

Early Childhood Parent Report Physical Activity 7a

Please respond to each question or statement by marking one box per row.

In the past 7 days...

		No days	1 day	2-3 days	4-5 days	6-7 days
PAC_M_008_PXR1_ec	How many days was your child so physically active that he/she sweated?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
PAC_M_009_PXR1ec1r	How many days did your child play so hard that he/she got physically exhausted?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
PAC_M_009_PXR1ec2	How many days did your child play so hard that he/she fell asleep early?..	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
PAC_M_009_PXR1ec3	How many days did your child play so hard that he/she needed an extra or longer nap?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
PAC_M_011_PXR1_ec	How many days did your child play so hard that he/she felt tired?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
PAC_M_134_PXR1ec30	How many days did your child do vigorous physical activities for 30 minutes or more?	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E

In the past 7 days...

		Not at all	A little bit	Somewhat	Quite a bit	Very much
PAC_M_066_PXR1_ec	On a usual day, how physically active was your child?	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E