

Q37 Which of the following activities did your child do LAST WEEKEND?

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

			Saturday				Sunday	
	Did your child do this activity		Total time spent in activity?		Did your child do this activity?		Total time spent in activity	
	Yes	No	Hours/Minutes		Yes	No	Hours/Minutes	
Sat or lay still watching TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs	<input type="checkbox"/> <input type="checkbox"/> mins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs	<input type="checkbox"/> <input type="checkbox"/> mins
Sat or lay still watching a DVD or a video	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs	<input type="checkbox"/> <input type="checkbox"/> mins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs	<input type="checkbox"/> <input type="checkbox"/> mins
Sat or lay still (e.g., looking at books or listening to stories)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs	<input type="checkbox"/> <input type="checkbox"/> mins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs	<input type="checkbox"/> <input type="checkbox"/> mins
Played computer or electronic games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs	<input type="checkbox"/> <input type="checkbox"/> mins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs	<input type="checkbox"/> <input type="checkbox"/> 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="checkbox"/> hrs	<input type="checkbox"/> <input type="checkbox"/> mins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs	<input type="checkbox"/> <input type="checkbox"/> mins
Walked at a leisure or moderate pace (from any reason – not just when going a walk)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs	<input type="checkbox"/> <input type="checkbox"/> mins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs	<input type="checkbox"/> <input type="checkbox"/> mins
Walked at a fast pace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs	<input type="checkbox"/> <input type="checkbox"/> mins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs	<input type="checkbox"/> <input type="checkbox"/> mins
Walked up steel slopes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs	<input type="checkbox"/> <input type="checkbox"/> mins	<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	<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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs	<input type="checkbox"/> <input type="checkbox"/> mins
Rough and tumble play with moderate effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs	<input type="checkbox"/> <input type="checkbox"/> mins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs	<input type="checkbox"/> <input type="checkbox"/> mins
Rough and tumble play with hard effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs	<input type="checkbox"/> <input type="checkbox"/> mins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs	<input type="checkbox"/> <input type="checkbox"/> mins

			Saturday				Sunday	
	Did your child do this activity		Total time spent in activity?		Did your child do this activity?		Total time spent in activity	
	Yes	No	Hours/Minutes		Yes	No	Hours/Minutes	
Hopped, jumped, skipped or marched at an easy pace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs <input type="checkbox"/> <input type="checkbox"/> mins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs <input type="checkbox"/> <input type="checkbox"/> mins		
Hopped, jumped, skipped or marched with a moderate speed or effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs <input type="checkbox"/> <input type="checkbox"/> mins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs <input type="checkbox"/> <input type="checkbox"/> mins		
Hopped, jumped, skipped or marched with fast speed or hard effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs <input type="checkbox"/> <input type="checkbox"/> mins	<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	<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	<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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs <input type="checkbox"/> <input type="checkbox"/> mins		
Rode 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs <input type="checkbox"/> <input type="checkbox"/> mins		
Rode 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs <input type="checkbox"/> <input type="checkbox"/> mins		
Swam by self (\pm floatation devices)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs <input type="checkbox"/> <input type="checkbox"/> mins	<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	<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	<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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs <input type="checkbox"/> <input type="checkbox"/> mins		

Thank you for completing this questionnaire

ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL

ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL

ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL