

## Parent Proxy 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_009_PXR1	How many days did your child exercise or play so hard that his/her 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_105_PXR1	How many days did your child 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_002_PXR1	How many days did your child exercise so much that he/she breathed hard? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
PAC_M_008_PXR1	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_010_PXR1	How many days did your child exercise or play so hard that his/her muscles burned? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
PAC_M_011_PXR1	How many days did your child exercise or 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_114_PXR1	How many days was your child 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_134_PXR1	How many days did your child 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