

AGE 16 QUESTIONNAIRE FOR VIVA TEENS

Thank you for continuing to help us learn how teenagers grow up. This year's survey is very similar to the ones you have seen before. Just like last year, please read each question, mark your answers, and return the survey to us. Remember, you don't have to answer any question that you don't want to.

1. On average, how many hours per day do you sleep in a usual 24-hour period? (Answer separately for school days and for weekend days).

a. ____ hours per day on a school day b. ____ hours per day on a weekend day

2. On average, how often do you...

a. **Need someone to wake you up in the morning?**

₁ Never ₂ Rarely ₃ Sometimes ₄ Often ₅ Always

b. **Fall back to sleep after being woken up in the morning?**

₁ Never ₂ Rarely ₃ Sometimes ₄ Often ₅ Always

c. **Have trouble getting out of bed in the morning?**

₁ Never ₂ Rarely ₃ Sometimes ₄ Often ₅ Always

d. **Think that you need more sleep?**

₁ Never ₂ Rarely ₃ Sometimes ₄ Often ₅ Always

e. **Fall asleep or get drowsy during class periods?**

₁ Never ₂ Rarely ₃ Sometimes ₄ Often ₅ Always

f. **Get sleepy or drowsy while doing your homework?**

₁ Never ₂ Rarely ₃ Sometimes ₄ Often ₅ Always





3. In the past month, how often did you drink a can, bottle, or glass of ...

	Less than once per week	Once per week	2-4 times per week	Nearly daily or daily	Twice or more per day
a. Soda, such as Coke, Pepsi or Sprite?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. Diet soda, such as Diet Coke, Diet Pepsi or Sprite Zero?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. Sports drink, such as Gatorade or Powerade?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. Low-calorie sports drink, such as Propel or G2?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. Energy drink, such as Monster Energy, Red Bull or Jolt?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. 100% fruit juice, such as orange juice, apple juice, or grape juice?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. Fruit drinks, such as lemonade, Snapple, Sunny Delight, sweetened tea?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h. White milk?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
i. Chocolate or other flavored milk?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
j. Sweetened coffee drinks, such as Frappuccinos or Coolattas?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
k. Plain water (tap or bottled)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅



4. On average, how often do you eat something from a fast food restaurant (like Burger King, McDonald's, Dunkin' Donuts, Taco Bell, or a pizza place)?

- ₁ Less than 1 day per week
- ₂ 1 or 2 days per week
- ₃ At least 3 days per week



5. In the past 12 months, have you ever eaten so much food in a short period of time that you would be embarrassed if others saw you?

- ₁ Yes
- ₂ No



a) During the times when you ate this way, did you feel out of control, like you couldn't stop eating even if you wanted to stop?

- ₁ Yes
- ₂ No

6. Imagine you ate a meal or snack a little while ago and are not hungry anymore. How often would you start eating again?

- ₁ Never
- ₂ Rarely
- ₃ Sometimes
- ₄ Often
- ₅ Always

7. In the past 12 months, how often do you:

a. **Feel hopeful about the future**

₁ Never ₂ Rarely ₃ Sometimes ₄ Often ₅ Always

b. **Notice you didn't have as much energy as you usually do**

₁ Never ₂ Rarely ₃ Sometimes ₄ Often ₅ Always

c. **Feel "down in the dumps" or depressed**

₁ Never ₂ Rarely ₃ Sometimes ₄ Often ₅ Always

d. **Feel worthless**

₁ Never ₂ Rarely ₃ Sometimes ₄ Often ₅ Always

e. **Have trouble concentrating**

₁ Never ₂ Rarely ₃ Sometimes ₄ Often ₅ Always

f. **Have trouble enjoying activities you usually enjoy**

₁ Never ₂ Rarely ₃ Sometimes ₄ Often ₅ Always

If you are having these problems, please talk to a parent, teacher or other trusted adult.

8. How much did you weigh the last time you were weighed?

_____ ₁ pounds
_____ ₂ kilograms

9. Where were you weighed?

- ₁ Home
 - ₂ School
 - ₃ Doctor's office
 - ₄ Other location
- _____

10. In what month and year were you weighed?

____ / _____
M M / Y Y Y Y

11. How tall were you the last time you were measured?

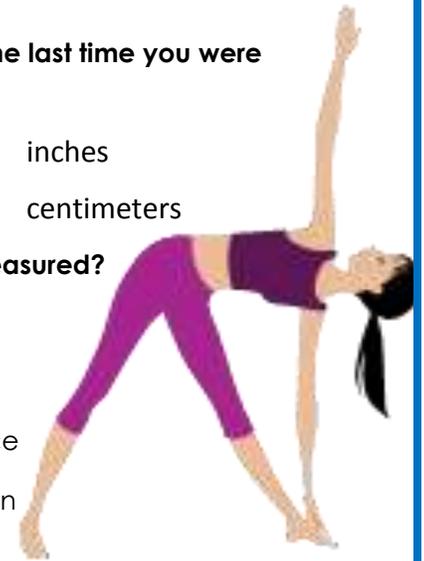
_____ ₁ inches
_____ ₂ centimeters

12. Where were you measured?

- ₁ Home
 - ₂ School
 - ₃ Doctor's office
 - ₄ Other location
- _____

13. In what month and year were you measured?

____ / _____
M M / Y Y Y Y

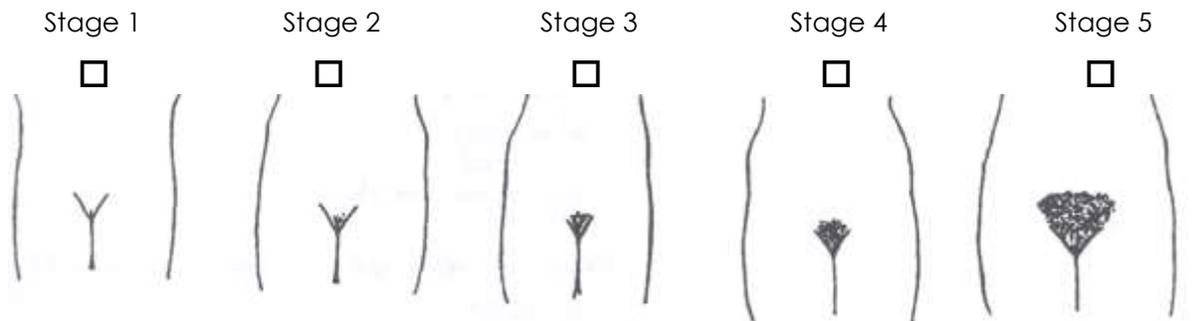


14. Are you currently:

₁ Not trying to do anything about your weight ₃ Trying to stay the same weight

₂ Trying to gain weight ₄ Trying to lose weight

15. Girls go through normal changes as they get older. Please LOOK at the drawings and READ the sentences below each of them. Then choose the drawing closest to your stage of hair development.



• There is no pubic hair.

• There is a little, long, lightly colored hair.
• The hair may be straight or a little curly.

• The hair is darker, coarser, and more curled.
• It has spread out and thinly covers a larger area.

• The hair is now as dark, curly, and coarse as that of a grown woman.
• The hair has not spread out to the legs.

• The hair is now like that of a grown woman.
• The hair often forms a triangle (▼) as it spreads out to the legs.

16. We are interested in how your nasal congestion (stuffy nose) changes with the seasons! For each issue that we mention, please let us know if over the past month, each issue was: not a problem, a small problem, a moderate problem, a fairly bad problem, or a severe problem for you.

Over the past month, how much of a problem were each of the following conditions for you when you **DID NOT** have a cold or the flu?

		Please <u>circle</u> the most correct response				
		Not a problem	A small problem	Moderate problem	Fairly bad problem	Severe problem
a.	Nasal congestion or stuffiness in your nose	0	1	2	3	4
b.	Nasal blockage or obstruction	0	1	2	3	4
c.	Trouble breathing through your nose	0	1	2	3	4
d.	Trouble sleeping because of a stuffy nose	0	1	2	3	4
e.	Can't get enough air through your nose during exercise or hard work.	0	1	2	3	4

17. On average, in the past month, how many hours per week do you spend walking (for example, to/from school, a friend's house or the store)?

___ ___ hours per week

18. On average, in the past month, how many hours per week do you spend engaged in...

a. Light or moderate recreational activities or sports such as biking, skateboarding, dancing, gymnastics, baseball, playing outdoors, or other similar activities? (Do not include walking.)

___ ___ hours per week

b. Vigorous recreational activities or sports such as swimming, running, basketball, soccer, hockey football, rollerblading, tennis, karate, or other similar activities?

___ ___ hours per week

19. Have you ever tried or experimented with cigarette smoking, even a few puffs?

₁ Yes 

₂ No (Skip to 20)

a) On average, in the past 12 months, how often did you smoke a cigarette?

₁ Never in the past year

₄ 1-2 days per week

₂ Less than once a month

₅ 3-5 days per week

₃ Less than once a week

₆ Almost every day or every day

20. On average, in the past 12 months, how many hours per week have you been exposed to others' cigarette smoke? Please include time spent at home and elsewhere.

₁ None

₂ Less than 1 hour per week

₃ 1 to 4 hours per week

₄ 5 to 8 hours per week

₅ 9 to 12 hours per week

₆ More than 12 hours per week

21. Have you ever tried or experimented with vaping, even a few puffs? Please include any e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens, electronic vapor products, such as blu, NJOY, or Starbuzz.

₁ Yes 

₂ No (Skip to 22)

a) On average, in the past 12 months, how often did you vape?

- | | |
|--|---|
| <input type="checkbox"/> ₁ Never in the past year | <input type="checkbox"/> ₄ 1-2 days per week |
| <input type="checkbox"/> ₂ Less than once a month | <input type="checkbox"/> ₅ 3-5 days per week |
| <input type="checkbox"/> ₃ Less than once a week | <input type="checkbox"/> ₆ Almost every day or every day |

22. Have you ever tried or experimented with marijuana (grass or pot), even a few puffs?

₁ Yes 

₂ No (Skip to 23)

a) On average, in the past 12 months, how often did you use marijuana?

- | | |
|--|---|
| <input type="checkbox"/> ₁ Never in the past year | <input type="checkbox"/> ₄ 1-2 days per week |
| <input type="checkbox"/> ₂ Less than once a month | <input type="checkbox"/> ₅ 3-5 days per week |
| <input type="checkbox"/> ₃ Less than once a week | <input type="checkbox"/> ₆ Almost every day or every day |

23. Have you ever tried drinking alcohol (beer, wine or liquor), even a few sips?

₁ Yes 

₂ No (Skip to 24)

a) On average, in the past 12 months, how often did you drink beer, wine or liquor?

- | | |
|--|---|
| <input type="checkbox"/> ₁ Never in the past year | <input type="checkbox"/> ₄ 1-2 days per week |
| <input type="checkbox"/> ₂ Less than once a month | <input type="checkbox"/> ₅ 3-5 days per week |
| <input type="checkbox"/> ₃ Less than once a week | <input type="checkbox"/> ₆ Almost every day or every day |

24. Is there a TV in the room where you sleep?

₁ Yes

₂ No

25. In the <u>past week</u> , think about the hour before you went to sleep. On a typical night how much of that time, on average, do you spend...	none	1-5 minutes	6-15 minutes	16-30 minutes	31-60 minutes
a. Text messaging	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. Talking on the phone	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. Doing homework	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. Reading on an electronic device	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. Watching TV shows or movies	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. Playing video games	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. E-mailing or chatting online	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h. Online social networking (Facebook, Twitter)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
i. Web browsing for blogs, news, and information	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
j. Streaming/downloading online media (music, photos, videos)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

26. On average, in the past month, how many hours per day do you spend watching TV shows, not including DVDs or videos? Include TV shows you watch on a TV, computer, tablet or Smartphone. (Check one box for school days and one for weekend days.)

a. On a school day?

- ₁ None
- ₂ Less than 1 hour a day
- ₃ 1 to less than 2 hours a day
- ₄ 2 or 3 hours a day
- ₅ 4, 5 or 6 hours a day
- ₆ 7 or more hours a day



b. On a weekend day?

- ₁ None
- ₂ Less than 1 hour a day
- ₃ 1 to less than 2 hours a day
- ₄ 2 or 3 hours a day
- ₅ 4, 5 or 6 hours a day
- ₆ 7 or more hours a day

27. On average, in the past month, how many hours per day did you spend watching DVDs, videos or movies? Include those watched on a TV, computer, tablet or Smartphone. (Check one box for school days and one for weekend days.)

a. On a school day?

- ₁ None
- ₂ Less than 1 hour a day
- ₃ 1 to less than 2 hours a day
- ₄ 2 or 3 hours a day
- ₅ 4, 5 or 6 hours a day



₆ 7 or more hours a day

b. On a weekend day?

- ₁ None
- ₂ Less than 1 hour a day
- ₃ 1 to less than 2 hours a day
- ₄ 2 or 3 hours a day

₅ 4, 5 or 6 hours a day

₆ 7 or more hours a day

28. On average, in the past month, how many hours per day do you spend playing video or computer games? Include those played on a TV, tablet or Smartphone. (Check one box for school days and one for weekend days.)

a. On a school day?

₁ None

₂ Less than 1 hour a day

₃ 1 to less than 2 hours a day

₄ 2 or 3 hours a day

₅ 4, 5 or 6 hours a day

₆ 7 or more hours a day



b. On a weekend day?

₁ None

₂ Less than 1 hour a day

₃ 1 to less than 2 hours a day

₄ 2 or 3 hours a day

₅ 4, 5 or 6 hours a day

₆ 7 or more hours a day

c. Are any of these video games physically active (for example, Xbox Kinect)?

₁ Yes

₂ No

₃ I do not play video or computer games

29. On average, in the past month, how many hours per day do you spend on Internet-related activities, such as social networking, email, texting, Apps, or YouTube and other screen related activities (not including homework or games)? (Check one box for school days and one for weekend days.)

a. On a school day?

₁ None

₂ Less than 1 hour a day

₃ 1 to less than 2 hours a day

₄ 2 or 3 hours a day

₅ 4, 5 or 6 hours a day

₆ 7 or more hours a day



b. On a weekend day?

₁ None

₂ Less than 1 hour a day

₃ 1 to less than 2 hours a day

₄ 2 or 3 hours a day

₅ 4, 5 or 6 hours a day

₆ 7 or more hours a day

Thank You!!!