer at school bored me. | 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"/> |
| zm. Using a computer at school was interesting in itself. | 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"/> |
| zn. Using a computer at school was fun for me. | 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"/> |

6. Questions about USING A COMPUTER AT HOME ONLY

(this includes using a computer at a friend's home)

a. Do you have access to a computer at **home**?

₁ yes ₂ no

b. How many desktop computers do you have at **home**?

c. How many laptop computers do you have at **home**?

d. Do you have internet/email access at **home**?

₁ yes ₂ no

e. Does your mother/guardian use a computer?

₁ yes ₂ no ₃ don't know

f. Does your father/guardian use a computer?

₁ yes ₂ no ₃ don't know

g. In the last month, how often did you use a computer at **home**?

₁ not at all ₂ 1 x month ₃ 1 x week ₄ 2-3 x week ₅ daily

↳ If 'not at all' go to question 7 ⇒

h. In the last month, for how long did you usually use a computer at **home** each time?

₁ < 30 minutes ₂ 30-60 minutes ₃ 1-2 hours ₄ 2-5 hours ₅ >5 hours

i. In the last month, what was the longest time you used a computer at **home** without a break?

₁ < 30 minutes ₂ 30-60 minutes ₃ 1-2 hours ₄ 2-5 hours ₅ >5 hours

j. In the last month, how often did you feel any soreness in your muscles, bones and joints when you used a computer at **home**?

₁ not at all ₂ 1 x month ₃ 1 x week ₄ 2-3 x week ₅ daily

↳ If 'not at all' go to q ⇒

k. In the last month, did you ever stop using a computer at **home** because of the soreness?

₁ yes ₂ no

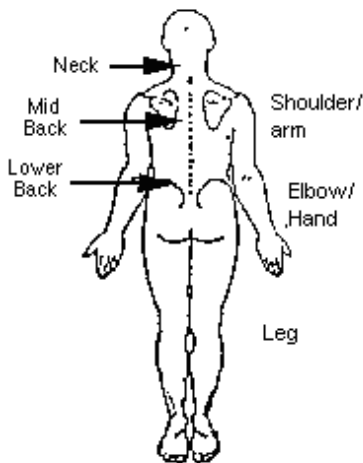
l. In the last month, did you take any medicine to reduce the soreness you felt as a result of using a computer at **home**?

₁ yes ₂ no

m. In the last month, did you see a doctor/physiotherapist/etc. because of the soreness you felt as a result of using a computer at **home**?

₁ yes ₂ no

n. Circle each body part on the picture where you felt soreness in the last month when using a computer at home.



o. For each area you circled, rate how much soreness you had on a scale from 0 (no soreness) to 10 (extreme soreness). Put the number from 0 to 10 in the box.

- a neck
- b mid back
(between your shoulder blades)
- c lower back
- d left shoulder/arm
- e left elbow/hand
- f right shoulder/arm
- g right elbow/hand
- h legs
- i other

p. What do you think caused this soreness?

.....

Now some extra questions about your use of computers AT HOME.

q. When using a computer at **home**, which room are you usually in? (tick all boxes that apply)

shared area your own someone else's bedroom or study some other room varies, use it in different rooms
 eg living room or shared study bedroom or study

r. When using a computer at **home** which of these postures do you use? (tick all boxes that apply)

sitting at desk/table sitting on floor sitting on sofa/beanbag lying down standing other

In the last month, how often did you do the following activities on a computer at **home**? (tick one box only for each activity)

| | | | | | |
|--|-------------------------------------|------------------------------------|-----------------------------------|-------------------------------------|--------------------------------|
| s. Play games | <input type="checkbox"/> not at all | <input type="checkbox"/> 1 x month | <input type="checkbox"/> 1 x week | <input type="checkbox"/> 2-3 x week | <input type="checkbox"/> daily |
| t. Use / create multimedia eg. pictures or music | <input type="checkbox"/> not at all | <input type="checkbox"/> 1 x month | <input type="checkbox"/> 1 x week | <input type="checkbox"/> 2-3 x week | <input type="checkbox"/> daily |
| u. Write letters, stories etc. | <input type="checkbox"/> not at all | <input type="checkbox"/> 1 x month | <input type="checkbox"/> 1 x week | <input type="checkbox"/> 2-3 x week | <input type="checkbox"/> daily |
| v. Use learning programs | <input type="checkbox"/> not at all | <input type="checkbox"/> 1 x month | <input type="checkbox"/> 1 x week | <input type="checkbox"/> 2-3 x week | <input type="checkbox"/> daily |
| w. Surf the Net | <input type="checkbox"/> not at all | <input type="checkbox"/> 1 x month | <input type="checkbox"/> 1 x week | <input type="checkbox"/> 2-3 x week | <input type="checkbox"/> daily |
| x. Send/receive emails | <input type="checkbox"/> not at all | <input type="checkbox"/> 1 x month | <input type="checkbox"/> 1 x week | <input type="checkbox"/> 2-3 x week | <input type="checkbox"/> daily |
| y. Chat room | <input type="checkbox"/> not at all | <input type="checkbox"/> 1 x month | <input type="checkbox"/> 1 x week | <input type="checkbox"/> 2-3 x week | <input type="checkbox"/> daily |
| z. Other activities, eg home work | <input type="checkbox"/> not at all | <input type="checkbox"/> 1 x month | <input type="checkbox"/> 1 x week | <input type="checkbox"/> 2-3 x week | <input type="checkbox"/> daily |

za. When you are using a computer at **home** who usually decides what you do?

me friend parent other person

zb. How often can you choose what you do when using a computer at **home**?
 always usually sometimes rarely never

zc. Who else is usually with you when you are using a computer at **home**?
 no one friend brother/sister parent other

zd. When using a computer at **home** who do you usually talk with?
 no one friend brother/sister parent other

ze. Thinking about the last seven days, in total how many hours have you spent using a computer at **home**? hours

zf. Tick the types of computers you use at **home**?
 desktop laptop other

Now the last questions about your use of computers AT HOME.

Think about each time in the last week you used a computer at **home** while you are answering the following questions. (Tick one box per question)

| | strongly agree | moderately agree | Slightly agree | don't agree or disagree | slightly disagree | moderately disagree | strongly disagree |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| zg. When using a computer at home, I felt I could make the computer do what I wanted it to. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| zh. I felt the computer was more in charge of what happened than I was. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| zi. When using a computer at home, I thought about other things. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| zj. When using a computer at home, I noticed other things going on around me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| zk. When using a computer at home, I was totally absorbed in what I was doing. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| zl. Using a computer at home excited my curiosity. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| zm. Getting involved in a computer at home made me curious. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| zn. Using a computer at home fired up my imagination. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| zo. Using a computer at home bored me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| zp. Using a computer at home was interesting in itself. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| zq. Using a computer at home was fun for me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. Finally, some questions about how you feel generally when you use computers anywhere. (If you have never used a computer go to question 8)

| Please answer the next set of questions also by putting a tick in the box that best shows what you think. | strongly agree | moderately agree | Slightly agree | don't agree or disagree | slightly disagree | moderately disagree | strongly disagree |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Computers do not scare me at all. | 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"/> |
| b. I do not feel anxious when other people talk about computers. | 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"/> |
| c. I get butterflies in the stomach when I think of trying to use a computer. | 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"/> |
| d. I would feel comfortable working with a computer. | 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"/> |
| e. Computers make me feel uneasy and confused. | 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"/> |
| f. I'm no good with computers. | 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"/> |
| g. Generally I would feel OK about trying a new problem on the computer. | 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"/> |
| h. I'm not the type to do well with computers. | 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"/> |
| i. I think using a computer would be very hard for me. | 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"/> |
| j. I have a lot of confidence in my ability when it comes to working with computers. | 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. Before you finish this questionnaire please go to the researcher for height and weight measurements.

| | |
|-----------|-----|
| a. Height | cms |
| b. Weight | kgs |

Thank you for your time and effort in completing this important questionnaire.