

University of Saskatchewan - Smart Cities, Healthy Kids Research Project



**NOTE TO ALL STUDENTS:**

This is a survey with questions about youth physical activity and nutrition. Your answers will help the Smart Cities, Healthy Kids Project learn about how kids like to stay active and what may prevent them from participating in activities. The survey will take approximately 30 minutes to complete.

NBHD-SCHL		CHILD ID	
0	<input type="radio"/>	0	<input type="radio"/>
1	<input type="radio"/>	1	<input type="radio"/>
2	<input type="radio"/>	2	<input type="radio"/>
3	<input type="radio"/>	3	<input type="radio"/>
4	<input type="radio"/>	4	<input type="radio"/>
5	<input type="radio"/>	5	<input type="radio"/>
6	<input type="radio"/>	6	<input type="radio"/>
7	<input type="radio"/>	7	<input type="radio"/>
8	<input type="radio"/>	8	<input type="radio"/>
9	<input type="radio"/>	9	<input type="radio"/>

MARKING INSTRUCTIONS
<ul style="list-style-type: none"> <li>• Use an HB pencil only.</li> <li>• Do not use ink, ball point, or felt tip pens.</li> <li>• Make solid marks that fill the response completely.</li> <li>• Erase cleanly any marks you wish to change.</li> </ul>
<p>CORRECT: ●      INCORRECT: ☉ ☒ ☐ ☑</p>

01091

**DO NOT WRITE IN THIS BOX**

**Section A : About Me and My Family**

1. I am a .....  Boy       Girl
2. What grade are you in? .....  5       6       7       8
3. How old are you? .....  9       10       11       12       13       14       15

4. What is the name of your School? .....

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5. Please write your **Street Address** ..... (eg. 123 Main Street)

Please write your **Postal Code** ..... (eg. S7L1E6)

*—This information will only be used to confirm your neighborhood.*

6. Do you identify as an Aboriginal person (First Nations, Métis, Inuit)?  Yes       No
7. Where do you live most of the time?
- |  |   |
|--|---|
| <input type="radio"/> Both parents (biological or adopted) | <input type="radio"/> Other relative (Grandmother, Aunt, Uncle, etc.) |
| <input type="radio"/> Mother only                          | <input type="radio"/> Group home or Foster home                       |
| <input type="radio"/> Father only                          | <input type="radio"/> Other   |
| <input type="radio"/> Mother part time/ Father part time   |   |
8. How many brother and sisters do you have that live with you right now?
- |                            |                                 |
|----------------------------|---------------------------------|
| <input type="radio"/> None | <input type="radio"/> 1         |
| <input type="radio"/> 2    | <input type="radio"/> 3         |
| <input type="radio"/> 4    | <input type="radio"/> 5         |
| <input type="radio"/> 6    | <input type="radio"/> 7 or more |
9. What is the highest level of schooling that your father completed?
- |   |   |
|---|---|
| <input type="radio"/> Less than high school   | <input type="radio"/> Finished university         |
| <input type="radio"/> Finished high school  | <input type="radio"/> Don't know or Doesn't Apply |
| <input type="radio"/> Trade School (ex., mechanic, technician, journeyman, librarian) | <input type="radio"/> Other                       |
| <input type="radio"/> Some university   |   |



- |  | Never                 | 1-2 days              | 3-4 days              | 5-6 days              | Every Day             | I have no siblings    |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 19. During a typical week, how often:  |                       |                       |                       |                       |                       |                       |
| a. Do your brother(s) and/or sister(s) encourage you to do sports or exercise?       | <input type="radio"/> |
| b. Do your brother(s) and/or sister(s) do physical activity or play sports with you? | <input type="radio"/> |

### Section C. About My Friends

- |   | Never                 | 1-2 days              | 3-4 days              | 5-6 days              | Every Day             |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 20. During a typical week, how often:   |                       |                       |                       |                       |                       |
| a. Do your friends encourage you to do sports or physical activities?                             | <input type="radio"/> |
| b. Do your friends do physical activities or play sports with you?                                | <input type="radio"/> |
| c. Do your friends or classmates tease you about not being good at physical activities or sports? | <input type="radio"/> |
| d. Do your friends ask you to walk or to bike to school or to a friend's house?                   | <input type="radio"/> |
| e. Do your friends tell you that you are doing well in physical activities or sports?             | <input type="radio"/> |
| 21. In the <b>last 30 days</b> , how often:   | <b>Never</b>          | <b>1-2 days</b>       | <b>3-4 days</b>       | <b>5-6 days</b>       | <b>Every Day</b>      |
| a. Did you see any of your friends participate in physical activity?                              | <input type="radio"/> |
| b. Did any of your friends say that physical activity was good for you?                           | <input type="radio"/> |
| c. Did any of your friends force you to be active?  | <input type="radio"/> |
| d. Did any of your friends help you to learn/improve the skills that you use to be active?        | <input type="radio"/> |
| e. Did any of your friends come to watch you when you were doing physical activity?               | <input type="radio"/> |
| f. Did any of your friends say that you were good at doing physical activity?                     | <input type="radio"/> |

22. How many of your closest friends exercise regularly?

- None
  1-2 Friends
  3-4 Friends
  5 or More Friends

**Section D: Reasons I might not be active**

23. How often have the following things kept you from being active?

	Never	Rarely	Sometimes	Often	Always
a. I felt lazy .....	<input type="radio"/>				
b. I didn't feel like it .....	<input type="radio"/>				
c. It makes me look uncool.....	<input type="radio"/>				
d. I didn't have the money .....	<input type="radio"/>				
e. The activity is not close to my home .....	<input type="radio"/>				
f. I couldn't get a ride.....	<input type="radio"/>				
g. I didn't have enough time .....	<input type="radio"/>				
h. I had too much homework.....	<input type="radio"/>				
i. It gets in the way when I want to hang out with friends.....	<input type="radio"/>				
j. I was injured .....	<input type="radio"/>				
k. The weather was bad .....	<input type="radio"/>				
l. The equipment was broken .....	<input type="radio"/>				
m. I had family responsibilities (ex. chores, looking after brother or sister, etc.) .....	<input type="radio"/>				
n. The area was not safe.....	<input type="radio"/>				
o. It was too crowded .....	<input type="radio"/>				

**Section E: About Me and Activities**

24. In an average week, when you are in school, on how many days do you go to gym classes?

1       2       3       4       5

25. In an average week, about how many hours a day, in total, do you watch TV, videos/DVDs, play video games or use the computer?

I don't have any screen time in a day     
 Less than 1 hour a day     
 1 to 2 hours a day  
 3 to 4 hours a day     
 5 to 6 hours a day     
 7 or more hours a day

26. In the **last 30 days** how often have you:

	Never	1 or 2 times	3 or 4 times	5 times or more
a. Played sports or done physical activities <b>without</b> a coach or an instructor (ex. biking, skateboarding, etc.)? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Played sports <b>with</b> a coach or instructor other than in gym class? (ex. swimming lessons, baseball, hockey, etc.)? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Taken part in dance, gymnastics, karate, or other groups or lessons other than in gym class?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Taken part in art, drama, or music groups, clubs, or lessons? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Taken part in clubs or groups such as Guides or Scouts, 4-H club, community, church or other religious groups?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Done a hobby or craft (ex. drawing, model building, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Section F: Where I go to do activities**

27. Here is a list of places where people can exercise. Which ones do you go to that are somewhere you could **walk** or **ride your bike** to easily? (Mark all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Fitness facility          | <input type="checkbox"/> Swimming Pool                                    |
| <input type="checkbox"/> Basketball court          | <input type="checkbox"/> Walking/hiking trails                            |
| <input type="checkbox"/> Bike lane or trails       | <input type="checkbox"/> Tennis courts                                    |
| <input type="checkbox"/> Golf Course               | <input type="checkbox"/> Dance studio                                     |
| <input type="checkbox"/> Public park               | <input type="checkbox"/> Playing field (soccer, football, softball, etc.) |
| <input type="checkbox"/> Running track             | <input type="checkbox"/> Other  |
| <input type="checkbox"/> Skating rink/outdoor rink | <input type="checkbox"/> There are no places close to my house            |

28. For the places that you marked in **Question 27**, how often would you walk or bike to these places in a typical month?

- Once a month                       2-4 times a month                       5 or more times a month

29. How long does it take you to walk to the closest park from your house?

- Less than 5 mins                       5-10 mins                       10-20 mins                       More than 20 mins

30. In the **last 30 days**, how often have you walked or biked to school?

- Never     Two to four times a week  
 Once a week                                       Every day

31. When you didn't walk or bike to school was it because (Mark as many reasons as apply) ...

- |  |  |
|--|--|
| <input type="checkbox"/> School is too far from my house               | <input type="checkbox"/> I take the bus instead                          |
| <input type="checkbox"/> I didn't have time                            | <input type="checkbox"/> I was sick or injured and couldn't walk or bike |
| <input type="checkbox"/> My parents or guardians drove me              | <input type="checkbox"/> It was not safe                                 |
| <input type="checkbox"/> The weather wasn't good for walking or biking | <input type="checkbox"/> Other - explain _____                           |

32. In a typical week, how much time do you spend walking

**Less than an hour                      About an hour                      1-5 hours                      More than 5 hours**

- |   |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. For fun (ex. just walking with friends) .....                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. To do errands(ex. going to get the mail or to the store).... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. To get someplace (ex. to the park or playground).....        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

33. How often do you walk or bike to each of the following places in a typical week?

**Never                      1-2 times                      3-4 times                      5 or more times**

- |   |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Corner store/Convenience Store .....                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Bus stop .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Library .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Church or place of worship .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Friend or relatives' house .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Restaurant .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Shopping Mall .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Grocery store .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Entertainment outlet (ex.Video store, Ruckers, Movie Theatre, etc. ) ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

34. If you answered 'Never' to any of the options in **Question 33**, mark as many of the following reasons that apply....

- It is too far from my house
- I didn't have time
- My parents or guardians drove me
- The weather wasn't good for walking or biking
- I took the bus instead
- I was sick or injured and couldn't walk or bike
- It was not safe
- Other - explain \_\_\_\_\_

35. Please fill in the circle beside each item that you have in your home, yard or apartment complex. (Mark all that apply).

- Treadmill, Stair climber, Stationary Bike
- Bicycle (for outside)
- Trampoline
- Running shoes
- Swimming Pool
- Step aerobics, Slide aerobics
- Ice Skates or Roller Blades
- Balls or Racquets
- Weight lifting equipment (ex. free weights, Nautilus, Universal)
- Snowboard
- Canoe, row boat, kayak
- Skis (snow or water)
- Basketball hoop
- Backyard rink
- Hockey nets or sticks
- Wii fit or Dance Dance revolution
- I have no equipment

36. How much do you agree with the following statements?

	<b>Strongly Disagree</b>	<b>Somewhat Disagree</b>	<b>Somewhat Agree</b>	<b>Strongly Agree</b>
a. At home there are enough supplies and pieces of sports equipment (like balls, bicycles, skates) to use for physical activity.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. It is difficult to walk or jog in my neighbourhood because of things like traffic, no sidewalks, gangs, etc. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. There are playgrounds, parks, or gyms, that are close to my home or that I can get to easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. It is safe to walk or jog in my neighbourhood during the day .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. It is safe to ride my bike on the road in my neighbourhood .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

37. Please fill in the circle beside each item on the list that is found in your neighbourhood. (Mark all that apply).

- Sidewalks
- Heavy Traffic
- Hills
- Street lights
- Dogs that are loose
- Enjoyable scenery/Parks
- Frequently see people walking or exercising
- High Crime

38. How **safe** do you feel **walking** in your neighbourhood during the day?

- Very Unsafe
- Pretty Unsafe
- Safe
- Pretty Safe
- Very Safe

39. How **safe** do you feel **riding your bike** in your neighbourhood during the day?

- Very Unsafe
- Pretty Unsafe
- Safe
- Pretty Safe
- Very Safe

40. How **safe** do you feel **crossing the street** in your neighbourhood during the day?

- Very Unsafe
- Pretty Unsafe
- Safe
- Pretty Safe
- Very Safe

41. How **easy** is it to **cross the street** in your neighbourhood during the day?

- Very hard       Pretty hard       Pretty easy       Very Easy

### **Section G: Food I eat**

42. In the **last 30 days**, how often did you eat breakfast before you came to school?

- Seldom or never       3-4 times a week  
 1-2 times a week       5 times a week

43. In the **last 30 days**, how often did you go hungry because there was not enough food?

- Never       Most of the time  
 Rarely       Always  
 Sometimes

44. In the **last 30 days**, how many times per day did you eat fruit?

- I did not eat fruit in the last 30 days       3 times per day  
 Less than one time per day       4 times per day  
 1 time per day       5 or more times per day  
 2 times per day

45. In the **last 30 days**, how many times per day did you eat vegetables?

- I did not eat vegetables in the last 30 days       3 times per day  
 Less than one time per day       4 times per day  
 1 time per day       5 or more times per day  
 2 times per day

46. In the **last 30 days**, how many times per day did you drink pop, fruit drinks or energy drinks?

- I did not drink pop, fruit drinks or energy drinks in the last 30 days       3 times per day  
 Less than one time per day       4 times per day  
 1 time per day       5 or more times per day  
 2 times per day

47. In the **last 30 days**, how many times per day did you drink milk (including soy milk and rice milk)?

- I did not drink milk in the last 30 days       3 times per day  
 Less than one time per day       4 times per day  
 1 time per day       5 or more times per day  
 2 times per day

48. In the **last 30 days**, how many times per day did you eat food from a fast food restaurant; include food that you ordered in as take out (ex. McDonalds, KFC, Taco Time, Pizza Hut, etc.)?

- I did not eat fast food in the last 30 days       3 times per day  
 Less than one time per day       4 times per day  
 1 time per day       5 or more times per day  
 2 times per day



Code # \_\_\_\_\_

SCHK Questionnaire

49. What do you think your school can do to help kids your age become more physically active?

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50. Can you tell us what you think would make the park closest to your house better?

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51. Is there anything else you would like to share with us about being physically active?

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THE END

☺ THANK YOU FOR YOUR HELP! ☺