



PHASE 1

QUESTIONNAIRE

FEMALE

Physical Activity

Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time.

Physical activity can be done in sports, playing with friends, or walking to school.

Some examples of **physical activity** are running, brisk walking, rollerblading, biking, dancing, skateboarding, swimming, soccer, basketball, football, & surfing.

1a. Over the past 7 days on how many days were you physically active for a total of 60 mins per day (don't include your PE class)? Please tick ONE box.

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

1b. Over a typical or usual week, on how many days are you physically active for a total of at least 60 mins per day? Please tick ONE box.

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

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Sitting Activity

2a. Think about a normal school week and write down how long you spend sitting down doing the following activities before and after school each day. If you do more than one of the activities at once (e.g. watching TV and using the internet), please pick the one that you are concentrating on the most.

Activity	Monday		Tuesday		Wednesday		Thursday		Friday	
	Hours	Mins	Hours	Mins	Hours	Mins	Hours	Mins	Hours	Mins
Watching a programme/film on TV/DVD/tablet/laptop										
Using the computer for fun (laptop or games console)										
Using a mobile phone to play games/search the internet/message friends										
Using the computer/laptop for homework										
Doing homework not on the computer/laptop										
Reading for fun										
Travel (car/bus/train)										
Doing crafts/hobbies										
Sitting around (chatting with friends/on the phone/chilling)										
Playing/practising a musical instrument										

Other (please state)										
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2b. Think about a normal weekend and write down how long you spend sitting down doing the following activities. If you do more than one of the activities at once (e.g. watching TV and using the internet), please pick the one that you are concentrating on the most.

Activity	Saturday		Sunday	
	Hours	Mins	Hours	Mins
Watching a programme/film on TV/DVD/tablet/laptop				
Using the computer for fun (laptop or games console)				
Using a mobile phone to play games/search the internet/message friends				
Using the computer/laptop for homework				
Doing homework not on the computer/laptop				
Reading for fun				
Travel (car/bus/train)				
Doing crafts/hobbies				
Sitting around (chatting with friends/on the phone/chilling)				
Playing/practising a musical instrument				
Other (please state)				

What I eat

3. How often do you usually have breakfast (more than a glass of milk or fruit juice)? Tick ONE box for weekdays and ONE box for the weekend.

Weekdays		Weekends	
<input type="checkbox"/>	I never have breakfast	<input type="checkbox"/>	I never have breakfast
<input type="checkbox"/>	One day	<input type="checkbox"/>	I usually have breakfast on only ONE day of the weekend
<input type="checkbox"/>	Two days	<input type="checkbox"/>	I usually have breakfast on BOTH weekend days
<input type="checkbox"/>	Three days	<input type="checkbox"/>	
<input type="checkbox"/>	Four days	<input type="checkbox"/>	
<input type="checkbox"/>	Five days	<input type="checkbox"/>	

4a. During the past week, how often did you eat sweet or savoury snacks (e.g. crisps, chocolates, pasties, cakes, sweets, samosas) between main meals? Please tick ONE box.

0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4b. During the past week, how many snacks did you typically eat each day? Please tick ONE box.

None	1	2	3	4	5 or more
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5a. How many servings of vegetables do you usually eat EACH day? Please tick just ONE box.

I don't eat vegetables	1	2-3	4-5	6 or more
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5b. How many servings of fruit do you usually eat EACH day? Please tick just ONE box.

I don't eat fruit	1	2-3	4-5	6 or more

6. How many times a week do you usually drink sugary drinks (e.g. fizzy drinks/pop (not including low-fat or diet versions), fruit juices, sports drinks, flavoured water (e.g. Ribena, Oasis)? Please tick just ONE box.

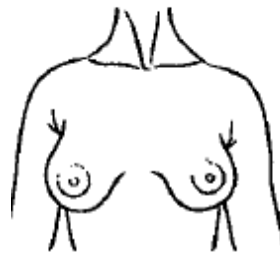
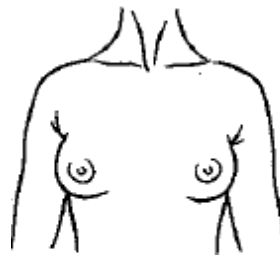
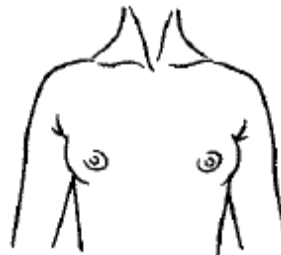
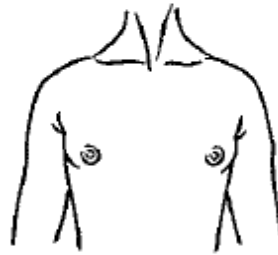
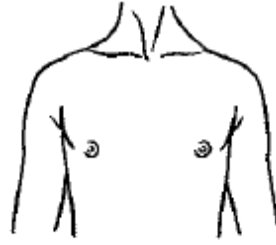
Never	Less than once a week	Once a week	2-4 days a week	5-6 days a week	Every day, once a day	Every day, more than once

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My Body

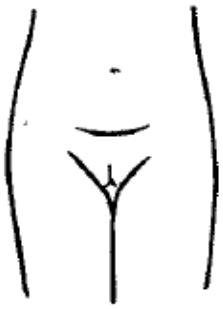
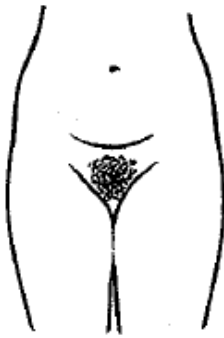
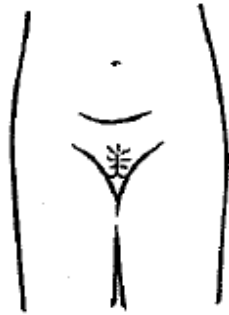

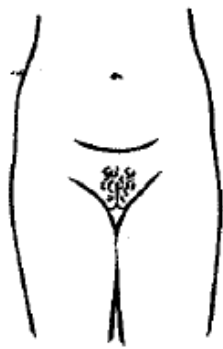
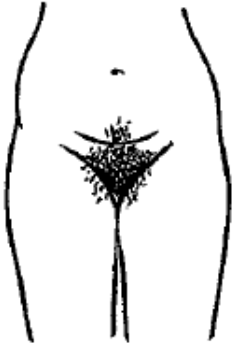
7a. Stages of Breast Development in Girls

Please indicate by ticking the box which set of pictures best describes you.



7b. Stages of Pubic Hair Development in Girls

Please indicate by ticking the box which picture best describes you.

<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

Thank you for completing this questionnaire

