

YOUTH PHYSICAL ACTIVITY QUESTIONNAIRE (Y-PAQ)

Your name:

Your date of birth (dd/mm/yy): / /

Important: - we are interested in what activities **you** did during the past week

- there are no right and wrong answers – **this is not a test**
- please answer all questions as honestly and accurately as you can
- please **complete every line** in the questionnaire

For further information, please contact:

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

Please complete this questionnaire for the following days: to

Did you 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="radio"/> Yes <input checked="" type="radio"/>	2	40 mins	1	15 mins
SPORTS ACTIVITIES					
Aerobics	No <input type="radio"/> Yes <input type="radio"/>				
Baseball/softball	No <input type="radio"/> Yes <input type="radio"/>				
Basketball/volleyball	No <input type="radio"/> Yes <input type="radio"/>				
Cricket	No <input type="radio"/> Yes <input type="radio"/>				
Dancing	No <input type="radio"/> Yes <input type="radio"/>				
Football	No <input type="radio"/> Yes <input type="radio"/>				
Gymnastics	No <input type="radio"/> Yes <input type="radio"/>				
Hockey (field or ice)	No <input type="radio"/> Yes <input type="radio"/>				
Martial arts	No <input type="radio"/> Yes <input type="radio"/>				
Netball	No <input type="radio"/> Yes <input type="radio"/>				
Rugby	No <input type="radio"/> Yes <input type="radio"/>				

Did you 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				
Trampolining	No Yes				
Bowling	No Yes				
Household chores	No Yes				
Play on playground equipment	No Yes				
Play with pets / horse riding	No Yes				
Rollerblading/roller-skating	No Yes				
Scooter	No Yes				
Skateboarding	No Yes				

Did you 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?
Skiing, snowboarding, sledging	No Yes				
Skipping rope	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 you do the following activities during your free time in the past 7 days?		MONDAY-FRIDAY Total hours/minutes	SATURDAY-SUNDAY Total hours/minutes
EXAMPLE: Watching TV/videos	No <input checked="" type="radio"/> Yes	15hrs	6hrs 30mins

Did you do the following activities during your free time in the past 7 days?		MONDAY-FRIDAY Total hours/minutes	SATURDAY-SUNDAY Total hours/minutes
Art & craft (eg. pottery, sewing, drawing, painting)	No Yes		
Doing homework	No Yes		
Listen to music	No Yes		
Play indoors with toys	No Yes		
Playing board games / cards	No Yes		
Playing computer games (e.g. playstation / gameboy)	No Yes		
Playing musical instrument	No Yes		
Reading	No Yes		
Sitting talking	No Yes		
Talk on the phone	No Yes		
Travel by car / bus to school (to and from school)	No Yes		
Using computer / internet	No Yes		
Watching TV / videos	No Yes		

Did you do the following activities during your free time in the past 7 days ?		MONDAY-FRIDAY Total hours/minutes	SATURDAY-SUNDAY Total hours/minutes
Other (please state): 	No Yes		