

SMART STUDENT QUESTIONNAIRE

The following questions ask about TV, video games and computers you may have at home, and how you spend your time. **This is not a test.** We want to learn about what kids your age do and how they spend their time.

The answers you give will be kept private. No one will ever know what you say unless you tell them. Your name will never be used.

Please be as honest as you can.

You will receive a password to write down. Please write the password here:

Password: _____

SMART STUDENT QUESTIONNAIRE

SECTION 1:

1. What grade are you in? _____

2. How old are you? _____ years old

3. Are you a boy or a girl?

Boy

Girl

4. How do you describe yourself?

White

Black or African American

Hispanic or Latino

Asian or Pacific Islander

American Indian or Alaskan Native

Other

SECTION 2:

1. How many TVs do you have in your home?

2. How many of these TVs are hooked up to a VCR or DVD player?

3. Is there a TV in your bedroom? 1. Yes 2. No

4. Do you have any game players that hook up to the TVs?
 1. Yes; how many? video game players
 2. No

5. Do you have a game player that does NOT hook up to a TV, like a Game Boy?
 1. Yes 2. No

6. Is there a computer in your home that you use?
 1. Yes 2. No

SECTION 3:

1. How often do YOU eat breakfast in a room with the TV turned on?

1 Everyday

2 A lot of days

3 A few days

4 Never

2. How often do YOU eat dinner in a room with the TV turned on?

1 Everyday

2 A lot of days

3 A few days

4 Never

SECTION 4:

WHEN YOU ARE IN A ROOM WITH THE TV TURNED ON
(Including TVs turned on to watch videos or play video games)...

1. How often are you eating or drinking something (NOT including meals)?

None
of the time
 1

A little
of the time
 2

A lot
of the time
 3

All
of the time
 4

2. How often are you doing something else like reading or doing homework, playing a game, doing arts and crafts or playing with a brother, a sister or a friend?

None
of the time
 1

A little
of the time
 2

A lot
of the time
 3

All
of the time
 4

3. How often are you watching TV with your parents or other adults?

None
of the time
 1

A little
of the time
 2

A lot
of the time
 3

All
of the time
 4

4. How often are you watching TV alone? (with no one else in the same room.)

None
of the time
 1

A little
of the time
 2

A lot
of the time
 3

All
of the time
 4

SECTION 5:

YESTERDAY

How much time did you spend...

Before School
(from when you woke up until the start of school)

1. Watching television (not including videos on a VCR or DVD player)	none	15 minutes or less	30 minutes	1 hour	2 hours	3 hours	4 hours	5 hours	6 hours or more
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Watching movies/videos on a VCR or DVD player	none	15 minutes or less	30 minutes	1 hour	2 hours	3 hours	4 hours	5 hours	6 hours or more
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Playing video games (like Nintendo or Sega, not including games on a computer)	none	15 minutes or less	30 minutes	1 hour	2 hours	3 hours	4 hours	5 hours	6 hours or more
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Playing on a computer (not including homework)	none	15 minutes or less	30 minutes	1 hour	2 hours	3 hours	4 hours	5 hours	6 hours or more
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Doing homework (including reading a book or magazine for school or working on a computer)	none	15 minutes or less	30 minutes	1 hour	2 hours	3 hours	4 hours	5 hours	6 hours or more
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Reading a book or magazine NOT for school (including comic books)	none	15 minutes or less	30 minutes	1 hour	2 hours	3 hours	4 hours	5 hours	6 hours or more
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YESTERDAY

How much time did you spend...

Before School

(from when you woke up until the start of school)

7.	Listening to music on tapes, CDs or the radio,	none	15 minutes or less	30 minutes	1 hour	2 hours	3 hours	4 hours	5 hours	6 hours or more
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8.	Playing a musical instrument	none	15 minutes or less	30 minutes	1 hour	2 hours	3 hours	4 hours	5 hours	6 hours or more
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9.	Doing artwork or crafts (like drawing, painting or making things)	none	15 minutes or less	30 minutes	1 hour	2 hours	3 hours	4 hours	5 hours	6 hours or more
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10.	Playing quiet games indoors (like playing with toys, puzzles or board games)	none	15 minutes or less	30 minutes	1 hour	2 hours	3 hours	4 hours	5 hours	6 hours or more
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11.	Playing outside	none	15 minutes or less	30 minutes	1 hour	2 hours	3 hours	4 hours	5 hours	6 hours or more
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12.	At classes or clubs (like Brownies, Cub Scouts, religious school or Judo classes)	none	15 minutes or less	30 minutes	1 hour	2 hours	3 hours	4 hours	5 hours	6 hours or more
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YESTERDAY

How much time did you spend...

After School

(from the end of school until you went to bed)

1.	Watching television (not including on a VCR or DVD player)	none	15 minutes or less	30 minutes	1 hour	2 hours	3 hours	4 hours	5 hours	6 hours or more
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.	Watching movies/videos on a VCR or DVD player	none	15 minutes or less	30 minutes	1 hour	2 hours	3 hours	4 hours	5 hours	6 hours or more
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.	Playing video games (like Nintendo or Sega, not including games on a computer)	none	15 minutes or less	30 minutes	1 hour	2 hours	3 hours	4 hours	5 hours	6 hours or more
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.	Playing on a computer (not including homework)	none	15 minutes or less	30 minutes	1 hour	2 hours	3 hours	4 hours	5 hours	6 hours or more
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.	Doing homework (including reading a book or magazine for school or working on a computer)	none	15 minutes or less	30 minutes	1 hour	2 hours	3 hours	4 hours	5 hours	6 hours or more
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.	Reading a book or magazine NOT for school (including comic books)	none	15 minutes or less	30 minutes	1 hour	2 hours	3 hours	4 hours	5 hours	6 hours or more
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YESTERDAY

How much time did you spend...

After School

(from the end of school until you went to bed)

7.	Listening to music on tapes, CDs or the radio,	none	15 minutes or less	30 minutes	1 hour	2 hours	3 hours	4 hours	5 hours	6 hours or more
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8.	Playing a musical instrument	none	15 minutes or less	30 minutes	1 hour	2 hours	3 hours	4 hours	5 hours	6 hours or more
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9.	Doing artwork or crafts (like drawing, painting or making things)	none	15 minutes or less	30 minutes	1 hour	2 hours	3 hours	4 hours	5 hours	6 hours or more
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10.	Playing quiet games indoors (like playing with toys, puzzles or board games)	none	15 minutes or less	30 minutes	1 hour	2 hours	3 hours	4 hours	5 hours	6 hours or more
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11.	Playing outside	none	15 minutes or less	30 minutes	1 hour	2 hours	3 hours	4 hours	5 hours	6 hours or more
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12.	At classes or clubs (like Brownies, Cub Scouts, religious school or Judo classes)	none	15 minutes or less	30 minutes	1 hour	2 hours	3 hours	4 hours	5 hours	6 hours or more
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LAST SATURDAY

All Day Long

How much time did you spend...

1.	Watching television (not including videos on a VCR or DVD player)	none	15 minutes or less	30 minutes	1 hour	2 hours	3 hours	4 hours	5 hours	6 hours or more
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.	Watching movies or videos on a VCR or DVD player	none	15 minutes or less	30 minutes	1 hour	2 hours	3 hours	4 hours	5 hours	6 hours or more
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6.	Reading a book or magazine NOT for school (including comic books)	none	15 minutes or less	30 minutes	1 hour	2 hours	3 hours	4 hours	5 hours	6 hours or more
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for your help!