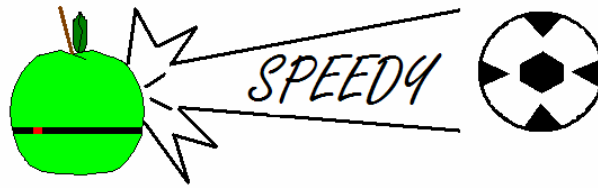


Barcode



## Physical activity Questionnaire

A questionnaire about the activities **you** did during the past 7 days

- Important:**
- there are no right and wrong answers - **this is not a test**
  - please answer all questions as honestly and accurately as you can
  - please **tick a box on every line** in the questionnaire
  - please ask if you have a question

### FOR EXAMPLE

If you normally play in the playground for **30 minutes** please write 30 here.

If you played on the playground **three times** in the past 7 days you must tick this box

	Each time that you did this, how long did you normally do it for?	Never	Once	2 to 3 times	4 or more times
Play in playground	0 hrs 30 min	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

How many times did you do the following PHYSICAL activities in the PAST 7 DAYS?

If you did not do the activity in the past week, write a '0' (zero) in this box

**ACTIVITIES AT SCHOOL IN THE PAST 7 DAYS**

	Each time that you did this, how long did you normally do it for?	How many times did you do this activity?			
		Never	Once	2 to 3 times	4 or more
PE class	hrs      min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk to school	hrs      min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cycle to school	hrs      min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel to school by car / bus	hrs      min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ACTIVITIES OUTSIDE SCHOOL IN THE PAST 7 DAYS**

	Each time that you did this, how long did you normally do it for?	How many times did you do this activity?			
		Never	Once	2 to 3 times	4 or more
<b>SPORTS ACTIVITIES (NOT AT SCHOOL)</b>					
Aerobics	hrs      min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Softball / rounders	hrs      min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basketball / volleyball	hrs      min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cricket	hrs      min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dancing	hrs      min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Football	hrs      min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gymnastics	hrs      min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hockey (field or ice)	hrs      min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Martial arts (e.g. karate or judo)	hrs      min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Each time that you did this, how long did you normally do it for?		How many times did you do this activity?			
			Never	Once	2 to 3 times	4 or more
Netball	hrs	min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rugby	hrs	min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running or jogging	hrs	min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming lessons	hrs	min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming for fun	hrs	min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tennis/badminton/squash/ other racquet sport	hrs	min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>OTHER ACTIVITIES</b>						
Bike riding (not to or from school)	hrs	min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trampolining	hrs	min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bowling	hrs	min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household chores	hrs	min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playing on playground equipment	hrs	min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playing with pets or horse riding	hrs	min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rollerblading / roller-skating	hrs	min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playing on scooter	hrs	min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skateboarding	hrs	min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skiing, snowboarding, or sledging	hrs	min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skipping	hrs	min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking the dog	hrs	min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking for exercise or hiking	hrs	min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other activities you do (Please write it in here)	hrs	min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**How many times did you do the following ACTIVITIES  
in the PAST 7 DAYS?**

If you did not do the activity in the past 7 days, write a '0' (zero) in this box.

**ACTIVITIES OUTSIDE SCHOOL  
IN THE PAST 7 DAYS**

	Each time that you did this, how long did you normally do it for?		How many times did you do this activity?			
			Never	Once	2 to 3 times	4 or more
Art & craft (eg. pottery, sewing, drawing, painting)	hrs	min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing homework	hrs	min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening to music	hrs	min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playing indoors with toys	hrs	min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playing board games / cards	hrs	min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playing musical instrument	hrs	min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	hrs	min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting talking	hrs	min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talking on the phone	hrs	min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other activities you do (Please write it in here)	hrs	min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**FOR EXAMPLE:**

If on a normal school day you watch TV for:  
- half an hour (30 minutes) **before school**  
- 1 hour **after school**  
- 2 hours **after tea**  
please write **3 hrs and 30 min** in this box

If you did not do the activity in the past 7 days, write a '0' (zero) in this box.

**ON A SCHOOL DAY  
IN THE PAST 7 DAYS**

	On the <b>SCHOOL DAYS</b> that you did this, how long did you normally do it for?	On how many days did you do this activity?			
		Never	One day	2 to 3 days	4 or more
Playing computer games (like Xbox, Playstation / gameboy/ DS/ PSP)	hrs      min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using computer / internet	hrs      min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watching TV / videos	hrs      min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ON A WEEKEND DAY IN THE PAST 7 DAYS**

	On the <b>WEEKEND DAYS</b> that you did this, how long did you normally do it for?	On how many days did you do this activity?		
		Never	One day	Two days
Playing computer games (like Xbox, playstation / gameboy/ DS/ PSP)	hrs      min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using computer / internet	hrs      min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watching TV / videos	hrs      min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you ticked a box on every line? Thank you.  
**That's the end of the questionnaire!**