

PHYSICAL HEALTH MODULE E



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PREFACE

This report provides the detailed results from the district's administration of the California Healthy Kids Survey (CHKS) Physical Health Module E. It is designed for use in conjunction with the findings on other health behaviors from the main report on CHKS Core Module A. The report is divided into two sections: (a) a discussion of the items by topic; and (b) the results for each item presented by grade in tables. In both sections, users are provided references to questionnaire items by number, as well as the actual item wording. An index at the beginning of the tables refers users from survey item numbers and variables to the table number in which the results are provided. The index also provides references to the relevant Core tables.

ACKNOWLEDGEMENTS

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PHYSICAL AND MENTAL HEALTH

Successful health promotion messages emphasize the close link between diet, physical activity, and mental health to school and life success. Young people begin to establish health behaviors in childhood and adolescence. They need to see the relationship between a healthy body and a healthy mind. It is this comprehensive approach, targeting the whole child, which is the goal of health-promotion programs; that is, the ultimate goal is to not just keep youth from negative developmental outcomes such as substance abuse, but to help them to develop robustly and to thrive. Moreover, research indicates that prevention messages targeting drug use and violence are most effective when delivered in the context of an overall healthy-lifestyle approach. Clearly, youth need positive reasons to not use substances.

Schools and youth-serving organizations are in a unique position of not only conveying information about health but also providing opportunities for students to practice health-promoting skills and routines. CHKS information can be used to assist program developers in creating comprehensive health-promotion programs aimed at the specific needs of their school populations. Equally important, the CHKS can be used to educate adults in the school and community about the importance of encouraging and modeling positive eating and exercise habits, particularly given the incidence of obesity in youth nationwide. As behavioral learning theories indicate, we learn from what we observe around us.

Promoting healthy personal habits, providing for enjoyable physical activities, offering good food choices, and addressing depression are just as important to positive youth development and school success as keeping youth safe and drug-free. Students who are hungry, sick, troubled, or depressed cannot function in the classroom, no matter how good the school. Students who eat well and exercise regularly are better able to maintain the energy levels needed for learning and to maintain positive emotional development.

FOOD CONSUMPTION AND NUTRITION CHOICES

It is crucial that schools take the lead in improving the dietary behaviors of youth, in order to increase their potential for learning and good health. Americans currently consume more than 36% of their total calories from fat. High fat diets are associated with increased risk of obesity, heart disease, some types of cancer, type II diabetes, and other chronic conditions. Foods high in vitamins, minerals, complex carbohydrates, and dietary fiber (such as fruits, vegetables and whole grains) are considered more conducive to health. Nutrition and learning are also linked, as noted below.

Because lifetime dietary patterns are established during youth, adolescents should be encouraged to choose nutritious foods and to develop healthy eating habits. Many adolescents have unhealthy eating habits. They often skip meals and, when given a choice, select foods that are fried, high in fat and sugar, and low in nutrients, such as sweet or salty snacks and calorie-dense foods.¹ (Note: dietitians encourage eating more “nutrient-dense” foods such as fruits and vegetables, but discourage eating “calorie-dense” foods such as potato chips and Twinkies.) In a 1990 Carnegie Foundation survey, more than half of teachers reported that poor nourishment among students was a problem at their school.²

Links to Achievement. Poor dietary patterns have been shown to significantly affect student achievement by reducing cognitive development and school performance. Well-nourished children learn better, perform higher on standardized test scores, are less apathetic and lethargic, and have better attendance rates at school. Among teenage girls, poor eating habits often result in iron-

deficiency anemia, which has been linked to lower scores on a wide range of tests, including developmental scales, intelligence tests, and tasks of specific cognitive function.

Program Implications. Providing an environment in which foods served at school are consistent with what students learn in school about making healthy food choices is an important strategy for health promotion. If students report low rates of fruit and vegetable consumption, examination of the types of foods available at the school may be worthwhile—make sure that healthful snacks are available and that selling high fat and empty calorie snack foods is limited by school policy. The CDC recommends several school-based strategies for improving student eating behaviors in its *Guidelines for School Health Programs to Promote Lifelong Healthy Eating* (1996).³

NUTRITIOUS FOOD CHOICES

HS/MS Question E6, 8-9: During the past 24 hours (yesterday), how many times did you... drink 100% fruit juices, such as orange, apple or grape? ... eat fruit?...eat vegetables?

As a measure of dietary practices, the CHKS asks youth how often they drank 100% fruit juice or ate fruits and vegetables in the past seven days. **Table E1** displays the percentages of students reporting that they ate foods from each category at least once per day as well as that had at least five servings of any of them. The U.S. Department of Agriculture’s Five-a-Day Campaign encourages everyone to eat at least five servings of fruits and vegetables a day.

MILK CONSUMPTION

HS/MS Question E4: During the past 24 hours (yesterday), how many times did you drink milk or eat yogurt?

Data on milk consumption is provided in **Table E2**. Milk is an important source of calcium and other vitamins and minerals important for bone growth. A 1994 study on food intakes found that only 14% of girls and 35% of boys are meeting the 1989 Recommended Dietary Allowance (RDA) for calcium.⁴ Because they are easily absorbed and readily available, dairy products were designated as the preferred source of calcium by the 1994 National Institutes of Health (NIH) Conference on Optimal Calcium Intake.⁵ Failure to meet optimum calcium intake may contribute to childhood fractures and osteoporosis in later life.

Sample ethnicity may affect results. Lactose intolerance is common among Asian and African American adults, which means that they lack the enzyme needed to digest milk. This occurs infrequently in infants and children. However, a family history of lactose intolerance could affect survey results in these populations. If your survey results show high proportions of these groups, you may want to look at their consumption of green vegetables as an indicator of calcium intake. A variety of foods such as grains and green leafy vegetables are healthy sources of calcium and can be substituted for milk or other dairy products, if necessary.

SODA AND FRIED POTATOES

HS/MS Questions E5, E7: During the past 24 hours (yesterday), how many times did you...drink soda pop? ...eat french fries, potato chips, or other fried potatoes?

Tables E3 and E4 report on the consumption of two “undesirable foods”: soda drinking as a gauge of calorie and sugar intake, and eating French fries and other fried potatoes, as a gauge of calorie and total fat intake. If students are drinking large amounts of soda daily, they are most likely substituting soda for the recommended number of servings of milk, thus further compromising calcium, vitamin D, and intake of other important nutrients. French fries and fried potato chips provide extra calories from fat, compared to potatoes that are not fried. These extra calories contribute to overweight and obesity. If a high proportion of students report eating these foods, they may be getting them at school. Again, the importance of schools providing healthful food choices cannot be overemphasized.

PHYSICAL ACTIVITY

HS/MS Questions E1-E3: On how many of the past 7 days did you...exercise or do a physical activity for at least 20 minutes that made you sweat and breathe hard? ...participate in physical activity for at least 30 minutes that did not make you sweat and breathe hard? ...do exercises to strengthen or tone your muscles?

The CHKS asks the frequency with which students engaged in 20 minutes of aerobic exercise, 30 minutes of physical activity, or exercise to strengthen or tone muscles in the past week. **Tables E5** and **E6** present the proportion of youth who engaged in each activity three or more days per week. The Centers for Disease Control and Prevention recommends that adolescents engage in physical activity (preferably aerobic exercise) that requires movement of the large muscle groups at least three times a week for 20–30 minutes.⁶

Regular physical activity among young people contributes to improved physical, mental, and emotional health, lower rates of risk behavior, and positive academic outcomes. More specifically, exercise has been associated with:

- increased life expectancy and reduced diseases and disability in later life,
- maintenance of positive interpersonal relationships,
- reduced incidence of depression and anxiety,
- increased use of effective stress management techniques,
- positive educational outcomes,
- lower rates of risky disruptive behaviors,
- reduced fatigue, and
- (a) improved dietary practices.

Links to Achievement. A healthy body supports a healthy mind. Schools that offer intense physical activity programs have shown positive effects on academic achievement—increased concentration; improved mathematics, reading, and writing test scores; and reduced disruptive behavior—even when the physical education reduces the time for academics.⁷ In one program, when academic class time was reduced by 240 minutes per week to allow for increased physical activity, mathematics test scores were consistently higher than for those not in the program.⁸

Links to Other Risky Behavior. In an analysis of YRBS data, low physical activity among adolescents was associated with cigarette smoking, marijuana use, lower fruit and vegetable consumption, greater television watching, and failure to wear a seat belt.⁹ This supports the notion that youth engaged in positive activities such as physical activity are also less likely to engage in negative health behaviors.

Unfortunately, one half of young people ages 12–21 are not physically active on a regular basis. Physical activity levels in schools have declined along with physical activity levels in general, especially across the high school grades. From 1991 to 1995, the percentage of students who engaged in high school physical education declined from 42% to 25%.¹⁰

The 2001 Fitness Results for California Students found that nearly half of 5th, 7th, and 9th graders were unable to achieve the minimum fitness standard for aerobic capacity, the major indicator of physical fitness.¹¹

The YRBS found that 56% of U.S. High School students (79% of 9th graders but only 37% of 12th graders) were enrolled in a physical education class in 1999.¹²

- (b) The American Association for the Child’s Right to Play further estimates that 40% of schools in the United States have either cut recess or are considering doing so.¹³

Critics of efforts to reduce opportunities for physical activity argue that children are not wired to sit for hours at their desks—they learn best with frequent breaks. Reducing opportunities for physical activity also sends the wrong message when childhood obesity is at epidemic proportions.

BODY MASS INDEX

*How **tall** are you without your shoes on?
How much do you **weigh** without your shoes on?*

At the end of the Core module students are asked to indicate their height and weight. These values are used to calculate Body Mass Index, or BMI (wt/ht²) (E7), which is used to determine overweight or underweight specific to gender and age. Obesity has reached epidemic proportions in the United States. In January 2003, CDC reported that obesity climbed from 19.8 percent of American adults to 20.9 percent of American adults between 2000 and 2001.¹⁴ Overweight children are likely to become overweight adults.¹⁵ The Centers for Disease Control and Prevention (CDC) has calculated percentile curves that show the pattern of growth for children from ages 2-20 years old. The percentile cutoff point for overweight is BMI-for-age greater than or equal to the 95th percentile. Youth at the 85th percentile are considered to be at risk of overweight. Children who fall into these categories are at increased risk for developing risk factors for cardiovascular disease and diabetes. It is also important to look at the proportion of students who fall below the 5th percentile for BMI as a possible indicator of disordered eating. Schools with high proportions of students with BMI above the 85th percentile may want to consider working with health care providers and food services to determine how the school environment may be contributing to overweight among their students. The CDC growth charts can be found at their website <http://www.cdc.gov/nccdphp/dnpa/bmi/bmi-for-age.htm>.

ATTITUDES, BEHAVIOR, AND PERCEPTIONS ABOUT WEIGHT

BODY WEIGHT

*HS/MS Question E11: Which of the following are you trying to do about your weight?
HS/MS Questions E12-1E6: During the past 30 days, did you do any of the following things to lose weight or to keep from gaining weight?
HS/MS Question E17: How do you describe your weight?*

The rapid growth and development during adolescence increase the demand for total nutrients. These changes also influence the perceptions adolescents have about their bodies. Recent data show that the number of overweight teens is increasing at an alarming rate.¹⁶

Table E8 provides information about whether students are trying to lose, gain, or maintain body weight, and **Table E9** provides information about what students are doing to control body weight. Media messages projecting thinness as the standard for ideal body size further influence body images and often lead to unrealistic expectations of body size, especially among teenage girls. This can lead to lifelong, unhealthy eating behaviors such as caloric restriction, excessive exercise, and the use of pills, powders or other diet remedies. Research suggests that female adolescents who diet at a moderate level are five times more likely to develop an eating disorder than those who do not diet.¹⁷ The proportion of students who perceive themselves as being over- or underweight are provided in **Table E10**. Comparing the results from these tables with the proportion of students falling into the

overweight or obese categories for body mass index in the Core report will provide information about the accuracy of self perceptions of body weight.

PHYSICAL ACTIVITY

TELEVISION VIEWING/PLAYING VIDEO GAMES

HS/MS Question E18: On an average school day, how many hours do you watch TV or play video games?

Ironically, while large numbers of adolescents are participating in dieting and weight loss behavior, the number of overweight and obese teens is increasing annually. A survey conducted in 1999 estimated that 13% of children aged six to 11 years and 14% of children aged 12 to 19 years are overweight. These estimates indicate that the percentage of adolescents who are overweight has almost tripled in the past two decades.

Citing several obesity-related health problems, such as increased mortality from heart disease and cancer and the increased incidence of Type II diabetes and asthma among children, the Surgeon General's Call to Action¹⁸ issued in December 2001 outlined five overarching principles to prevent and treat overweight and obesity. To varying degrees, all five of these principles are relevant to health promotion programs in educational settings. Children spend most of their daytime hours at school. Schools provide the ideal setting in which to implement health strategies, beyond health education, in the areas of policy development, improved school environments, and community involvement to help prevent and reduce overweight and obesity among youth.

Table E11 reports the amount of time spent viewing television or playing video games. Increased rates of obesity reflect not only poor food choices, but also a lack of physical activity to utilize excess calories. Participation in regular physical activity helps build and maintain healthy bones and muscles, control weight, and build lean muscle; reduces body fat; reduces feelings of depression and anxiety; and promotes psychological well-being. Television viewing is the principal sedentary leisure time behavior in the U.S., and studies have shown that television viewing in young people is related to obesity and violent or aggressive behavior.¹⁹ If a high proportion of students fall into the overweight or obese categories for body mass index, it may be an indicator that they are spending a lot of time doing sedentary activities.

PHYSICAL ACTIVITY

HS/MS Question E19: During the past 12 months, on how many sports teams did you play? (Include school sponsored and any other sports teams.)

HS/MS Question E22: In an average week, on how many days do you have physical activity in your physical education class (P.E. or gym)?

HS/MS Question E23: During an average physical education (P.E.) class, how many minutes do you spend actually exercising or playing sports?

Table E12 shows the proportion of students reporting that they participate in sports teams. Although this is not the only indicator of physical activity, it helps assess the degree to which students participate in coordinated sports activities outside of school. **Tables E15 and E16** quantify physical activity at schools by asking how many days the students participate in P.E. classes and for how many minutes. When developing comprehensive school health programs planners may want to consider how to engage students in non-sedentary activities that they enjoy and will incorporate into their everyday routine.

UNINTENTIONAL INJURY

SEAT BELT AND BIKE HELMET USE

HS/MS Question E20: How often do you wear a seat belt when riding in a car driven by someone else?

HS/MS Question E21: When you rode a bicycle during the past 12 months, how often did you wear a helmet?

Even in the era of air bags and antilock brakes, seat belts remain the most effective tool for preventing deaths and injuries from motor vehicle crashes. Motor vehicle crashes are the number one cause of unintentional injury-related deaths for children ages one to 14.²⁰ **Table E13** provides the proportion of respondents who indicated that they wore seat belts.

In 1997, an estimated 567,000 Americans sustained a bicycle-related injury that required emergency care.²¹ Approximately two-thirds of these cyclists were children or adolescents. The single most effective safety device available to reduce head injury and long term disability or death from bicycle crashes is a helmet; nevertheless, many adolescents do not wear helmets. **Table E14** shows the proportion of students that report using a helmet while riding a bicycle. Barriers to helmet use include cost, wearability of bicycle helmets, and a lack of knowledge regarding helmet effectiveness. Education on helmet use and laws requiring individuals to wear helmets when riding bicycles are methods to increase usage and prevent injury.

GENERAL HEALTH

HEALTH EXAMINATIONS

HS/MS Question E24: During the past 12 months, did you have a regular check up with a doctor when you were not sick or injured?

HS/MS Question E25: During the past 12 months, did you visit a dentist for an examination, teeth cleaning, or dental work?

Routine examinations are a critical prevention technique to ensure the health and well-being of youth. Regular visits to the doctor and dentist are important for diagnosing physical problems and are instrumental in discovering indicators of tobacco, drug, and alcohol use, eating disorders, and depression. **Tables E17 and E18** provide information about how many students reported seeing a doctor or dentist in the twelve months before the survey. The Society for Adolescent Medicine recommends adolescents have a complete health checkup at least every year, or sooner if needed.

VITAMIN USE

HS/MS Question E26: During the past 7 days, how many days did you take a vitamin?

Table E19 shows the proportion of students reporting use of vitamins. This question is an indicator of general awareness of preventive health behavior. The American Dietetic Association and the Society for Adolescent Medicine recommend that youth obtain most of their vitamins and minerals from a variety of foods. Schools provide the optimal venue for students to learn good eating habits.

HIV/AIDS EDUCATION

HS Question E27: Have you ever been taught about AIDS or HIV infection at school?²²

There is much debate and discussion about the roles of schools in relation to the education of pre-adolescents and adolescents about AIDS, sexuality, and risk reduction. The dramatic twofold increase in the number of AIDS cases among older adolescents between 1989 and 1993, the fact that nearly one in five persons with AIDS is age 20-29 (meaning that the disease was likely contracted in

adolescence), the reality that the 9th leading cause of death for young people age 15-25 is AIDS, and the fact that as many as 30% of teenage males do not receive any sex education prior to first intercourse clearly justify the need for AIDS prevention education targeted to youths.^{8,9} **Table E20** reports on the number of high school students who received HIV/AIDS education at school.

According to a recent Kaiser Family Foundation study, students want more information about sexual and reproductive health issues than they are receiving in school. Approximately half of students in grades 7-12 reported needing more factual information about HIV/AIDS and other STDs, how to get tested for these diseases, and how to talk to their partner about them; nevertheless, a significant percentage report that these topics are not covered or not covered in sufficient depth in their most recent sex education course.¹⁰ Sex education – either through schools or parents – can increase students’ understanding of HIV/AIDS while, at the same time, delay age of first intercourse, thus reducing levels of sexual activity and increasing contraceptive or condom use.¹¹

ASTHMA

HS /MS Question E10 : Has a doctor ever told you or your parent/guardian that you have asthma ?

HS Question E28/MS Question E27: During the past 12 months, have you had an episode of asthma or an asthma attack?

HS Question E29/MS Question E28: During the past 12 months, have you ever had a cough, chest tightness, trouble breathing, or wheezing that was so bad that you could not finish saying a sentence?

HS Question E30/MS Question E29: During the past 12 months, have you been to the emergency room or stayed overnight in the hospital because of a cough, chest tightness, trouble breathing, or wheezing?

HS Question E31/MS Question E30: During the past 12 months, have you used a medicine (an inhaler, puffer or a breathing machine) to treat a cough, chest tightness, trouble breathing, or wheezing?

HS Question E32/MS Question E31: During the past 30 days, about how many days each week have you had a cough, chest tightness, trouble breathing, or wheezing when you did not have a cold or flu?

HS Question E33/MS Question E32: During the past 30 days, about how many nights did you wake up because of a cough, chest tightness, trouble breathing, or wheezing when you did not have a cold or flu?

Asthma has become a major national public health concern. Between 1980 and 1994, the prevalence of asthma increased 75% overall and 74% among children five to 14 years of age. Asthma accounts for 14 million days of school missed annually and is the third-ranking cause of hospitalization among those younger than 15 years of age. Asthma can be a life-threatening disease if not properly managed.¹² It is estimated that 24.7 million have been diagnosed with asthma by a health professional; more than a third of them (at least 7.7 million) are children under 18 years of age. In 1999, 3.8 million (out of the 7.7 million) had an asthmatic episode.¹³ The asthma-related questions in the Physical Health Module provide information on those currently experiencing asthma attacks, specific asthma-related symptoms, asthma management (i.e. health care and medication use), and level of functioning.

Tables E21 through E27 show the results to these asthma-related questions. Students who responded on the Core Module that they do not have a medical diagnosis of asthma may nevertheless answer “yes” to one or more of these questions. A higher proportion of students responding positively to these questions than to the Core asthma question may indicate students who have asthma and have not been diagnosed or whose asthma is not managed properly. In conjunction with the asthma question in the Core Module, this report provides a preliminary description of the prevalence of asthma and asthma-related symptoms among students in your

school or district. In addition, combining the responses to these questions allows the estimation of the number of students who may have uncontrolled asthma or who are experiencing asthma-related symptoms so severe it limits their ability to perform in school.

Endnotes

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- ¹ In one study, more than 84% of young people exceeded national recommendations for total fat intake, and less than 21% ate the recommended five or more daily servings of fruits and vegetables. See: Marx, E. & Wooley, S. F. (Eds.) (1998).
- ² Carnegie Foundation for the Advancement of Teaching (1990).
- ³ U.S. Department of Health and Human Services. (2000). *CDC's Guidelines for School Health Programs: Promoting Lifelong Healthy Eating*. Centers for Disease Control and Prevention, February 2000, 1-4. As it emphasizes, through proper nutrition education and services, "schools can help children and adolescents attain full educational potential and good health by providing them with the skills, social support, and environmental reinforcement they need to adopt long-term, healthy eating behaviors."
- ⁴ National Center for Health Statistics, Centers for Disease Control and Prevention. Unpublished data from the 1988-94 National Health and Nutrition Examination Survey (May 1998).
- ⁵ NIH Consensus Conference Statement: Optimal Calcium Intake, June 6-8, 1994:12(4):3.
- ⁶ Centers for Disease Control and Prevention (1996).
- ⁷ Symons, C. W. et al. (1997).
- ⁸ Shephard, R. J. (1997).
Shephard, R. J. et al. (1984).
Sallis, J. F. et al. (1999).
See also: Nagya, R. (2000).
- ⁹ Pate, R. R. et al. (1996). The authors conclude that future studies should examine whether interventions for increasing physical activity in youth can be effective in reducing negative health behaviors.
- ¹⁰ American Medical Association (1994).
- ¹¹ California Department of Education (2001).
- ¹² Kann, L. et al. (2000).
- ¹³ American Association for Child's Right to Play. URL: <http://www.ipausa.org/recess.htm>.
- ¹⁴ Mokdad, A. H. et al. (2003).
- ¹⁵ Whitaker, R. C. et al. (1998).
- ¹⁶ NCHS, Center for Disease Control and Prevention (CDC). (2001, October 31).
- ¹⁷ Fischer, M., Golden, N., Katzman, D., Kreipe, R., Rees, J., Schenbendach, J., Sigman, G., Ammerman, S., & Hoberman, H. (1995).
- ¹⁸ U.S. Department of Health and Human Services. (2001).
- ⁴ Pearl, D. (1982).
- ²⁰ U.S. Department of Health and Human Services. (1999).
- ²¹ Insurance Institute for Highway Safety (IIHS). (1997). *Fatality facts: Bicycles*. Arlington, VA: IIHS.
- ²² Indicates that this question was not asked in the Middle School Survey.
- ⁸ Levy, S.R., Weeks, K., Handler, A., Per Hata, C., Franck, J.A., Hedeker, D., Zhu, C., Flay, B. R. (1995).
- ⁹ Murphy, S. L. (2000).
- ¹⁰ Henry J. Kaiser Foundation. (1998).
- ¹¹ Lindberg, L.D., Ku, L., & Sonenstein, F. (2000).
- ¹² Air Pollution and Respiratory Health Branch, National Center for Environmental Health Centers for Disease Control and Prevention.
- ¹³ American Lung Association. (2002, March).

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TABLES

PHYSICAL HEALTH MODULE E

INDEX OF ITEM AND TABLE NUMBERS—MODULE E

High School Item	Middle School Item	Variable	Report Table
E1	E1	Exercise past 7 days...physical activity for at least 20 minutes that made you sweat and breathe hard	E5
E2	E2	Exercise past 7 days... physical activity for at least 30 minutes that did not make you sweat and breath hard	E5
E3	E3	Exercise past 7 days... strength or tone muscles	E6
E4	E4	Drinking milk and eating yogurt, past 24 hours	E2
E5	E5	Drinking soda pop, past 24 hours	E3
E6	E6	Eating/drinking past 24 hours...100% fruit juice	E1
E8	E8	Eating/drinking past 24 hours...fruit	E1
E9	E9	Eating/drinking past 24 hours...vegetables	E1
E7	E7	Eating fried potatoes past 24 hours	E4
E11	E11	Action on weight... lose; gain; stay same; nothing	E8
E12	E12	Actions to lose/maintain weight, past 30 days, exercise	E9
E13	E13	Actions to lose/maintain weight, past 30 days, intake	E9
E14	E14	Actions to lose/maintain weight, past 30 days, fasting	E9
E15	E15	Actions to lose/maintain weight, past 30 days, diet supplements	E9
E16	E16	Actions to lose/maintain weight, past 30 days, vomit or take laxatives	E9
E17	E17	Perception of your weight	E10
E18	E18	Hours watching TV/playing video games, school day	E11
E19	E19	How many sports teams did you play, past 12 months	E12
E20	E20	Seat belt use riding in car driven by someone else	E13
E21	E21	Helmet use riding bicycle, past 12 months	E14
E22	E22	Days of physical activity in P.E. class, average week	E15
E23	E23	Actual minutes exercising in Physical Education class	E16
E24	E24	Regular medical check-up, past 12 months	E17
E25	E25	Visit dentist, past 12 months	E18
E26	E26	Vitamin use, past 7 days	E19
E27		HIV/AIDS education at school	E20
E10	E10	Diagnosed with asthma	E21
E28	E27	Occurrence of asthma attack, past 12 months	E22
E29	E28	Could not finish sentence due to asthma symptoms, past 12 months	E23
E30	E29	Emergency room/hospital visit due to asthma symptoms, past 12 months	E24
E31	E30	Used medicine to treat asthma symptoms, past 12 months	E25
E32	E31	Days per week that asthma symptoms occur, past 30 days	E26
E33	E32	Nights woken up due to asthma symptoms, past 30 days	E27
		Student body mass index	E7

