

## Pediatric Physical Activity – Short Form 8a

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_009R1	How many days did you exercise or play so hard that your body got tired?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
PAC_M_105R1	How many days did you exercise <u>really hard</u> for 10 minutes or more?..	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
PAC_M_002R1	How many days did you exercise so much that you breathed hard?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
PAC_M_008R1	How many days were you so physically active that you sweated? ..	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
PAC_M_010R1	How many days did you exercise or play so hard that your muscles burned?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
PAC_M_011R1	How many days did you exercise or play so hard that you felt tired? ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
PAC_M_114R1	How many days were you physically active for 10 minutes or more?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
PAC_M_134R1	How many days did you run for 10 minutes or more?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5