

## CIM of Youth Health Physical Activity & Sedentary Behaviour Module: Questions for Youth Respondents

1. Are you...?

- Male  
 Female

2. How old are you today?

- 10 years or younger       13 years       16 years       19 years or older  
 11 years       14 years       17 years  
 12 years       15 years       18 years

3. What grade are you in?

- Grade 5       Grade 7       Grade 9       Grade 11  
 Grade 6       Grade 8       Grade 10       Grade 12       I do not go to school

4. Mark how many minutes of physical activity you did on each of the past 7 days. Include physical activity during physical education class, lunch, after school, evenings, and spare time. Physical activities include skating, bike riding, running, rollerblading any other physical activities that make you sweat, breathe harder or be "out of breath."

	None	1 to 14 minutes	15 to 29 minutes	30 to 59 minutes	1 to 2 hours	More than 2 hours
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. For each of the past 7 days, mark how many hours (outside of school) you spent sitting or lying down looking at a screen. Think about the time you spent watching TV and movies, playing video games, video chatting, text messaging, or surfing internet sites like Twitter or YouTube, for example.

	None	Less than 1 hour a day	1 to 2 hours a day	More than 2 hours but less than 5 hours a day	5 or more hours a day
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. During each season in the past 12 months, how often did you participate in before-school, lunch-time, or after-school physical activities that were organized by your school? *(For example, dance clubs, intramurals, or school team sports)*

	Never	Less than once per week	1 to 3 times per week	4 or more times per week
Fall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. During each season in the past 12 months, how often did you participate in sport or physical activity outside of school for at least 15 minutes with a coach or instructor present? *(For example, sports teams, dance lessons, swim clubs, YMCA leagues, tennis or golf lessons)*

	Never	Less than once per week	1 to 3 times per week	4 or more times per week
Fall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. During each season in the past 12 months, how often did you participate in sport or physical activity for at least 15 minutes without a coach or instructor present? *(For example, going to the gym, biking, skateboarding, rollerblading, ice or road hockey, skiing, snowshoeing)*

	Never	Less than once per week	1 to 3 times per week	4 or more times per week
Fall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. During the past 7 days, how did you usually get to and from school? *(If you use two or more modes of travel, choose the one that you spend most time doing)*

To School

- Car
- School bus
- Public bus, Subway or Street car
- Walking
- Cycling
- Other active
- Other inactive

From school

- Car
- School bus
- Public bus, Subway or Street car
- Walking
- Cycling
- Other active
- Other inactive