

My child and physical activity

Does your child usually take part in any physical activity not organized by your school such as biking, dancing, sports or games ...

	Yes	No	I don't know
12. ... after school (between 3-6 pm)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. ... weeknights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. ... weekends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	None	Less than 30 min	30 min	1 hour	1 hour and 30 min	2 hours	3 hours or more	I don't know
15. On most days , how much physical activity does your child take part in?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

About you and your home

Yesterday, how many times did **you** eat/consume ...

	None	1	2	3	4	5	6	7 or more
16. ... fruits fresh, cooked, frozen, canned or dried, etc.? (Do not count: fruit juice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. ... vegetables cooked, frozen or raw?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. ... candy, sweets, chips or fries?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. ... pop, flavoured water, sports drinks, energy drinks, Slushies®, etc.?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Last week, how many times did you eat ...

20. ... at a fast food place or restaurant with your child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. ... breakfast?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. ... dinner (evening meal) with your child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. **Last week**, on how many days were you **very** physically active (doing activities that make you breathe hard and sweat), such as running, biking, playing sports, etc. for at least 30 minutes?

	None	1 day	2 days	3 days	4 days	5 days	6 days	7 days
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. How often are **you** physically active with **your child**, playing active games, sports or physical activities?

- Never Often (3-5 times weekly)
 Rarely (less than 1 time weekly) Very often (daily)
 Sometimes (1-2 times weekly) I'm not sure

On most days (except for working hours) how much time do **you** spend:

	None	Less than 30 min	30 min	1 hour	1 hour and 30 min	2 hours	3 hours or more	I don't know
25. In front of a screen (TV/movies, video games, computer, texting)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Reading (not for work)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Doing leisure activities (crafting, singing, listening to music, playing piano, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Being physically active (running, walking, swimming, sports, yard work, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Volunteering	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. Do you or any people you live with smoke or use tobacco? Yes No

31. Are people allowed to smoke inside your home? Yes No

32. Are people allowed to smoke inside your family's vehicle? Yes No

33. Are you aware of any of the following:

	No	Yes, but I do not know much about it	Yes, I know about it	Yes, I know about it and found it useful
a) Canada's Food Guide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Canada's Physical Activity Guide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) The Wellness movement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) The "Healthier Food and Nutrition in Public Schools" policy (Policy 711)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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