

Appendix F

Physical Activity Questionnaires

1. Child Physical Activity Questionnaire (CPAQ) - Age 11-15 years

For children age 5 (4 if started school) to 10 years, the same questionnaire is asked in proxy form i.e. 'you' is replaced by 'your child' in each question.

2. Recent Physical Activity Questionnaire (RPAQ) - Age 16+ years

3. Physical Activity Questionnaire for pre-school children aged 2 to 5 years

Introduction

Physical Activity Questionnaire: 11 – 15 years of age

This questionnaire asks about your physical activity **in the last 7 days** covering 3 sections:

A: Travel to and from school and activity at school.

B: Activity outside of school.

C: Time spent sitting.

Please note some questions may not apply as this questionnaire is designed to cover different school routines.

Click "Next" to continue

A: School-related activity

Did you go to school in the last 7 days?

☒ Yes

☐ No

A: School-related activity

Thinking about the **last 7 days**, how did you **travel to and from school**?

*Record how many days you did an activity (for all or part of the way) and for how long **per day**.*

Please scroll down and leave boxes blank if not done.

Walk to school:

How many days? Hours Minutes

per day

Walk from school:

How many days? Hours Minutes

per day

Cycle or use scooter to school:

How many days? Hours Minutes

per day

Cycle or use scooter from school:

How many days? Hours Minutes

per day

Used **motorised transport to** school:

(e.g. Bus, car, taxi, train, tube, metro)

How many days? Hours Minutes

per day

Used **motorised transport from** school:

How many days? Hours Minutes

per day

Attention!**Attention!**

Please note the following questions ask you to report the TOTAL time you spent in each activity, across ALL weekdays or ALL weekend days.

E.g. if you played football out of school for 1 hour on Monday and Wednesday you would answer...

B: Activity outside school

Football / Rugby / Hockey / Lacrosse (outside school) on WEEKDAYS (last 7 days)

How many **WEEKDAYS** did you do this activity?

☐ 0

☐ 1 day

☒ 2 days

☐ 3 days

☐ 4 days

☐ 5 days

Please add up the **TOTAL** time spent doing this activity on **ALL WEEKDAYS**

2 hrs-2 hrs 59 mins ▼

A: School-related activity

Have you done any **PE lessons** in school in the last 7 days?

We will ask you to report school sports matches later in the questionnaire.

☒ Yes

☐ No

A: School-related activity

PE lessons in school on WEEKDAYS (last 7 days)

How many **WEEKDAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKDAYS**

3 hrs or more: enter below ▼

Please enter time

Hours Minutes

3

30

A: School-related activity

PE lessons in school on WEEKEND DAYS (last 7 days)

How many **WEEKEND DAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKEND DAYS**

3 hrs or more: enter below ▼

Please enter time

Hours Minutes

A: School-related activity

Did you do any of these activities in the last 7 days **in school but not in PE lessons**?

Please include any activities you have done in breakfast, lunchtime or after-school clubs, or in school sports matches.

We will then ask about each selected activity on the following screens.
*Please scroll through the FULL list of 16 activities and select **all** that apply.*

- ☒ Hopscotch
- ☒ Bouncing on trampoline
- ☒ Playing around, e.g. kicking a ball around, catch, hide and seek
- ☒ Skating / Skateboarding / Using a scooter
- ☒ Skipping rope
- ☒ Football / Rugby / Hockey / Lacrosse
- ☒ Netball / Basketball / Handball
- ☒ Cricket / Rounders
- ☒ Dancing, including any dance lessons
- ☒ Running, jogging, athletics
- ☒ Gymnastics
- ☒ Workout with gym machines / Weight training
- ☒ Aerobics
- ☒ Tennis / Badminton / Squash
- ☒ Swimming – laps/lengths
- ☒ Swimming – splash about
- ☐ None of the above

You will get the chance to report any other activities you have done that are not listed here at the end of the questions.

A: School-related activity

Hopscotch on WEEKDAYS in the last 7 days (in school but not PE lessons)

How many **WEEKDAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKDAYS**

1-14 mins



A: School-related activity

Hopscotch on WEEKEND DAYS in the last 7 days (in school but not PE lessons)

How many **WEEKEND DAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKEND DAYS**

1-14 mins ▼

A: School-related activity

Bouncing on trampoline on **WEEKDAYS** in the last 7 days (in school but not PE lessons)

How many **WEEKDAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKDAYS**

15-29 mins



A: School-related activity

Bouncing on trampoline on WEEKEND DAYS in the last 7 days (in school but not PE lessons)

How many **WEEKEND DAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKEND DAYS**

15-29 mins



A: School-related activity

Playing around, e.g. kicking a ball around, catch, hide and seek on WEEKDAYS in the last 7 days (in school but not PE lessons)

How many **WEEKDAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKDAYS**

30-44 mins



A: School-related activity

Playing around, e.g. kicking a ball around, catch, hide and seek on WEEKEND DAYS in the last 7 days (in school but not PE lessons)

How many **WEEKEND DAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKEND DAYS**

30-44 mins



A: School-related activity

Skating / Skateboarding / Using a scooter on WEEKDAYS in the last 7 days (in school but not PE lessons)

How many **WEEKDAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKDAYS**

45-59 mins



A: School-related activity

Skating / Skateboarding / Using a scooter on WEEKEND DAYS in the last 7 days (in school but not PE lessons)

How many **WEEKEND DAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKEND DAYS**

45-59 mins



A: School-related activity

Skipping rope on WEEKDAYS in the last 7 days (in school but not PE lessons)

How many **WEEKDAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKDAYS**

1 hr-1 hr 29 mins



A: School-related activity

Skipping rope on WEEKEND DAYS in the last 7 days (in school but not PE lessons)

How many **WEEKEND DAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKEND DAYS**

1 hr-1 hr 29 mins



A: School-related activity

Football / Rugby / Hockey / Lacrosse on WEEKDAYS in the last 7 days (in school but not PE lessons)

How many **WEEKDAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKDAYS**

1 hr 30 mins-1 hr 59 mins ▼

A: School-related activity

Football / Rugby / Hockey / Lacrosse on WEEKEND DAYS in the last 7 days (in school but not PE lessons)

How many **WEEKEND DAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKEND DAYS**

1 hr 30 mins-1 hr 59 mins ▼

A: School-related activity

Netball / Basketball / Handball on WEEKDAYS in the last 7 days (in school but not PE lessons)

How many **WEEKDAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKDAYS**

2 hrs-2 hrs 59 mins



A: School-related activity

Netball / Basketball / Handball on WEEKEND DAYS in the last 7 days (in school but not PE lessons)

How many **WEEKEND DAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKEND DAYS**

2 hrs-2 hrs 59 mins



A: School-related activity

Cricket / Rounders on WEEKDAYS in the last 7 days (in school but not PE lessons)

How many **WEEKDAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKDAYS**

3 hrs or more: enter below ▼

Please enter time

Hours Minutes

3

30

A: School-related activity

Cricket / Rounders on WEEKEND DAYS in the last 7 days (in school but not PE lessons)

How many **WEEKEND DAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKEND DAYS**

3 hrs or more: enter below ▼

Please enter time

Hours Minutes

A: School-related activity

Dancing, including any dance lessons on WEEKDAYS in the last 7 days (in school but not PE lessons)

How many **WEEKDAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKDAYS**

1-14 mins



A: School-related activity

Dancing, including any dance lessons on WEEKEND DAYS in the last 7 days (in school but not PE lessons)

How many **WEEKEND DAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKEND DAYS**

1-14 mins



A: School-related activity

Running, jogging, athletics on WEEKDAYS in the last 7 days (in school but not PE lessons)

How many **WEEKDAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKDAYS**

1-14 mins



A: School-related activity

Running, jogging, athletics on WEEKEND DAYS in the last 7 days (in school but not PE lessons)

How many **WEEKEND DAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKEND DAYS**

1-14 mins ▼

A: School-related activity

Gymnastics on **WEEKDAYS** in the last 7 days (in school but not PE lessons)

How many **WEEKDAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKDAYS**

1-14 mins



A: School-related activity

Gymnastics on WEEKEND DAYS in the last 7 days (in school but not PE lessons)

How many **WEEKEND DAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKEND DAYS**

1-14 mins ▼

A: School-related activity

Workout with gym machines / Weight training on WEEKDAYS in the last 7 days (in school but not PE lessons)

How many **WEEKDAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKDAYS**

1-14 mins



A: School-related activity

Workout with gym machines / Weight training on WEEKEND DAYS in the last 7 days (in school but not PE lessons)

How many **WEEKEND DAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKEND DAYS**

1-14 mins



A: School-related activity

Aerobics on WEEKDAYS in the last 7 days (in school but not PE lessons)

How many **WEEKDAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKDAYS**

1-14 mins



A: School-related activity

Aerobics on WEEKEND DAYS in the last 7 days (in school but not PE lessons)

How many **WEEKEND DAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKEND DAYS**

1-14 mins ▼

A: School-related activity

Tennis / Badminton / Squash on WEEKDAYS in the last 7 days (in school but not PE lessons)

How many **WEEKDAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKDAYS**

1-14 mins



A: School-related activity

Tennis / Badminton / Squash on WEEKEND DAYS in the last 7 days (in school but not PE lessons)

How many **WEEKEND DAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKEND DAYS**

1-14 mins



A: School-related activity

Swimming - laps/lengths on WEEKDAYS in the last 7 days (in school but not PE lessons)

How many **WEEKDAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKDAYS**

1-14 mins



A: School-related activity

Swimming - laps/lengths on WEEKEND DAYS in the last 7 days (in school but not PE lessons)

How many **WEEKEND DAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKEND DAYS**

1-14 mins



A: School-related activity

Swimming - splash about on WEEKDAYS in the last 7 days (in school but not PE lessons)

How many **WEEKDAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKDAYS**

1-14 mins



A: School-related activity

Swimming - splash about on WEEKEND DAYS in the last 7 days (in school but not PE lessons)

How many **WEEKEND DAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKEND DAYS**

1-14 mins



Attention!**Attention!**

Please note the following questions ask you to report the TOTAL time you spent in each activity, across ALL weekdays or ALL weekend days.

E.g. if you played football out of school for 1 hour on Monday and Wednesday you would answer...

B: Activity outside school

We are now going to ask about activities you have done **outside school** in the last 7 days.

Do not include activities that you have already reported such as transport to or from school, or activities in PE lessons, school breaks, breakfast, lunch, or after-school clubs or school sports matches.

You will get the chance to report any other activities you have done that are not listed at the end of the questions.

Click "Next" to continue

B: Activity outside school

Did you do any of these activities **outside school** in the last 7 days?

We will then ask about each selected activity on the following screens.

*Please scroll through the FULL list of 19 activities below and select **all** that apply.*

- ☒ Cycling
- ☒ Walking
- ☒ Heavy Housework - Vacuuming, cleaning car, gardening etc.
- ☒ Hopscotch
- ☒ Bouncing on trampoline
- ☒ Playing around, e.g. kicking a ball around, catch, hide and seek
- ☒ Skating / Skateboarding / Using a scooter
- ☒ Skipping rope
- ☒ Football / Rugby / Hockey / Lacrosse
- ☒ Netball / Basketball / Handball
- ☒ Cricket / Rounders
- ☒ Dancing, including any dance lessons
- ☒ Running, jogging, athletics
- ☒ Gymnastics
- ☒ Workout with gym machines / Weight training
- ☒ Aerobics
- ☒ Tennis / Badminton / Squash
- ☒ Swimming – laps/lengths
- ☒ Swimming – splash about

Note: in age 5 (4 if started school) to 10 years proxy questionnaire 'soft play' replaces heavy housework.

☐ None of the above

You will get the chance to report any other activities you have done that are not listed here at the end of the questions.

B: Activity outside school

Cycling (outside school) on WEEKDAYS (last 7 days)

How many **WEEKDAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKDAYS**

1-14 mins



B: Activity outside school

Cycling (outside school) on WEEKEND DAYS (last 7 days)

How many **WEEKEND DAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKEND DAYS**

1-14 mins



B: Activity outside school

Walking (outside school) on WEEKDAYS (last 7 days)

How many **WEEKDAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKDAYS**

15-29 mins



B: Activity outside school

Walking (outside school) on WEEKEND DAYS (last 7 days)

How many **WEEKEND DAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKEND DAYS**

15-29 mins



B: Activity outside school

Heavy Housework - Vacuuming, cleaning car, gardening etc. (outside school) on WEEKDAYS (last 7 days) Note: in age 5 (4 if started school) to 10 years proxy questionnaire 'soft play' replaces heavy housework.

How many **WEEKDAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKDAYS**

30-44 mins



B: Activity outside school

Heavy Housework - Vacuuming, cleaning car, gardening etc. (outside school) on WEEKEND DAYS (last 7 days) Note: in age 5 (4 if started school) to 10 years proxy questionnaire 'soft play' replaces heavy housework.

How many **WEEKEND DAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKEND DAYS**

30-44 mins



B: Activity outside school

Hopscotch (outside school) on WEEKDAYS (last 7 days)

How many **WEEKDAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKDAYS**

45-59 mins



B: Activity outside school

Hopscotch (outside school) on WEEKEND DAYS (last 7 days)

How many **WEEKEND DAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKEND DAYS**

45-59 mins



B: Activity outside school

Bouncing on trampoline (outside school) on WEEKDAYS (last 7 days)

How many **WEEKDAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKDAYS**

1 hr-1 hr 29 mins



B: Activity outside school

Bouncing on trampoline (outside school) on WEEKEND DAYS (last 7 days)

How many **WEEKEND DAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKEND DAYS**

1 hr-1 hr 29 mins



B: Activity outside school

Playing around, e.g. kicking a ball around, catch, hide and seek (outside school) on WEEKDAYS (last 7 days)

How many **WEEKDAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKDAYS**

1 hr 30 mins-1 hr 59 mins ▼

B: Activity outside school

Playing around, e.g. kicking a ball around, catch, hide and seek (outside school) on WEEKEND DAYS (last 7 days)

How many **WEEKEND DAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKEND DAYS**

1 hr 30 mins-1 hr 59 mins ▼

B: Activity outside school

Skating / Skateboarding / Using a scooter (outside school) on WEEKDAYS (last 7 days)

How many **WEEKDAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKDAYS**

2 hrs-2 hrs 59 mins



B: Activity outside school

Skating / Skateboarding / Using a scooter (outside school) on WEEKEND DAYS (last 7 days)

How many **WEEKEND DAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKEND DAYS**

2 hrs-2 hrs 59 mins



B: Activity outside school

Skipping rope (outside school) on WEEKDAYS (last 7 days)

How many **WEEKDAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKDAYS**

3 hrs or more: enter below ▼

Please enter time

Hours Minutes

B: Activity outside school

Skipping rope (outside school) on WEEKEND DAYS (last 7 days)

How many **WEEKEND DAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKEND DAYS**

3 hrs or more: enter below ▼

Please enter time

Hours

Minutes

3

30

B: Activity outside school

Football / Rugby / Hockey / Lacrosse (outside school) on WEEKDAYS (last 7 days)

How many **WEEKDAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKDAYS**

1-14 mins



B: Activity outside school

Football / Rugby / Hockey / Lacrosse (outside school) on WEEKEND DAYS (last 7 days)

How many **WEEKEND DAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKEND DAYS**

1-14 mins



B: Activity outside school

Netball / Basketball / Handball (outside school) on WEEKDAYS (last 7 days)

How many **WEEKDAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKDAYS**

1-14 mins



B: Activity outside school

Netball / Basketball / Handball (outside school) on WEEKEND DAYS (last 7 days)

How many **WEEKEND DAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKEND DAYS**

15-29 mins



B: Activity outside school

Cricket / Rounders (outside school) on WEEKDAYS (last 7 days)

How many **WEEKDAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKDAYS**

1-14 mins



B: Activity outside school

Cricket / Rounders (outside school) on WEEKEND DAYS (last 7 days)

How many **WEEKEND DAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKEND DAYS**

1-14 mins ▼

B: Activity outside school

Dancing, including any dance lessons (outside school) on WEEKDAYS (last 7 days)

How many **WEEKDAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKDAYS**

1-14 mins



B: Activity outside school

Dancing, including any dance lessons (outside school) on WEEKEND DAYS (last 7 days)

How many **WEEKEND DAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKEND DAYS**

1-14 mins



B: Activity outside school

Running, jogging, athletics (outside school) on WEEKDAYS (last 7 days)

How many **WEEKDAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKDAYS**

1-14 mins



B: Activity outside school

Running, jogging, athletics (outside school) on WEEKEND DAYS (last 7 days)

How many **WEEKEND DAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKEND DAYS**

1-14 mins ▼

B: Activity outside school

Gymnastics (outside school) on WEEKDAYS (last 7 days)

How many **WEEKDAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKDAYS**

1-14 mins



B: Activity outside school

Gymnastics (outside school) on WEEKEND DAYS (last 7 days)

How many **WEEKEND DAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKEND DAYS**

1-14 mins ▼

B: Activity outside school

Workout with gym machines / Weight training (outside school) on WEEKDAYS (last 7 days)

How many **WEEKDAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKDAYS**

1-14 mins



B: Activity outside school

Workout with gym machines / Weight training (outside school) on WEEKEND DAYS (last 7 days)

How many **WEEKEND DAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKEND DAYS**

1-14 mins



B: Activity outside school

Aerobics (outside school) on WEEKDAYS (last 7 days)

How many **WEEKDAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKDAYS**

1-14 mins



B: Activity outside school

Aerobics (outside school) on WEEKEND DAYS (last 7 days)

How many **WEEKEND DAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKEND DAYS**

1-14 mins ▼

B: Activity outside school

Tennis / Badminton / Squash (outside school) on WEEKDAYS (last 7 days)

How many **WEEKDAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKDAYS**

1-14 mins



B: Activity outside school

Tennis / Badminton / Squash (outside school) on WEEKEND DAYS (last 7 days)

How many **WEEKEND DAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKEND DAYS**

1-14 mins



B: Activity outside school

Swimming - laps/lengths (outside school) on WEEKDAYS (last 7 days)

How many **WEEKDAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKDAYS**

1-14 mins




B: Activity outside school

Swimming - laps/lengths (outside school) on WEEKEND DAYS (last 7 days)

How many **WEEKEND DAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKEND DAYS**

1-14 mins 

B: Activity outside school

Swimming - splash about (outside school) on WEEKDAYS (last 7 days)

How many **WEEKDAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKDAYS**

1-14 mins



B: Activity outside school

Swimming - splash about (outside school) on WEEKEND DAYS (last 7 days)

How many **WEEKEND DAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKEND DAYS**

1-14 mins



In or out of school: Other activities

In the last 7 days, did you do any other physical activities that you have **not already reported**?

☒ Yes

☐ No

Other activities

Other Activity 1:

How many **WEEKDAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKDAYS**

1-14 mins



Other activities

Other Activity 1:

How many **WEEKEND DAYS** did you do this activity?

- ☐ 0
☒ 1 day
☐ 2 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKEND DAYS**

15-29 mins



Did you do any other physical activities that you have not already reported?

- ☒ Yes ☐ No

Other activities

Other Activity 2:

How many **WEEKDAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKDAYS**

30-44 mins



Other activities

Other Activity 2:

How many **WEEKEND DAYS** did you do this activity?

- ☐ 0
☒ 1 day
☐ 2 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKEND DAYS**

45-59 mins



Did you do any other physical activities that you have not already reported?

- ☒ Yes ☐ No

Other activities

Other Activity 3:

How many **WEEKDAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKDAYS**

1 hr-1 hr 29 mins



Other activities

Other Activity 3:

How many **WEEKEND DAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKEND DAYS**

1 hr 30 mins-1 hr 59 mins ▼

Did you do any other physical activities that you have not already reported?

- ☒ Yes ☐ No

Other activities

Other Activity 4:

How many **WEEKDAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKDAYS**

2 hrs-2 hrs 59 mins



Other activities

Other Activity 4:

How many **WEEKEND DAYS** did you do this activity?

- ☐ 0
☒ 1 day
☐ 2 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKEND DAYS**

3 hrs or more: enter below ▼

Please enter time

Hours Minutes

3 30

Did you do any other physical activities that you have not already reported?

☒ Yes ☐ No

Other activities

Other Activity 5:

How many **WEEKDAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKDAYS**

1-14 mins



Other activities

Other Activity 5:

How many **WEEKEND DAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKEND DAYS**

1-14 mins



C: Time spent sitting

We are now going to ask about the time you spent **sitting down** in the last 7 days **outside school lesson hours**.

Please include time spent sitting in breakfast, lunch or after school clubs.

Each period of sitting down should only be entered once.

E.g. if you spent one hour sitting doing homework while you were listening to music, count this time as one hour doing homework if this was your main focus. Do not also count as one hour listening to music.

Click "Next" to continue

C: Time spent sitting

How did you spend **time sitting** in last 7 days **outside school lessons**?

Select ***all*** that apply.

We will then ask about each selected activity on the following screens.

- ☒ Sitting doing **homework and/or reading**. Include any homework done using a screen or online here.
- ☒ Sitting while using a **screen**. E.g. televisions, tablets, mobile phones, computers and game consoles (for non-active games only).
- ☒ Sitting down doing any **other activity** - E.g. include meal times, socialising, listening to music.
- ☐ None of the above

C: Time spent sitting

Sitting doing homework and/or reading on a WEEKDAY (last 7 days)

How many **WEEKDAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKDAYS**

1-29 mins



C: Time spent sitting

Sitting doing homework and/or reading on a WEEKEND DAY (last 7 days)

How many **WEEKEND DAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKEND DAYS**

30-59 mins ▼

C: Time spent sitting

Sitting while using a screen on a WEEKDAY (last 7 days)

How many **WEEKDAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKDAYS**

1 hr-1 hr 59 mins ▼

C: Time spent sitting

Sitting while using a screen on a WEEKEND DAY (last 7 days)

How many **WEEKEND DAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKEND DAYS**

2 hrs-2 hrs 59 mins ▼

C: Time spent sitting

Sitting down doing any other activity on a WEEKDAY (last 7 days)

How many **WEEKDAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKDAYS**

17 hrs-18 hrs 59 mins ▼

C: Time spent sitting

Sitting down doing any other activity on a WEEKEND DAY (last 7 days)

How many **WEEKEND DAYS** did you do this activity?

- ☐ 0
- ☒ 1 day
- ☐ 2 days

Please add up the **TOTAL time** spent doing this activity on **ALL WEEKEND DAYS**

19 hours or more: enter below ▼

Please enter time

Hours

Minutes

In the last 7 days, were you

- ☐ **more active** than usual?
- ☐ **less active** than usual?
- ☒ **about as active** as usual?

How involved was an adult (e.g. your parent or an interviewer) in answering this questionnaire?

- ☒ Adult was **not present**
- ☐ Adult was present but did **not** help answer questions
- ☐ Adult was present and helped you answer a **few** questions
- ☐ Adult was present and helped you answer **some** questions
- ☐ Adult was present and helped you answer **most or all** questions

Comments

Please do NOT close your browser before you press the SUBMIT button otherwise your questionnaire will not be received. Please note that it might take a few seconds for your answers to be saved, so please wait until you see a message that you have completed the questionnaire.

Would you like to add any comments? You can leave this blank.

Please make sure that you have logged out before closing the browser

Thank you

You have now completed the Physical Activity Questionnaire.

Please click the logout button.

Intro

Physical Activity Questionnaire: 16+ years of age

This questionnaire asks about your physical activity in the last 4 weeks, covering 3 sections:

A: In and around the house.

B: Travel to work/education and your activity at work/education.

C: Leisure and recreation.

Click "Next" to continue

A: Home Activities

Getting About

Which transport have you used **most often** in the last 4 weeks (apart from your journey to and from work/education)?

- ☒ Car / motor vehicle
- ☐ Walk
- ☐ Public transport
- ☐ Cycle

A: Home Activities

Screen time

Think about the time spent sitting whilst using a screen but but not for work or homework/studying in the last 4 weeks.

This includes sitting whilst using devices such as television, tablets, mobile phones, computers and games consoles (non-active games only).

The following 4 questions will ask about this at different timepoints in the week.

Click "Next" to continue

A: Home Activities

Screen use whilst sitting

Hours **PER DAY** of sitting using a screen (not for work or homework/studying):

1. On a **WEEKDAY** before 6pm?

Average over last 4 weeks

- ☐ 0 hours
- ☒ Less than 1 hour
- ☐ 1-2 hours
- ☐ 2-3 hours
- ☐ 3-4 hours
- ☐ 4-5 hours
- ☐ 5-6 hours
- ☐ 6-7 hours
- ☐ 7-8 hours
- ☐ More than 8 hours

A: Home Activities

Screen use whilst sitting

Hours **PER DAY** of sitting using a screen (not for work or homework/studying):

2. On a **WEEKDAY** after 6pm?

Average over last 4 weeks

- ☐ 0 hours
- ☒ Less than 1 hour
- ☐ 1-2 hours
- ☐ 2-3 hours
- ☐ 3-4 hours
- ☐ 4-5 hours
- ☐ 5-6 hours
- ☐ 6-7 hours
- ☐ 7-8 hours
- ☐ More than 8 hours

A: Home Activities

Screen use whilst sitting

Hours **PER DAY** of sitting using a screen (not for work or homework/studying):

3. On a **WEEKEND DAY** before 6pm?

Average over last 4 weeks

- ☐ 0 hours
- ☒ Less than 1 hour
- ☐ 1-2 hours
- ☐ 2-3 hours
- ☐ 3-4 hours
- ☐ 4-5 hours
- ☐ 5-6 hours
- ☐ 6-7 hours
- ☐ 7-8 hours
- ☐ More than 8 hours

A: Home Activities

Screen use whilst sitting

Hours **PER DAY** of sitting using a screen (not for work or homework/studying):

4. On a **WEEKEND DAY** after 6pm?

Average over last 4 weeks

- ☐ 0 hours
- ☒ Less than 1 hour
- ☐ 1-2 hours
- ☐ 2-3 hours
- ☐ 3-4 hours
- ☐ 4-5 hours
- ☐ 5-6 hours
- ☐ 6-7 hours
- ☐ 7-8 hours
- ☐ More than 8 hours

A: Home Activities

Stair climbing at home

Number of times **PER DAY** you climbed up a flight of stairs (approx. 10 steps) at home

On a **WEEKDAY**?

Average over last 4 weeks

- ☐ None
- ☒ 1-5 times
- ☐ 6-10 times
- ☐ 11-15 times
- ☐ 16-20 times
- ☐ More than 20 times

A: Home Activities

Stair climbing at home

Number of times **PER DAY** you climbed up a flight of stairs (approx. 10 steps) at home

On a **WEEKEND DAY**?

Average over last 4 weeks

- ☐ None
- ☒ 1-5 times
- ☐ 6-10 times
- ☐ 11-15 times
- ☐ 16-20 times
- ☐ More than 20 times

B: Activity at Work/Education

This next section is about activity at work or an educational institution. By work we mean paid employment, voluntary work, and studying in education such as school, college or university.

In the last 4 weeks, have you been in paid employment, done regular, organised voluntary work, or been in education?

☒ Yes

☐ No

B: Activity at Work/Education

Type and amount of physical activity involved in your work/education

Which of the following best describes your occupation(s)/education in the last 4 weeks?

- ☒ **SEDENTARY:** Mostly sitting (e.g. office worker)
- ☐ **STANDING:** Mostly standing or walking: no intense effort (e.g. shop assistant, hairdresser)
- ☐ **MANUAL:** Some physical effort/ handling heavy objects/tools (e.g. plumber, electrician)
- ☐ **HEAVY MANUAL:** Very vigorous work/ handling heavy objects (e.g. bricklayer, construction worker)

B: Activity at Work/Education

How many **hours of work/education** did you do per week?

Please enter 0 if not worked

Last week?

Hours Minutes Reason if not worked

Please select... ▼

2 weeks ago?

Hours Minutes Reason if not worked

Please select... ▼

3 weeks ago?

Hours Minutes Reason if not worked

Please select... ▼

4 weeks ago?

Hours Minutes Reason if not worked

Please select... ▼

B: Activity at Work/Education

Think about a typical week in the last 4 weeks

How many days a week did you work or study?

On a WEEKDAY?

- ☐ None
- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☒ 5 days

On a WEEKEND DAY?

- ☒ None
- ☐ 1 day
- ☐ 2 days

B: Travel to Work/Education

Travel to and from work/education in the last 4 weeks

Which of the following best describes your travel pattern for work/education in the last 4 weeks?

- ☒ Travelled to **a single workplace/study location** all or some of the time
- ☐ Travelled to **multiple work/study locations** all or some of the time
- ☐ Work or study from home **all** of the time

What is the approximate distance from your home to work/education?

If working/studying at multiple locations away from the home, estimate average distance for journeys

Miles:

Kilometers:

B: Travel to Work/Education

How many times a week did you travel from home to your main work/education?

Count outward journeys only

B: Travel to Work/Education

How often do you use the following modes of transport to get to work/education?

Car / motor vehicle

- ☒ Always
- ☐ Usually
- ☐ Occasionally
- ☐ Never or Rarely

Work/Public transport

- ☐ Always
- ☒ Usually
- ☐ Occasionally
- ☐ Never or Rarely

Bicycle

- ☐ Always
- ☐ Usually
- ☒ Occasionally
- ☐ Never or Rarely

Walk

- ☐ Always
- ☐ Usually
- ☐ Occasionally
- ☒ Never or Rarely

C: Recreation

The following section asks about your **leisure time**, including:

Which activities you have done in the last 4 weeks, **how often** you did them and (on average) for **how long** each time.

You will first see a list of activities, tap all that you have completed within the last 4 weeks. After that you will be asked more detail on those specific activities.

Click "Next" to continue

C: Recreation

From the activities below, please scroll through the **full** list and select **all** those which you have done in the last 4 weeks.

You will be able to answer any activities not covered at the end.

- ☒ Swimming - Competitive
- ☒ Swimming - Leisure
- ☒ Walking - Backpacking or Mountain Climbing
- ☒ Walking - Walking for pleasure
- ☒ Cycling - Racing or rough terrain cycling
- ☒ Cycling - Cycling for pleasure
- ☒ Running - Competitive running
- ☒ Running - Jogging
- ☒ Gardening - Mowing the lawn
- ☒ Gardening - Watering the lawn or garden
- ☒ Gardening - Digging, shovelling or chopping wood
- ☒ Gardening - Weeding or pruning
- ☒ DIY (e.g. home or car maintenance)
- ☒ Other household activities (e.g. vacuuming)
- ☒ Aerobics - High impact
- ☒ Aerobics - Other types of aerobics
- ☒ Exercise with weights
- ☒ Conditioning exercises (e.g. bike/rowing machine)
- ☒ Floor exercises (e.g. yoga or Pilates)
- ☒ Football, Rugby or Hockey
- ☒ Cricket
- ☒ Rowing
- ☒ Netball, Volleyball or Basketball
- ☒ Tennis or Badminton
- ☒ Squash
- ☒ Table Tennis
- ☒ Bowling- indoor, lawn or 10 pin
- ☒ Golf
- ☒ Fishing
- ☒ Dancing
- ☒ Horse-riding
- ☒ Sailing, Wind-Surfing or Boating
- ☒ Martial arts, boxing or wrestling
- ☒ Physically-active computer games
- ☒ Ice/roller skating
- ☒ Skiing or Snowboarding
- ☒ Snooker, Billiards or Darts
- ☒ Musical Instrument Playing or Singing

☐ None of the above

C: Recreation

Number of times you did the activity in the last 4 weeks:

Swimming - Competitive

- ☐ None
- ☒ Once
- ☐ 2-3 times in 4 weeks
- ☐ Once a week
- ☐ 2-3 times a week
- ☐ 4-5 times a week
- ☐ Everyday

Average time per episode:

Hours

Minutes

1 ▾

▾

C: Recreation

Number of times you did the activity in the last 4 weeks:

Swimming - Leisure

- ☐ None
- ☒ Once
- ☐ 2-3 times in 4 weeks
- ☐ Once a week
- ☐ 2-3 times a week
- ☐ 4-5 times a week
- ☐ Everyday

Average time per episode:

Hours

Minutes

1 ▾

▾

C: Recreation

Number of times you did the activity in the last 4 weeks:

Walking - Backpacking or Mountain Climbing

- ☐ None
- ☒ Once
- ☐ 2-3 times in 4 weeks
- ☐ Once a week
- ☐ 2-3 times a week
- ☐ 4-5 times a week
- ☐ Everyday

Average time per episode:

Hours

Minutes

1 ▾

▾

C: Recreation

Number of times you did the activity in the last 4 weeks:

Walking - Walking for pleasure

(not as a means of transport)

- ☐ None
- ☒ Once
- ☐ 2-3 times in 4 weeks
- ☐ Once a week
- ☐ 2-3 times a week
- ☐ 4-5 times a week
- ☐ Everyday

Average time per episode:

Hours

Minutes

1 ▾

▾

C: Recreation

Number of times you did the activity in the last 4 weeks:

Cycling - Racing or rough terrain cycling

- ☐ None
- ☒ Once
- ☐ 2-3 times in 4 weeks
- ☐ Once a week
- ☐ 2-3 times a week
- ☐ 4-5 times a week
- ☐ Everyday

Average time per episode:

Hours

Minutes

1 ▾

▾

C: Recreation

Number of times you did the activity in the last 4 weeks:

Cycling - Cycling for pleasure

(not as a means of transport)

- ☐ None
- ☒ Once
- ☐ 2-3 times in 4 weeks
- ☐ Once a week
- ☐ 2-3 times a week
- ☐ 4-5 times a week
- ☐ Everyday

Average time per episode:

Hours

Minutes

1 ▾

▾

C: Recreation

Number of times you did the activity in the last 4 weeks:

Running - Competitive running

- ☐ None
- ☒ Once
- ☐ 2-3 times in 4 weeks
- ☐ Once a week
- ☐ 2-3 times a week
- ☐ 4-5 times a week
- ☐ Everyday

Average time per episode:

Hours

Minutes

1 ▾

▾

C: Recreation

Number of times you did the activity in the last 4 weeks:

Running - Jogging

- ☐ None
- ☒ Once
- ☐ 2-3 times in 4 weeks
- ☐ Once a week
- ☐ 2-3 times a week
- ☐ 4-5 times a week
- ☐ Everyday

Average time per episode:

Hours

Minutes

1 ▾

▾

C: Recreation

Number of times you did the activity in the last 4 weeks:

Gardening - Mowing the lawn

- ☐ None
- ☒ Once
- ☐ 2-3 times in 4 weeks
- ☐ Once a week
- ☐ 2-3 times a week
- ☐ 4-5 times a week
- ☐ Everyday

Average time per episode:

Hours

Minutes

1 ▾

▾

C: Recreation

Number of times you did the activity in the last 4 weeks:

Gardening - Watering the lawn or garden

- ☐ None
- ☒ Once
- ☐ 2-3 times in 4 weeks
- ☐ Once a week
- ☐ 2-3 times a week
- ☐ 4-5 times a week
- ☐ Everyday

Average time per episode:

Hours

Minutes

1 ▾

▾

C: Recreation

Number of times you did the activity in the last 4 weeks:

Gardening - Digging, shovelling or chopping wood

- ☐ None
- ☒ Once
- ☐ 2-3 times in 4 weeks
- ☐ Once a week
- ☐ 2-3 times a week
- ☐ 4-5 times a week
- ☐ Everyday

Average time per episode:

Hours

Minutes

1 ▾

▾

C: Recreation

Number of times you did the activity in the last 4 weeks:

Gardening - Weeding or pruning

- ☐ None
- ☒ Once
- ☐ 2-3 times in 4 weeks
- ☐ Once a week
- ☐ 2-3 times a week
- ☐ 4-5 times a week
- ☐ Everyday

Average time per episode:

Hours

Minutes

1 ▾

▾

C: Recreation

Number of times you did the activity in the last 4 weeks:

DIY (e.g. home or car maintenance)

- ☐ None
- ☒ Once
- ☐ 2-3 times in 4 weeks
- ☐ Once a week
- ☐ 2-3 times a week
- ☐ 4-5 times a week
- ☐ Everyday

Average time per episode:

Hours

Minutes

1 ▾

▾

C: Recreation

Number of times you did the activity in the last 4 weeks:

Other household activities (e.g. vacuuming)

- ☐ None
- ☒ Once
- ☐ 2-3 times in 4 weeks
- ☐ Once a week
- ☐ 2-3 times a week
- ☐ 4-5 times a week
- ☐ Everyday

Average time per episode:

Hours

Minutes

1 ▾

▾

C: Recreation

Number of times you did the activity in the last 4 weeks:

Aerobics - High impact

- ☐ None
- ☒ Once
- ☐ 2-3 times in 4 weeks
- ☐ Once a week
- ☐ 2-3 times a week
- ☐ 4-5 times a week
- ☐ Everyday

Average time per episode:

Hours

Minutes

1 ▾

▾

C: Recreation

Number of times you did the activity in the last 4 weeks:

Aerobics - Other types of aerobics

- ☐ None
- ☒ Once
- ☐ 2-3 times in 4 weeks
- ☐ Once a week
- ☐ 2-3 times a week
- ☐ 4-5 times a week
- ☐ Everyday

Average time per episode:

Hours

Minutes

1 ▾

▾

C: Recreation

Number of times you did the activity in the last 4 weeks:

Exercise with weights

- ☐ None
- ☒ Once
- ☐ 2-3 times in 4 weeks
- ☐ Once a week
- ☐ 2-3 times a week
- ☐ 4-5 times a week
- ☐ Everyday

Average time per episode:

Hours

Minutes

1 ▾

▾

C: Recreation

Number of times you did the activity in the last 4 weeks:

Conditioning exercises (e.g. bike/rowing machine)

- ☐ None
- ☒ Once
- ☐ 2-3 times in 4 weeks
- ☐ Once a week
- ☐ 2-3 times a week
- ☐ 4-5 times a week
- ☐ Everyday

Average time per episode:

Hours

Minutes

1 ▾

▾

C: Recreation

Number of times you did the activity in the last 4 weeks:

Floor exercises (e.g. yoga or Pilates)

- ☐ None
- ☒ Once
- ☐ 2-3 times in 4 weeks
- ☐ Once a week
- ☐ 2-3 times a week
- ☐ 4-5 times a week
- ☐ Everyday

Average time per episode:

Hours

Minutes

1 ▾

▾

C: Recreation

Number of times you did the activity in the last 4 weeks:

Football, Rugby or Hockey

- ☐ None
- ☒ Once
- ☐ 2-3 times in 4 weeks
- ☐ Once a week
- ☐ 2-3 times a week
- ☐ 4-5 times a week
- ☐ Everyday

Average time per episode:

Hours

Minutes

1 ▾

▾

C: Recreation

Number of times you did the activity in the last 4 weeks:

Cricket

- ☐ None
- ☒ Once
- ☐ 2-3 times in 4 weeks
- ☐ Once a week
- ☐ 2-3 times a week
- ☐ 4-5 times a week
- ☐ Everyday

Average time per episode:

Hours

Minutes

1 ▾

▾

C: Recreation

Number of times you did the activity in the last 4 weeks:

Rowing

- ☐ None
- ☒ Once
- ☐ 2-3 times in 4 weeks
- ☐ Once a week
- ☐ 2-3 times a week
- ☐ 4-5 times a week
- ☐ Everyday

Average time per episode:

Hours

Minutes

1 ▾

▾

C: Recreation

Number of times you did the activity in the last 4 weeks:

Netball, Volleyball or Basketball

- ☐ None
- ☒ Once
- ☐ 2-3 times in 4 weeks
- ☐ Once a week
- ☐ 2-3 times a week
- ☐ 4-5 times a week
- ☐ Everyday

Average time per episode:

Hours

Minutes

1 ▾

▾

C: Recreation

Number of times you did the activity in the last 4 weeks:

Tennis or Badminton

- ☐ None
- ☒ Once
- ☐ 2-3 times in 4 weeks
- ☐ Once a week
- ☐ 2-3 times a week
- ☐ 4-5 times a week
- ☐ Everyday

Average time per episode:

Hours

Minutes

1 ▾

▾

C: Recreation

Number of times you did the activity in the last 4 weeks:

Squash

- ☐ None
- ☒ Once
- ☐ 2-3 times in 4 weeks
- ☐ Once a week
- ☐ 2-3 times a week
- ☐ 4-5 times a week
- ☐ Everyday

Average time per episode:

Hours

Minutes

1 ▾

▾

C: Recreation

Number of times you did the activity in the last 4 weeks:

Table Tennis

- ☐ None
- ☒ Once
- ☐ 2-3 times in 4 weeks
- ☐ Once a week
- ☐ 2-3 times a week
- ☐ 4-5 times a week
- ☐ Everyday

Average time per episode:

Hours

Minutes

1 ▾

▾

C: Recreation

Number of times you did the activity in the last 4 weeks:

Bowling- indoor, lawn or 10 pin

- ☐ None
- ☒ Once
- ☐ 2-3 times in 4 weeks
- ☐ Once a week
- ☐ 2-3 times a week
- ☐ 4-5 times a week
- ☐ Everyday

Average time per episode:

Hours

Minutes

1 ▾

▾

C: Recreation

Number of times you did the activity in the last 4 weeks:

Golf

- ☐ None
- ☒ Once
- ☐ 2-3 times in 4 weeks
- ☐ Once a week
- ☐ 2-3 times a week
- ☐ 4-5 times a week
- ☐ Everyday

Average time per episode:

Hours

Minutes

1 ▾

▾

C: Recreation

Number of times you did the activity in the last 4 weeks:

Fishing

- ☐ None
- ☒ Once
- ☐ 2-3 times in 4 weeks
- ☐ Once a week
- ☐ 2-3 times a week
- ☐ 4-5 times a week
- ☐ Everyday

Average time per episode:

Hours

Minutes

1 ▾

▾

C: Recreation

Number of times you did the activity in the last 4 weeks:

Dancing

- ☐ None
- ☒ Once
- ☐ 2-3 times in 4 weeks
- ☐ Once a week
- ☐ 2-3 times a week
- ☐ 4-5 times a week
- ☐ Everyday

Average time per episode:

Hours

Minutes

1 ▾

▾

C: Recreation

Number of times you did the activity in the last 4 weeks:

Horse-riding

- ☐ None
- ☒ Once
- ☐ 2-3 times in 4 weeks
- ☐ Once a week
- ☐ 2-3 times a week
- ☐ 4-5 times a week
- ☐ Everyday

Average time per episode:

Hours

Minutes

1 ▾

▾

C: Recreation

Number of times you did the activity in the last 4 weeks:

Sailing, Wind-Surfing or Boating

- ☐ None
- ☒ Once
- ☐ 2-3 times in 4 weeks
- ☐ Once a week
- ☐ 2-3 times a week
- ☐ 4-5 times a week
- ☐ Everyday

Average time per episode:

Hours

Minutes

1 ▾

▾

C: Recreation

Number of times you did the activity in the last 4 weeks:

Martial arts, boxing or wrestling

- ☐ None
- ☒ Once
- ☐ 2-3 times in 4 weeks
- ☐ Once a week
- ☐ 2-3 times a week
- ☐ 4-5 times a week
- ☐ Everyday

Average time per episode:

Hours

Minutes

1 ▾

▾

C: Recreation

Number of times you did the activity in the last 4 weeks:

Physically-active computer games

- ☐ None
- ☒ Once
- ☐ 2-3 times in 4 weeks
- ☐ Once a week
- ☐ 2-3 times a week
- ☐ 4-5 times a week
- ☐ Everyday

Average time per episode:

Hours

Minutes

1 ▾

▾

C: Recreation

Number of times you did the activity in the last 4 weeks:

Ice/roller skating

- ☐ None
- ☒ Once
- ☐ 2-3 times in 4 weeks
- ☐ Once a week
- ☐ 2-3 times a week
- ☐ 4-5 times a week
- ☐ Everyday

Average time per episode:

Hours

Minutes

1 ▾

▾

C: Recreation

Number of times you did the activity in the last 4 weeks:

Skiing or Snowboarding

- ☐ None
- ☒ Once
- ☐ 2-3 times in 4 weeks
- ☐ Once a week
- ☐ 2-3 times a week
- ☐ 4-5 times a week
- ☐ Everyday

Average time per episode:

Hours

Minutes

1 ▾

▾

C: Recreation

Number of times you did the activity in the last 4 weeks:

Snooker, Billiards or Darts

- ☐ None
- ☒ Once
- ☐ 2-3 times in 4 weeks
- ☐ Once a week
- ☐ 2-3 times a week
- ☐ 4-5 times a week
- ☐ Everyday

Average time per episode:

Hours

Minutes

1 ▾

▾

C: Recreation

Number of times you did the activity in the last 4 weeks:

Musical Instrument Playing or Singing

- ☐ None
- ☒ Once
- ☐ 2-3 times in 4 weeks
- ☐ Once a week
- ☐ 2-3 times a week
- ☐ 4-5 times a week
- ☐ Everyday

Average time per episode:

Hours

Minutes

1 ▾

▾

C: Recreation

You should have tried to classify all the activities you did in the previous list.

Did you do any activities that have no similarity with those listed?

☒ Yes

☐ No

C: Recreation

Other 1:

Number of times you did the activity in the last 4 weeks:

- ☒ Once
☐ 2-3 times in 4 weeks
☐ Once a week
☐ 2-3 times a week
☐ 4-5 times a week
☐ Everyday

Average time per episode:

Hours

Minutes

1 ▾

▾

Do you want to add another activity?

- ☒ Yes ☐ No

C: Recreation

Other 2:

Number of times you did the activity in the last 4 weeks:

- ☒ Once
☐ 2-3 times in 4 weeks
☐ Once a week
☐ 2-3 times a week
☐ 4-5 times a week
☐ Everyday

Average time per episode:

Hours

Minutes

1 ▾

▾

Do you want to add another activity?

- ☒ Yes ☐ No

C: Recreation

Other 3:

Number of times you did the activity in the last 4 weeks:

- ☒ Once
☐ 2-3 times in 4 weeks
☐ Once a week
☐ 2-3 times a week
☐ 4-5 times a week
☐ Everyday

Average time per episode:

Hours

Minutes

1 ▾

▾

Do you want to add another activity?

- ☒ Yes ☐ No

C: Recreation

Other 4:

Number of times you did the activity in the last 4 weeks:

- ☒ Once
☐ 2-3 times in 4 weeks
☐ Once a week
☐ 2-3 times a week
☐ 4-5 times a week
☐ Everyday

Average time per episode:

Hours

Minutes

1 ▾

▾

Do you want to add another activity?

- ☒ Yes ☐ No

C: Recreation

Other 5:

Number of times you did the activity in the last 4 weeks:

- ☒ Once
- ☐ 2-3 times in 4 weeks
- ☐ Once a week
- ☐ 2-3 times a week
- ☐ 4-5 times a week
- ☐ Everyday

Average time per episode:

Hours

Minutes

1 ▾

▾

Comments

Please do NOT close your browser before you press the SUBMIT button otherwise your questionnaire will not be received. Please note that it might take a few seconds for your answers to be saved, so please wait until you see a message that you have completed the questionnaire.

Would you like to add any comments? You can leave this blank.

Please make sure that you have logged out before closing the browser

Thank you

**You have now completed the Physical Activity
Questionnaire.**

Please click the logout button.

Introduction

Physical Activity Questionnaire: 2 – 5 years of age

This questionnaire asks about what your child did **yesterday** covering the time they spent sleeping, napping, eating meals, being physically active, and any other activities.

Click "Next" to continue

Did your child go to nursery or were they in the care of others **yesterday**?
e.g. child minder, grandparent, other family member, friend

- ☐ Yes, half day
- ☒ Yes, full day
- ☐ No

Sleep

When your child woke up **yesterday**, approximately how long had they slept overnight?

If your child had interrupted sleep, please estimate the time they were in their sleep environment aiming to sleep.

Hours Minutes

9

☐ Don't know

Attention!

The following questions will ask about the activities your child did at various timepoints yesterday.

For each timepoint, you will be asked to **scroll** and select from the activity list (example below). Then you will be asked the approximate time they spent doing the selected activities.

Pre-breakfast

Thinking about **yesterday**

Did your child do any of the following activities **after they woke up, before eating breakfast?**
Select all that apply.

☐ **Structured sports**
e.g. gymnastics, dancing, swimming, toddler sports clubs

☐ **Unstructured physical activity**
e.g. hide and seek, running or walking about, balance bike, soft play

☐ **Sitting activities**
e.g. reading, jigsaws, time in a pram or car

☐ **Other type of activity**

☐ **None of the above**
e.g. had breakfast straight after waking up

☐ **Don't know**
e.g. in care of others

Click "Next" to continue

Pre-breakfast

Thinking about **yesterday**

Did your child do any of the following activities **after they woke up, before eating breakfast?**

Select **all** that apply.

- ☒ **Structured sports**
e.g. gymnastics, dancing, swimming, toddler sports clubs
- ☒ **Unstructured physical activity**
e.g. hide and seek, running or walking about, balance bike, soft play
- ☒ **Sitting activities**
e.g. reading, jigsaws, time in a pram or car
- ☒ **Other** type of activity
- ☐ **None** of the above
e.g. had breakfast straight after waking up
- ☐ **Don't know**
e.g. in care of others

Please enter the approximate time your child spent doing the activity **after they woke up, before eating breakfast.**

Structured Sports

e.g. gymnastics, dancing, swimming, toddler sports clubs

Hours Minutes

1	
---	--

Please enter the approximate time your child spent doing the activity **after they woke up, before eating breakfast.**

Unstructured Activity

e.g. hide and seek, running or walking about, balance bike, soft play

Hours Minutes

1	
---	--

Please enter the approximate time your child spent doing the activity **after they woke up, before eating breakfast.**

Sitting Activities

e.g. reading, jigsaws, time in a pram or car

Hours Minutes

<input type="text" value="1"/>	<input type="text"/>
--------------------------------	----------------------

Please enter the approximate time your child spent doing the activity **after they woke up, before eating breakfast.**

Other Activity 1:

<input type="text" value="Other"/>	
Hours	Minutes
<input type="text" value="1"/>	<input type="text"/>

Did your child do any other activities that you have not already reported **after they woke up, before eating breakfast?**

- ☒ Yes
☐ No

Please enter the approximate time your child spent doing the activity **after they woke up, before eating breakfast.**

Other Activity 2:

Other

Hours

Minutes

1

Breakfast

How long did your child spend **eating breakfast yesterday?**

Hours Minutes

☐ Don't know

Morning nap

Did your child nap before lunch **yesterday**?

- ☒ Yes
- ☐ No
- ☐ Don't know (e.g. in the care of others)

Before morning nap

Thinking about **yesterday**

Did your child do any of the following activities between **breakfast** and their **morning nap**?

Select **all** that apply.

☒ **Structured sports**

e.g. gymnastics, dancing, swimming, toddler sports clubs

☒ **Unstructured physical activity**

e.g. hide and seek, running or walking about, balance bike, soft play

☒ **Sitting activities**

e.g. reading, jigsaws, time in a pram or car

☒ **Other** type of activity

☐ **None** of the above

e.g. had morning nap straight after breakfast

☐ **Don't know**

e.g. in care of others

Please enter the approximate time your child spent doing the activity between **breakfast** and their **morning nap**.

Structured Sports

e.g. gymnastics, dancing, swimming, toddler sports clubs

Hours Minutes

<input type="text" value="1"/>	<input type="text"/>
--------------------------------	----------------------

Please enter the approximate time your child spent doing the activity between **breakfast** and their **morning nap**.

Unstructured Activity

e.g. hide and seek, running or walking about, balance bike, soft play

Hours Minutes

<input type="text" value="1"/>	<input type="text"/>
--------------------------------	----------------------

Please enter the approximate time your child spent doing the activity between **breakfast** and their **morning nap**.

Sitting Activities

e.g. reading, jigsaws, time in a pram or car

Hours Minutes

<input type="text" value="1"/>	<input type="text"/>
--------------------------------	----------------------

Please enter the approximate time your child spent doing the activity between **breakfast** and their **morning nap**.

Other Activity 1:

<input type="text" value="Other"/>	
Hours	Minutes
<input type="text" value="1"/>	<input type="text"/>

Did your child do any other activities that you have not already reported between **breakfast** and their **morning nap**?

- ☒ Yes
☐ No

Please enter the approximate time your child spent doing the activity between **breakfast** and their **morning nap**.

Other Activity 2:

Hours

Minutes

Morning nap

How long did your child spend **napping** in the morning **yesterday**?

Hours Minutes

☐ Don't know

After morning nap

Thinking about **yesterday**

Did your child do any of the following activities between their **morning nap** and **lunch**?

Select **all** that apply.

- ☒ **Structured sports**
e.g. gymnastics, dancing, swimming, toddler sports clubs
- ☒ **Unstructured physical activity**
e.g. hide and seek, running or walking about, balance bike, soft play
- ☒ **Sitting activities**
e.g. reading, jigsaws, time in a pram or car
- ☒ **Other** type of activity
- ☐ **None** of the above
e.g. had lunch straight after morning nap
- ☐ **Don't know**
e.g. in care of others

Please enter the approximate time your child spent doing the activity between their **morning nap** and **lunch**.

Structured Sports

e.g. gymnastics, dancing, swimming, toddler sports clubs

Hours Minutes

1	
---	--

Please enter the approximate time your child spent doing the activity between their **morning nap** and **lunch**.

Unstructured Activity

e.g. hide and seek, running or walking about, balance bike, soft play

Hours Minutes

1	
---	--

Please enter the approximate time your child spent doing the activity between their **morning nap** and **lunch**.

Sitting Activities

e.g. reading, jigsaws, time in a pram or car

Hours Minutes

<input type="text" value="1"/>	<input type="text"/>
--------------------------------	----------------------

Please enter the approximate time your child spent doing the activity between their **morning nap** and **lunch**.

Other Activity 1:

<input type="text" value="Other"/>	
Hours	Minutes
<input type="text" value="1"/>	<input type="text"/>

Did your child do any other activities that you have not already reported between their **morning nap** and **lunch**?

- ☒ Yes
☐ No

Please enter the approximate time your child spent doing the activity between their **morning nap** and **lunch**.

Other Activity 2:

<input type="text" value="Other"/>	
Hours	Minutes
<input type="text" value="1"/>	<input type="text"/>

Morning

Thinking about **yesterday**

Did your child do any of the following activities between **breakfast** and **lunch**?

Select ***all*** that apply.

- ☐ **Structured sports**
e.g. gymnastics, dancing, swimming, toddler sports clubs
- ☐ **Unstructured physical activity**
e.g. hide and seek, running or walking about, balance bike, soft play
- ☐ **Sitting activities**
e.g. reading, jigsaws, time in a pram or car
- ☐ **Other** type of activity
- ☐ **None** of the above
- ☐ **Don't know**
e.g. in care of others

Please enter the approximate time your child spent doing the activity between **breakfast** and **lunch**.

Structured Sports

e.g. gymnastics, dancing, swimming, toddler sports clubs

Hours Minutes

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Please enter the approximate time your child spent doing the activity between **breakfast** and **lunch**.

Unstructured Activity

e.g. hide and seek, running or walking about, balance bike, soft play

Hours Minutes

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Please enter the approximate time your child spent doing the activity between **breakfast** and **lunch**.

Sitting Activities

e.g. reading, jigsaws, time in a pram or car

Hours Minutes

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Please enter the approximate time your child spent doing the activity between **breakfast** and **lunch**.

Other Activity 1:

Hours

Minutes

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Did your child do any other activities that you have not already reported between **breakfast** and **lunch**?

☐ Yes

☐ No

Please enter the approximate time your child spent doing the activity between **breakfast** and **lunch**.

Other Activity 2:

Hours

Minutes

Lunch

How long did your child spend **eating lunch yesterday**?

Hours Minutes

1	
---	--

☐ Don't know

Afternoon nap

Did your child nap between lunch and their evening meal **yesterday**?

- ☒ Yes
- ☐ No
- ☐ Don't know (e.g. in the care of others)

Before afternoon nap

Thinking about **yesterday**

Did your child do any of the following activities between **lunch** and their **afternoon nap**?

Select **all** that apply.

☒ **Structured sports**

e.g. gymnastics, dancing, swimming, toddler sports clubs

☒ **Unstructured physical activity**

e.g. hide and seek, running or walking about, balance bike, soft play

☒ **Sitting activities**

e.g. reading, jigsaws, time in a pram or car

☒ **Other** type of activity

☐ **None** of the above

e.g. had afternoon nap straight after lunch

☐ **Don't know**

e.g. in care of others

Please enter the approximate time your child spent doing the activity between **lunch** and their **afternoon nap**.

Structured Sports

e.g. gymnastics, dancing, swimming, toddler sports clubs

Hours

Minutes

Please enter the approximate time your child spent doing the activity between **lunch** and their **afternoon nap**.

Unstructured Activity

e.g. hide and seek, running or walking about, balance bike, soft play

Hours Minutes

1	
---	--

Please enter the approximate time your child spent doing the activity between **lunch** and their **afternoon nap**.

Sitting Activities

e.g. reading, jigsaws, time in a pram or car

Hours Minutes

<input type="text" value="1"/>	<input type="text"/>
--------------------------------	----------------------

Please enter the approximate time your child spent doing the activity between **lunch** and their **afternoon nap**.

Other Activity 1:

<input type="text" value="Other"/>	
Hours	Minutes
<input type="text" value="1"/>	<input type="text"/>

Did your child do any other activities that you have not already reported between **lunch** and their **afternoon nap**?

- ☒ Yes
☐ No

Please enter the approximate time your child spent doing the activity between **lunch** and their **afternoon nap**.

Other Activity 2:

<input type="text" value="Other"/>	
Hours	Minutes
<input type="text" value="1"/>	<input type="text"/>

Afternoon nap

How long did your child spend **napping** in the afternoon **yesterday**?

Hours Minutes

<input type="text" value="1"/>	<input type="text"/>
--------------------------------	----------------------

☐ Don't know

After afternoon nap

Thinking about **yesterday**

Did your child do any of the following activities between their **afternoon nap** and their **evening meal**?

Select **all** that apply.

☒ **Structured sports**

e.g. gymnastics, dancing, swimming, toddler sports clubs

☒ **Unstructured physical activity**

e.g. hide and seek, running or walking about, balance bike, soft play

☒ **Sitting activities**

e.g. reading, jigsaws, time in a pram or car

☒ **Other** type of activity

☐ **None** of the above

e.g. had evening meal straight after afternoon nap

☐ **Don't know**

e.g. in care of others

Please enter the approximate time your child spent doing the activity between their **afternoon nap** and their **evening meal**.

Structured Sports

e.g. gymnastics, dancing, swimming, toddler sports clubs

Hours Minutes

<input type="text" value="1"/>	<input type="text"/>
--------------------------------	----------------------

Please enter the approximate time your child spent doing the activity between their **afternoon nap** and their **evening meal**.

Unstructured Activity

e.g. hide and seek, running or walking about, balance bike, soft play

Hours Minutes

<input type="text" value="1"/>	<input type="text"/>
--------------------------------	----------------------

Please enter the approximate time your child spent doing the activity between their **afternoon nap** and their **evening meal**.

Sitting Activities

e.g. reading, jigsaws, time in a pram or car

Hours Minutes

<input type="text" value="1"/>	<input type="text"/>
--------------------------------	----------------------

Please enter the approximate time your child spent doing the activity between their **afternoon nap** and their **evening meal**.

Other Activity 1:

<input type="text" value="Other"/>	
Hours	Minutes
<input type="text" value="1"/>	<input type="text"/>

Did your child do any other activities that you have not already reported between their **afternoon nap** and their **evening meal**?

- ☒ Yes
☐ No

Please enter the approximate time your child spent doing the activity between their **afternoon nap** and their **evening meal**.

Other Activity 2:

Hours

Minutes

Afternoon

Thinking about **yesterday**

Did your child do any of the following activities between **lunch** and their **evening meal**?

Select ***all*** that apply.

- ☐ **Structured sports**
e.g. gymnastics, dancing, swimming, toddler sports clubs
- ☐ **Unstructured physical activity**
e.g. hide and seek, running or walking about, balance bike, soft play
- ☐ **Sitting activities**
e.g. reading, jigsaws, time in a pram or car
- ☐ **Other** type of activity
- ☐ **None** of the above
- ☐ **Don't know**
e.g. in care of others

Please enter the approximate time your child spent doing the activity between **lunch** and their **evening meal**.

Structured Sports

e.g. gymnastics, dancing, swimming, toddler sports clubs

Hours Minutes

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Please enter the approximate time your child spent doing the activity between **lunch** and their **evening meal**.

Unstructured Activity

e.g. hide and seek, running or walking about, balance bike, soft play

Hours Minutes

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Please enter the approximate time your child spent doing the activity between **lunch** and their **evening meal**.

Sitting Activities

e.g. reading, jigsaws, time in a pram or car

Hours Minutes

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Please enter the approximate time your child spent doing the activity between **lunch** and their **evening meal**.

Other Activity 1:

Hours

Minutes

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Did your child do any other activities that you have not already reported between **lunch** and their **evening meal**?

☐ Yes

☐ No

Please enter the approximate time your child spent doing the activity between **lunch** and their **evening meal**.

Other Activity 2:

Hours

Minutes

Evening meal

How long did your child spend **eating their evening meal**?

Hours Minutes

1	
---	--

☐ Don't know

Evening

Thinking about **yesterday**

Did your child do any of the following activities between their **evening meal** and **bedtime**?

Select ***all*** that apply.

- ☒ **Structured sports**
e.g. gymnastics, dancing, swimming, toddler sports clubs
- ☒ **Unstructured physical activity**
e.g. hide and seek, running or walking about, balance bike, soft play
- ☒ **Sitting activities**
e.g. reading, jigsaws, time in a pram or car
- ☒ **Other** type of activity
- ☐ **None** of the above
e.g. went straight to bed after evening meal
- ☐ **Don't know**
e.g. in care of others

Please enter the approximate time your child spent doing the activity between their **evening meal** and **bedtime**.

Structured Sports

e.g. gymnastics, dancing, swimming, toddler sports clubs

Hours Minutes

1	
---	--

Please enter the approximate time your child spent doing the activity between their **evening meal** and **bedtime**.

Unstructured Activity

e.g. hide and seek, running or walking about, balance bike, soft play

Hours Minutes

1	
---	--

Please enter the approximate time your child spent doing the activity between their **evening meal** and **bedtime**.

Sitting Activities

e.g. reading, jigsaws, time in a pram or car

Hours Minutes

<input type="text" value="1"/>	<input type="text"/>
--------------------------------	----------------------

Please enter the approximate time your child spent doing the activity between their **evening meal** and **bedtime**.

Other Activity 1:

<input type="text" value="Other"/>	
Hours	Minutes
<input type="text" value="1"/>	<input type="text"/>

Did your child do any other activities that you have not already reported between their **evening meal** and **bedtime**?

- ☒ Yes
☐ No

Please enter the approximate time your child spent doing the activity between their **evening meal** and **bedtime**.

Other Activity 2:

Hours

Minutes

Comments

Please do NOT close your browser before you press the SUBMIT button otherwise your questionnaire will not be received. Please note that it might take a few seconds for your answers to be saved, so please wait until you see a message that you have completed the questionnaire.

Would you like to add any comments? You can leave this blank.

Please make sure that you have logged out before closing the browser

Thank you

You have now completed the Physical Activity Questionnaire.

Please click the logout button.