



# HCHS/SOL- Family Lifestyle Outcomes Research

Child PA & Transportation Questionnaire (PATE)

**QXQ**

**6/19/2019**

## General Instructions

Ask participant about their child's transportation for daycare, preschool, or school

## QxQ Instructions

Select one answer for each question.

Now we would like to know about your child's transportation when going to daycare, preschool, or school.

1. Does your child go to daycare, preschool, or school?

0=No (Go to Question 4)

1=Yes

1a. If Yes, which one?

1=Daycare

2=Preschool

3=School (from grades 1-5)

2. How does your child usually **get to** daycare/preschool/school?

1=Walking

2=Cycling (herself/himself)

3=By guardians bicycle

4=By school bus and/or public transport

5=By car/motorbike

6=Other

a. If other, specify: \_\_\_\_\_

b. Time to travel to daycare/preschool/school: Hrs \_\_\_\_ Mins \_\_\_\_

[For item 2b, include travel time via any mode of transportation to school, including Other. Enter 0 for any blank time field, i.e. 00 hours 25 minutes or 01 hours 00 minutes. **If more than 59 minutes, record in hours and minutes**]

3. How does your child usually **get back** from daycare/preschool/school?

1=Walking

2=Cycling (herself/himself)

3=By guardians bicycle

4=By school bus and/or public transport

5=By car/motorbike

6=Other

a. If other, specify: \_\_\_\_\_

b. Time to travel to daycare/preschool/school: Hrs \_\_\_\_ Mins \_\_\_\_



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[For item 3b, include travel time via any mode of transportation to school, including Other. Enter 0 for any blank time field, i.e. 00 hours 25 minutes or 01 hours 00 minutes. **If more than 59 minutes, record in hours and minutes**]

In the following questions, PHYSICAL ACTIVITY includes practicing a sport or exercising, activities that the child does before and after school and that make her/him breathe harder or sweat. [Examples of physical activities are walking, cycling, playing in the playground, team sports like football and organized activities such as swimming or dance lessons.]

4. Is your child a member of a sports team or club?

0=No (Go to Question 7)

1=Yes

5. How much time does your child spend doing sports in on this team or club per week? Enter 0 for any blank time field, i.e. 00 hours 25 minutes or 01 hours 00 minutes. **If more than 59 minutes, record in hours and minutes.**

\_\_\_ \_\_\_ hours

\_\_\_ \_\_\_ minutes

6. What kind of sport does your child do on this team or club? (Select all that apply). Answer choices are:

0=No

1=Yes

- a. Cycling
- b. Football
- c. Soccer
- d. Tennis
- e. Basketball
- f. Volleyball
- g. Swimming
- h. Running
- i. Martial Arts
- j. Baseball
- k. Lacrosse
- l. Dance
- m. Gymnastics
- n. Other



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How much time does the child spend in indoor/outdoor physical activities on a typical Weekday and on a typical Weekend day. Include the amount time spent on indoor and outdoor sports club or team activities. Answer in Hours and Minutes. Enter 0 for any blank time field, i.e. 00 hours 25 minutes or 01 hours 00 minutes. **If more than 59 minutes, record in hours and minutes.**

	Typical Weekday				Typical Weekend Day							
7. Free play indoors, where s/he moves about freely	<input type="text"/>	<input type="text"/>	Hrs	<input type="text"/>	<input type="text"/>	Min	<input type="text"/>	<input type="text"/>	Hrs	<input type="text"/>	<input type="text"/>	Min
8. Play outdoors	<input type="text"/>	<input type="text"/>	Hrs	<input type="text"/>	<input type="text"/>	Min	<input type="text"/>	<input type="text"/>	Hrs	<input type="text"/>	<input type="text"/>	Min