

Arab Teens Lifestyle (ATLS) Questionnaire (Revised 2018)

Dear participant,

The purpose of this questionnaire is to assess your lifestyle habit, including physical activity, sedentary behaviors and dietary habits. Therefore, we would like you to answer the following questions as accurately as possible by ticking the box that represents your choice. What we are asking for is your activity (behaviors) in a typical (usual) week. All information provided will be treated with strict confidentiality and used only for research purposes.

Name (optional): **Date:**

1) School name: **2- District:**

3) Study Level (grade):

4) Age (in years) **5) Weight (kg)**

6) Height (cm) **7) Waist circumference (cm)**

PART ONE: *Physical Activity/Inactivity*

8) How many days per week do you regularly walk?

- | | | |
|----------------------------------|---------------------------------|---|
| None <input type="checkbox"/> | 3 days <input type="checkbox"/> | 6 days <input type="checkbox"/> |
| One day <input type="checkbox"/> | 4 days <input type="checkbox"/> | 7 days (daily) <input type="checkbox"/> |
| 2 days <input type="checkbox"/> | 5 days <input type="checkbox"/> | |

9) If you regularly walk, what is the pace of your walk?

- Slow
- Moderate
- Fast

10) If you regularly walk, how many minutes do you walk each day?

Number of minutes:

11) How many times per DAY you use the stairs in school, home, or elsewhere? (one floor of stair counts as 1 time)

- | | | |
|--------------------------------|----------------------------------|--|
| None <input type="checkbox"/> | 3 times <input type="checkbox"/> | More than 5 <input type="checkbox"/> |
| Once <input type="checkbox"/> | 4 times <input type="checkbox"/> | <i>If more than 5 times,
how many?</i> |
| Twice <input type="checkbox"/> | 5 times <input type="checkbox"/> | |

12) How many days per week do you regularly jog or run?

- | | | |
|----------------------------------|---------------------------------|---|
| None <input type="checkbox"/> | 3 days <input type="checkbox"/> | 6 days <input type="checkbox"/> |
| One day <input type="checkbox"/> | 4 days <input type="checkbox"/> | 7 days (daily) <input type="checkbox"/> |
| 2 days <input type="checkbox"/> | 5 days <input type="checkbox"/> | |

13) If you regularly jog or run, how many minutes do you do each day?

Number of minutes:

14) How many days per week do you regularly cycle (either on an outdoor or a stationary cycle)?

- | | | |
|----------------------------------|---------------------------------|---|
| None <input type="checkbox"/> | 3 days <input type="checkbox"/> | 6 days <input type="checkbox"/> |
| One day <input type="checkbox"/> | 4 days <input type="checkbox"/> | 7 days (daily) <input type="checkbox"/> |
| 2 Days <input type="checkbox"/> | 5 days <input type="checkbox"/> | |

15) If you use an outdoor or a stationary cycle regularly, how many minutes do you cycle each day?

Number of minutes:

16) How many days per week do you regularly swim?

None	<input type="checkbox"/>	3 days	<input type="checkbox"/>	6 days	<input type="checkbox"/>
One day	<input type="checkbox"/>	4 days	<input type="checkbox"/>	7 days (daily)	<input type="checkbox"/>
2 days	<input type="checkbox"/>	5 days	<input type="checkbox"/>		

17) If you regularly swim, how many minutes do you swim each day?

Number of minutes

18) How many times per week do you regularly engage in moderate intensity sports (e.g. volleyball, table tennis, bowling, badminton, aerobic dance or other similar activities)?

None	<input type="checkbox"/>	3 times	<input type="checkbox"/>	6 times	<input type="checkbox"/>
Once	<input type="checkbox"/>	4 times	<input type="checkbox"/>	7 times or more	<input type="checkbox"/>
Twice	<input type="checkbox"/>	5 times	<input type="checkbox"/>		

19) If you regularly play moderate intensity sports, how many minutes do you play each time?

Number of minutes:

20) How many times per week do you regularly engage in high intensity sports (e.g. soccer, rugby, hockey, netball, basketball, handball, athletics, tennis, squash, etc.)?

None	<input type="checkbox"/>	3 times	<input type="checkbox"/>	6 times	<input type="checkbox"/>
Once	<input type="checkbox"/>	4 times	<input type="checkbox"/>	7 times or more	<input type="checkbox"/>
Twice	<input type="checkbox"/>	5 times	<input type="checkbox"/>		

21) If you regularly play high intensity sports, how many minutes do you play each time?

Number of minutes:

22) How many times per week do you participate in self-defence sports (e.g. kick-boxing, judo, karate, taekwondo, etc.)?

None	<input type="checkbox"/>	3 times	<input type="checkbox"/>	6 times	<input type="checkbox"/>
Once	<input type="checkbox"/>	4 times	<input type="checkbox"/>	7 times or more	<input type="checkbox"/>
Twice	<input type="checkbox"/>	5 times	<input type="checkbox"/>		

23) If you participate in self-defence sports regularly, how many minutes do you do each time?

Number of minutes:

24) How many times per week do you regularly do strength training (weight training or body building or calisthenics exercise)?

None	<input type="checkbox"/>	3 times	<input type="checkbox"/>	6 times	<input type="checkbox"/>
Once	<input type="checkbox"/>	4 times	<input type="checkbox"/>	7 times or more	<input type="checkbox"/>
Twice	<input type="checkbox"/>	5 times	<input type="checkbox"/>		

25) If you regularly do strength training (weight training, body building or calisthenics exercise), how many minutes do you do it each time?

Number of minutes:

26) How many times per week do you engage in household work (e.g. gardening, vacuuming, washing, car cleaning)?

None	<input type="checkbox"/>	3 times	<input type="checkbox"/>	6 times	<input type="checkbox"/>
Once	<input type="checkbox"/>	4 times	<input type="checkbox"/>	7 times or more	<input type="checkbox"/>
Twice	<input type="checkbox"/>	5 times	<input type="checkbox"/>		

27) If you do household work, how many minutes does it take per day?

Number of minutes:

28) How many times per week do you do traditional dancing (whether alone or with your friends)? (This question is specifically for girls, and boys can go directly to item 30.)

None	<input type="checkbox"/>	3 times	<input type="checkbox"/>	6 times	<input type="checkbox"/>
Once	<input type="checkbox"/>	4 times	<input type="checkbox"/>	7 times or more	<input type="checkbox"/>
Twice	<input type="checkbox"/>	5 times	<input type="checkbox"/>		

29) If you do dancing, how many minutes do you do such activities each time?

Number of minutes:

30) Where do you normally do your physical activities or sports?

Home	<input type="checkbox"/>	Park or public area	<input type="checkbox"/>	Health/Fitness Club	<input type="checkbox"/>
School	<input type="checkbox"/>	Sports or recreation centre	<input type="checkbox"/>	Other places	<input type="checkbox"/>
				<i>Please give details</i>	
				

31) With whom do you normally do your physical activities or sports?

Alone	<input type="checkbox"/>	School peers	<input type="checkbox"/>	Other relatives	<input type="checkbox"/>
Friends	<input type="checkbox"/>	Parents	<input type="checkbox"/>	Other	<input type="checkbox"/>
				<i>Please give details</i>	
				

32) When do you usually do your physical activities or sports?

Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	After evening meal	<input type="checkbox"/>
Noon time	<input type="checkbox"/>	Evening	<input type="checkbox"/>	No specific time	<input type="checkbox"/>

33) If you participate in physical activities or sports regularly, what are the main reasons for that? Please answer either item 33 (if you are active) or item 34 (if not active).

Health	<input type="checkbox"/>	Social	<input type="checkbox"/>	Competition	<input type="checkbox"/>
To lose weight	<input type="checkbox"/>	Recreation	<input type="checkbox"/>	Others (<i>please give details</i>)	<input type="checkbox"/>
				

34) If you don't participate in physical activities or sports regularly, what are the main reasons for that?

No time	<input type="checkbox"/>	No suitable facilities	<input type="checkbox"/>	Afraid of criticism	<input type="checkbox"/>
Not important	<input type="checkbox"/>	Health reasons	<input type="checkbox"/>	Others (<i>please give details</i>)	<input type="checkbox"/>
				

PART TWO: *Sedentary Behaviors*

35) On average, how long per day do you watch TV and/or DVD/Video during week days?

I do not watch TV	<input type="checkbox"/>	2 hours	<input type="checkbox"/>	5 hours	<input type="checkbox"/>
½ hour	<input type="checkbox"/>	3 hours	<input type="checkbox"/>	More than 5 hours	<input type="checkbox"/>
1 hours	<input type="checkbox"/>	4 hours	<input type="checkbox"/>	<i>If more than 5 hours, how many?</i>	
				

36) On average, how long per day do you watch TV and/or DVD/Video during weekends?

I do not watch TV	<input type="checkbox"/>	2 hours	<input type="checkbox"/>	5 hours	<input type="checkbox"/>
½ hour	<input type="checkbox"/>	3 hours	<input type="checkbox"/>	More than 5 hours	<input type="checkbox"/>
1 hours	<input type="checkbox"/>	4 hours	<input type="checkbox"/>	<i>If more than 5 hours, how many?</i>	

37) On average, how long per day do you spend on the computer and/or the internet (for leisure) during week days?

I do not watch TV	<input type="checkbox"/>	2 hours	<input type="checkbox"/>	5 hours	<input type="checkbox"/>
½ hour	<input type="checkbox"/>	3 hours	<input type="checkbox"/>	More than 5 hours	
1 hour	<input type="checkbox"/>	4 hours	<input type="checkbox"/>	<i>If more than 5 hours, how many?</i>	

38) On average, how long per day do you spend on the computer and/or the internet (for leisure) during weekends?

I do not watch TV	<input type="checkbox"/>	2 hours	<input type="checkbox"/>	5 hours	<input type="checkbox"/>
½ hour	<input type="checkbox"/>	3 hours	<input type="checkbox"/>	More than 5 hours	
1 hour	<input type="checkbox"/>	4 hours	<input type="checkbox"/>	<i>If more than 5 hours, how many?</i>	

39) On average, how many hours per day do you sleep during week days?

3 hours	<input type="checkbox"/>	6 hours	<input type="checkbox"/>	9 hours	<input type="checkbox"/>
4 hours	<input type="checkbox"/>	7 hours	<input type="checkbox"/>	10 hours or more	
5 hours	<input type="checkbox"/>	8 hours	<input type="checkbox"/>		

40) On average, how many hours per day do you sleep during weekends?

3 hours	<input type="checkbox"/>	6 hours	<input type="checkbox"/>	9 hours	<input type="checkbox"/>
4 hours	<input type="checkbox"/>	7 hours	<input type="checkbox"/>	10 hours or more	
5 hours	<input type="checkbox"/>	8 hours	<input type="checkbox"/>		

PART THREE: *Dietary Habits*

41) How many times (days) per week do you have your breakfast?

I don't have breakfast	<input type="checkbox"/>	3 times	<input type="checkbox"/>	6 times	<input type="checkbox"/>
Once	<input type="checkbox"/>	4 times	<input type="checkbox"/>	7 times	
Twice	<input type="checkbox"/>	5 times	<input type="checkbox"/>		

42) How many times per week do you drink sugary drinks /soft drinks (e.g. Coke, Pepsi, 7up, Sports drink)?

None	<input type="checkbox"/>	3 times	<input type="checkbox"/>	6 times	<input type="checkbox"/>
Once	<input type="checkbox"/>	4 times	<input type="checkbox"/>	7 times or more	
Twice	<input type="checkbox"/>	5 times	<input type="checkbox"/>		

43) How many times per week do you eat vegetables (fresh or cooked)?

None	<input type="checkbox"/>	3 times	<input type="checkbox"/>	6 times	<input type="checkbox"/>
Once	<input type="checkbox"/>	4 times	<input type="checkbox"/>	7 times or more	
Twice	<input type="checkbox"/>	5 times	<input type="checkbox"/>		

44) How many times per week do you eat fresh fruit?

None <input type="checkbox"/>	3 times <input type="checkbox"/>	6 times <input type="checkbox"/>
Once <input type="checkbox"/>	4 times <input type="checkbox"/>	7 times or more <input type="checkbox"/>
Twice <input type="checkbox"/>	5 times <input type="checkbox"/>	

45) How many times per week do you have dairy products (e.g. milk, yogurt, cheese)?

None <input type="checkbox"/>	3 times <input type="checkbox"/>	6 times <input type="checkbox"/>
Once <input type="checkbox"/>	4 times <input type="checkbox"/>	7 times or more <input type="checkbox"/>
Twice <input type="checkbox"/>	5 times <input type="checkbox"/>	

46) How many times per week do you eat fast food (e.g. burgers, sausage, pizza, or Arabic shawarma, inside or outside your home)?

None <input type="checkbox"/>	3 times <input type="checkbox"/>	6 times <input type="checkbox"/>
Once <input type="checkbox"/>	4 times <input type="checkbox"/>	7 times or more <input type="checkbox"/>
Twice <input type="checkbox"/>	5 times <input type="checkbox"/>	

47) How many times per week do you eat French fries and/or potato chips?

None <input type="checkbox"/>	3 times <input type="checkbox"/>	6 times <input type="checkbox"/>
Once <input type="checkbox"/>	4 times <input type="checkbox"/>	7 times or more <input type="checkbox"/>
Twice <input type="checkbox"/>	5 times <input type="checkbox"/>	

48) How many times per week do you eat cakes, biscuits, donuts, or similar food?

None <input type="checkbox"/>	3 times <input type="checkbox"/>	6 times <input type="checkbox"/>
Once <input type="checkbox"/>	4 times <input type="checkbox"/>	7 times or more <input type="checkbox"/>
Twice <input type="checkbox"/>	5 times <input type="checkbox"/>	

49) How many times per week do you eat sweets and/or chocolates?

None <input type="checkbox"/>	3 times <input type="checkbox"/>	6 times <input type="checkbox"/>
Once <input type="checkbox"/>	4 times <input type="checkbox"/>	7 times or more <input type="checkbox"/>
Twice <input type="checkbox"/>	5 times <input type="checkbox"/>	

50) How many times per week do you drink energy drinks (e.g. Red Bull, Power Horse)?

None <input type="checkbox"/>	3 times <input type="checkbox"/>	6 times <input type="checkbox"/>
Once <input type="checkbox"/>	4 times <input type="checkbox"/>	7 times or more <input type="checkbox"/>
Twice <input type="checkbox"/>	5 times <input type="checkbox"/>	

Thank you for completing this questionnaire and taking part in this research.