

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>

Table 2. Recommended Items/Measures for Adolescent and Child Behavior Change

(Source and scoring instructions listed by each item or category)

ADOLESCENTS (ages 12-17 y)

Physical Activity

Scoring – for PACE+,³⁷ average the 2 items. If average < 5, not meeting guidelines. YRBSS³⁸ item scored separately as number of hours.

- Over the past 7 days, on how many days were you physically active for at least 60 minutes per day? (PACE+)
- Over a typical or usual week, on how many days were you physically active for a total of at least 60 minutes per day? (PACE+)
- On an average school day, how many hours do you watch TV? (YRBSS 2003)

Risky drinking (BRFSS 2003²⁷)

Scoring – any alcohol use not recommended

- During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? [if none, STOP]
- On the days when you drank, about how many drinks did you drink on average?
- Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion?

Cigarette Smoking (Smoking Uptake Continuum³⁹)

Scoring – regular smoking = smoking on 30 days; experimental smoking = Yes to first question and <30 days

- Have you ever tried or experimented with cigarette smoking, even a few puffs?
- Think about the last 30 days. On how many of these days did you smoke?

Eating Patterns (Physical Activity and Nutrition Behaviors Monitoring Form⁴⁰)

Scoring – Contact Alice Ammerman at Alice_Ammerman@unc.edu

- On a typical day, how many times does your child (do you) drink sweetened beverages such as sweet tea, punch, Kool Aid, sports drinks or fruit drinks? Do not count 100% fruit juices.
 1 time 2 times 3 or more times None Don't know/not sure
- On a typical day, how many times does your child (do you) drink soda? Do not count "diet" soda.
 1 time 2 times 3 or more times None Don't know/not sure
- How many times a week does your child (do you) eat food from a fast food restaurant like Burger King, Chick-Fil-A, Bojangles, or Pizza Hut?
 Less than once a week Once a week 2 times a week 3 to 5 times a week
 More than 5 times a week Don't know/not sure
- On a typical day, how many times does your child (do you) eat French fries or chips? Chips are potato chips, tortilla chips, Cheetos, corn chips or other snack chips.
 1 time 2 times 3 or more times None Don't know/not sure
- On a typical day, how many glasses of milk does your child (do you) drink? (A glass is the amount in a small carton at school or an 8 ounce drinking glass.)
 <1 glass 1 glass 2 glasses 3 glasses 4 or more None
 Don't know/not sure

- What type of milk does your child (do you) usually drink?
 Skim or Non-fat *Low fat (1/2- 1%)* *Reduced fat (2%)* *Whole*
 Flavored low-fat or skim *Flavored 2% or whole* *Don't know/not sure*
- On a typical day, how many servings of vegetables does your child (do you) eat? Do not include French fries.
 1 serving *2 servings* *3 or more servings* *None* *Don't know/not sure*
- On a typical day, how many servings of fruit does your child (do you) eat?
 1 serving *2 servings* *3 or more servings* *None* *Don't know/not sure*

CHILDREN

Physical Activity

No recommendation at this time.

Risky drinking

No recommendation at this time.

Cigarette Smoking (Jackson's Smoking Susceptibility⁴¹)

Scoring – Add responses to all 4 items; definitely not = 0; all others = 1.

- Do you think you will be smoking cigarettes 1 year from now?
(Definitely not, Probably not, Probably yes, Definitely yes)
- Do you think you will be smoking cigarettes in high school? *(similar responses)*
- Do you think that most kids who are like you start smoking cigarettes? *(similar responses)*
- Have you ever almost tried smoking a cigarette but then decided not to? *(Yes, No)*

Eating Patterns (Physical Activity and Nutrition Behaviors Monitoring Form⁴⁰)

Scoring – Contact Alice Ammerman at Alice_Ammerman@unc.edu

- On a typical day, how many times does your child (do you) drink sweetened beverages such as sweet tea, punch, Kool Aid, sports drinks or fruit drinks? Do not count 100% fruit juices.
 1 time *2 times* *3 or more times* *none* *Don't know/not sure*
- On a typical day, how many times does your child (do you) drink soda? Do not count “diet” soda.
 1 time *2 times* *3 or more times* *none* *Don't know/not sure*
- How many times a week does your child (do you) eat food from a fast food restaurant like Burger King, Chick-Fil-A, Bojangles, or Pizza Hut?
 Less than once a week *Once a week* *2 times a week* *3 to 5 times a week*
 More than 5 times a week *Don't know/not sure*
- On a typical day, how many times does your child (do you) eat French fries or chips? Chips are potato chips, tortilla chips, Cheetos, corn chips or other snack chips.
 1 time *2 times* *3 or more times* *none* *Don't know/not sure*
- On a typical day, how many glasses of milk does your child (do you) drink? (A glass is the amount in a small carton at school or an 8 ounce drinking glass.)
 <1 glass *1 glass* *2 glasses* *3 glasses* *4 or more* *None*
 Don't know/not sure
- What type of milk does your child (do you) usually drink?
 Skim or Non-fat *Low fat (1/2% - 1%)* *Reduced fat (2%)* *Whole*
 Flavored low-fat or skim *Flavored 2% or Whole* *Don't know/not sure*
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 1 serving *2 servings* *3 or more servings* *None* *Don't know/not sure*
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 1 serving *2 servings* *3 or more servings* *None* *Don't know/not sure*

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