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Exploring Obesity and After-school Supervision with Adolescents in Rural West Virginia

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EXPLORING OBESITY AND AFTER-SCHOOL SUPERVISION WITH ADOLESCENTS IN
RURAL WEST VIRGINIA

A Dissertation submitted to
the Graduate College of
Marshall University

In partial fulfillment of
the requirements for the degree of
Doctor of Psychology

Clinical Psychology

by
Sallie Dawn Richards, M.A.

Approved by

Dr. Paige A. Muellerleile, Ph.D., Committee Chairperson
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Dr. Pamela L. Mulder, Ph.D.

Marshall University
July 2010

DEDICATION

This dissertation is dedicated to my mom, Marlene H. Richards, whose passion and commitment to rural, low-income, latchkey children sparked the idea for this research, and whose unconditional love, support, and encouragement have led to its completion.

This dissertation is also dedicated to my dad, the late Donald D. Richards, who would have been so proud.

ACKNOWLEDGMENTS

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ABSTRACT

EXPLORING OBESITY AND AFTER-SCHOOL SUPERVISION WITH ADOLESCENTS IN RURAL WEST VIRGINIA

by Sallie Dawn Richards, M.A.

Both childhood obesity and the number of children in self-care have increased during the past several decades. Child care arrangements for working parents of middle school children can be a complex problem because unsupervised children who “hang out” with peers after school are more likely to engage in risky behaviors, although unsupervised children at home after school tend to watch more television than their supervised peers. Because children in self-care at home after school tend to engage in more sedentary activities, they may be at greater risk for becoming overweight or obese. The purpose of the present study was to examine the extent to which activity level may mediate a relationship between at-home self-care and childhood obesity. Participants completed a structured activity journal to record daily after-school activities for one week’s time. A series of three regression models was estimated to examine the hypothesized relationships among the following variables: time spent unsupervised, activity level, and BMI percentile. The results of these analyses suggested that relationships among these variables do not exist. Additionally, several ancillary analyses were conducted to examine the findings in greater depth. One ancillary analysis compared the responses participants gave about their activities each hour and their subjective ratings of their activity levels. Two independent judges rated the activity level of each participant, and the judges’ activity ratings were compared to the participants’ activity ratings. A second ancillary analysis examined whether there was a difference in how participants in the different weight classifications perceived their activity level to be. A final analysis compared the participants’ weight classification with how healthy the

participants' recorded food intake was judged to be. Qualitative observations regarding the reported food intake and activity level were also included to provide additional information regarding factors that may be contributing to the proportion of overweight/obese participants. Results of the ancillary analyses, interpretation of the primary and ancillary analyses, critique of the methodology, and suggestions for future research are addressed.

CHAPTER ONE: INTRODUCTION AND REVIEW OF THE LITERATURE

Both childhood obesity and the number of children in self-care have increased during the past several decades (Centers for Disease Control [CDC], 2007; Lamorey, Robinson, Rowland, & Coleman, 1999; Peterson & Magrab, 1989). Child care arrangements for working parents of middle school children can be a complex problem. On the one hand, unsupervised children who “hang out” with peers after school tend to be more likely to engage in risky behaviors (Galambos & Maggs, 1991; Pettit, Bates, Dodge, & Meece, 1999; Steinberg, 1986). On the other hand, unsupervised children at home tend to watch more television than their peers whose after-school activities are supervised (Posner & Vandell, 1994). Because children in self-care at home after school tend to engage in more sedentary activities, primarily watching television, they may be at greater risk for overweight and obesity (Caballero, 2004; Caroli, Argentieri, Cardone, & Masi, 2004; Epstein et al., 1995; Mozlin, 2005). To date, no research has attempted to demonstrate a link between unsupervised after-school activity and childhood obesity. Thus, the purpose of the present effort is to examine the extent to which sedentary activity may mediate a relationship between at-home self-care and childhood obesity.

Childhood Obesity

Classifying a person as overweight or obese is based on body mass index (BMI), which is expressed as a ratio of weight in kilograms to the squared height measurement in meters (Dietz & Robinson, 2005; Mozlin, 2005). According to the CDC (August 2009), BMI is the most widely accepted method to screen for overweight and obesity because obtaining the height and weight measurements used to calculate BMI are non-invasive and easily acquired. Additionally, BMI correlates with body fatness. Because BMI is not a direct measure of body fatness, it is not considered to be a diagnostic measure, and it is used primarily as a screening tool for an initial

assessment of body fatness in children and adolescents. A child with a BMI between the 85th and 94th percentiles for children of the same age and sex is considered to be overweight, whereas a child with a BMI at or above the 95th percentile is considered to be obese. Unlike adults, whose weight classification is based solely on the calculated BMI, children's and adolescents' weight status is based on age- and sex- specific percentiles to account for developmental variations in body composition (CDC, August 2009).

Obesity in childhood has been a public concern for over 40 years and has become the most widespread nutritional disease in children and adolescents in the United States (Caballero, 2004; Dietz, 1998). A 1966 report from the United States Department of Health, Education, and Welfare (as cited in Caballero, 2004) stated that obesity was a considerable public health concern in the United States. Consequently, several leading nutritionists raised the issue of childhood obesity and began to introduce "obesity control" programs to children who were already obese in elementary and high schools in the Boston area during the 1960s. The most recent data suggest a staggering percentage of overweight and obese adults and children in the United States. The United States is the world leader of obesity prevalence with approximately 119 million, or 64.5%, of adult Americans classified as overweight or obese (Trust for America's Health, 2005; West Virginia Department of Health and Human Resources [WVDHHR], 2002). Furthermore, the data suggest that the prevalence of this problem continues to increase at an alarming rate. The Center for Disease Control (2007) reported that, based on the latest National Health and Nutrition Examination Survey (NHANES), the prevalence of overweight children has substantially increased across age groups since the first NHANES in 1974. For children aged 2–5 years, prevalence has increased from 5% to 13.9%; for those aged 6–11 years, prevalence has

increased from 6.5% to 18.8%; and for those aged 12–19 years, prevalence has increased from 5.0% to 17.4%.

Obesity is also a serious problem regionally. West Virginia ranks third in the nation in adult obesity at 27.6% and in obesity and overweight adults combined at 64% (CDC, 2006; Trust in America’s Health, 2005). Twenty-nine percent of West Virginia high school students are either overweight or at risk for becoming overweight (CDC, 2006). Rates of overweight and obese children ages 10-17 within West Virginia are 35.5%, which is the 8th highest in the nation (Trust for America’s Health, 2009). Additionally, 28% of low-income children in West Virginia between the ages of 2 and 5 are overweight or are at risk for becoming overweight (CDC, 2006). The occurrence of obesity in West Virginia has been consistently higher than the national average, with obesity rates highest in the southern and western portions of the state and the Eastern Panhandle (WVDHHR, 2002).

Children from a lower socioeconomic status (SES) background seem to be at a greater risk for developing childhood obesity. Individuals who receive food stamps are more likely to be obese compared to both eligible non-participants and higher-income individuals (Trust for America’s Health, 2005). Parents in low-income, rural areas can demonstrate knowledge of healthy eating habits for their children after educational programming but do not follow through with dietary intake (Horodynski, Hoerr, & Coleman, 2004). Minority and low SES adolescents are also less physically active and more likely to engage in sedentary behaviors than nonminorities or middle to upper class adolescents (Wilson et al., 2005). In West Virginia, adolescents are far less active than the national average. In 1999, only 38.2% of West Virginia high school students were enrolled in physical education classes compared with the national average of 56.1% (WVDHHR, 2002).

There are numerous health consequences associated with childhood obesity. Obese children frequently develop Blount's disease, a condition in which the tibia and femur bend outward as a result of the extreme pressure from excessive weight. This joint pressure is likely to result in other orthopedic problems in adulthood, including osteoarthritis, herniated discs, and chronic back pain (Mozlin, 2005). Obese children also typically experience hypertension, chronic inflammation, sleep apnea, gallbladder disease, abnormal glucose tolerance, hyperlipidemia, and metabolic syndrome (Dietz, 1998; Dietz & Robinson, 2005; Mozlin, 2005). Metabolic syndrome has been a predictor of both type 2 diabetes and coronary artery disease (Mozlin, 2005). Furthermore, about 80% of overweight adolescents will grow up to be obese as adults (Dietz, 2004).

Psychopathology in adulthood is also linked to childhood onset obesity. Mills and Andrianopoulos (1993) found that patients who developed obesity during childhood showed a higher occurrence and greater degree of emotional distress and psychiatric symptomology than patients with adult onset obesity. Additionally, patients with childhood onset obesity demonstrate more psychopathology than those who became obese as adults. Furthermore, their results corroborate the notion that obesity is typically correlated with greater internal psychological conflict. Jackson, Mannix, Faga, and McDonald (2005) reported that childhood obesity is correlated with interpersonal problems, social isolation, lowered educational achievement, poor self-esteem, and depression. Dietz (1998) also claimed that the most prevalent consequences of childhood obesity are psychosocial because overweight children are early targets of discrimination.

Researchers have identified numerous biological and environmental factors that are believed to contribute to the onset of childhood obesity (Jackson et al., 2005; Mozlin, 2005).

Dietz and Robinson (2005) reported that the threat for becoming overweight is amplified among people with high birth weight and parents who are overweight. Diet and lifestyle have also been linked to childhood obesity. During the last 50 years, per capita consumption of soft drinks has increased 500% (Mozlin, 2005). Additionally, research has recurrently indicated that both the amount of television that children watch and increased consumption of soft drinks and other foods are contributing factors to the rise of childhood and adolescent obesity (Caroli et al., 2004; Epstein et al., 1995; Halford, Gillespie, Brown, Pontin, & Dovey, 2004; Jackson et al., 2005). Children who are considered “latchkey,” or who are in self-care after school, spend more time watching television than children who are under adult supervision (Posner & Vandell, 1994).

Latchkey Children

“Latchkey” is a term used to describe unsupervised children who are left alone for some portion of the day, particularly during the after-school hours, who usually take care of themselves because one or both parents work (Lamorey et al, 1999; Mott, Crowe, Richardson, & Flay, 1999). Other synonymous descriptors used in the literature include “unsupervised,” “kids with working parents,” and “children in self-care” (Peterson & Magrab, 1989). Most children who are in self-care are White and come from middle-class, higher income families living in suburban or rural areas (Cain & Hofferth, 1989).

The incidence of children without adult supervision before or after school has grown rapidly in the past several decades for a variety of reasons (Peterson & Magrab, 1989). High frequencies of separation and divorce have left a record number of women exclusively responsible for their families’ income and dual-career couples have become common (Lamorey et al., 1999). Additionally, mothers who are employed, particularly full-time, are more likely to utilize self-care arrangements than non-employed mothers (Cain & Hofferth, 1989). In 2004,

79.2% of single mothers, 75.6% of married mothers, and 83% of all separated, divorced, or widowed mothers with children between the ages of 6 and 17 were in the labor force (United States Census Bureau, 2006). With the changing trends in both family structure and the labor force, an increasing number of children are becoming “latchkey.”

According to the United States Census Bureau (2005), 5.8 million, or 15%, of elementary school-aged children living with a mother took care of themselves regularly. For children aged 5 to 14 years old, the average amount of time spent in self-care was 6.3 hours per week with the majority of those children spending between 2 and 9 hours each week unsupervised. Children between the ages of 12 and 14 were more likely than 5 to 11-year-olds to spend 10 or more hours each week in self-care. Additionally, school-aged children living with a divorced, separated, or widowed mother were more likely to be in self care (18%) than children who were living with a married mother (15%) or a single parent (10%). Cain and Hofferth’s (1989) research yielded a similar conclusion: children from dual-parent households are less likely to use self-care than children from single-parent families.

Numerous factors influence whether parents choose to use nonparental care, such as a baby-sitter or outside childcare, or self-care. A primary factor is the age of the child with older children being more likely to be left in self-care (Cain & Hofferth, 1989; United States Census Bureau, 2006). Another factor is that the need for care is directly related to the employment of parents, primarily mothers (Cain & Hofferth, 1989). Working parents encounter problems because school schedules typically do not coincide with work schedules (Padilla & Landreth, 1989). Self-care may be the parents’ preference, which is dependent upon both the children’s and the parents’ characteristics (Cain & Hofferth, 1989). The age and maturity level of the child influence the parental decision to leave a child in self-care (Padilla & Landreth, 1989).

For some parents, self-care may be the best situation for their child, considering the lack of apparent alternatives (Padilla & Landreth, 1989). The cost and availability of alternatives, including availability of family members for care, family income, and/or cost of outside childcare, influence parents' choice to use self-care (Cain & Hofferth, 1989). After-school programs are limited, and those that are available typically do not offer transportation. Additionally, some day care centers do not accept older children. Furthermore, some families do not have members of their extended family in their home or community, thereby eliminating the possibility of family-provided childcare. Organized services that are available may cost too much, be inconvenient, or be of bad quality (Padilla & Landreth, 1989). Where a family lives, specifically with regard to the availability of childcare, may also influence parents' decision to leave a child in self-care. Low-income neighborhoods and rural areas typically do not have a wide variety of childcare settings; furthermore, the few options that do exist may not have the resources to accommodate more children (Pearlmutter & Bartle, 2003; Walker & Reschke, 2004).

The Link Between Self-Care and Risk Behavior

Research regarding children in self-care and risk behavior has yielded mixed results regarding the effects of leaving children to care for themselves. Galambos and Maggs (1991) reported that early research on latchkey children yielded both positive and negative effects of leaving children to care for themselves. Other research, however, has suggested that self-care situations may lead to deviant behavior, smoking, drinking, drug use, depressed mood, risk taking, lower academic achievement, and overall academic adjustment in those youth. Any number of variables associated with the self-care situation may influence the occurrence, degree, and course of these suggested effects on a child's developmental trajectory (Lovko & Ullman,

1989). One common theme in the literature suggests that what children do during their unsupervised time affects the severity and occurrence of deviant behaviors. Steinberg (1986) concentrated on where children spent time after school and with whom, hypothesizing that unsupervised children in differing settings would have different outcomes. His research focused on several different latchkey circumstances including children who remain at home unsupervised, children who go to a friend's house, and children who "hang out" at a public place. He found that, of suburban adolescents, those who "hung out" were more likely to comply with antisocial peer pressure than adolescents who went to a friend's house. Additionally, adolescents who accompanied a friend home after school were more compliant with peer pressure than adolescents who remained home unsupervised.

Later studies yielded similar results. Galambos and Maggs (1991) compared sixth graders in adult care during out-of-school hours with sixth grade latchkey adolescents, analyzing how the out-of-school situation could predict elements related to current experiences with peers and experiences six months later. The results showed that girls who spent unsupervised time "hanging out" engaged in more problematic behavior and spent more time hanging around friends who engaged in deviant behavior. Pettit et al. (1999) found similar results, such as that latchkey adolescents who spend their out-of-school time with peers were associated with deviant behavior both during the study and at a one year follow-up. Richardson, Radiszewska, Dent, and Flay (1993) concluded that adolescents without any supervision at home were slightly more likely to have problem behaviors (such as smoking, drinking, smoking marijuana, risk taking, lower academic achievement, and depressed mood) than those who were supervised at home, and adolescents who were unsupervised away from home were at the greatest risk of developing problems with substance use, risk taking behaviors, depressed mood, and lower academic

achievement. Mott et al., (1999) concluded that the intensity of the self-care situation (i.e., how many days per week and hours per day were spent unsupervised) was correlated with smoking behavior regardless of where or with whom the adolescents spent their time after school.

The Link Between Self-Care and Sedentary Activity

Children who are in self-care after school spend more time watching television than children who are supervised by their mothers or other adults or who attend formal after-school programming. Furthermore, the majority of their unsupervised time is spent watching television (Posner & Vandell, 1994). For these latchkey children, the television is one way to keep them occupied and, seemingly, out of trouble.

The association between time spent watching television and obesity was first suggested in the 1980s and has been confirmed in subsequent reports (Anderson, Crespo, Bartlett, Cheskin, & Pratt, 1998; Dietz & Gortmaker, 1985). Researchers have concluded that the amount of television that children watch and obesity are related for two reasons. The first reason is that watching television is a sedentary activity. Obese youth are more inactive than their nonobese peers (Worsley, Coonan, Leitch, & Crawford, 1984) and elect to be inactive when given the choice of being active or sedentary, even when there is equal access to both (Epstein, Smith, Vara, & Rodefer, 1991). American children spend more time in front of the television and computer than in any other activity except sleeping. Children spend an average of 38 hours absorbed in inactive behaviors, spending only about 12 minutes each day involved in rigorous physical play (Mozlin, 2005). Additionally, Epstein et al. (1991) concluded that obese children choose to be less active even when given equal access to both physically active and sedentary activities. Consistent with this finding, children may watch television rather than exercise or engage in more vigorous activity when given the option because being sedentary may be more

reinforcing to the child than physical activities. Therefore, reducing time spent in sedentary activities improved weight loss in obese children more than obese children who were rewarded for exercise (Epstein et al., 1995).

The second reason the amount of television children watch and obesity are related is increased food consumption. Epstein et al. (1995) hypothesize that watching television may become a conditioned stimulus for eating if children habitually eat in front of the TV. In other words, children who routinely eat while watching television begin to associate watching television with eating and will consequently eat while watching television even when they are not hungry. Television networks also target child and adolescent populations with cartoons and shows specifically addressed to a younger audience on both public and private channels (Caroli et al., 2004). There is also a greater proportion of food advertisements focused directly at children that are largely aired on children's television networks during children's television shows. For each hour of television viewing, children watch about 10 food commercials that mostly advertise sweets, fast food, soft drinks, or sugary cereals that do not meet the criteria for healthy nutrition (Caroli et al., 2004; Halford et al., 2004; Mozlin, 2005). Food advertising has been shown to directly influence children's diets, primarily children's food preferences, purchase requests, and overall nutritional intake (Warren, Wicks, Wicks, Fosu, & Chung, 2008).

The Link Between Activity and Obesity

After-school time is an essential aspect of a child's development. During this time, children have the chance to play, socialize, complete homework, participate in sports, learn an instrument, learn other enrichment activities such as dance or theatre, or simply relax. Several of the aforementioned activities (play, participate in sports, dance or theatre) are physically demanding and therefore would be associated with more healthy weight control. Children who

attend after-school programs spend more time on academic and extracurricular activities, which typically include some kind of physical activity. Furthermore, after-school programs can attenuate the various problems associated with self-care. Additionally, the amount of time children spend participating in after-school activities is related to their adjustment in subsequent grades (Posner & Vandell, 1999). Unfortunately, children from lower SES families may not have this advantage because low-income children spend more time in unsupervised and unorganized activities than middle-class children (Posner & Vandell, 1994).

Children who return home unsupervised after school are generally not exposed to these enriching extracurricular activities. As previously noted, latchkey children spend more time watching television than children who are supervised by their mothers or other adults or who attended a formal after-school program. Additionally, in one study, third-graders in self-care spent much of their unsupervised time at home after school watching television, and this trend continued at a three-year follow-up (Posner & Vandell, 1994). Research on childhood obesity has suggested that the amount of television children watch is directly linked to childhood obesity (Anderson et al., 1998; Dietz & Gortmaker, 1985; Mozlin, 2005). Children who watch numerous hours of television are not only less active but are also exposed to increased numbers of unhealthy food commercials targeted specifically for their population (Caroli et al., 2004; Halford et al., 2004; Mozlin, 2005).

To date, there has not been a study that has systematically examined the relationship between obesity and latchkey children. Although research suggests latchkey children who return home after school are more likely to watch television and has also demonstrated a relationship between television viewing and childhood obesity, no single study has examined the mediating role that sedentary activity may play between children in self-care at home and obesity. It is

hypothesized that a relationship exists between children in self-care and obesity and that sedentary activity mediates this relationship.

CHAPTER TWO: METHOD

Participants

Individual schools and area school districts from several counties were contacted in an effort to recruit participants. Several school districts and individual schools were unresponsive to the proposal, whereas other schools initially gave verbal consent but then did not follow through with written consent. Only one school provided consent for its students to participate. Within this school, approximately 120 students were presented with the option to participate, and 29 provided both parental consent and individual assent. Thus, participants were 29 middle school students ranging in age from 11 to 15 from a rural middle school in southwestern West Virginia. The median household income in 2008 for the county in which this school is located is \$34,570 with 17.6% of residents living below federal poverty level.¹ These figures are markedly different from national statistics indicating a median household income in 2008 of \$52,029 with 13.2% of persons living below poverty level (United States Census Bureau, 2010).

Materials

Children's reports of their after-school activities. Participants were given a leave-behind structured activity journal modeled after Carpenter, Huston, and Spera (1989). In the Carpenter et al. study, children were trained to record their daily activities at periodic intervals for one week's time. In this case, the form of the journal was a printed packet with checkboxes for hour-long intervals between 3:00 p.m. and 7:00 p.m. on four consecutive weekdays (Monday through Thursday). In each hour-long interval, participants were to indicate where they were, with whom they were, and what activities they did. They were also to rate how physically active they perceived themselves to be for that hour, using a scale from 1 (strongly disagree with the statement "I was active during this hour") to 6 (strongly agree with the statement "I was active

¹ The name of the school and the county were omitted to protect the anonymity of the participants.

during this hour”). A copy of the activity journal, along with the instructions for the participants, is located in Appendix A. Transcribed copies of the raw data appear in Appendix B. All information was transcribed exactly as it appeared on the original journal with the exception of corrected misspelled words that were included in the food, drink, and “other activity” sections in an effort to minimize bias for the judges who later rated the children’s activity and food intake. Activity ratings were transcribed using red, bold, and underlined font; all other information that was endorsed by participants was indicated with a check mark.

Design and Procedure

With the approval of the Marshall University Institutional Review Board (IRB2 study #111090) and the permission and cooperation of the middle school, students were convened by grade level during their respective rotation classes to observe a presentation about the research study. In this presentation, students were orally given an overview of the study and a packet containing a letter to parents describing the study, two copies of a parental consent form, and a sample of the activity journal. See Appendix C for a copy of the parental consent form. Students were informed that they were required to obtain parental consent and provide their own assent to participate in the study. Students were informed that they would need to complete an after-school activity journal for four days and meet individually with the researcher during the week to obtain additional information including age, birth date, grade, sex, height, and weight. Students were also told that if they agreed to participate they would meet with the researcher again at a later date during school hours to receive their materials and would be given more detailed instructions as to how to complete the journals. Students were instructed that participation was voluntary and would last for an entire week of school and that they could withdraw from the study at any time without penalty. Students were also informed that, by

participating, they would be entered into a drawing to win a complete Nintendo *Wii Fit* system or one of ten \$5 gift cards to Subway restaurants. Students were given a two-week deadline for turning in parental consent forms and were informed of the start date of the study. Students were reminded daily at school of the deadline to turn in parental consent forms and of the start date of the study.

On the start date of the study, students who had returned completed consent forms were convened by grade level during their respective rotation classes. Each participant was given a pocket folder containing two copies of a child assent form, a schedule for the week's events, a coding sheet that described the various categories in the journal, a sample activity journal, a practice activity journal, and a blank four-day activity journal. The child assent form was read aloud to the students, who then signed one copy of the form and returned it to the researcher (Appendix C). Participants were then instructed on how to complete the journal, and the various categories contained within the journal were discussed. Participants were asked to fill out a practice journal page (using the previous day as a reference) to give them experience filling out the journal and to provide an opportunity to answer questions as participants practiced (Appendix A). When participants were finished with their practice journals and all their questions had been answered, they were reminded to fill out their journals that evening and that the researcher would be at school the following day to answer questions and prompt continued participation. Participants were reminded daily during their homeroom period to continue to fill out their journals and turn them in at the end of the week to the researcher.

In the middle of the data collection week, participants met privately with the researcher and a nurse from a local pediatrician's office to obtain more personal information including age, grade, sex, birth date, height, and weight. The nurse recorded height and weight, while the

researcher recorded age, grade, sex, and birth date. Each participant's birth date, the data collection date, sex, height, and weight were used to calculate the participant's BMI and BMI percentile using the Children's BMI Group Calculator, a downloadable spreadsheet from the CDC's website (CDC, April 2009.)

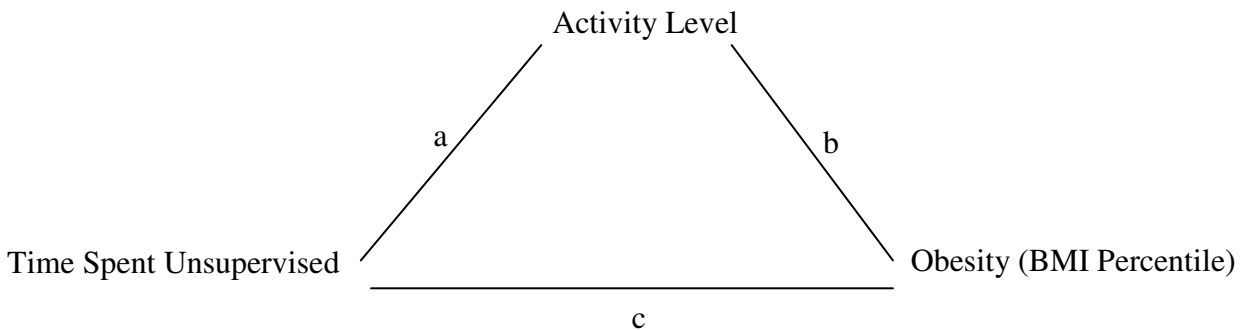
At the end of the week, participants turned in their completed journals. With the cooperation of the school's principal, the researcher returned to the school the following week and held a live drawing to give away the Nintendo *Wii Fit* system and the gift cards.

Analytic Approach

The primary purposes of the study were (1) to determine whether a relationship exists between children in self-care and obesity, and (2) to establish whether sedentary activity mediates this relationship. In children and adolescents, the BMI percentile has been used to classify children as underweight, normal, overweight, or obese; therefore, for the purpose of this study, obesity was operationally defined based on BMI percentile. Following Baron and Kenny (1986), a series of three regression models was estimated to examine the hypothesized relationships among the following variables: time spent unsupervised, activity level, and BMI percentile. Figure 1 represents the mediational model that can be tested by the following three equations:

1. Using unsupervised time to predict BMI percentile.
2. Using unsupervised time to predict activity level.
3. Using activity level to predict BMI percentile while controlling for unsupervised time.

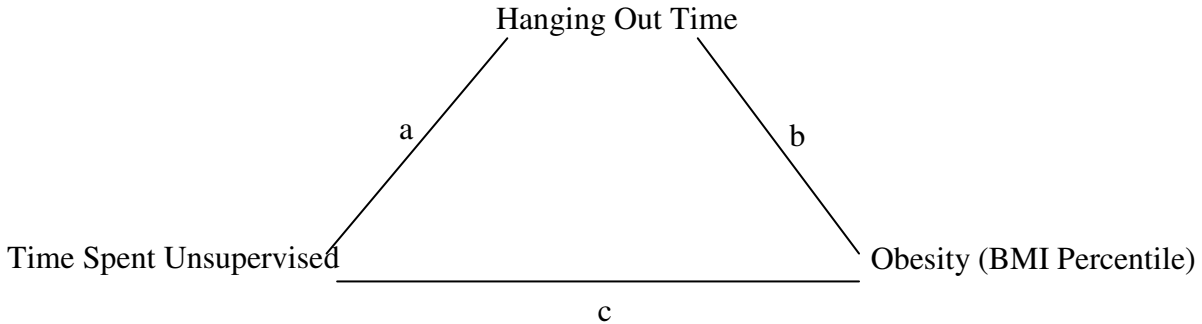
Figure 1. Application of Baron and Kenny's (1986) mediational model using unsupervised time and activity level.



The most valuable relationship to demonstrate was the first of these (the extent to which unsupervised children have higher BMI percentiles than their supervised peers) because activity level cannot mediate a relationship between unsupervised time and BMI unless there is first a relationship between those variables, and because the relationship between activity level and BMI is all but known. Because relatively few participants could be recruited, establishing this relationship with such a small sample was challenging.

The initial analytic plan also involved testing an alternate model to examine differences in the kinds of unsupervised activities children may have been engaged in that could contribute to obesity. That is, for example, children who were unsupervised at home alone may have been playing video games and eating high-calorie snacks. Alternately, children who were unsupervised with friends may have been hanging out at the mall where they could have been consuming high-calorie snacks. This alternate hypothesis was developed to help to explain anticipated variability in scores—how much the recorded BMI percentiles were due to unsupervised time and activity level versus unsupervised time and hanging out (see Figure 2).

Figure 2. Application of Baron and Kenny's (1986) mediational model using unsupervised time and hanging out time.



Ancillary Analyses

Several ancillary analyses were conducted to supplement the primary analysis. One analysis involved a comparison of the responses that participants gave about their activities each hour and their subjective ratings of their activity levels. That is, in their journals, participants recorded the kinds of activities in which they engaged (e.g., unorganized sports or watching TV) during the hours they were recording, but they also provided a subjective rating of their activity level on a Likert-type scale (i.e., “I was active during this hour” with responses anchored at 1 = strongly disagree and 6 = strongly agree).

Because the participants may have perceived themselves to be more active or less active than their recorded activities suggested, separate ratings of their activity levels were obtained. To obtain these ratings, the participants' activity journals were transcribed electronically to remove handwriting differences and irrelevant information, and two judges independently rated the participants' activity levels for each hour. Judges were blind to participant weight, height, and BMI percentile information in an effort to prevent this information from influencing the judges' ratings. The interjudge ratings were reliable ($\rho = .954$) and thus were averaged to

produce a single “judge” score for each participant’s similar observation. The judges’ average activity ratings were then compared to the participants’ activity ratings. It was hypothesized that the judges’ ratings would be lower than the participants’ ratings; that is, that participants would overestimate their activity levels.

A second ancillary analysis involved a comparison of the participants in two weight classifications (either normal or overweight/obese, as determined by the CDC’s guidelines) and differences between the participants’ activity rating and the judges’ averaged activity rating. This analysis would determine whether there was a difference in how participants in the different weight classifications perceived their activity level. It was hypothesized that participants who fall in the overweight/obese classification would rate their activity level higher than participants who are classified as normal weight. That is, participants who are considered overweight or obese would overestimate their activity level more than participants who are considered to be normal weight.

A final analysis involved a comparison of the participants’ weight classification (either normal or overweight/obese, as determined by the CDC’s guidelines) with how healthy the participants’ recorded food intake was. Two judges independently rated how healthy they perceived the participants’ reported food intake to be during the data collection period on a scale from 1 (extremely unhealthy) to 100 (extremely healthy). The judges’ ratings showed good reliability ($\rho = .743$) and thus were averaged to produce a single rating for each participant. These ratings were separated into two groups: one group consisted of ratings of normal weight participants, and the other group consisted of ratings of overweight/obese participants. It was hypothesized that the recorded daily food intake of the participants in the overweight/obese

classification would be rated lower, or healthier, than those in the normal classification category.

Several qualitative observations regarding the reported food intake and activity level were also included to provide additional information regarding factors that may be contributing to the seemingly high proportion of overweight/obese participants. The qualitative analysis was brief for several reasons. First, children were not asked to estimate portion sizes in their journals; therefore, calculations of nutritional values would be estimated. Estimates from students who happened to provide more useful portion information would probably be more accurate than estimates from students whose portion information was less precise or missing, which would complicate the analysis. Second, this investigator does not have the educational background or qualifications to report on anything other than general observations regarding participants' recorded food intake. Finally, such an in-depth analysis of food intake is outside of the scope of the primary purpose of this study.

CHAPTER THREE: RESULTS

Participants were 19 female and 10 male middle school students whose mean ages were 13.712 ($SD = 0.998$) and 13.193 ($SD = 0.907$), respectively. Almost half (48%) of the participants were overweight/obese (that is, at or greater than the 85th percentile), with 31% of the participants being classified as obese with a BMI at or greater than the 95th percentile. There were approximately proportionate numbers of females and males in each weight category. Table 1 describes the number of females and males in each weight classification.

Of these 29 participants, two participants did not turn in an activity journal and two participants turned in only a partially completed journal; therefore, these four participants were excluded from further analyses. Of the 25 remaining participants, 17 were female and 8 were male and had mean ages of 13.816 ($SD = 0.933$) and 12.953 ($SD = 0.810$), respectively. The mean BMI percentile for this final sample was 73.040 ($SD = 22.256$), with means of 69.200 ($SD = 24.053$) and 74.850 ($SD = 1.887$) for males and females, respectively. Of this final sample, 44% (11 out of 25) were overweight/obese, with 32% being classified as obese (8 out of 25) with a BMI at or greater than the 95th percentile. The percentages varied by sex such that 63% of male participants (5 out of 8) and 53% of female participants (9 out of 17) would be classified as normal (that is, lower than the 85th percentile), 38% of males (3 out of 8) and 48% of females (8 out of 17) would be classified as overweight/obese, while 25% of males (2 out of 8) and 35% of females (6 of 17) would be classified as obese. Table 1 describes the number of males and females participants in the initial and final samples in each weight classification.

Table 1

Number of participants in weight classifications by sex

	<u>Initial Sample</u>		<u>Final Sample</u>	
	Male	Female	Male	Female
Normal	5	10	5	9
Overweight	2	3	1	2
Obese	3	6	2	6

These 25 participants spent a weekly average of 6.4 hours ($SD = 5.860$) unsupervised after school. During the first hour, most participants reported being at school, on the bus, or at home. During the subsequent hours, all participants endorsed being at home and many endorsed being outside; however, it is unknown what proportion of each hour was spent at each location.

Table 2 describes the participants' location by hour.

Table 2

Location of participants by hour[†]

	<u>Time Interval</u>			
	3:00 – 4:00	4:00 – 5:00	5:00 – 6:00	6:00 – 7:00
Home	80%	100%	100%	100%
School	80%	24%	0%	0%
Car/Bus	84%	40%	28%	48%
Outside	56%	80%	84%	76%
Friend/Relative's House	16%	12%	12%	16%
Other Location	20%	24%	32%	24%

[†]Values will not sum to 100% because respondents could indicate more than one location for any interval.

Regarding with whom participants were after school, participants mainly endorsed being with friends during the first and second hour. Participants endorsed being with parental figures slightly more than they endorsed being with friends during the third hour. Parental figures were most frequently endorsed during the fourth hour, although spending time with friends was the second most popular response. Table 3 describes with whom participants spent their after-school time.

Table 3

Whom participants were with by hour[†]

	<u>Time Interval</u>			
	3:00 – 4:00	4:00 – 5:00	5:00 – 6:00	6:00 – 7:00
Alone	20%	36%	44%	44%
Friend(s)	80%	72%	60%	64%
Older sibling(s)	48%	60%	60%	56%
Younger sibling(s)	52%	60%	56%	45%
(Step) Parent(s)	56%	64%	68%	84%
Adult Relative(s)	32%	20%	48%	32%
Other	28%	36%	32%	28%

[†] Values will not sum to 100% because respondents could indicate more than one category for any interval.

With regard to participants' activities after school, the most popular activity overall was eating/drinking. Most participants endorsed eating and/or drinking during the first hour, whereas slightly more than half endorsed reading or doing homework. During the second and third hours, the most popular activities were either eating/drinking or engaging in some form of unorganized sport or exercise. Eating/drinking was the most endorsed activity during the fourth hour. Table 4 describes participants' activities during their after-school hours.

Table 4

Reported activities of participants by hour[†]

	<u>Time Interval</u>			
	3:00 – 4:00	4:00 – 5:00	5:00 – 6:00	6:00 – 7:00
Chores	16%	32%	28%	36%
Sleep	28%	28%	16%	20%
Reading/Homework	52%	36%	24%	40%
Lessons	4%	8%	8%	8%
TV	28%	36%	44%	56%
Video Games	16%	24%	24%	28%
Shopping	16%	4%	12%	8%
Organized Sports	0%	16%	20%	4%
Unorganized Sports/Exercise	40%	80%	80%	48%
In-home Activity	8%	16%	16%	28%
Out-of-home Activity	28%	36%	32%	28%
Eating/Drinking	84%	80%	76%	80%
Other	48%	48%	60%	44%

[†] Values will not sum to 100% because respondents could indicate more than one activity for any interval.

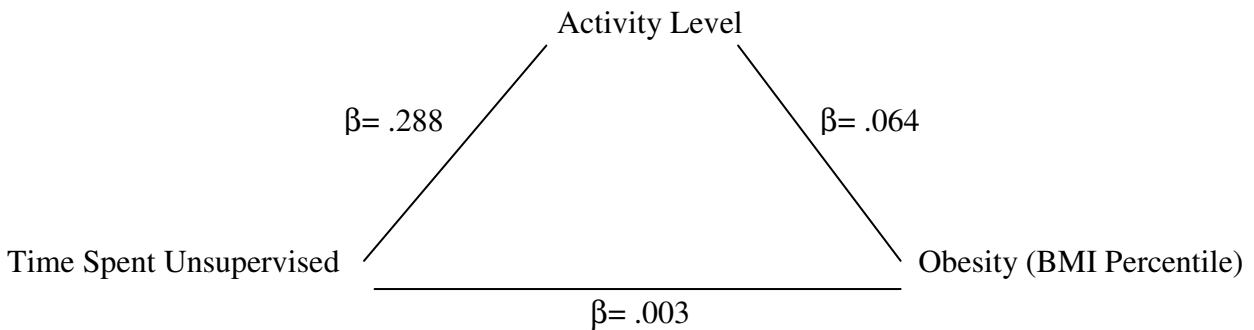
Mediational Analyses

A series of regressions was conducted to test for mediation. The first of these regressions was to determine whether a relationship between unsupervised time and BMI percentile exists. Because relatively few participants could be recruited, this first regression is also the most valuable relationship to demonstrate. Overall, the regression was not significant $F_{(1, 23)} = 0.000$, $R^2 = .000$, $p = .989$.

Typically, the second and third steps in the mediational analysis would not be pursued because the primary relationship was not established here; however, these additional

relationships were explored. The relationship between unsupervised time and activity level was not significant $F_{(1, 23)} = 2.080, R^2 = .083, p = .163$. The relationship between activity level and BMI percentile was also not significant $F_{(1, 23)} = 0.094, R^2 = .004, p = .762$. Figure 3 represents the mediational model with standardized beta coefficients.

Figure 3. Application of Baron and Kenny’s (1986) mediational model using unsupervised time and self-reported activity to predict BMI percentile with standardized regression coefficients.



The initial analytic plan involved testing an alternate model to examine differences in the kinds of unsupervised activities kids may engage in that could contribute to obesity. That is, for example, children who were unsupervised at home alone may have been playing video games and eating high-calorie snacks. Alternately, children who were unsupervised with friends may have been hanging out at the mall where they could have been consuming high-calorie snacks. The original analytic plan involved a comparison of the mediational model represented in Figure 1 with the one represented in Figure 2, which replaced time spent in sedentary activity with time spent hanging out. This alternate hypothesis was intended to explain anticipated variability in scores—how much the variability in BMI percentiles was due to unsupervised time and sedentary activity versus unsupervised time and hanging out. Due to an extremely small sample

that would constitute this group of participants who “hang out” ($n = 4$), this analysis could not be completed.

Ancillary Analyses

Several ancillary analyses were conducted to augment the primary analysis. The first analysis involved a comparison of the responses that participants gave about their activities each hour and their subjective ratings of their activity levels. Ratings ranged from a score of 1 = strong disagreement to being active for the hour, to 6 = strong agreement to being active for the hour. Two judges independently rated the participants’ activity levels for each hour. These ratings were reliable and thus were averaged to produce a single score for each participant’s similar observation. The Pearson product-moment correlation demonstrated a moderate relationship between the judges’ ratings and the participants’ ratings of activity level $r_{(23)} = .477$, $p = .016$. The mean of the participants’ subjective activity ratings across days and across hours was 3.178 ($SD = 1.851$). For the judges’ ratings of the participants’ activity levels across days and hours, the mean was 2.523 ($SD = 1.656$). The judges’ average activity ratings were then compared with the participants’ activity ratings, and the paired samples t -test indicated that the participants rated their activity level higher, or more active, than the independent judges rated the participants’ activity level, $t_{(24)} = 3.528$, $p = .002$.

An additional analysis involved a comparison of the participants’ weight classification (either normal or overweight/obese, as determined by the CDC’s guidelines) and differences between the participants’ activity rating and the judges’ activity rating. The overall mean of the difference in ratings was 0.655 ($SD = 1.441$). The differences between these ratings were then divided into two groups based on the participants’ weight classification (either normal or overweight/obese). These two groups were compared to determine whether participants’

perceived activity level varied by weight classification. An independent samples *t*-test showed that there was no difference between normal and overweight/obese participants and their perceived activity level, $t_{(20)} = 1.924, p = .181$.

A final analysis involved a comparison of the participants' weight classification (either normal or overweight/obese as determined by the CDC's guidelines) with how healthy the participants' recorded food intake was. Two judges independently rated how healthy they perceived the subjects' reported daily food intake to be on a scale from 1 (extremely unhealthy) to 100 (extremely healthy). The judges' ratings were compared and an adequate intraclass correlation coefficient was obtained; thus the judges' ratings were averaged. The mean rating was 27.150 ($SD = 21.715$). These average ratings were compared based on subjects' weight classifications. An independent samples *t*-test showed that there was no difference between normal and overweight/obese participants and how healthy their daily food intake was judged to be. $t_{(23)} = 1.931, p = .178$.

Ancillary Qualitative Analysis

Of the 25 journals that were used in the quantitative analysis, 23 included written information regarding food consumption on at least one of the four days included in the journal. The following observations reflect at least one day out of the week that the following general food or drink items were reported. Ten participants (43.4%) reported drinking milk at least one day out of the week; nine, or 39.1%, reported drinking some form of high calorie beverage, including Kool-Aid, Gatorade, fruit juices, or "slushies." Fourteen participants, or 60.9%, reported drinking water, whereas 19 participants, or 82.6%, reported drinking soda during the week.

With regard to reported food intake, 11 participants (47.8%) reported eating some kind of dessert, either cookies, ice cream, and/or cake. Eight participants (34.8%) reported eating chips and/or pizza throughout the week. Six participants (26.1%) reported eating from fast food restaurants, including McDonald's, Taco Bell, Sonic, Kentucky Fried Chicken, and Gino's Pizza. Only nine participants (39.1%) reported eating a vegetable, such as corn or green beans, at least one day per week, and only six participants (26.1%) reported eating a fruit, such as an apple or a banana, at least one day out of the week. Eight participants (34.8%) reported eating a "complete" meal (a meal that includes a protein, starch/grain, and vegetable) at least once during the week with only two participants (8.7%) reporting a complete meal daily. See Table 5 for a summary of these findings.

Table 5

Proportion of participants' reported food intake[†]

	Number of Participants	Proportion of Participants
Soda	19	82.6%
Milk	10	43.4%
High Calorie Beverage	9	39.1%
Water	14	60.9%
Dessert	11	47.8%
Chips	8	34.8%
Pizza	8	34.8%
Fast food	6	26.1%
Vegetable	9	39.1%
Fruit	6	26.1%
Complete meal	8	34.8%
Complete meal daily	2	8.7%

[†]Values are based on 23 participants and indicate at least one report of the given food item.

Of the 25 participants, all participants reported some type of activity. Each of the 25 participants reported engaging in a sedentary activity (TV, video games, sleeping, or reading/homework). Of those 25, twenty-two participants (88%) reported TV and/or video games as the activity at least one of the days. Twenty-four participants (96%) reported engaging in a sedentary activity at least three of the four days. With regard to more physical activity, 24 participants (96%) reported engaging in some type of sport or exercise, with 16 participants (64%) reporting some type of physical activity on at least three days. See Table 6 for a summary of the findings.

Table 6

Proportion of participants' reported activity[†]

	Number of Participants	Proportion of Participants
Sedentary activity at least once	25	100%
TV or video games at least once	22	88%
Sedentary activity for majority of the week	24	96%
Sports or exercise at least once	24	96%
Sports or exercise for majority of the week	16	64%

[†]Values are based on 25 participants

CHAPTER FOUR: DISCUSSION

The primary purpose of the present study was to demonstrate whether a relationship exists between supervision of children after school and childhood obesity and then to determine whether sedentary behavior mediates the hypothesized relationship. Following Baron and Kenny (1986), a series of three regression models was estimated to examine the hypothesized relationships among the following variables: time spent unsupervised, activity level, and BMI percentile. To complete the mediational model, the primary relationship, which in this case is unsupervised time and BMI percentile, must be established. The results do not support the hypothesis that a relationship exists between unsupervised time and BMI percentile. Consequently, analyses to determine the mediating value of sedentary activity with the variables of unsupervised time and BMI percentile were not relevant.

Additional ancillary analyses were conducted in an effort to supplement the primary purpose of this study. The first analysis involved a comparison of the responses that participants gave about their activities each hour and their subjective ratings of their activity levels. Because the participants may have perceived themselves to be more active or less active than their recorded activities suggested, separate ratings of their activity levels were obtained from two independent judges. These ratings were reliable and therefore averaged. These averaged judges' ratings were compared to the participants' ratings. Participants appeared to overestimate their activity level. Thus, they may have perceived themselves to be more physically active than they actually were.

A second ancillary analysis involved a comparison of the participants' weight classification (either normal or overweight/obese as determined by the CDC's guidelines) and differences between the participants' activity ratings and the judges' activity ratings. This

analysis would determine whether there was a difference in how participants in the different weight classifications perceived their activity level. The results suggested that there was no difference between weight classification and rated activity level. The results do not support the hypothesis that overweight or obese children would rate their activity level higher than normal-weight children. In other words, all participants appeared to overestimate their activity level; it did not vary between weight classifications. There was no difference in perceived activity level between normal-weight participants and overweight/obese participants.

A final analysis involved a comparison of the participants' weight classification (either normal or overweight/obese as determined by the CDC's guidelines) with how healthy the participants' recorded food intake was judged to be. The results suggested that there was no difference in how healthy food intake was perceived to be between overweight/obese participants and normal weight participants. The results do not support the hypothesis that the food intake of overweight/obese participants was less healthy than normal weight participants. In other words, there was no difference between weight classifications with regard to how unhealthy the food intake was—generally, each weight classification had both healthy and unhealthy food intake ratings.

Brief qualitative analyses of the reported food and beverage intake and endorsed activities were also conducted. Overall, the participants reported eating and drinking more unhealthy foods and beverages than healthy options. Soda was by far the most frequently reported item. Arguably the healthiest and most well-rounded diet was reported by participant 04 (See Appendix B for data), who listed four well-rounded dinners, including a protein (meat), starch/grain, and vegetable. Other participants, such as 06 and 13, reported daily intake of seemingly large quantities of high calorie beverages. An example of a participant who listed

healthy and unhealthy food choices was participant 24, listing both complete meals for dinners along with other unhealthy snack choices. For example, participant 24 listed a snack of ramen noodles, which are high in fat and sodium and lack positive nutritional value; this participant also listed a dinner of chicken, green beans, and mashed potatoes, which appears to be well-rounded and generally healthy. Again, food intake was difficult to quantify because portion sizes were not included; therefore, it is unknown how many portions of a certain food were consumed. For example, for the participants who listed soda, it is unknown whether that soda was an eight ounce glass or a 20 ounce bottle. Additionally, the analysis only included whether the food item was reported to be consumed at any time on any day—numerous participants listed the food item more than one time per day and for several days, whereas other participants listed a particular food item only once. Additional research may want to include a more in-depth analysis of the reported food intake, such as having nutritionists independently code, by day and by hour, and rate the reported food consumption and compare the ratings.

With regard to the activities reported, participants endorsed more frequent involvement in sedentary behavior than physically active behaviors with more participants engaging in sedentary activity for at least three days than participants engaging in physical activity for at least three days. Most participants endorsed both sedentary and physical activities on any given day. Determining how much time was spent in one activity over another was difficult to determine because, in any given hour, a participant could have listed multiple activities that fall in either of the two categories. For example, a participant could have endorsed doing homework (sedentary activity) and taking a walk (physical activity) in an hour time-block; there is no indication about what proportion of the hour was spent in either activity.

Methodological Critique

Although the research design was a modified version of a previously used design by Carpenter et al. (1989), there were areas of this methodology that were problematic and did not transpire as well as originally hoped. First, the regressions lacked power due to a small sample size. In this study, every avenue for recruiting subjects was utilized. Area school districts were contacted with no response. Individual schools in other districts were contacted; most schools provided no response. One school expressed verbal agreement and willingness to allow participants to be recruited but reneged when a formal letter needed to be signed for IRB purposes. Various “connections” with school districts through classmates and other department personnel were explored with no result. Thus, out of all of the efforts to contact schools in four counties, only one agreed to allow the recruitment of participants. Approximately 120 students listened to the presentation about the research study and took parental consent materials; just 31 returned parental consent. On the day the study commenced, two students withdrew, leaving 29 participants at the start of the data collection week. This researcher traveled approximately 120 miles roundtrip daily to the school to remind each participant to continue to complete the journal in an effort to obtain completed journals. Two students returned journals with only one complete day and two others did not return a journal at all, resulting in only 25 usable journals. An estimate of the number of participants needed to generate a medium effect size with a .8 power level is 76, well above the number of students who participated in this study. Moreover, the smaller the effect, the larger a sample would need to be in order to detect it. Thus, if there is a weak relationship between after school supervision and obesity, the sample size included in this study may not have been sufficient to detect it. Therefore, the addition of more subjects would be necessary to execute the model.

It is also suspected that some participants were not accurate responders. Although it appears that some participants recorded their journals as accurately as possible, it also appears that others responded haphazardly. For example, one participant (07, see Appendix B) listed a location of being at the doctor's office, yet listed activities of video games, unorganized sports/exercise, and eating a steak and drinking a Mountain Dew. The occurrence of all of these activities in one hour while at the doctor's office is highly unlikely and suggests that this participant may have randomly checked boxes. Another participant (02, see Appendix B) listed a location of a hair salon but also endorsed eating pizza and Mountain Dew and engaging in unorganized sports and exercise during this one hour period. Again, the likelihood of all of those activities occurring at a hair salon in a one-hour time frame suggests that there are likely some inaccuracies in responding. If some of the participants were inaccurate in their responding with regard to their activities and location and were responding randomly in an effort simply to gain access to the drawing for prizes, then it is possible that these participants did not accurately reflect whom they were with after school. The responses regarding whom participants were with after school were used to calculate the number of hours participants were unsupervised. This suspected inaccuracy may explain why the hypothesis that a relationship exists between the time spent unsupervised after-school and BMI percentile was not supported by these data. In an effort to gain a more accurate estimate of how much time adolescents spend unsupervised after school, it may be more beneficial to interview parents about their children's after-school situations instead of relying on the adolescents to self-report this information.

Additionally, a week-long period may have been too long of a time for adolescents to report their activities. Numerous participants had a difficult time remembering to complete their journal after one or two days, several participants forgot to bring their journals to school on the

designated day to turn them in, and a few participants misplaced their journals altogether. Although a week is an appropriate amount of time to get a “snapshot” of a child’s typical after-school routine, middle school aged children in this sample did not demonstrate a level of responsibility or motivation to complete a week-long task. A week-long snapshot may be better gathered by obtaining information from parents, although this could present a different challenge of sampling willing parents. Another way to approach this would be to have students be given journal sheets one day at a time, either for the whole week, or just for two to three days, with the assumption that those two to three days are representative of a five-day school week.

Another way to approach this problem would be to conduct validity checks by telephone for each child, following the design of Carpenter et al. (1989). There are obstacles with this approach, however, especially with the rural population that participated in this research study. School personnel reported that there were several students who did not have a telephone; furthermore, this would also require more participation on behalf of the parents. Other electronic devices, such as pre-paid cell phones would also be an option; however, in addition to the money that would be needed to fund such an endeavor, the rural area of these participants does not support cell phone service.

Significance and Implications of the Data

Even though the majority of the hypotheses were not supported, these data can still provide valuable information. First, even with a small sample of participants, the rate of overweight and obese adolescents within this sample is distressing compared to the overweight/obesity rates statewide. Rates of overweight and obese children ages 10-17 within West Virginia are 35.5%, which is the 8th highest in the nation (Trust for America’s Health, 2009). Almost 50% of this small sample fit into the overweight or obese category. Although it

cannot be concluded that the rates of this sample reflect the school as a whole, it is distressing enough to suggest further investigation of the overweight/obesity rates of the school collectively.

This particular school would benefit from receiving a report about these data (particularly overweight/obesity rates, unhealthy eating patterns, and low levels of physical activity) as compelling reasons to include nutrition and exercise components within the curriculum. These data could also be used to secure a grant to help fund nutritional and physical education in the classroom. See Appendix D for the technical report that was drafted for the benefit of the school.

Additionally, one of the ancillary analyses compared the participants' perceived physical activity level with independent judges' ratings of the participants' physical activity level. The results suggest that adolescents may perceive themselves to be more active than they actually are, and these results have both state and national implications with regard to the growing weight epidemic. Children and adolescents currently seem to have more access to sedentary activities (including, but not limited to television, video games, and the internet) and less access to physical activities (with decreased physical education requirements). This combination may be influencing children's perceptions of their activity level. Both of the judges who independently rated the activity levels of the participants were adults. This generational difference in terms of availability of physical and sedentary activities may have influenced the ways that judges and children rated the children's activities. For example, an adult who grew up spending little time watching television and no time on a personal computer (because personal computers and video games did not exist) would have likely led a more active lifestyle. A child who grows up watching TV and playing video and computer games for as long as can be remembered would likely rate any amount of time spent engaging in any level physical activity as more physically

active. Therefore, the adult may rate taking a walk for 15 minutes as somewhat physically active, whereas a present-day adolescent may rate taking a walk for 15 minutes as very physically active. When so much time is spent in sedentary activity, any physical activity could be perceived as more physically demanding than it may actually be.

Ideas for Future Research

The data collection and analysis process spawned numerous ideas for further and future research. First and foremost, it is suggested that the primary research question be examined again after making the recommended adjustments to the methodological design primarily by obtaining more subjects, changing the administration of the activity journals, and obtaining parental corroboration of activity and amount of supervision.

Several ideas for future research ignited during the ancillary analyses, specifically after getting feedback from the independent raters. Both raters believed that their own lifestyle and set of beliefs and practices of healthy behaviors (such as eating healthy foods and daily exercise) influenced how they rated the participants' activity levels and food intake. Therefore, one potential research idea would be to compare parents' health beliefs with children's health beliefs. Parents and children could rate food consumption and activity forms (similar to how the independent judges rated the food and activity journals for this study) and then researchers could examine how the health beliefs may influence ratings. It is hypothesized that parents and children's health beliefs will correlate with each other and that these health beliefs will predict food and activity ratings.

Getting feedback from the independent raters also sparked another research idea. Both of these raters are in the clinical psychology field with emphases on child and adolescent populations. As the reliability coefficients suggest, these two raters were also generally in

agreement about how physically active they perceived the participants to be and how healthy they perceived their food intake to be. Several different disciplines seem to be frontrunners in the fight against obesity in the United States, including (but not limited to) physicians, nutritionists, and exercise physiologists. These health-related professions would also agree that obesity is reaching (or in some states has reached) epidemic proportions. It is unknown, however, whether these disciplines would agree on the components of achieving a healthy lifestyle. In other words, even if there is within-discipline agreement about what constitutes a healthy lifestyle, there may not be between-discipline agreement about what constitutes a healthy lifestyle. Thus, individuals from these different health-related disciplines could rate activity logs and food journals and compare the ratings, which could then inform best-practices for a more comprehensive behavior change for healthy lifestyles.

A final suggestion for further research would be to evaluate different interventions that can be used with families regarding healthy lifestyles. Nutrition education alone does not appear to be sufficient to produce behavioral change (Horodyski et al., 2004). Perhaps an educational program for parents and/or families that intertwines nutritional and physical education, budgeting, and cooking would be more effective and lead to more behavioral change regarding healthy lifestyles.

Summary and Conclusion

Childhood obesity and the number of children in self-care have increased within the past several decades (CDC, 2007; Lamorey et al., 1999; Peterson & Magrab, 1989). Child care arrangements for working parents of adolescents can be a complex problem. On the one hand, unsupervised children who “hang out” with peers after school tend to be more likely to engage in risky behaviors (Galambos & Maggs, 1991; Pettit et al., 1999; Steinberg, 1986). On the other

hand, unsupervised children at home tend to watch more television than their peers whose after-school activities are supervised (Posner & Vandell, 1994). Because children in self-care at home after school tend to engage in more sedentary behaviors, primarily watching television, they may be at greater risk for becoming overweight or obese (Caballero, 2004; Caroli et al., Epstein et al., 1995; Mozlin, 2005).

The purpose of the present study was to examine the extent to which activity level may mediate a relationship between at-home self-care and obesity in children. A series of three regression models was planned to examine the hypothesized relationships among time spent unsupervised, activity level, and BMI percentile. The results of these analyses do not suggest that a relationship among the three variables exists.

To augment these primary analyses, several ancillary analyses were conducted to examine the data in greater depth. One of these analyses compared the responses participants gave regarding their activities each hour and their subjective ratings of their activity levels. Two independent judges rated the activity level of each participant, and the judges' activity ratings were compared to the participants' activity ratings. Results showed that participants rated their activity level higher, or more active, than the judges rated the participants' activity level, suggesting that participants may have overestimated how active they actually were.

One additional ancillary analysis examined differences in activity ratings based on participants' weight classification. Although it was hypothesized that participants in the overweight/obese classification would overestimate their activity ratings more than participants in the normal weight range, results showed that there was no difference between weight classification groups and difference in activity ratings. Overestimation of activity level did not vary between weight classifications. Another ancillary analysis compared the participants'

weight classification with how nutritious their reported food intake was perceived to be. Results did not support the hypothesis that the overweight/obese group ate unhealthier foods; participants in the normal weight category and the overweight/obese category both had healthy and unhealthy food intake ratings.

Qualitative observations showed that participants were not reporting balanced meals. A majority of participants reported drinking soda. Few participants reported eating fruits or vegetables, and those who did generally did not report eating fruits or vegetables daily. All of the participants reported engaging in sedentary activity at least once throughout the week with almost all of the reported sedentary activities being television or video games. Almost all of the participants engaged in sedentary activities at least three of the four days that were recorded. Almost two-thirds of the participants engaged in sports or exercise for three of the four days, although almost all participants endorsed engaging in some type of sports or exercise at least once throughout the week. It is unknown exactly how long each participant spent in any one activity because participants could endorse multiple activities for the hour-long period.

Interpretations made in this study were done so with caution due to several methodological problems that were encountered throughout the study. First, there was a small sample despite lengthy efforts to recruit participants. Second, the accuracy of the responses are questionable as some participants reported engaging in activities within an hour's time that do not make logical sense, thus suggesting random responding. Finally, numerous participants completed their journals the following day, instead of every hour or even at the end of the day, thus adding to the likelihood of inaccuracies.

The data obtained in this study suggest that overweight/obesity is a problem at this middle school, supporting data from the CDC regarding overweight and obesity rates in West

Virginia. Considering the findings, a report describing the results of this study was developed with the intention to share with the school the recommendation that the information be used to evaluate the health, nutrition, and physical education curriculum at the school. Additionally, several ideas for future research are suggested in an effort to combat the obesity problems that the state of West Virginia and the nation are facing.

APPENDIX A: Activity Journal—Sample and Instructions

Day: _____

ID Number _____

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6
							Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
4:00— 5:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6
							Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
5:00— 6:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6
							Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
6:00— 7:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6
							Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree

Journal Cheat Sheet

Where were you?

Home: At your house

School: At your school

Car/Bus: If you spent 15 or more minutes in the car going somewhere (for example, coming back from school, going to a friend's house, going with your parents somewhere, etc.) or on the bus coming back from school

Outside: Anything outside

Friend's/Relative's House: At someone else's house

Other: If you were somewhere that doesn't fit into any of the categories, choose this and write where you were

Who were you with?

No one (alone): If you were completely by yourself—no one else was at home or outside or wherever you were

Friend(s): Friends or acquaintances—this includes teammates, others in your dance class, other students if you are still at school—anyone else who is about your age

Older sibling(s): Older brothers and/or sisters—this includes step-brothers and/or step-sisters

Younger sibling(s): Younger brothers and/or sisters—this includes step-brothers and/or step-sisters

(Step) Parent(s): Any parent—mom, dad, stepmom, step-dad

Adult relative(s): Any adult relative (or relative that is older than you are) that is not a parent/step-parent or sibling/step-sibling—this includes grandma, grandpa, aunts, uncles, cousins, etc.

Other: If you were with someone that doesn't fit into any of the categories, choose this and write who you were with

Journal Cheat Sheet

What did you do?

Chores: errands, housework, jobs

Sleep: napping

Reading/homework: reading, being read to, doing homework, tutoring

Lessons: Any type of lesson that is not physical (music, art, etc)

TV: Watching TV. (This includes if the TV is on and you are doing something else, like working on homework, playing a game, eating a snack, etc.)

Video games: playing video games on the computer, PS2 or PS3, Wii, Xbox 360, Gamecube, Game Boy, Nintendo DS, arcade games, etc.

Shopping: shopping at stores (grocery store, Walmart, mall, etc.). Include this even if you don't buy anything.

Organized Sports: any organized *physical* activity (school sports teams, cheerleading, dance class, karate, etc.)

Unorganized Sports/Exercise: any unorganized *physical* activity (pick-up basketball, practicing cheerleading, dance, or karate etc.), going for a walk, jogging, riding your bike, hunting, etc.

In-home activity: a game or activity that has rules or directions (for example, a board game, cooking a recipe, etc.) or an activity that is the product of one's own imagination (for example, painting or drawing)

Out-of-home activity: activities organized by someone else (Girl/Boy Scouts, church activities, going to a play or concert, performing in a play or concert)

Eating: this includes meals and snacks and both foods and drinks. Please list what you ate.

Other: write out anything you did that is either not covered in the categories listed or you are unsure of which category to classify your activity

I was active during this hour:

Think about how *physically* active you think you were (how much you were up and about) during the hour and rate yourself. Circle the number that matches how much you agree with the statement "I was active during this hour."

- 1 Strongly disagree: Circle this number if you were weren't physically active at all.
- 2 Disagree: Circle this number if you were a just little bit physically active, but you were mainly inactive.
- 3 Sort of disagree: Circle this number if you were physically active for less than 30 minutes and spent more than 30 minutes inactive.
- 4 Sort of agree: Circle this number if you spent 30-40 minutes being physically active.
- 5 Agree: Circle this number if you were physically active for most of the hour.
- 6 Strongly agree: Circle this number if you were physically active for the whole hour.

APPENDIX B: Raw Data

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.
3:00— 4:00	<input type="checkbox"/> Home <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input checked="" type="checkbox"/> Other teachers _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ <input type="checkbox"/> Other (specify) tutoring _____ _____ sitting _____ _____	1 Strongly disagree 2 Disagree 3 Sort of disagree 4 Sort of agree 5 Agree 6 Strongly agree	
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) Mt. Dew _____ <input checked="" type="checkbox"/> Other (specify) playing outside _____ _____	1 Strongly disagree 2 Disagree 3 Sort of disagree 4 Sort of agree 5 Agree 6 Strongly agree	
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) Dinner _____ <input checked="" type="checkbox"/> Other (specify) Play all day _____ _____	1 Strongly disagree 2 Disagree 3 Sort of disagree 4 Sort of agree 5 Agree 6 Strongly agree	
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input checked="" type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) Milk and cookies _____ <input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree 2 Disagree 3 Sort of disagree 4 Sort of agree 5 Agree 6 Strongly agree	

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input type="checkbox"/> Home <input checked="" type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ <input checked="" type="checkbox"/> Other (specify) <u>Tutoring</u>	1 Strongly disagree	2	3	4	5	6	
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input checked="" type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ <input checked="" type="checkbox"/> Other (specify) <u>Sleeping</u>	1 Strongly disagree	2	3	4	5	6	
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input checked="" type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ <input checked="" type="checkbox"/> Other (specify) <u>Riding bike</u>	1	2	3	4	5	6 Strongly agree	
6:00— 7:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ <input checked="" type="checkbox"/> Other (specify) <u>Nothing</u>	1 Strongly disagree	2	3	4	5	6	

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input type="checkbox"/> Home <input checked="" type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Pop</u> <u>Chips</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6
4:00— 5:00	<input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input checked="" type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input checked="" type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input checked="" type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____	<input checked="" type="checkbox"/> Other (specify) <u>Nothing</u> _____ _____	1	2	3	4	5	6
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input checked="" type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____	<input checked="" type="checkbox"/> Other (specify) <u>Sleep</u> _____ _____	1	2	3	4	5	6

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input type="checkbox"/> Home <input checked="" type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ <input type="checkbox"/> Other (specify) <u>Missed the bus</u>	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree	
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ <input checked="" type="checkbox"/> Other (specify) <u>Trouble</u>	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree	
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Dinner</u> <input type="checkbox"/> Other (specify) _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree	
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input checked="" type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Chips</u> <input type="checkbox"/> Other (specify) _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree	

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input type="checkbox"/> Home <input checked="" type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input checked="" type="checkbox"/> Other teachers _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) Water _____ Milk _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
4:00— 5:00	<input type="checkbox"/> Home <input checked="" type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input checked="" type="checkbox"/> Other teachers _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) Milk _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input checked="" type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input checked="" type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input type="checkbox"/> Home <input checked="" type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input checked="" type="checkbox"/> Other Teachers _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) Water _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input checked="" type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input checked="" type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input checked="" type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input checked="" type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input checked="" type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input checked="" type="checkbox"/> Other <u>Hair salon</u>	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Pizza</u> <u>Mt. Dew</u>	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input checked="" type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input type="checkbox"/> Home <input checked="" type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input checked="" type="checkbox"/> Other Teachers _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6
4:00— 5:00	<input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input checked="" type="checkbox"/> Other Teachers _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input checked="" type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input type="checkbox"/> Home <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input checked="" type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) 4 chick strips 10 potato chips Dr. Pepper	<input checked="" type="checkbox"/> Other (specify) Ate dinner with family Fell asleep after snack	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input checked="" type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input checked="" type="checkbox"/> Other (specify) Took nap on couch	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input checked="" type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) Iron supplement Vitamin My mom woke me vitamin. I fell back	<input checked="" type="checkbox"/> Other (specify) slept on couch up for my iron + to sleep	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input type="checkbox"/> Home <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Dr. Pepper</u> <u>4 chicken strips</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6
5:00— 6:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Roast beef</u> <u>Green beans, salad</u> <u>Mashed potatoes</u> <u>Dr. Pepper</u> <u>Iron drops + vitamin</u>	<input checked="" type="checkbox"/> Other (specify) <u>Ate dinner with</u> <u>family</u> _____ _____	1	2	3	4	5	6

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input type="checkbox"/> Home <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6
4:00— 5:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>yogurt</u> <u>water</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Chicken, salad</u> <u>Mashed potatoes</u> <u>Collard greens</u> <u>Dr. Pepper</u>	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input checked="" type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>iron</u> <u>vitamin</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>yogurt</u> <u>water</u> <u>teddy grahams</u>	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input checked="" type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input checked="" type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Steak, Mashed</u> <u>sweet potatoes,</u> <u>salad</u>	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input type="checkbox"/> Home <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input checked="" type="checkbox"/> Other (specify) _____ <u>Nothing</u>	1	2	3	4	5	6
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Deer meat</u> <u>macaroni</u> _____	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Eggs</u> <u>Sausage gravy</u> <u>biscuits</u>	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input checked="" type="checkbox"/> Other <u>Bus driver</u>	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ <input checked="" type="checkbox"/> Other (specify) <u>Nothing</u>	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree	
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>hot dogs</u> <input type="checkbox"/> Other (specify) _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree	
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ <input checked="" type="checkbox"/> Other (specify) <u>Shooting bow</u>	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree	
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ <input checked="" type="checkbox"/> Other (specify) <u>tending garden</u>	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree	

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input type="checkbox"/> Home <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input checked="" type="checkbox"/> Other teachers _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input checked="" type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input checked="" type="checkbox"/> Other bus driver _____	<input checked="" type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) Scalloped potatoes Deer meat corn	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input checked="" type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input checked="" type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input checked="" type="checkbox"/> Other <u>dentist</u>	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ <input checked="" type="checkbox"/> Other (specify) <u>nothing</u>	1 Strongly disagree	2	3	4	5	6	Disagree Sort of disagree Sort of agree Agree Strongly agree
4:00— 5:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input checked="" type="checkbox"/> Other <u>dentist</u>	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ <input checked="" type="checkbox"/> Other (specify) <u>nothing</u>	1 Strongly disagree	2	3	4	5	6	Disagree Sort of disagree Sort of agree Agree Strongly agree
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>spaghetti</u> <input type="checkbox"/> Other (specify)	1 Strongly disagree	2	3	4	5	6	Disagree Sort of disagree Sort of agree Agree Strongly agree
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ <input checked="" type="checkbox"/> Other (specify) <u>nothing</u>	1 Strongly disagree	2	3	4	5	6	Disagree Sort of disagree Sort of agree Agree Strongly agree

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>sandwich</u> <u>yogurt</u> <u>juice</u>	<input type="checkbox"/> Other (specify) _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Manwich</u> <u>kool-aid</u>	<input type="checkbox"/> Other (specify) _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input checked="" type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Water</u> <u>gatorade</u>	<input type="checkbox"/> Other (specify) _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>yogurt</u> <u>banana</u> <u>milk, cookies</u>	<input type="checkbox"/> Other (specify) _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.											
3:00— 4:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input checked="" type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input checked="" type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Cheese sticks</u> <u>pop</u> _____	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>water</u> <u>gatorade</u> _____	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>water</u> <u>gatorade</u> _____	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Chicken noodles</u> <u>kool-aid</u> _____	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) Pop _____ _____ water _____ _____ gatorade _____ _____	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) water _____ _____ juice _____ _____ gatorade _____ _____	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input checked="" type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) Chicken _____ _____ Mashed potatoes _____ _____ corn, rolls _____ _____	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) cake _____ _____ milk _____ _____	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input checked="" type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.											
3:00— 4:00	<input type="checkbox"/> Home <input checked="" type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input checked="" type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Fish sticks</u> <u>Mt. Dew</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
4:00— 5:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Popcorn chicken</u> <u>Diet Coke</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
5:00— 6:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Steak, corn</u> <u>mashed potatoes</u> <u>milk</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
6:00— 7:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input checked="" type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>milk</u> <u>cookies</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.											
3:00— 4:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input checked="" type="checkbox"/> Other <u>Doctor's Office</u>	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input checked="" type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Mt. Dew</u> <u>Steak</u> _____	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input checked="" type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Mt. Dew</u> <u>Steak</u> _____	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input checked="" type="checkbox"/> adult relative(s) <input type="checkbox"/> Other	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Mt. Dew</u> <u>Popcorn chicken</u> _____	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Mt. Dew</u> <u>Chicken</u> _____	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.											
3:00— 4:00	<input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Coke</u> <u>Lay's (potato chips</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input checked="" type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Pancakes</u> <u>milk</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>milk</u> <u>cookies</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Bologna</u> <u>Cheese</u> <u>milk</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input checked="" type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input type="checkbox"/> Home <input checked="" type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input checked="" type="checkbox"/> Other teachers	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) milk _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6
4:00— 5:00	<input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input checked="" type="checkbox"/> Other bus driver	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) water cake dinner	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) water cake	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.											
3:00— 4:00	<input type="checkbox"/> Home <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input checked="" type="checkbox"/> Other <u>cousin</u>	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>steak</u> <input type="checkbox"/> Other (specify) _____ <u>pop</u>	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input checked="" type="checkbox"/> Other <u>cousin</u>	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input checked="" type="checkbox"/> Other <u>cousin</u>	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>cake</u>	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input checked="" type="checkbox"/> adult relative(s) <input type="checkbox"/> Other	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>banana</u>	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input checked="" type="checkbox"/> Other _____ cousins	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) pop _____ steak _____ _____	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6
Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree							
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input checked="" type="checkbox"/> Other _____ cousins	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) water _____ _____	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6
Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree							
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input checked="" type="checkbox"/> adult relative(s) <input checked="" type="checkbox"/> Other _____ cousins, Aunts	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6
Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree							
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input checked="" type="checkbox"/> adult relative(s) <input checked="" type="checkbox"/> Other _____ cousins	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) water _____ _____	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6
Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree							

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.											
3:00— 4:00	<input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input checked="" type="checkbox"/> Other <u>cousin</u>	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>cake</u> <input type="checkbox"/> Other (specify) <u>pop</u>	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input checked="" type="checkbox"/> Other <u>cousin</u>	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input checked="" type="checkbox"/> Other <u>cousin</u>	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input checked="" type="checkbox"/> Other <u>cousin</u>	<input checked="" type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>water</u>	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.											
3:00— 4:00	<input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input checked="" type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input checked="" type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>water</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input checked="" type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input checked="" type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Water</u> <u>B.B.Q.</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input checked="" type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input checked="" type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>water</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input checked="" type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input checked="" type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>water</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.											
3:00— 4:00	<input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input checked="" type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Water</u> <u>ice cream</u> _____	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input checked="" type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Pop</u> <u>water</u> <u>steak, corn</u> _____	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input checked="" type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Pop</u> <u>water</u> <u>popcorn chicken</u> _____	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input checked="" type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>water</u> _____	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input checked="" type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>water</u> <input type="checkbox"/> Other (specify) _____ <u>pop</u> _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree	
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input checked="" type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input checked="" type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input checked="" type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>B.B.Q.</u> <input type="checkbox"/> Other (specify) _____ <u>water</u> _____ <u>pop</u> _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree	
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input checked="" type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>water</u> <input type="checkbox"/> Other (specify) _____ <u>pop</u> _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree	
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input checked="" type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>water</u> <input type="checkbox"/> Other (specify) _____ <u>pop</u> _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree	

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.											
3:00— 4:00	<input type="checkbox"/> Home <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input checked="" type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input checked="" type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>water</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input checked="" type="checkbox"/> Other <u>Post office</u>	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input checked="" type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>water</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input checked="" type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input checked="" type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input checked="" type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Red beans & rice</u> <u>Orange juice</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input checked="" type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>tea</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>ham sandwich</u> <u>water</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input checked="" type="checkbox"/> Other (specify) <u>Jumping on</u> <u>trampoline</u> _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input checked="" type="checkbox"/> Other (specify) <u>Jumping on</u> <u>trampoline</u> _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Lasagna</u> <u>Mt. Dew</u> <u>cheese toast</u> _____ _____	<input checked="" type="checkbox"/> Other (specify) <u>ate with family</u> _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.
3:00— 4:00	<input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Pizza rolls</u> <u>Water</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 2 3 4 5 6 Strongly disagree Disagree Sort of disagree Sort of agree Agree Strongly agree ↓
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input checked="" type="checkbox"/> Other (specify) <u>plant pear</u> <u>trees</u> _____ _____	1 2 3 4 5 6 Strongly disagree Disagree Sort of disagree Sort of agree Agree Strongly agree ↓
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input checked="" type="checkbox"/> Other (specify) <u>Played with</u> <u>puppies</u> _____ _____	1 2 3 4 5 6 Strongly disagree Disagree Sort of disagree Sort of agree Agree Strongly agree ↓
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input checked="" type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Left-over lasagna</u> <u>Water</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 2 3 4 5 6 Strongly disagree Disagree Sort of disagree Sort of agree Agree Strongly agree ↓

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>string cheese</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input checked="" type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____	<input checked="" type="checkbox"/> Other (specify) <u>Played recorder</u> _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____	<input checked="" type="checkbox"/> Other (specify) <u>Riding bike in yard</u> _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input checked="" type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Pizza</u> <u>Mt. Dew</u> _____ _____	<input checked="" type="checkbox"/> Other (specify) <u>Ate with family</u> _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input checked="" type="checkbox"/> Other (specify) <u>Talk to Dad</u> _____ <u>about school</u> _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
4:00— 5:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input checked="" type="checkbox"/> Other <u>Leadership meeting</u>	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input checked="" type="checkbox"/> Other <u>4-H Group</u>	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input checked="" type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
5:00— 6:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input checked="" type="checkbox"/> Other <u>Leadership meeting</u>	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input checked="" type="checkbox"/> Other <u>4-H Group</u>	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input checked="" type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
6:00— 7:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input checked="" type="checkbox"/> Other <u>Gino's</u>	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input checked="" type="checkbox"/> Other <u>4-H Group</u>	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input checked="" type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Pizza</u> _____ <u>Orange Crush</u> _____	<input checked="" type="checkbox"/> Other (specify) <u>Ate at Gino's</u> _____ <u>with 4-H Group</u> _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.											
3:00— 4:00	<input type="checkbox"/> Home <input checked="" type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>apple</u> <u>milk</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
4:00— 5:00	<input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) <u>water</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Pizza rolls</u> <u>Mt. Dew</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>chicken</u> <u>milk</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ <input type="checkbox"/> Other (specify) _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree	
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) Water _____ <input type="checkbox"/> Other (specify) _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree	
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) water _____ <input type="checkbox"/> Other (specify) _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree	
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ <input type="checkbox"/> Other (specify) _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree	

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Bologna sandwich</u> <u>Pepsi</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2	3	4	5	6
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Water</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2	3	4	5	6
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2	3	4	5	6
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>KFC</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2	3	4	5	6

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2	3	4	5	6
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>water</u> <u>tuna sandwich</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2	3	4	5	6
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2	3	4	5	6
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2	3	4	5	6

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input checked="" type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>grape juice</u> <u>granola</u> _____	<input checked="" type="checkbox"/> Other (specify) <u>Walk</u> _____	1	2	3	4	5	6
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input checked="" type="checkbox"/> adult relative(s) <input checked="" type="checkbox"/> Other <u>Cousins</u>	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input checked="" type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Grape juice</u> _____	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6
5:00— 6:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input checked="" type="checkbox"/> Other <u>Cousins</u>	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>water</u> _____	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6
6:00— 7:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input checked="" type="checkbox"/> Other <u>Church</u>	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input checked="" type="checkbox"/> Other <u>Youth director</u>	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____	<input checked="" type="checkbox"/> Other (specify) <u>doing puppets</u> _____	1	2	3	4	5	6

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.											
3:00— 4:00	<input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input checked="" type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) Slushie _____ _____ _____	<input checked="" type="checkbox"/> Other (specify) walked _____ _____ _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input checked="" type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) Water _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____ _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input checked="" type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) Pepsi _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____ _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
6:00— 7:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input checked="" type="checkbox"/> Other Park _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input checked="" type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) Pepsi _____ 7-Up _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____ _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.											
3:00— 4:00	<input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>7-Up</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) _____ _____	<input checked="" type="checkbox"/> Other (specify) <u>Music</u> _____ _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>7-Up</u> <u>chips</u> _____ _____	<input checked="" type="checkbox"/> Other (specify) <u>music</u> _____ _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>water</u> <u>Crush</u> _____ _____	<input checked="" type="checkbox"/> Other (specify) <u>Talking</u> _____ _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input checked="" type="checkbox"/> Other <u>Other church</u>	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>water</u> <u>pop</u>	<input checked="" type="checkbox"/> Other (specify) <u>church</u>	1	2	3	4	5	6
							Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
4:00— 5:00	<input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>water</u>	<input type="checkbox"/> Other (specify)	1	2	3	4	5	6
							Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>water</u> <u>Kool-aid</u>	<input type="checkbox"/> Other (specify)	1	2	3	4	5	6
							Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>pop</u>	<input type="checkbox"/> Other (specify)	1	2	3	4	5	6
							Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Coke</u> _____ <u>water</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Coke</u> _____ <u>Water</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Coke</u> _____ <u>Water</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Coke</u> _____ <u>Food I can't spell</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Food I can't spell</u> <u>Coke</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Doritos</u> <u>Coke</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>water</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Water</u> <u>chips</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Coke</u> <u>Chips</u> _____	<input type="checkbox"/> Other (specify) _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Coke</u> _____	<input type="checkbox"/> Other (specify) _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Coke</u> _____	<input type="checkbox"/> Other (specify) _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Coke</u> <u>Chips</u> _____	<input type="checkbox"/> Other (specify) _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>water</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2	3	4	5	6
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Coke</u> <u>chicken</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2	3	4	5	6
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Coke</u> <u>chips</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2	3	4	5	6
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>water</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2	3	4	5	6

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>lollipop</u> <u>bubble gum</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Kool-aid</u> <u>Hershey's kisses</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) Pop-Tart milk _____ _____	<input type="checkbox"/> Other (specify) _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____	<input type="checkbox"/> Other (specify) _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input checked="" type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____	<input checked="" type="checkbox"/> Other (specify) Making bracelets	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Pop-Tart</u> <u>Waffles</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
5:00— 6:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input checked="" type="checkbox"/> Other (specify) <u>Outside playing</u> _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
6:00— 7:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input checked="" type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>McDonald's</u> <u>cheeseburger</u> <u>Coke</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Soda</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Cereal/milk</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Pizza</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.											
3:00— 4:00	<input type="checkbox"/> Home <input checked="" type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input checked="" type="checkbox"/> Other Teachers _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Cookies</u> <u>Apple</u> <u>Milk</u> Chewing gum	<input type="checkbox"/> Other (specify) _____ _____ _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
4:00— 5:00	<input type="checkbox"/> Home <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input checked="" type="checkbox"/> Other Teachers _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input checked="" type="checkbox"/> Other (specify) <u>tutoring</u> _____ _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input checked="" type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input checked="" type="checkbox"/> Other (specify) <u>coloring</u> _____ _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input checked="" type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input checked="" type="checkbox"/> Other (specify) <u>coloring</u> _____ _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.											
3:00— 4:00	<input type="checkbox"/> Home <input checked="" type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input checked="" type="checkbox"/> Other Teacher _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Graham crackers</u> <u>Apple</u> <u>chocolate milk</u>	<input checked="" type="checkbox"/> Other (specify) <u>tutoring</u>	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
4:00— 5:00	<input type="checkbox"/> Home <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input checked="" type="checkbox"/> Other Teacher _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>water</u>	<input type="checkbox"/> Other (specify)	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input checked="" type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input checked="" type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Chex mix</u> <u>water</u>	<input checked="" type="checkbox"/> Other (specify) <u>Computer</u>	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input checked="" type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list)	<input checked="" type="checkbox"/> Other (specify) <u>Throwing rocks at</u> <u>each other and</u> <u>rough playing</u>	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.											
3:00— 4:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input checked="" type="checkbox"/> Other <u>Hospital</u>	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input checked="" type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Sonic burger</u> <u>Double cheese-</u> <u>burger, French</u> <u>Fries, Hi-C</u>	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>water</u>	<input checked="" type="checkbox"/> Other (specify) <u>mowing</u>	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input checked="" type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>water</u>	<input checked="" type="checkbox"/> Other (specify) <u>mowing</u>	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input checked="" type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>2 cereal bars</u> <u>water</u> <u>iced animal cookies</u>	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>water</u>	<input checked="" type="checkbox"/> Other (specify) <u>talk</u>	1	2	3	4	5	6
							Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Chex mix</u>	<input type="checkbox"/> Other (specify)	1	2	3	4	5	6
							Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>water</u>	<input type="checkbox"/> Other (specify)	1	2	3	4	5	6
							Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input checked="" type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>water</u>	<input checked="" type="checkbox"/> Other (specify) <u>Play with my brother</u>	1	2	3	4	5	6
							Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.											
3:00— 4:00	<input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>crackers</u> <u>Kool-aid</u> _____	<input checked="" type="checkbox"/> Other (specify) <u>Ate with sisters</u> _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input checked="" type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input checked="" type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input checked="" type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input checked="" type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>McDonald's</u> <u>Sprite</u> _____	<input checked="" type="checkbox"/> Other (specify) <u>Ate with family</u> _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input checked="" type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input checked="" type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input checked="" type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.											
3:00— 4:00	<input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>crackers</u> <u>water</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input checked="" type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input checked="" type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input checked="" type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input checked="" type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input checked="" type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>pizza</u> <u>water</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input checked="" type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input checked="" type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input checked="" type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.											
3:00— 4:00	<input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input checked="" type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Cheese and bread</u> <u>water</u>	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input checked="" type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input checked="" type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input checked="" type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input checked="" type="checkbox"/> Friend's/ Relative's House <input checked="" type="checkbox"/> Other <u>church</u>	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input checked="" type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input checked="" type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input checked="" type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Left-over spaghetti</u> <u>Water</u>	<input checked="" type="checkbox"/> Other (specify) <u>eating with sisters</u>	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
6:00— 7:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input checked="" type="checkbox"/> Other <u>church</u>	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input checked="" type="checkbox"/> adult relative(s) <input checked="" type="checkbox"/> Other <u>teachers</u>	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input checked="" type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input checked="" type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Chips</u> <u>Soda</u>	<input checked="" type="checkbox"/> Other (specify) <u>Eating with</u> <u>siblings</u>	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input checked="" type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input checked="" type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input checked="" type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) spaghetti _____ water _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input checked="" type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input checked="" type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input checked="" type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input type="checkbox"/> Home <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Hamburger</u> <u>Monster</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
4:00— 5:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
5:00— 6:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
6:00— 7:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input type="checkbox"/> Home <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input checked="" type="checkbox"/> Other Little kids _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
4:00— 5:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
5:00— 6:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
6:00— 7:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input checked="" type="checkbox"/> Other neighbors _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input type="checkbox"/> Home <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input checked="" type="checkbox"/> Other Family _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
4:00— 5:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input checked="" type="checkbox"/> Other Family _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
5:00— 6:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input checked="" type="checkbox"/> Other neighbors _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input type="checkbox"/> Home <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) Macaroni and cheese _____ _____	<input type="checkbox"/> Other (specify) _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____	<input type="checkbox"/> Other (specify) _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
6:00— 7:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____	<input type="checkbox"/> Other (specify) _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input checked="" type="checkbox"/> Other <u>Shopping</u>	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input checked="" type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Chicken</u> <u>Pepsi</u>	<input type="checkbox"/> Other (specify)	1	2	3	4	5	6
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>water</u>	<input type="checkbox"/> Other (specify)	1	2	3	4	5	6
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input checked="" type="checkbox"/> Other <u>Mall</u>	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input checked="" type="checkbox"/> Other <u>boyfriend</u>	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input checked="" type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Banana</u> <u>Water</u>	<input type="checkbox"/> Other (specify)	1	2	3	4	5	6
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Water</u>	<input type="checkbox"/> Other (specify)	1	2	3	4	5	6

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.											
3:00— 4:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Water</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
4:00— 5:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Popcorn chicken</u> <u>Milk</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
5:00— 6:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Water</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
6:00— 7:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Water</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.											
3:00— 4:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input checked="" type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Hamburger</u> <u>Milk</u> _____ _____	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input checked="" type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ <input checked="" type="checkbox"/> Other (specify) <u>getting ready</u>	1 Strongly disagree 2 Disagree 3 Sort of disagree 4 Sort of agree 5 Agree 6 Strongly agree						
4:00— 5:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input checked="" type="checkbox"/> Other <u>Park</u>	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Cake</u> <u>Ice cream</u> <u>Pop</u> <input checked="" type="checkbox"/> Other (specify) <u>Party</u>	1 Strongly disagree 2 Disagree 3 Sort of disagree 4 Sort of agree 5 Agree 6 Strongly agree						
5:00— 6:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input checked="" type="checkbox"/> Other <u>Park</u>	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Pop</u> <input checked="" type="checkbox"/> Other (specify) <u>Party</u>	1 Strongly disagree 2 Disagree 3 Sort of disagree 4 Sort of agree 5 Agree 6 Strongly agree						
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Water</u> <input type="checkbox"/> Other (specify)	1 Strongly disagree 2 Disagree 3 Sort of disagree 4 Sort of agree 5 Agree 6 Strongly agree						

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input type="checkbox"/> Home <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ <input checked="" type="checkbox"/> Other (specify) <u>On the bus</u> _____ <u>between 3:20-4:00</u> _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree	
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>PB&J sandwich</u> _____ <u>milk</u> _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree	
5:00— 6:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input checked="" type="checkbox"/> Other <u>Church</u>	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input checked="" type="checkbox"/> Other <u>Church</u>	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ <input checked="" type="checkbox"/> Other (specify) <u>Dancing</u>	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree	
6:00— 7:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input checked="" type="checkbox"/> Other <u>Church</u>	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input checked="" type="checkbox"/> Other <u>Church</u>	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ <input checked="" type="checkbox"/> Other (specify) <u>Praising the Lord</u>	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree	

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.											
3:00— 4:00	<input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input checked="" type="checkbox"/> Other (specify) <u>Played football</u> _____ _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
4:00— 5:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input checked="" type="checkbox"/> Other (specify) <u>Played football</u> _____ _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Doritos</u> <u>Pepsi</u> _____ _____	<input checked="" type="checkbox"/> Other (specify) <u>Played basketball</u> _____ _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>BBQ Chicken</u> <u>Mashed potatoes</u> <u>Green beans, roll</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>PB&J</u> <u>Milk</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____	<input checked="" type="checkbox"/> Other (specify) <u>Went to gym</u> _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____	<input checked="" type="checkbox"/> Other (specify) <u>Running</u> _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Grilled Chicken</u> <u>Mashed potatoes</u> <u>Corn, roll</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Chores <input checked="" type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6
							Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
4:00— 5:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Pepsi</u> <u>hot dogs</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6
							Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
5:00— 6:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input checked="" type="checkbox"/> Other <u>Church</u>	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Pizza</u> <u>Pepsi</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6
							Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
6:00— 7:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input checked="" type="checkbox"/> Other <u>Church</u>	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input checked="" type="checkbox"/> Other (specify) <u>Went to another</u> <u>church and</u> <u>performed</u>	1	2	3	4	5	6
							Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input checked="" type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Chocolate cake</u> <u>Ravioli</u> <u>Mt. Dew</u>	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input checked="" type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input checked="" type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input checked="" type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Hamburger</u> <u>Mt. Dew</u>	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input checked="" type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input checked="" type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input checked="" type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) Cake _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6
							Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input checked="" type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6
							Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input checked="" type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input checked="" type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6
							Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input checked="" type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input checked="" type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6
							Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input checked="" type="checkbox"/> Friend/ Relative's House <input checked="" type="checkbox"/> Other Mamaw's _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input checked="" type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) Mt. Dew _____ _____ _____	<input checked="" type="checkbox"/> Other (specify) Out to eye doctor _____ _____ _____	1	2	3	4	5	6
4:00— 5:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input checked="" type="checkbox"/> Other Eye doctor _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input checked="" type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input checked="" type="checkbox"/> Other (specify) At eye doctor _____ _____ _____	1	2	3	4	5	6
5:00— 6:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input checked="" type="checkbox"/> Other Eye doctor _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input checked="" type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input checked="" type="checkbox"/> Other (specify) At eye doctor _____ _____ _____	1	2	3	4	5	6
6:00— 7:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input checked="" type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) Taco Bell food _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____ _____	1	2	3	4	5	6

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input checked="" type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input checked="" type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) Pizza _____ Mt. Dew _____ _____	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input checked="" type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input checked="" type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input checked="" type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input type="checkbox"/> Home <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) Water _____ Candy bar _____	<input checked="" type="checkbox"/> Other (specify) Jumped on _____ trampoline _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input checked="" type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input checked="" type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____	<input checked="" type="checkbox"/> Other (specify) Internet/MySpace _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) Ramen Noodles _____	<input checked="" type="checkbox"/> Other (specify) Jumped on the _____ trampoline again _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.											
3:00— 4:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>popsicle</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input checked="" type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Water</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Nutty-Butty Bar</u> _____ _____	<input checked="" type="checkbox"/> Other (specify) <u>Jumped on the</u> <u>trampoline</u> _____ _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Club crackers</u> _____ _____	<input checked="" type="checkbox"/> Other (specify) <u>Played with dog</u> _____ _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input checked="" type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) Water _____ _____ _____	<input checked="" type="checkbox"/> Other (specify) Trampoline _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) Water _____ _____ _____	<input checked="" type="checkbox"/> Other (specify) Push-ups _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input checked="" type="checkbox"/> Other Huntington _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input checked="" type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) Ramen noodles _____ _____ _____	<input checked="" type="checkbox"/> Other (specify) Internet/MySpace getting ready _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.											
3:00— 4:00	<input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Club crackers</u> <u>Dr. Pepper</u> _____	<input checked="" type="checkbox"/> Other (specify) <u>Played with my</u> <u>new dog</u> _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input checked="" type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input checked="" type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input checked="" type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input checked="" type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Water</u> _____ _____	<input checked="" type="checkbox"/> Other (specify) <u>Shower/getting</u> <u>ready</u> _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input type="checkbox"/> Home <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input checked="" type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Sour straws</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input checked="" type="checkbox"/> Other <u>Nephew</u>	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Orange juice</u> <u>Ramen noodles</u> _____ _____	<input checked="" type="checkbox"/> Other (specify) <u>Bicycle riding</u> _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input checked="" type="checkbox"/> Friend's/ Relative's House <input checked="" type="checkbox"/> Other <u>Sister's house</u>	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input checked="" type="checkbox"/> Other <u>Nephew</u>	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input checked="" type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Orange juice</u> <u>Chicken, mashed</u> <u>Potatoes, green</u> <u>beans</u>	<input checked="" type="checkbox"/> Other (specify) <u>Tire swinging</u> _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input checked="" type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Orange pop</u> <u>Apple</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input type="checkbox"/> Home <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ <input checked="" type="checkbox"/> Other (specify) I was listening to <u>myi-Pod.</u>	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree	
4:00— 5:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input checked="" type="checkbox"/> Other <u>Nephew</u>	<input type="checkbox"/> Chores <input checked="" type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ <input type="checkbox"/> Other (specify) _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree	
5:00— 6:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input checked="" type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Hot wings</u> <u>Potato wedges</u> <u>Root beer</u>	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree	
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input checked="" type="checkbox"/> Other <u>Nephew</u>	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Lemonade</u> <u>Pork chops, mac 'n</u> <u>cheese, lettuce-n-</u> <u>onions, orange</u>	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree	

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input type="checkbox"/> Home <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ <input checked="" type="checkbox"/> Other (specify) <u>Listening to music</u>	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree	
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Pizza</u> <u>Kool-aid</u>	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree	
5:00— 6:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input checked="" type="checkbox"/> Other <u>Dance instructor</u>	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input checked="" type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input checked="" type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Pepsi</u>	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree	
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input checked="" type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Spaghetti, salad,</u> <u>French bread</u> <u>Pepsi</u>	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree	

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input type="checkbox"/> Home <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input checked="" type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input checked="" type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input checked="" type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
5:00— 6:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input checked="" type="checkbox"/> Other <u>Dance</u>	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input checked="" type="checkbox"/> Other <u>Dance instructor</u>	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input checked="" type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Pepsi</u> <u>2 raspberry donuts</u>	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Steak, fries</u> <u>Salad</u> <u>Orange</u> <u>Pepsi</u>	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input type="checkbox"/> Home <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input checked="" type="checkbox"/> Other teachers _____	<input type="checkbox"/> Chores <input checked="" type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Orange juice</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>fish</u> <u>green beans</u> <u>mashed potatoes</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input checked="" type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input checked="" type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
4:00— 5:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input checked="" type="checkbox"/> Other Wal-Mart _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input checked="" type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input checked="" type="checkbox"/> Other Nephew _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input checked="" type="checkbox"/> Other Nephew _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input checked="" type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Pizza</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
4:00— 5:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input checked="" type="checkbox"/> Other <u>Dance studio</u>	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input checked="" type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input checked="" type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
5:00— 6:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input checked="" type="checkbox"/> Other <u>Dance studio</u>	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input checked="" type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input checked="" type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input checked="" type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Plain macaroni</u> _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input type="checkbox"/> Home <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input checked="" type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input checked="" type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input checked="" type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
5:00— 6:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input checked="" type="checkbox"/> Other <u>Dance</u>	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input checked="" type="checkbox"/> Other <u>Dance instructor</u>	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input checked="" type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Pepsi</u> <u>2 raspberry donuts</u>	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
5:00— 6:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input checked="" type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree
6:00— 7:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ <input type="checkbox"/> Other (specify) _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree	
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ <input type="checkbox"/> Other (specify) _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree	
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ <input type="checkbox"/> Other (specify) _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree	
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ <input type="checkbox"/> Other (specify) _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree	

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.											
3:00— 4:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input checked="" type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input checked="" type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
4:00— 5:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input checked="" type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input checked="" type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input checked="" type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
6:00— 7:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input checked="" type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input checked="" type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ <input type="checkbox"/> Other (specify) _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree	
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input checked="" type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input checked="" type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ <input type="checkbox"/> Other (specify) _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree	
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input checked="" type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ <input type="checkbox"/> Other (specify) _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree	
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ <input type="checkbox"/> Other (specify) _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree	

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input checked="" type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input checked="" type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input checked="" type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input checked="" type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ <input type="checkbox"/> Other (specify) _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree	
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input checked="" type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ <input type="checkbox"/> Other (specify) _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree	
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input checked="" type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input checked="" type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input checked="" type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ <input type="checkbox"/> Other (specify) _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree	
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ <input type="checkbox"/> Other (specify) _____	1 Strongly disagree	2 Disagree	3 Sort of disagree	4 Sort of agree	5 Agree	6 Strongly agree	


Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input checked="" type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Soup</u> _____ _____	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Chores <input checked="" type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Chips</u> _____ _____	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.					
3:00— 4:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input checked="" type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input checked="" type="checkbox"/> adult relative(s) <input checked="" type="checkbox"/> Other <u>Grandparents</u>	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input checked="" type="checkbox"/> Other (specify) <u>Talked</u>	1 Strongly disagree	2	3	4	5	6
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input checked="" type="checkbox"/> Other <u>Animals</u>	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input checked="" type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Chili-cheese dip &</u> <u>Chips</u>	<input checked="" type="checkbox"/> Other (specify) <u>computer</u>	1 Strongly disagree	2	3	4	5	6
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input checked="" type="checkbox"/> Other <u>Animals</u>	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input checked="" type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____	<input checked="" type="checkbox"/> Other (specify) <u>computer</u>	1 Strongly disagree	2	3	4	5	6
6:00— 7:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input checked="" type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Green beans</u> <u>Cole slaw</u> <u>Rolls</u>	<input checked="" type="checkbox"/> Other (specify) <u>Played with</u> <u>animals</u>	1	2	3	4	5	6

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.						
3:00— 4:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input checked="" type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input checked="" type="checkbox"/> Other (specify) <u>Computer</u> _____ _____	1 Strongly disagree	2	3	4	5	6	Disagree Sort of disagree Sort of agree Agree Strongly agree
4:00— 5:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input checked="" type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) <u>Beans, Hash browns</u> <u>Sauerkraut</u> <u>Corn bread</u>	<input checked="" type="checkbox"/> Other (specify) <u>Computer</u> _____ _____	1 Strongly disagree	2	3	4	5	6	Disagree Sort of disagree Sort of agree Agree Strongly agree
5:00— 6:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1 Strongly disagree	2	3	4	5	6	Disagree Sort of disagree Sort of agree Agree Strongly agree
6:00— 7:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input checked="" type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input checked="" type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input checked="" type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input checked="" type="checkbox"/> Other (specify) <u>Talk</u> _____ _____	1 Strongly disagree	2	3	4	5	6	Disagree Sort of disagree Sort of agree Agree Strongly agree

Time	Where were you?	Who were you with?	What did you do?				I was active during this hour.											
3:00— 4:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Chores <input checked="" type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input checked="" type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
4:00— 5:00	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input checked="" type="checkbox"/> Older sibling(s) <input type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input checked="" type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input checked="" type="checkbox"/> Eating/Drinking (please list) Tacos _____ _____	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
5:00— 6:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Car/Bus <input type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input checked="" type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input checked="" type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input checked="" type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____	<input type="checkbox"/> Other (specify) _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree
6:00— 7:00	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Car/Bus <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Friend's/ Relative's House <input type="checkbox"/> Other _____	<input type="checkbox"/> No one (alone) <input type="checkbox"/> Friend(s) <input type="checkbox"/> Older sibling(s) <input checked="" type="checkbox"/> Younger sibling(s) <input type="checkbox"/> (Step) Parent (s) <input type="checkbox"/> adult relative(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chores <input checked="" type="checkbox"/> Sleep <input type="checkbox"/> Reading/ Homework <input type="checkbox"/> Lessons <input type="checkbox"/> TV <input type="checkbox"/> Video games <input type="checkbox"/> Shopping	<input type="checkbox"/> Organized Sports <input type="checkbox"/> Unorganized Sports/Exercise <input type="checkbox"/> In-home activity <input type="checkbox"/> out-of-home activity	<input type="checkbox"/> Eating/Drinking (please list) _____ _____	<input checked="" type="checkbox"/> Other (specify) Talking _____ _____	1	2	3	4	5	6	Strongly disagree	Disagree	Sort of disagree	Sort of agree	Agree	Strongly agree

APPENDIX C: IRB Materials

	Marshall University IRB
	Approved on: 4/3/09
	Expires on: 3/23/10
	Study number: 111090

Parental Consent/Permission

After school behavior of adolescents

Paige Muellerleile, Ph.D., Marshall University,
Principal Investigator
Sallie Richards, M.A., Marshall University
Co-Investigator

Introduction

Your child is invited (with your permission) to be in a research study. Research studies are designed to gain scientific knowledge that may help other people in the future. Your child may or may not receive any benefit from being part of the study. There may also be risks associated with being part of research studies. If there are any risks involved in this study then they will be described in this consent. Participation is voluntary so please take your time to make your decision, and call your research investigator or research staff to explain any words or information that you do not understand.

Why Is This Study Being Done?

The purpose of this study is to learn about how adolescents spend their time after school.

How Many Will Take Part In The Study?

About 80 children will take part in this study. A total of 125 subjects are the most that would be able to enter the study.

What Is Involved In This Research Study?

Your child will be asked to fill out an activity journal for a period of four (4) days, beginning on Monday April 27, 2009. A copy of this activity journal is included for you to look over. Your child will be instructed at school on how to fill out this journal. Your child will be asked to return this journal at the end of the week on Friday May 1, 2009. Throughout the week, the researcher will check on your child's progress and will record your child's age, grade, sex, and height/weight. Records of this information will be obtained and kept privately.

How Long Will Your Child Be In The Study?

Your child will be in the study for about 4 days. You or your child can decide to stop participation at any time. If you decide to stop your child's participation in the study we encourage you to talk to the study investigator or study staff as soon as possible.

Initial _____

The study investigator may stop your child from taking part in this study at any time if he/she believes it is in your child's best interest; if your child does not follow the study rules; or if the study is stopped.

What Are The Risks Of The Study?

There are no known or predicted risks to those who take part in this study.

Are There Benefits To Taking Part In The Study?

If you agree to allow your child to take part in this study, there may or may not be direct benefit to them. We hope the information learned from this study will benefit other people in the future. The benefits of participating in this study may be: Your children may become more aware of the kinds of activities they are involved in, and how they spend their time after school. This information may help them to make better choices or manage their time more effectively.

What About Confidentiality?

We will do our best to make sure that your child's personal information is kept confidential. Your child's name will not appear on the journal or with the additional information that will be recorded when your child turns in the journal. However, we cannot guarantee absolute confidentiality. Federal law says we must keep your child's study records private. Nevertheless, under unforeseen and rare circumstances, we may be required by law to allow certain agencies to view your child's records. Those agencies would include the Marshall University IRB, Office of Research Integrity (ORI) and the federal Office of Human Research Protection (OHRP). This is to make sure that we are protecting your child's rights and safety. If we publish the information we learn from this study, your child will not be identified by name or in any other way.

What Are The Costs Of Taking Part In This Study?

There are no costs to you for allowing your child to take part in this study. All the study costs, including any study tests, supplies and procedures related directly to the study, will be paid for by the study.

Will You Be Paid For Participation?

Every child who participates in this research will be entered into a prize drawing. The prizes will include (1) complete Nintendo *Wii Fit* System and (10) \$5 gift cards to Subway restaurants. All children will be entered into the random drawing; however, only those children selected from the drawing will receive a prize.

What Are Your Rights As A Research Study Participant?

Taking part in this study is voluntary. You may choose not to allow your child to take part or you may withdraw them from the study at any time. Refusing to participate or leaving the study will not result

Initial _____

in any penalty or loss of benefits to which you or your child are entitled. If you decide to stop your child's participation in the study we encourage you to talk to the investigators or study staff first.

Whom Do You Call If You Have Questions Or Problems?

For questions about the study or in the event of a research-related injury, contact the primary investigator, Paige Muellerleile at (304) 696-2771, or the co-investigator, Sallie Richards, at (304) 696-3545 (Office) or (304) 733-4233 (Home). You should also call either investigator if you have a concern or complaint about the research.

For questions about your rights as a research participant, contact the Marshall University IRB#2 Chairman Dr. Stephen Cooper at (304) 696-7320. You may also call this number if:

- o You have concerns or complaints about the research.
- o The research staff cannot be reached.
- o You want to talk to someone other than the research staff.

Please sign one of these copies and return it with your child to school by; please keep one copy for yourself.

SIGNATURES

You grant permission for your child _____ to take part in this study. You have had a chance to ask questions about this study and have had those questions answered. By signing this consent form you are stating that you are not giving up any legal rights to which you or your child are entitled.

Parent Name (Printed)

Parent Signature

Date


Person Obtaining Consent (Printed)

Person Obtaining Consent Signature

Date

Initial _____



	Marshall University IRB	
	Approved on:	4/3/09
	Expires on:	3/23/10
	Study number:	111090

Marshall University Child's Assent for Being in a Research Study

Title: Middle Schoolers' After School Activities

Why are you here?

We are asking you to take part in a research study because we are trying to learn more about what middle schoolers do after school is over for the day. We are inviting you to be in the study because you are currently a middle school student.

Why are they doing this study?

We are from Marshall University, and we want to learn about what middle schoolers do after school is over for the day.

What will happen to you?

On Monday, April 27, you will be given an activity journal that gives you boxes to check about what you did after school. You will be taught how to fill out the journal. You will be asked to fill out this journal for 4 days—from Monday to Thursday. You can bring your finished activity journal to school with you on Friday where I will collect it from you. During the week, Sallie will be around to check on your progress and answer any questions you might have. Sallie will also take you aside and record your age, grade, sex, and height/weight. All of the information, including what you write in your journals, will be kept private.

Will the study hurt?

This study will not hurt. It only takes a little bit of time!

Will the study help you?

By being in this study, you may learn more about how you spend your time after school. This may help you learn to manage your time.

What if you have any questions?

You can ask any questions that you have about the study. If you have a question later that you didn't think of now, you can call Sallie at 304-733-4233 or ask her when you see her at school.

Initials _____

Do your parents know about this?

Your parents have read about this study, and they said that you could be in it if you want. You can talk this over with them before you decide.

Do you have to be in the study?

You do not have to be in the study. No one will be upset if you don't want to do this. If you don't want to be in this study, you just have to tell your parents, your teacher, or the person who gave you this information. You can say yes now and change your mind later. It's up to you.

Putting a checkmark by the word YES and writing your name after that means that that you agree to be in the study, and know what will happen to you. If you decide to quit the study all you have to do is tell the person in charge.

You have talked to your parents and Sallie, the researcher, about the study. You have had all of your questions answered. You understand that you can stop being in this study at any time and no one will be angry or upset with you. Indicate your choice below:
(Check One)

___ YES, you want to be in the study. ___ NO, you do not want to be in the study.

Name of Child (Print) Signature of Child Date

Name of Witness (Print) Signature of Witness Date

Name of Researcher (Print) Signature of Researcher Date

Initials _____

APPENDIX D: Technical Report

In April and May, 2009, several students from a rural West Virginia middle school² volunteered to participate in an IRB approved research study conducted by Sallie Richards, M.A., and Paige Muellerleile, Ph.D., from Marshall University. This report serves to educate and inform the students, parents, and staff of the school regarding the findings of the research.

The research study aimed to investigate how adolescents spend their time after-school, including with whom they spend their time, where they are, what activities they do, and what they eat and drink. Demographic information including age, birthdate, grade, sex, height, and weight were also obtained. The study was primarily aiming to determine how adult supervision during after-school hours may be related to weight. It was hypothesized that students who spent more time unsupervised would have higher weights. The following results were found.

Participants were 19 females and 10 males whose mean ages were 13.712 ($SD = 0.998$) and 13.193 ($SD = 0.907$), respectively. Participants spent an average of 6.4 hours without adult supervision from Monday through Thursday between the hours of 3:00p.m.-7:00 p.m.. Almost half (48%) of the participants were overweight/obese according to the CDC guidelines (a Body Mass Index [BMI] at or greater than the 85th percentile), with 31% of the participants being classified as obese based on CDC guidelines (BMI at or greater than 95th percentile). There were approximately proportionate numbers of males and females in each weight category. Based on this sample, there does *not* appear to be a relationship between the number of hours spent unsupervised after-school and overweight/obesity. The overweight and obesity rates in this sample are higher than reported rates of 35.5% for adolescents ages 10-17 for the state of West Virginia. Although it cannot be concluded that the rates of the sample reflect the

² The name of the school would be included in the actual technical report; however, to protect the anonymity of the sample, the name of the school was removed.

overweight/obesity rates of the whole school, it is distressing enough to suggest further investigation of the overweight/obesity rates of the rest of the students in the school.

The following tables describe the participants' locations, the people with whom the participants spent their time, and their activities during the after-school hours.

Location of participants by hour[†]

	<u>Time Interval</u>			
	3:00 – 4:00	4:00 – 5:00	5:00 – 6:00	6:00 – 7:00
Home	80%	100%	100%	100%
School	80%	24%	0%	0%
Car/Bus	84%	40%	28%	48%
Outside	56%	80%	84%	76%
Friend/Relative's House	16%	12%	12%	16%
Other Location	20%	24%	32%	24%

[†]Values are given in proportions and will not sum to 100 because respondents could indicate more than one location for any interval.

Whom participants were with by hour[†]

	<u>Time Interval</u>			
	3:00 – 4:00	4:00 – 5:00	5:00 – 6:00	6:00 – 7:00
Alone	20%	36%	44%	44%
Friend(s)	80%	72%	60%	64%
Older sibling(s)	48%	60%	60%	56%
Younger sibling(s)	52%	60%	56%	45%
(Step) Parent(s)	56%	64%	68%	84%
Adult Relative(s)	32%	20%	48%	32%
Other	28%	36%	32%	28%

[†] Values are given in proportions and will not sum to 100 because respondents could indicate more than one category for any interval.

Reported activities of participants by hour[†]

	<u>Time Interval</u>			
	3:00 – 4:00	4:00 – 5:00	5:00 – 6:00	6:00 – 7:00
Chores	16%	32%	28%	36%
Sleep	28%	28%	16%	20%
Reading/Homework	52%	36%	24%	40%
Lessons	4%	8%	8%	8%
TV	28%	36%	44%	56%
Video Games	16%	24%	24%	28%
Shopping	16%	4%	12%	8%
Organized Sports	0%	16%	20%	4%
Unorganized Sports/Exercise	40%	80%	80%	48%
In-home Activity	8%	16%	16%	28%
Out-of-home Activity	28%	36%	32%	28%
Eating/Drinking	84%	80%	76%	80%
Other	48%	48%	60%	44%

[†] Values are given in proportions and will not sum to 100 because respondents could indicate more than one activity for any interval.

As the tables suggest, the majority of participants spent time eating/drinking during the after school hours. Other popular responses involved reading and doing homework, watching TV, and playing video games, all of which are sedentary activities. Many participants also endorsed engaging in physical activity in the form of organized or unorganized sports, which are more physical activities. Closer examination of the data revealed that participants endorsed more frequent involvement in sedentary behavior than physically active behaviors with more participants engaging in sedentary activity for at least 3 days than participants endorsing physical activity for at least 3 days. Most participants endorsed both sedentary and physical activities on any given day. The following table summarizes the participants' reported activities:

Proportion of participants' reported activity[†]

	Number of participants	Proportion of participants
Sedentary activity at least once	25	100%
TV or video games at least once	22	88%
Sedentary activity for majority of the week	24	96%
Sports or exercise at least once	24	96%
Sports or exercise for majority of the week	16	64%

[†] Values are based on 25 participants

Participants also reported what their food and drink intake was when they reported eating. Overall, the participants reported eating and drinking more unhealthy foods and beverages than healthy options. Soda was by far the most frequently reported item. Less than 40% of participants reported eating vegetables at least one day per week, and just over 25% reported eating fruit at least one day per week. Only two participants reported a complete meal (meat/protein, starch/grain, and fruit/vegetable) daily. The following table summarizes the participants' reported food and beverage intake:

Participants' reported food intake[†]

	Number of participants	Proportion of participants
Soda	19	82.6%
Milk	10	43.4%
High Calorie Beverage	9	39.1%
Water	14	60.9%
Dessert	11	47.8%
Chips	8	34.8%
Pizza	8	34.8%
Fast food	6	26.1%
Vegetable	9	39.1%
Fruit	6	26.1%
Complete meal	8	34.8%
Complete meal daily	2	8.7%

[†]Values are based on 23 participants and indicate at least one report of the given food item.

While there was not an observed relationship between adult supervision and weight, other results of the research have important implications for this school. With the growing obesity epidemic in West Virginia, combined with some of the findings of this research study, it is important that healthy habits be addressed with students. The information provided in this report suggests the implementation of nutrition, additional physical education, education regarding the health-related outcomes of obesity, and obesity prevention within the curriculum at this school. Teaching students about the effects obesity has on health and ways to combat the onset and/or progression of obesity are two important components of fighting this state-wide epidemic. Providing students with this information at school is a great place to start. Involving parents

whenever possible is also recommended. School officials may use the information provided in this report to apply for grants to secure nutritional education and physical programs for students and families.

Thank you for partnering with Marshall University and participating in this research. If there are further questions regarding this research or the results, please contact the primary investigator, Paige Muellerleile, Ph.D., at Marshall University, at muellerleile@marshall.edu or (304)-696-2771.

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CURRICULUM VITAE
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EDUCATION

Psy.D. Candidate, Clinical Psychology

Marshall University, Huntington, West Virginia (American Psychological Association-accredited)
September 1, 2010 (anticipated completion of all requirements; degree conferred December 2010)
GPA: 4.0

M.A., Psychology, August, 2007

Marshall University, Huntington, West Virginia
GPA: 4.0

B.A., Psychology, May, 2005 (summa cum laude)

West Virginia Wesleyan College, Buckhannon, West Virginia
GPA: 3.96 Psychology GPA: 4.0

HONORS AND AWARDS

Feil Scholarship, Marshall University, 2007
Kelly Martin Memorial Scholarship Award, West Virginia Wesleyan College, 2005
Phi Kappa Phi, National Academic Honor Society, inducted 2004
Mortar Board, National College Senior Honor Society, inducted 2004
Sigma Tau Delta, International English Honor Society, inducted 2004
Psi Chi, National Honor Society in Psychology, inducted 2003
Omicron Delta Kappa, National Leadership Honorary, inducted 2003
Undergraduate Dean's List: Eight Semesters

PRE-DOCTORAL INTERNSHIP

September 1, 2009-present

Berea Children's Home and Family Services, Cuyahoga County, Ohio (American Psychological Association-accredited)

Provide individual and family-based services through outpatient office-based and in-home settings to children, adults, and families; Provide individual and family-based therapy through school-based mental health services; Administer, score, and interpret psychological assessments and write integrated reports from a developmental trauma perspective; Co-facilitate bi-weekly group psychotherapy with adolescent males with sexual behavior problems and adolescent females living in a group home; Attend weekly didactic trainings in diversity, professional

development, and other relevant professional topics; Work collaboratively with other interns to create a professional, agency-wide training; Coordinate services with parents, teachers, school staff, and other professionals.

FORMAL PRACTICA TRAINING

September 2008-May 2009

Crum Middle/Elementary School, Crum, West Virginia

Administered psychological assessments, conducted individual and group psychotherapy, and provided mental health consultation to middle and elementary school students, parents, and families in rural West Virginia.

September 2008- May 2009

A.B.L.E. Families, Kermit, West Virginia

Administered psychological assessments and conducted individual psychotherapy with children. Also provided mental health consultation, outreach, and psychoeducational training for a non-profit outreach facility in rural West Virginia.

May 2008- May 2009

University Pediatrics, Huntington, West Virginia

Administered psychological evaluations at the university medical center. Referral questions included language delays, behavioral problems, and developmental delays.

August 2007-July 2008

Ohio River Valley Juvenile Correctional Facility, Franklin Furnace, Ohio

Ohio River Valley Juvenile Correctional Facility is an all-male, maximum security prison housing youth who have committed felony offenses in the state of Ohio.

Administered psychological assessments, conducted individual and group psychotherapy with adjudicated youth, and worked as part of an interdisciplinary team throughout various departments within the facility to provide psychological intervention and consultation with adjudicated youth, social workers, juvenile correctional officers, teachers, and psychiatrists. Youth on my caseload were primarily sex offenders and/or substance abusers.

August 2006-November 2008

Marshall University Psychology Clinic, Huntington, West Virginia

Administered psychological assessments and conducted individual psychotherapy to college students and children and adults from the surrounding community. Diagnoses included Major Depressive Disorder, Social Phobia, Post-Traumatic Stress Disorder, Obsessive Compulsive Disorder, Substance Abuse, Parent-Child Relational Problem, marital discord, mental

difficulties, stress, and aggressive behavior. Also provided mental health consultation to local Head Start classrooms.

ADDITIONAL CLINICAL EXPERIENCE

September 2004-May 2005 **In-home Autism treatment**, Buckhannon, West Virginia

Voluntarily provided in-home discrete trial therapy for a 2-year-old boy diagnosed with Autism.

PRESENTATIONS AND PUBLICATIONS

Richards, S. (2007, March). *Health and nutrition in latchkey children in Appalachia*.
Lecture and discussion at the Appalachian Studies Association Annual Conference.

Richards, S. (2006). Videos aid social skills in children with autism. *Behavior Analysis Digest*, 18(3), 12.

Richards, S. (2005, March). *Effect of physical attractiveness on opposite-sex evaluations of a lab report*. Paper presented at the Mid-Atlantic Undergraduate Research Conference.

RESEARCH EXPERIENCE

April 2006 to present

Doctoral Dissertation (in progress)

Title: *Exploring obesity and after-school supervision with adolescents in rural West Virginia*

Dissertation chairperson: Paige Muellerleile, Ph.D.

Committee members: Marianna Footo-Linz, Ph.D.; Pamela L. Mulder, Ph.D.

Dissertation proposal defense: 11/2008

Dissertation defense: 07/2010 expected

September 2005-August 2006

Graduate Assistant, Marshall University

As a graduate assistant for the Department of Psychology, part of my duties involved research for various faculty members. I researched other Psy.D. programs from around the country to collect data for our training director, Marianna Footo-Linz, Ph.D., and researched domestic violence prevention and education programs for Wendy Williams, Ph.D. Additionally, I helped one of the program's doctoral candidates organize her data collection for her dissertation.

April 2004

Title: *Effect of Physical Attractiveness on Opposite-sex Evaluations of a Lab Report*

Undergraduate Thesis Advisor: Richard S. Calef, Ph.D.

Site: West Virginia Wesleyan College

RESEARCH GRANTS

Marshall University Graduate College Summer Thesis Research Grant, June, 2008 for
Doctoral Dissertation

OTHER FUNDING

Marshall University Department of Psychology provided funding to attend and present at the Appalachian Studies Association Annual Conference in March, 2007

TEACHING EXPERIENCE

Marshall University, Department of Psychology, Instructor
Introduction to Psychology
Fall 2006-Spring 2008

OTHER PSYCHOLOGY FIELD EXPERIENCE

West Virginia Wesleyan College, Department of Psychology, Buckhannon, West Virginia
Assistant to Richard S. Calef, Ph.D., Chair of the Department
Fall 2003-Spring 2005

Created, proctored, and scored examinations; Provided tutorial assistance as needed to students; Conducted class lectures in Dr. Calef's absence; Corresponded with incoming psychology majors

Rural Mental Health Associates, Franklin, Pennsylvania
Undergraduate Field Experience
June 2004-August 2004

PROFESSIONAL DEVELOPMENT

Professional Development Didactic (Series), Predoctoral Internship, September 2009-present
Diversity Development Didactic (Series), Predoctoral Internship, September 2009-present
Marshall University Safe Space Training, September 2007
Appalachian Studies Association Annual Conference, March 2007

UNIVERSITY INVOLVEMENT

Marshall University Psy.D. Program Committee, Member, 9/2005 to 5/2009
Duties include serving as a liaison between faculty and students, attending monthly meetings, collecting student feedback and expressing that feedback to the faculty.
Previous duties also included aiding the Psy.D. Program Director in APA accreditation process

Marshall University Psy.D. Program Admissions Committee, Student Affiliate, 2006, 2008
Duties included welcoming students on the day of their interview, coordinating for other graduate students to be available during the interview process for consultation with applicants, communicating student input to the committee, and communicating with applicants before, during, and after the interview process to address applicant questions and concerns.

Marshall University Psy.D. Student Organized Advisory Panel, Member, 9/2007 to 5/2009
Founding member. Duties include attending monthly meetings and, in conjunction with membership on the Psy.D. Committee, facilitating communication between students and faculty.

Marshall University Psy.D. Mentoring Program, Creator, 7/2008

Created a peer mentoring program to pair new, incoming students with a current student to help new students transition into the program.

COMMUNITY INVOLVEMENT

Panel of Listeners, April 2010, Baldwin Wallace College, Berea, Ohio

Selected by Dean of Students to engage with selected students and other community professionals in a joint, guided discussion about life, leadership, and how to make the most of the college experience in a leadership context

Women's Wellness Day, May, 2008, Huntington, West Virginia

Co-organized a free, community-wide health and wellness fair for women

Susan G. Komen Race for the Cure, 2007-2009, Pittsburgh, Pennsylvania

Fundraised to support awareness and treatment of breast cancer

Marshall University Relay for Life, 2006-2008, Huntington, West Virginia

Fundraised to support awareness and treatment of cancer