Figure 2: Sample pages from the COMPASS questionnaire (Cq)

- This is NOT a test. All of your answers will be kept confidential.
- No one, not even your parents or teachers, will ever know what you answered. So, please be honest when you answer the questions.
- Mark only one option per question unless the instructions tell you to do something else.
- Choose the option that is the closest to what you think/feel is true for you.

Please use an HB pencil

START HERE

Please read each sentence below carefully and write the correct letter or number for each question on the line and then fill in the corresponding circle.

The first letter of your name is: ________________
The second letter of your name is: ________________
The third letter of your name is: ________________
The number of letters in your first name is: ________________

7. How tall are you without your shoes on? (Please write your height in feet and inches, or centimeters, and then fill in the appropriate numbers for your height.)
   a. My height is ______ feet ______ inches
   b. My height is ________ centimeters

8. How much do you weigh without your shoes on? (Please write your weight in pounds or kilograms, and then fill in the appropriate numbers for your weight.)
   a. My weight is ________ pounds
   b. My weight is ________ kilograms

9. How much time per day do you usually spend doing the following activities?

<table>
<thead>
<tr>
<th>Physical Activity</th>
<th>Hours</th>
<th>Minutes</th>
<th>Days per week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Watching/reading TV shows or movies</td>
<td>0-2</td>
<td>0-14</td>
<td>0-7</td>
</tr>
<tr>
<td>Doing homework</td>
<td>0-2</td>
<td>0-14</td>
<td>0-7</td>
</tr>
<tr>
<td>Doing homework</td>
<td>0-2</td>
<td>0-14</td>
<td>0-7</td>
</tr>
<tr>
<td>Playing video games</td>
<td>0-2</td>
<td>0-14</td>
<td>0-7</td>
</tr>
<tr>
<td>Playing video games</td>
<td>0-2</td>
<td>0-14</td>
<td>0-7</td>
</tr>
<tr>
<td>Playing video games</td>
<td>0-2</td>
<td>0-14</td>
<td>0-7</td>
</tr>
</tbody>
</table>

10. Mark how many minutes of HARD physical activity you did on each of the last 7 days. This includes physical activity during physical education class, lunch, after school, evenings, and spare time.

<table>
<thead>
<tr>
<th>Days per week</th>
<th>Hours</th>
<th>Minutes</th>
<th>Minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>0-2</td>
<td>0-14</td>
<td>0-90</td>
</tr>
<tr>
<td>Tuesday</td>
<td>0-2</td>
<td>0-14</td>
<td>0-90</td>
</tr>
<tr>
<td>Wednesday</td>
<td>0-2</td>
<td>0-14</td>
<td>0-90</td>
</tr>
<tr>
<td>Thursday</td>
<td>0-2</td>
<td>0-14</td>
<td>0-90</td>
</tr>
<tr>
<td>Friday</td>
<td>0-2</td>
<td>0-14</td>
<td>0-90</td>
</tr>
<tr>
<td>Saturday</td>
<td>0-2</td>
<td>0-14</td>
<td>0-90</td>
</tr>
<tr>
<td>Sunday</td>
<td>0-2</td>
<td>0-14</td>
<td>0-90</td>
</tr>
</tbody>
</table>

11. Mark how many minutes of MODERATE physical activity you did on each of the last 7 days. This includes physical activity during physical education class, lunch, after school, evenings, and spare time. Do not include time spent doing hard physical activities.

<table>
<thead>
<tr>
<th>Days per week</th>
<th>Hours</th>
<th>Minutes</th>
<th>Minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>0-2</td>
<td>0-14</td>
<td>0-90</td>
</tr>
<tr>
<td>Tuesday</td>
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<tr>
<td>Sunday</td>
<td>0-2</td>
<td>0-14</td>
<td>0-90</td>
</tr>
</tbody>
</table>

12. Were the last 7 days a typical week in terms of the amount of physical activity that you usually do?
   a. Yes
   b. No
   c. I was more active in the last 7 days
   d. I was less active in the last 7 days

13. Your closest friends are the friends you like to spend the most time with. How many of your closest friends are physically active?
   a. None
   b. 1 friend
   c. 2 friends
   d. 3 or more friends

14. Are you taking a physical education class at school this year?
   a. Yes
   b. No
   c. I am not taking a physical education class at school this year

24. YESTERDAY, from the time you woke up until the time you went to bed, how many servings of meats and alternatives did you have? One Food Guide serving of meat and alternatives includes cooked fish, chicken, beef, pork, or game meat; eggs; nuts or seeds; peanut butter or nut butters; legumes (beans), and tofu.
   a. None
   b. 1 serving
   c. 2 servings
   d. 3 servings
   e. 4 or more servings

27. YESTERDAY, from the time you woke up until the time you went to bed, how many servings of vegetables and fruits did you have? One Food Guide serving of vegetables and fruits includes pieces of fresh vegetables or fruit, sliced or raw, or home cooked, green vegetables, dried or canned or frozen fruit, and 100% fruit or vegetable juice.
   a. None
   b. 1 serving
   c. 2 servings
   d. 3 servings
   e. 4 or more servings

29. YESTERDAY, from the time you woke up until the time you went to bed, how many servings of grain products did you have? One Food Guide serving of grain products includes bread.

Alcohol and Marijuana Use

14. In the last 12 months, how often did you have a drink of alcohol that was more than just a sip?
   a. I have never drunk alcohol
   b. I have only had a sip of alcohol
   c. I have had a drink of alcohol
   d. I have had more than a drink of alcohol

44. How old were you when you had a drink of alcohol that was more than just a sip?
   a. Less than one month
   b. 1-2 years
   c. 2-3 years
   d. 3-4 years
   e. 4-5 years
   f. 5-6 years
   g. 6-7 years
   h. 7-8 years
   i. 8-9 years
   j. 9-10 years
   k. 10-11 years
   l. 11-12 years
   m. 12 years or older

In the last 12 months, how often did you have 5 drinks of alcohol or more on one occasion?:
   a. I have never done this
   b. I have done this
   c. I have done this 2-3 times
   d. I have done this 4-5 times
   e. I have done this 6-7 times
   f. I have done this 8-9 times
   g. I have done this 10-11 times
   h. I have done this 12-13 times
   i. I have done this 14 times or more

In the last 12 months, how many times have you had alcohol mixed or pure with an energy drink such as Red Bull, Rock Star, Monster, or another brand?

Your Experience with Smoking

20. Have you ever tried cigarette smoking, even just a few puffs?
   a. Yes
   b. No

21. How long were you when you first tried smoking cigarettes, even just a few puffs?
   a. Less than one year
   b. 1-2 years
   c. 2-3 years
   d. 3-4 years
   e. 4-5 years
   f. 5-6 years
   g. 6-7 years
   h. 7-8 years
   i. 8-9 years
   j. 9-10 years
   k. 10-11 years
   l. 11-12 years
   m. 12 years or older

24. At any time during the current year do you think you would smoke a cigarette?
   a. Definitely yes
   b. Probably yes
   c. Uncertain
   d. Probably not
   e. Definitely not

25. Do you think it would be difficult or easy for you to get cigarettes if you wanted to smoke?
   a. Difficult
   b. Easy
   c. Not sure

36. Have you ever smoked a whole cigarette?
   a. Yes
   b. No