**Survey of Daily Activities and Health of College Students**

Fellow college students:

Greetings. Life behavior habit is an important factor affecting health, in order to understand the daily activity habits of college students and their health status, and to promote their healthy growth, this survey is conducted. All questions are not right or wrong, and your information will only be used for scientific research and kept strictly confidential. Your answers are vital to us, please fill in the questions carefully and truthfully. Thank you for your cooperation.

Research Group on Lifestyle and Health, Wenzhou Medical University.

1. Your grade: [single-selected question]

|  |  |  |  |
| --- | --- | --- | --- |
| ○first-year university student | ○second-year university student | ○third-year university student | ○fourth-year university student |
| ○fifth-year university student  | ○first year of graduate study | ○second year of graduate study | ○third year of graduate study |

2. Your place of birth: [single-selected question]

|  |  |  |
| --- | --- | --- |
| ○city | ○town | ○countryside |

3. Your parents' level of education (whichever is higher): [single-selected question]

|  |
| --- |
| ○primary school and below |
| ○junior high school |
| ○high school or technical school |
| ○bachelor |
| ○postgraduate and above |

4. During the past month, how many hours of actual sleep do you usually get each night? (not equal to bedtime) [single-selected question]

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ○Five hours and below | ○Six hours | ○Seven hours | ○Eight hours | ○Nine hours | ○Ten hours | ○Eleven hours and above |

5. During the past month, how long (in minutes) has it taken you to fall asleep each night? [Fill in the blank] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please fill in how much you have done each of the following activities every day in the past year. Instructions: ① Where you fill in the numbers, you can be precise to one decimal place, for example, 0.5 hours represents 30 minutes; ② Please note whether the unit of each question is hours or minutes; ③ If not, please fill in 0.

7. How many hours a day do you usually spend sitting? [Fill in the blank]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. How many hours a day do you usually spend in physical activity? [Fill in the blank]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Do you have a napping habit? [single-selected question]

|  |  |
| --- | --- |
| ○Yes | ○No  |

10. Do you have a midnight snack habit? [single-selected question]

|  |  |
| --- | --- |
| ○Yes  | ○No |

11. People can be categorized into morning-type and evening-type, which type do you think you belong to? [single-selected question]

|  |
| --- |
| ○Morning-type (early to bed, early to wake) |
| ○Morning-type more than evening-type |
| ○Intermediate-type |
| ○Evening-type more than Morning-type  |
| ○Evening-type（late to bed, late to wake） |

12. Do you smoke (at least one cigarette a day for six months or more)? [single-selected question]

|  |
| --- |
| ○No |
| ○Yes, but I’ve quit. |
| ○Yes, I still smoke.  |

13. Do you drink alcohol (at least 3 times a week for 6 months or more)? [single-selected question]

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ○No | ○Yes, but I’ve quit. | ○Yes, I still smoke. |  |  |  |  |  |

 14. Compared to your peers, in general terms, how healthy do you think you are？ [single-selected question]

|  |
| --- |
| ○Very good |
| ○Good |
| ○Fair |
| ○Poor |
| ○Very poor |

15. What is your height in centimeters? [Fill in the blank]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

16. What is your current weight in kilograms? [Fill in the blank]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

17. Are you a single child? [single-selected question]

|  |
| --- |
| ○Yes |
| ○No |

18. Your gender: [single-selected question]

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ○Male  | ○Female  |  |  |  |  |  |  |

19. Your age: [Fill in the blank]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

20. Your mobile phone number: [Fill in the blank]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

21. Date of filling in the form: [Fill in the blank]

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