

## Physical Activity Questionnaire for Children (PAQ-C)

We are trying to find out about your level of physical activity from the last 7 days (in the last week). This includes sports or dance that make you sweat or make your legs feel tired, or games that make you breathe hard, like tag, skipping, running, climbing, and others.

### 1. Physical activity in your spare time: Have you done any of the following activities in the past 7 days (last week)? If yes, how many times?

	No	1-2	3-4	5-6	7 times or more
Skipping					
Rowing/canoeing					
In-line skating					
Tag					
Walking for exercise					
Bicycling					
Jogging or running					
Aerobics					
Swimming					
Baseball, softball					
Dance					
American Football					
Badminton					
Skateboarding					
Soccer					
Street hockey					
Volleyball					
Floor hockey					
Basketball					
Ice skating					
Cross-country skiing					
Ice hockey					
Other:					

### 2. In the last 7 days, during your physical education (PE) classes, how often were you very active (playing hard, running, jumping, throwing)? (Select one option only)

I don't do PE	
Hardly ever	
Sometimes	
Quite often	
Always	

### 3. In the last 7 days, what did you normally do at lunch (besides eating lunch)? (Select one option only)

Sat down (talking, reading, doing schoolwork)	
Stood around or walked around	
Ran or played a little bit	
Ran around and played quite a bit	
Ran and played hard most of the time	

### 4. In the last 7 days, on how many days right after school, did you do sports, dance, or play games in which you were very active? (Select one option only)

None	
1 time last week	
2 or 3 times last week	
4 times last week	
5 times last week	

### 5. In the last 7 days, on how many evenings did you do sports, dance, or play games in which you were very active? (Select one option only)

None	
1 time last week	
2 or 3 times last week	

4 or 5 times last week	
6 or 7 times last week	

6. On the last weekend, how many times did you do sports, dance, or play games in which you were very active? (Select one option only)

None	
1 time last week	
2 or 3 times last week	
4 or 5 times last week	
6 or more times	

7. Which one of the following describes you best for the last 7 days? Read all 5 statements before deciding on the one answer that describes you

All or most of my free time was spent doing things that involve little physical effort	
I sometimes (1-2 times last week) did physical things in my free time (e.g. played sports, went running, swimming, bike riding, did aerobics)	
I often (3-4 times last week) did physical things in my free time	
I quite often (5-6 times last week) did physical things in my free time	
I very often (7 or more times last week) did physical things in my free time	

8. Mark how often you did physical activity (like playing sports, games, doing dance, or any other physical activity) for each day last week.

	None	Little bit	Medium	Often	Very often
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

9. Were you sick last week, or did anything prevent you from doing your normal physical activities? (Select one option)

Yes	
No	

10. If Yes, what prevented you?

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