

22-26.	22. Person 1	23. Person 2	24. Person 3	25. Person 4	26. Person 5
a. Person X Initials / Name					
b. Is [Person X] a boy or girl?	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> Boy <input type="checkbox"/> Girl
c. What is your relationship to [Person X]? (Are they your...)	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sibling <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Other: _____	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sibling <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Other: _____	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sibling <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Other: _____	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sibling <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Other: _____	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sibling <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Other: _____
d. How old is [Person X]?					
e. Does [Person X] live....?	<input type="checkbox"/> In your household <input type="checkbox"/> In your neighborhood <input type="checkbox"/> Outside your neighborhood <input type="checkbox"/> I don't know	<input type="checkbox"/> In your household <input type="checkbox"/> In your neighborhood <input type="checkbox"/> Outside your neighborhood <input type="checkbox"/> I don't know	<input type="checkbox"/> In your household <input type="checkbox"/> In your neighborhood <input type="checkbox"/> Outside your neighborhood <input type="checkbox"/> I don't know	<input type="checkbox"/> In your household <input type="checkbox"/> In your neighborhood <input type="checkbox"/> Outside your neighborhood <input type="checkbox"/> I don't know	<input type="checkbox"/> In your household <input type="checkbox"/> In your neighborhood <input type="checkbox"/> Outside your neighborhood <input type="checkbox"/> I don't know
f. How often do you actively play with [Person X]?	<input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Never
g. How many hours per week do you think [Person X] usually exercises in their free time, so much that they get out of breath or sweat?	<input type="checkbox"/> None <input type="checkbox"/> About half an hour <input type="checkbox"/> About one hour <input type="checkbox"/> About 2-3 hours per week <input type="checkbox"/> About 4-6 hours <input type="checkbox"/> About 7 hours or more	<input type="checkbox"/> None <input type="checkbox"/> About half an hour <input type="checkbox"/> About one hour <input type="checkbox"/> About 2-3 hours per week <input type="checkbox"/> About 4-6 hours <input type="checkbox"/> About 7 hours or more	<input type="checkbox"/> None <input type="checkbox"/> About half an hour <input type="checkbox"/> About one hour <input type="checkbox"/> About 2-3 hours per week <input type="checkbox"/> About 4-6 hours <input type="checkbox"/> About 7 hours or more	<input type="checkbox"/> None <input type="checkbox"/> About half an hour <input type="checkbox"/> About one hour <input type="checkbox"/> About 2-3 hours per week <input type="checkbox"/> About 4-6 hours <input type="checkbox"/> About 7 hours or more	<input type="checkbox"/> None <input type="checkbox"/> About half an hour <input type="checkbox"/> About one hour <input type="checkbox"/> About 2-3 hours per week <input type="checkbox"/> About 4-6 hours <input type="checkbox"/> About 7 hours or more
h. [Person X] helps me to be physically active?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Does [Person X] know...		<input type="checkbox"/> Person 1	<input type="checkbox"/> Person 1 <input type="checkbox"/> Person 2	<input type="checkbox"/> Person 1 <input type="checkbox"/> Person 2 <input type="checkbox"/> Person 3	<input type="checkbox"/> Person 1 <input type="checkbox"/> Person 2 <input type="checkbox"/> Person 3 <input type="checkbox"/> Person 4