

ANNALS OF FAMILY MEDICINE

Online Supplementary Material

Glasgow RE, Ory MG, Klesges LM, Cifuentes M, Fernald DH, Green LA. Practical and relevant self-report measures of health behavior for primary care settings. *Ann Fam Med*. 2005;3:73-81.

<http://www.annfammed.org/cgi/content/full/3/1/73/DC1>

Appendix 1. Secondary Recommendations for Adolescent and Child Measures

ADOLESCENTS

Physical Activity (YRBSS³⁸)

- On an average school day, how many hours do you play computer or video games? _____

Risky Drinking – CRAFFT⁴²⁻⁴⁴ (recommend adaptation specific to alcohol)

Scoring: 2 or more “Yes” answers suggests a significant problem

- Have you ever ridden in a car driven by someone (including yourself) who was “high” or had been using alcohol?
- Do you ever use alcohol to relax, feel better about yourself, or fit in?
- Do you ever use alcohol while you are by yourself, alone?
- Do you ever forget things you did while using alcohol?
- Do your family or friends ever tell you that you should cut down on your drinking?
- Have you ever gotten into trouble while you were using alcohol?

Cigarette Smoking (Smoking Uptake Continuum³⁹)

Scoring: See Choi et al,³⁹ or <http://dccps.nci.nih.gov/TCRB>

Susceptibility

- Do you think you will smoke a cigarette in the next year? Would you say...
(*Definitely yes, Probably yes, Probably not, Definitely not*)
- Do you think that in the future you might experiment with cigarettes? Would you say...
(*Definitely yes, Probably yes, Probably not, Definitely not*)
- If one of your best friends offered you a cigarette, would you smoke it? Would you say...
(*Definitely yes, Probably yes, Probably not, Definitely not*)

Ever Smoking

- Have you ever smoked a cigarette? (___ Yes ___ No)
- Have you ever tried or experimented with cigarette smoking, even a few puffs? (___ Yes ___ No)
- How old were you when you smoked your first whole cigarette?
AGE _____
NEVER SMOKED A WHOLE CIGARETTE 0

Established Smoking

- Have you smoked at least 100 cigarettes in your life? (___ Yes ___ No)
- Have you ever smoked a cigarette a day for at least a month? (___ Yes ___ No)
- How old were you when you started smoking regularly?
AGE _____
NOT A REGULAR SMOKER _____

Current Smoking

- Think about the last 30 days. On how many of these days did you smoke? ____

Eating Patterns (PACE +⁴⁵)

Scoring – Calculate (number of fruits + vegetables) ÷ 2. If >5 meeting guidelines

- In a typical day, how many servings of fruit do you eat (not counting fruit punch, lemonade, Gatorade, Sunny Delight, or fruit drink?) ____ *Servings*
- In a typical day, how many servings of vegetables do you eat (not counting French fries, onion rings, potato chips, or fried okra)? ____ *Servings*

CHILDREN

Physical Activity

No secondary recommendations

Risky Drinking

No secondary recommendations

Cigarette Smoking

No secondary recommendations

Eating Patterns (PACE +⁴⁵)

Scoring – Add (number of fruits + vegetables) ÷ 2. If >5 meeting guidelines

- In a typical day, how many servings of fruit do you eat (not counting fruit punch, lemonade, Gatorade Sunny Delight, or fruit drink?) ____ *Servings*
- In a typical day, how many servings of vegetables do you eat (not counting French fries, onion rings, potato chips, or fried okra)? ____ *Servings*

YRBSS = Youth Risk Behavior Surveillance System; PACE+ = Patient-Centered Assessment and Counseling for Exercise plus Nutrition.