

Preschool-aged Children's Physical Activity Questionnaire

Pre-PAQ (Home version)

Your Name: _____

Chil's name: _____

Q1 What is your child's date of birth? --

Q2 What is your child's age _____ years

Today's date --

(day/month/year)

Section 1: General information

Q1 What relationship are you to the child in this study?

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Father |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Guardian |
| <input type="checkbox"/> Other (please state) _____ | |

Q2 How old are you?

- | | | |
|--------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> < 20 years | <input type="checkbox"/> 20-29 years | |
| <input type="checkbox"/> 30-49 years | <input type="checkbox"/> 40-49 years | |
| <input type="checkbox"/> 50-59 years | <input type="checkbox"/> 60-69 years | <input type="checkbox"/> > 70 years |

Q3 What is your current marital status? (please tick one box)

- | | |
|--|--|
| <input type="checkbox"/> Married | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Defacto/Living together | <input type="checkbox"/> Widowed |
| <input type="checkbox"/> Separated | <input type="checkbox"/> Never married |

Q4 What is your highest level of education? (please tick one box)

- ☐ Completed up to Year 10 high school
- ☐ Completed Year 12 high school
- ☐ Technical or trade school certificate (TAFE)/apprenticeship
- ☐ University or tertiary qualification

Q5 What is your partner's highest level of education? (please tick one box)

- ☐ Completed up to Year 10 high school
- ☐ Completed Year 12 high school
- ☐ Technical or trade school certificate (TAFE)/apprenticeship
- ☐ University or tertiary qualification
- ☐ Not applicable

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Q6 What language(s) are spoken at home? (please tick as many as appropriate)

- ☐ English
- ☐ Arabic
- ☐ Italian
- ☐ Vietnamese
- ☐ Greek
- ☐ Mandarin
- ☐ Greek
- ☐ Other (please state) _____

Q7 What is your postcode? _____

Q8 Excluding this child, How many other children (siblings, step siblings, foster children etc) aged under 18 years currently live in your house?

Q9 What are their ages and gender?

Child’s age (Years or Months if child is than 1 year old) – please circle		Gender (Male or Female)
	Years/Months	
	Years/Months	
	Years/Months	
	Years/Months	
	Years/Months	
	Years/Months	
	Years/Months	
	Years/Months	

Section 2: Parent physical activity & parenting habits

The next questions are about any physical activities that you may have done in the last week:

	Weekdays (Monday – Friday)	Weekends (Saturday & Sunday)
Q10a. In the last week, <u>how many times</u> have you walked continuously, for at least 10 minutes (without stopping), for recreation, exercise or get to or from places?	<input type="text"/> <input type="text"/> times	<input type="text"/> <input type="text"/> times
Q10b. What do you estimate was the <u>total time</u> that you spent walking in this way in the last week? Record “0” if no time spent in this activity	<input type="text"/> hrs <input type="text"/> <input type="text"/> mins	<input type="text"/> hrs <input type="text"/> <input type="text"/> mins
Q11a. In the last week, <u>how many times</u> did you do any other more moderate physical activities that you have not already mentioned? (e.g., gentle swimming, social tennis, golf etc.)	<input type="text"/> <input type="text"/> times	<input type="text"/> <input type="text"/> times
Q11b. What do you estimate was the <u>total time</u> that you spent doing these more moderate activities in the last week? Record “0” if no time spent in this activity	<input type="text"/> hrs <input type="text"/> <input type="text"/> mins	<input type="text"/> hrs <input type="text"/> <input type="text"/> mins
Q12a. In the last week, <u>how many times</u> did you do any vigorous physical activity which made you breath harder or puff and pant? (e.g., jogging, cycling, aerobics, competitive tennis, gardening or heavy work around the yard etc.)	<input type="text"/> <input type="text"/> times	<input type="text"/> <input type="text"/> times
Q12b. What do you estimate was the <u>total time</u> that you spent doing this vigorous physical activity in the last week? Record “0” if no time spent in this activity	<input type="text"/> hrs <input type="text"/> <input type="text"/> mins	<input type="text"/> hrs <input type="text"/> <input type="text"/> mins

These questions relate to what you did in your *FREE TIME* in THE LAST WEEK. These questions are about the time when you were SITTING and *NOT DOING CHORES*

Q13. What do you estimate is the total time that <u>you</u> spent watching TV, videos, ir DVDs as your main activity IN THE LAST WEEK? Please do not include time when the TV was switched on and you were doing something else such as preparing a meal.	<input type="text"/> hrs <input type="text"/> <input type="text"/> mins	<input type="text"/> hrs <input type="text"/> <input type="text"/> mins
Q14. What do you estimate is the total time that <u>you</u> spent playing electronic games IN THE LAST WEEK?	<input type="text"/> hrs <input type="text"/> <input type="text"/> mins	<input type="text"/> hrs <input type="text"/> <input type="text"/> mins
Q15. What do you estimate was the <u>total time</u> that <u>you</u> spent using the computer at home <u>in your free time</u> IN THE LAST WEEK? (not include use for work)	<input type="text"/> hrs <input type="text"/> <input type="text"/> mins	<input type="text"/> hrs <input type="text"/> <input type="text"/> mins

Q16. How much do you agree with the following statements?Please tick one box for each statement

	Never	Rarely	Occasionally	Frequently	All the time
I encourage my child to play outside when the weather is suitable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am physically active with or in front of my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I limit what my child does as I worry that he/she may injury themselves.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I focus upon mu child developing their basic learning skills such as numbers and letters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My work schedule or other commitments limit the time I have to play with my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 3: Home and neighborhood

Q17 What best describes your backyard? (please tick one response)

- ☐ No yard at all
- ☐ No private yard
- ☐ A small yard
- ☐ A medium yard (e.g., a standard block of land)
- ☐ A large yard (e.g., ¼ acre/1000m² or more)

Q18 Do you have access to any of the following facilities within your backyard or home environment? (please tick as many responses as apply)

	Yes	No
Play equipment (e.g., swing set, slide, climbing gym).	<input type="checkbox"/>	<input type="checkbox"/>
Pool or spa.	<input type="checkbox"/>	<input type="checkbox"/>
Area suitable to ride a tricycle, bike or scooter etc.	<input type="checkbox"/>	<input type="checkbox"/>

Q19 **How many of the following items are in your home?**

How many?

Television sets

☐

DVD or video players

☐

Electronic games

☐

Computers (laptop or desktop)

☐

Do you have the following connection in your home?

Yes

No

Internet

☐☐

Pay television

☐☐

Q20 **Is there a television in your child's bedroom?**

☐☐

Q21 Does your local neighborhood have the following places or facilities where your child can be play and be physically active? (please tick as many responses as apply)

	Yes	No	Not sure
Open areas such as beaches, rivers, natural reserves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public park or oval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public swimming pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gym that offers programs for young children, e.g. kindergym, playgym, etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Club that offers activities/sports for young children, e.g., soccer, dance, etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q22 How much do you agree with the following statements?

(please tick one response for each statement)

	Strongly Agree	Agree	Disagree	Strongly disagree
It is safe for my child to play outdoors in my neighborhood (if supervised).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are usable footpaths on most of the streets in my local area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are major barriers or dangers to walking with my child in my neighborhood that make it hard to get from place to place (for example, major roads, railway lines, canals, storm water drains or rivers).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is so much traffic along the streets that it makes it difficult or dangerous to walk with my child in my neighborhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are sufficient traffic lights or pedestrian crossings to make it safe to walk with my child around my neighborhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The level of crime in my neighborhood makes it unsafe to go on walks with my child during the day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The local shop(s) are within easy walking distance of my home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are dangers (e.g., dogs, undesirable people) in the local park(s) so I avoid taking my child there.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following questions are about how you and your family get around your neighborhood

Q23 How long did your child spend in a car, in total, LAST WEEK (weekdays + Saturday + Sunday)?

Weekdays (Monday-Friday)	<input type="checkbox"/> hrs <input type="checkbox"/> <input type="checkbox"/> mins
Saturday	<input type="checkbox"/> hrs <input type="checkbox"/> <input type="checkbox"/> mins
Sunday	<input type="checkbox"/> hrs <input type="checkbox"/> <input type="checkbox"/> mins

Q24 How often did your child walk (e.g., to friends, shops, park, child care, etc) to get around your neighborhood LAST WEEK? (please tick one box)

☐☐☐☐

Not at all

1-2 days

3-4 days

5-7 days

Section 4: Your child

Q25 Which child care facilities or services did your child attend LAST week?

None

☐


Please proceed to Q26

	Yes	No	Number of days attending (include ½ days)	Amount of time (total hours)
Informal child care (for example, grandparents, friends, nanny)	<input type="checkbox"/>	<input type="checkbox"/>		
Family Day Care	<input type="checkbox"/>	<input type="checkbox"/>		
Long Day Care	<input type="checkbox"/>	<input type="checkbox"/>		
Occasional Care	<input type="checkbox"/>	<input type="checkbox"/>		
Preschool	<input type="checkbox"/>	<input type="checkbox"/>		

Q26 Does your child have any physical or medical condition that affects his/her ability to play and be physically active?

- ☐ No
- ☐ Yes (Please state nature of condition) _____

Q27 How well do these statements describe your child?

(Please tick one box and one response for each statement)

	Never	Rarely	Occasionally	Frequently	All the time
My child has a very active nature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child needs me to motivate him/her to play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child needs company (e.g., friends, siblings, parents, adults) to be motivated to play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Keep going you are half way there!!

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Q28 How active would you rank your child to be compared with other children your child's age?

☐

A lot less active

☐

Less active

☐

Same

☐

More active

☐

A lot more active

Q29 Does your child eat his/her meals in front of the television?

☐

Not at all or rarely

☐

1 meal a day

☐

2 meals a day

☐

3 meals a day

Q30 Does your child attend any organized PHYSICAL ACTIVITY (e.g., swimming, gym, dance) during the week?

☐

Yes

☐

No

If yes, how many hours does your child spend in these activities during the week?

Name of organized activity	Total time usually spent in that activity each week
Swimming	<input type="checkbox"/> hrs <input type="checkbox"/> <input type="checkbox"/> mins
Gym-type program (e.g., kindgym)	<input type="checkbox"/> hrs <input type="checkbox"/> <input type="checkbox"/> mins
Dance/Physical culture	<input type="checkbox"/> hrs <input type="checkbox"/> <input type="checkbox"/> mins
Sport Name of sport: _____	<input type="checkbox"/> hrs <input type="checkbox"/> <input type="checkbox"/> mins
Other Name of activity: _____	<input type="checkbox"/> hrs <input type="checkbox"/> <input type="checkbox"/> mins

Q31 How often does your child use the facilities listed below to play and be physically active, in a typical month, when the weather is suitable?

(please tick as many responses as apply)

	Daily	A few times a week	Once time a week	A few times a month	Once a month	Rarely
Open areas such as beaches, rivers, natural reserves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Park or oval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public playground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming pool (public or private)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Think about where your child spent his/her time YESTERDAY.

Note: If yesterday was aturday or Sunday, or a day when your child was in formal care then this question refers to the most recent WEEK DAY (i.e., Monday-Friday) when your child was at home with you

Q32 What was the weather like YESTERDAY? (please tick one response)

Fine to play outdoors ☐

Too wet to play outdoors ☐

Too hot or humid to play outdoors ☐

Too cold to play outdoors ☐

Q33 How much time did your child spend outdoors in active play YESTERDAY?

(record “0” if your child did not spend time playing outside)

hrs mins

Q34 Which of the following activities did your child do YESTERDAY?

(record “0” for any activities that your child did not do)

	Did your child do this activity		Total time spent in activity
	Yes	No	Hours/Minutes
Sat or lay still watching TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> hrs <input type="text"/> <input type="text"/> mins
Sat or lay still watching a DVD or a video	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> hrs <input type="text"/> <input type="text"/> mins
Sat or lay still (e.g., looking at books or listening to stories)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> hrs <input type="text"/> <input type="text"/> mins
Play computer or electronic games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> hrs <input type="text"/> <input type="text"/> mins
Was stationary but moving a part of the body such as swimming or swaying trunk (e.g. standing and swaying to a song) or moving arm or leg (e.g. sitting doing puzzles or craft, digging in a sandpit or standing and kicking or throwing a ball, doing movements to a song)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> hrs <input type="text"/> <input type="text"/> mins
Walked at a leisure or moderate pace (for any reason – not just going on a walk)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> hrs <input type="text"/> <input type="text"/> mins

	Did your child do this activity		Total time spent in activity	
	Yes	No	Hours/Minutes	
Walked at a fast pace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs	<input type="checkbox"/> <input type="checkbox"/> mins
Walked up steep slopes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs	<input type="checkbox"/> <input type="checkbox"/> mins
Ran or jogged slowly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs	<input type="checkbox"/> <input type="checkbox"/> mins
Ran or jogged quickly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs	<input type="checkbox"/> <input type="checkbox"/> mins
Rough & tumble play with moderate effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs	<input type="checkbox"/> <input type="checkbox"/> mins
Rough & tumble play with hard effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs	<input type="checkbox"/> <input type="checkbox"/> mins
Hopped, jumped, skipped or matched at an easy pace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs	<input type="checkbox"/> <input type="checkbox"/> mins
Hopped, jumped, skipped or matched with moderate speed or effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs	<input type="checkbox"/> <input type="checkbox"/> mins
Hopped, jumped, skipped or matched with fast speed or hard effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs	<input type="checkbox"/> <input type="checkbox"/> mins
Danced or did movement and music activities (moving around)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs	<input type="checkbox"/> <input type="checkbox"/> mins
Climbed (e.g., on play equipment, in a tree etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs	<input type="checkbox"/> <input type="checkbox"/> mins
Used swing (moving self, Not being pushed by another person)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs	<input type="checkbox"/> <input type="checkbox"/> mins
Rose a tricycle, bike or scooter etc. at an easy pace or slow speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs	<input type="checkbox"/> <input type="checkbox"/> mins
Rose a tricycle, bike or scooter etc. at a moderate pace or medium speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs	<input type="checkbox"/> <input type="checkbox"/> mins
Rose a tricycle, bike or scooter etc. at a hard pace or fast speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs	<input type="checkbox"/> <input type="checkbox"/> mins
Swam by self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs	<input type="checkbox"/> <input type="checkbox"/> mins
Swam with support of an adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs	<input type="checkbox"/> <input type="checkbox"/> mins
Other (please state)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs	<input type="checkbox"/> <input type="checkbox"/> mins
Other (please state)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs	<input type="checkbox"/> <input type="checkbox"/> mins

Think about where your child spent his/her time LAST WEEKEND
(Saturday-Sunday)

Q35 What was the weather like YESTERDAY?

(please tick one response)

	SATURDAY	SUNDAY
Fine to play outdoors	<input type="checkbox"/>	<input type="checkbox"/>
Too well to play outdoors	<input type="checkbox"/>	<input type="checkbox"/>
Too hot or humid to play outdoors	<input type="checkbox"/>	<input type="checkbox"/>
Too cold to play outdoors	<input type="checkbox"/>	<input type="checkbox"/>

Q36 How much time did your child spend outdoors in active play LAST WEEKEND?

(record “0” if your child did not spend time playing outside)

SATURDAY	SUNDAY
<input type="text"/> hrs <input type="text"/> <input type="text"/> mins	<input type="text"/> hrs <input type="text"/> <input type="text"/> mins