

APPENDIX D

QUESTIONNAIRE FOR EXTRACURRICULAR

PHYSICAL ACTIVITY QUESTIONNAIRE (PAQ) MANUAL

by Kowalski, K., et.al (1997)

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 dances that make you sweat or make your legs feel tired, or games that make you breathe hard, like tag, skipping, running, climbing, and others.

Remember:

1. There are no right and wrong answers - this is not a test.
 2. Please answer all the questions as honestly and accurately as you can - this is very important.
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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? (Tick only one per row.)

	No	1-2	3-4	5-6	7 times or more
Skipping					
Walking for exercise					
Bicycling					
Jogging or running					
Aerobics					
Swimming					
Baseball, softball					
Dance					
Football					
Badminton					
Skateboarding					
Volleyball					
Hockey					
Basketball					
Others					

2. In the last 7 days, during your physical education (PE) classes, how often were you very active (playing hard, running, jumping, throwing)? (Check one only.)
- I don't do PE -----
 - Hardly ever -----
 - Sometimes-----
 - Quite often-----
 - Always-----
3. In the last 7 days, what did you do most of the time at recess? (Check one 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, what did you normally do at lunch (besides eating lunch)? (Check one 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-----
5. In the last 7 days, on how many days right after school, did you do sport, dance, or play games in which you were very active? (Check one only.)
- None-----
 - 1 time last week -----
 - 2 or 3 times last week-----
 - 4 times last week -----
 - 5 times last week-----
6. In the last 7 days, on how many evenings did you do sports, dance, or play games in which you were very active? (Check one only.)
- None -----
 - 1 time last week-----
 - 2 or 3 times last week-----
 - 4 or 5 times last week-----
 - 6 to 7 times last week-----

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

- None -----
- 1 time-----
- 2 - 3 times-----
- 4 - 5 times-----
- 6 or more times-----

8. Which one of the following describes you best for the last 7 days? Read all five 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---

9. 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					

10. Were you sick last week, or did anything prevent you from doing your normal Physical activities (Check one)

- Yes
- No

If Yes, What prevented you? _____

APPENDIX E
QUESTIONNAIRE FOR FAMILY ENVIRONMENT
Family Cohesion by Moos, R. H. (1974)

We are trying to find out about your level of cohesive family environment. Please answer all the questions as honestly and accurately as you can - this is very important

S. No	CONTENT	Mostly True	Mostly False
1	Family members really help and support one another.		
2	We often seem to be killing time at home.		
3	We put a lot of energy into what we do at home.		
4	There is a feeling of togetherness in our family.		
5	We rarely volunteer when something has to be done at home.		
6	Family members really back each other up.		
7	There is little group spirit in our family.		
8	We really get along well with each other.		
9	There is plenty of time and attention for everyone in our family.		

APPENDIX F
QUESTIONNAIRE FOR DINING HABITS

Children's Version of the eating Attitude test by Garner et.al., 1982

Instructions: Please place an x index the word which best applies to the statement below

S. No	Content	Always	Very often	Often	Sometimes	Rarely	Never
1	I am scared about being overweight	(3)	(2)	(1)	(0)	(0)	(0)
2	I stay away from eating when I am hunger	(3)	(2)	(1)	(0)	(0)	(0)
3	I think about food a lot of the time	(3)	(2)	(1)	(0)	(0)	(0)
4	I have gone on eating binges where I feel that I might not be able to stop	(3)	(2)	(1)	(0)	(0)	(0)
5	I cut my food into small pieces	(3)	(2)	(1)	(0)	(0)	(0)
6	I am aware of the energy (calorie) content in foods that I eat	(3)	(2)	(1)	(0)	(0)	(0)
7	I try to stay away from foods such as breads, potatoes, and rice.	(3)	(2)	(1)	(0)	(0)	(0)
8	I feel that others would like me to eat more	(3)	(2)	(1)	(0)	(0)	(0)
9	I vomit after I have eaten	(3)	(2)	(1)	(0)	(0)	(0)
10	I feel very guilty after eating	(3)	(2)	(1)	(0)	(0)	(0)
11	I think a lot about wanting to be thinner	(3)	(2)	(1)	(0)	(0)	(0)
12	I think about burning up energy (calories) when I exercise	(3)	(2)	(1)	(0)	(0)	(0)
13	Other people think I am too thin	(3)	(2)	(1)	(0)	(0)	(0)
14	I think a lot about having fat on my body	(3)	(2)	(1)	(0)	(0)	(0)
15	I take longer than others to eat my meals	(3)	(2)	(1)	(0)	(0)	(0)
16	I stay away from foods with sugar in them	(3)	(2)	(1)	(0)	(0)	(0)
17	I eat diet foods	(3)	(2)	(1)	(0)	(0)	(0)
18	I think that foods control my life	(3)	(2)	(1)	(0)	(0)	(0)
19	I can show self control around food	(3)	(2)	(1)	(0)	(0)	(0)
20	I feel that others pressure me to eat	(3)	(2)	(1)	(0)	(0)	(0)
21	I give too much time and thought to food	(3)	(2)	(1)	(0)	(0)	(0)
22	I feel uncomfortable after eating sweets	(3)	(2)	(1)	(0)	(0)	(0)
23	I have been dieting	(3)	(2)	(1)	(0)	(0)	(0)
24	I like my stomach to be empty	(3)	(2)	(1)	(0)	(0)	(0)
25	I enjoy trying new rich foods	(3)	(2)	(1)	(0)	(0)	(0)
26	I have the urge to vomit after eating	(3)	(2)	(1)	(0)	(0)	(0)