

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: 01473 718193

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	Yes	2	40 mins	1	15 mins
SPORTS ACTIVITIES						
Aerobics	No	Yes				
Baseball/softball	No	Yes				
Basketball/volleyball	No	Yes				
Cricket	No	Yes				
Dancing	No	Yes				
Football	No	Yes				
Gymnastics	No	Yes				
Hockey (field or ice)	No	Yes				
Martial arts	No	Yes				
Netball	No	Yes				
Rugby	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?
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 Yes <input type="checkbox"/> <input checked="" type="checkbox"/>	15hrs	6hrs 30mins
Art & craft (eg. pottery, sewing, drawing, painting)	No Yes <input type="checkbox"/> <input type="checkbox"/>		
Doing homework	No Yes <input type="checkbox"/> <input type="checkbox"/>		
Imaginary play	No Yes <input type="checkbox"/> <input type="checkbox"/>		
Listen to music	No Yes <input type="checkbox"/> <input type="checkbox"/>		
Play indoors with toys	No Yes <input type="checkbox"/> <input type="checkbox"/>		
Playing board games / cards	No Yes <input type="checkbox"/> <input type="checkbox"/>		
Playing computer games (e.g. playstation / gameboy)	No Yes <input type="checkbox"/> <input type="checkbox"/>		
Playing musical instrument	No Yes <input type="checkbox"/> <input type="checkbox"/>		
Reading	No Yes <input type="checkbox"/> <input type="checkbox"/>		
Sitting talking	No Yes <input type="checkbox"/> <input type="checkbox"/>		
Talk on the phone	No Yes <input type="checkbox"/> <input type="checkbox"/>		
Travel by car / bus to school (to and from school)	No Yes <input type="checkbox"/> <input type="checkbox"/>		

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		