

National Diet and Nutrition Survey

Physical Activity Questionnaire (NDNS PAQ)

Is the participant 16 and over?

- Yes
 No

Click "Next" to continue

What is the participant's age in years (at date of main visit)?

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

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

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

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

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

Breakfast

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

Hours Minutes

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

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"/>
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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"/>
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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"/>
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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:

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

Morning nap

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

Hours Minutes

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

<input type="text" value="1"/>	<input type="text"/>
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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	
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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"/>
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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"/>
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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"/>
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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"/>
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Please enter the approximate time your child spent doing the activity between **breakfast** and **lunch**.

Other Activity 1:

Enter name of activity

Hours

Minutes

--	--

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:

Enter name of activity

Hours

Minutes

Lunch

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

Hours Minutes

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

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

1	
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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:

Other	
Hours	Minutes
1	

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

Other Activity 1:

Other	
Hours	Minutes
1	

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:

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

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

Other Activity 1:

Enter name of activity

Hours

Minutes

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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:

Enter name of activity

Hours

Minutes

Evening meal

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

Hours Minutes

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

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

<input type="text" value="1"/>	<input type="text"/>
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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"/>
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Please enter the approximate time your child spent doing the activity between their **evening meal** and **bedtime**.

Other Activity 1:

Other	
Hours	Minutes
1	

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:

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

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.