

CHILDREN'S PHYSICAL ACTIVITY QUESTIONNAIRE (C-PAQ)

Parent Questionnaire

Your child's name:

Your child's date of birth (dd/mm/yy): / /

Are you the child's: mother / father / guardian / other

Please note: - this questionnaire will take approximately 10 minutes to complete

- please answer the questions in relation to the child named above

- please **complete every line** in the questionnaire

For further information, please contact:

Which of the following PHYSICAL activities did your child do in the PAST 7 DAYS?

Please complete this questionnaire for the following days: to

Did your CHILD do the following activities in the past 7 days?		MONDAY – FRIDAY		SATURDAY – SUNDAY	
		How many times Mon–Fri?	Total hours/minutes Mon-Fri?	How many times Sat-Sun?	Total hours/minutes Sat-Sun?
EXAMPLE: Bike riding	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	2	40 mins	1	15 mins
SPORTS ACTIVITIES					
Aerobics	No <input type="checkbox"/> Yes <input type="checkbox"/>				
Baseball/softball	No <input type="checkbox"/> Yes <input type="checkbox"/>				
Basketball/volleyball	No <input type="checkbox"/> Yes <input type="checkbox"/>				
Cricket	No <input type="checkbox"/> Yes <input type="checkbox"/>				
Dancing	No <input type="checkbox"/> Yes <input type="checkbox"/>				
Football	No <input type="checkbox"/> Yes <input type="checkbox"/>				
Gymnastics	No <input type="checkbox"/> Yes <input type="checkbox"/>				
Hockey (field or ice)	No <input type="checkbox"/> Yes <input type="checkbox"/>				
Martial arts	No <input type="checkbox"/> Yes <input type="checkbox"/>				
Netball	No <input type="checkbox"/> Yes <input type="checkbox"/>				
Rugby	No <input type="checkbox"/> Yes <input type="checkbox"/>				

Did your CHILD do the following activities in the past 7 days?		MONDAY – FRIDAY		SATURDAY – SUNDAY	
		How many times Mon–Fri?	Total hours/minutes Mon-Fri?	How many times Sat- Sun?	Total hours/minutes Sat- Sun?
Running or jogging	No Yes				
Swimming lessons	No Yes				
Swimming for fun	No Yes				
Tennis/badminton/squash/ other racquet sport	No Yes				
LEISURE TIME ACTIVITIES					
Bike riding (not school travel)	No Yes				
Bounce on the trampoline	No Yes				
Bowling	No Yes				
Household chores	No Yes				
Play in a play house	No Yes				
Play on playground equipment	No Yes				
Play with pets	No Yes				
Rollerblading/roller-skating	No Yes				
Scooter	No Yes				

Did your CHILD do the following activities in the past 7 days?		MONDAY – FRIDAY		SATURDAY – SUNDAY	
		How many times Mon–Fri?	Total hours/minutes Mon-Fri?	How many times Sat- Sun?	Total hours/minutes Sat- Sun?
Skateboarding	No Yes				
Skiing, snowboarding, sledging	No Yes				
Skipping rope	No Yes				
Tag	No Yes				
Walk the dog	No Yes				
Walk for exercise/hiking	No Yes				
ACTIVITIES AT SCHOOL					
Physical education class	No Yes				
Travel by walking to school (to and from school = 2 times)	No Yes				
Travel by cycling to school (to and from school = 2 times)	No Yes				
OTHER please state:	No Yes				

Did your CHILD do the following activities in the past 7 days?		MONDAY-FRIDAY Total hours/minutes	SATURDAY-SUNDAY Total hours/minutes
EXAMPLE: Watching TV/videos	No <input type="radio"/> Yes <input checked="" type="radio"/>	15hrs	6hrs 30mins
Art & craft (eg. pottery, sewing, drawing, painting)	No <input type="radio"/> Yes <input type="radio"/>		
Doing homework	No <input type="radio"/> Yes <input type="radio"/>		
Imaginary play	No <input type="radio"/> Yes <input type="radio"/>		
Listen to music	No <input type="radio"/> Yes <input type="radio"/>		
Play indoors with toys	No <input type="radio"/> Yes <input type="radio"/>		
Playing board games / cards	No <input type="radio"/> Yes <input type="radio"/>		
Playing computer games (e.g. playstation / gameboy)	No <input type="radio"/> Yes <input type="radio"/>		
Playing musical instrument	No <input type="radio"/> Yes <input type="radio"/>		
Reading	No <input type="radio"/> Yes <input type="radio"/>		
Sitting talking	No <input type="radio"/> Yes <input type="radio"/>		
Talk on the phone	No <input type="radio"/> Yes <input type="radio"/>		
Travel by car / bus to school (to and from school)	No <input type="radio"/> Yes <input type="radio"/>		

Did your CHILD do the following activities in the past 7 days?		MONDAY-FRIDAY Total hours/minutes	SATURDAY-SUNDAY Total hours/minutes
Using computer / internet	No Yes		
Watching TV/videos	No Yes		
Other (please state):	No Yes		