



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

EXAMPLE

If you took part in PE lessons
two times in the past 7 days
you must tick this box

If your PE lessons are normally
45 minutes long please write
here **0 hrs 45 min**

| | Never | Once | 2 to 3 times | 4 or more times | Each time that you did this, how long did you normally do it for? |
|----------|--------------------------|--------------------------|-------------------------------------|--------------------------|---|
| PE Class | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 0 hrs 45 min |

ID Barcode

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

If your PE lessons are normally 45 minutes long please write here 0 hrs 45 min

ACTIVITIES AT SCHOOL IN THE PAST 7 DAYS

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

ACTIVITIES OUTSIDE SCHOOL IN THE PAST 7 DAYS

| | Never | Once | 2 to 3 times | 4 or more times | Each time that you did this, how long did you normally do it for? | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|---|-----|
| SPORTS ACTIVITIES (NOT AT SCHOOL) | | | | | | |
| Aerobics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | hrs | min |
| Softball/rounders | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | hrs | min |
| Basketball/volleyball | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | hrs | min |
| Cricket | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | hrs | min |
| Dancing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | hrs | min |
| Football | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | hrs | min |
| Gymnastics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | hrs | min |
| Hockey (field or ice) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | hrs | min |
| Martial arts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | hrs | min |
| Netball | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | hrs | min |
| Rugby | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | hrs | min |
| Running or jogging | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | hrs | min |
| Swimming lessons | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | hrs | min |
| Tennis/badminton/squash/ other racquet sport | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | hrs | min |

ACTIVITIES OUTSIDE SCHOOL IN THE PAST 7 DAYS

| | Never | Once | 2 to 3 times | 4 or more times | Each time that you did this, how long did you normally do it for? | |
|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|-----|
| OTHER ACTIVITIES | | | | | | |
| Bowling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | hrs | min |
| Household chores | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | hrs | min |
| Climbing wall | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | hrs | min |
| Playing with pets/ horse riding | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | hrs | min |
| Rollerblading/ roller-skating | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | hrs | min |
| Gardening | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | hrs | min |
| Skateboarding | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | hrs | min |
| Skiing, snowboarding, sledging | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | hrs | min |
| Skipping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | hrs | min |
| Walking the dog | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | hrs | min |
| Walking for exercise/ hiking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | hrs | min |
| OTHER please state: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | hrs | min |

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

ACTIVITIES OUTSIDE SCHOOL IN THE PAST 7 DAYS

| | Never | Once | 2 to 3 times | 4 or more times | Each time that you did this, how long did you normally do it for? | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|---|-----|
| Art & craft (eg. pottery, sewing, drawing, painting) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | hrs | min |
| Doing homework | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | hrs | min |
| Listening to music | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | hrs | min |
| Cooking / baking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | hrs | min |
| Playing board games / cards | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | hrs | min |
| Playing musical instruments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | hrs | min |
| Reading | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | hrs | min |
| Sitting talking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | hrs | min |
| Talking on the phone | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | hrs | min |
| OTHER please state: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | hrs | min |

When did you watch TV or use the computer in the PAST 7 DAYS?

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

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

ON A SCHOOLDAY IN THE PAST 7 DAYS

| | On what days in the past week did you do these activities? | | | | | | On the days that you did this, how long did you normally do it for? | |
|---|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|-----|
| | None | Mon | Tue | Wed | Thu | Fri | | |
| Playing computer games (like Xbox, Playstation / Gameboy) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | hrs | min |
| Using computer / internet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | hrs | min |
| Watching TV / videos | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | hrs | min |

ON A DAY IN THE PAST WEEKEND

| | On what days in the past week did you do these activities? | | | On the days that you did this, how long did you normally do it for? | |
|---|--|--------------------------|--------------------------|---|-----|
| | None | Sat | Sun | | |
| Playing computer games (like Xbox, Playstation / Gameboy) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | hrs | min |
| Using computer / internet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | hrs | min |
| Watching TV / videos | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | hrs | min |

Have you ticked a box on every line? Thank you!