

## Family Inventory

Thank you very much for taking the time to fill out this questionnaire for your child. We are interested in understanding what opportunities your child has to develop physical literacy at home. Physical literacy is a term used to describe a person's competence and confidence to perform a variety of physical activities in a number of environments. Your answers to this questionnaire will not influence your child's grades or education, and all of your answers will remain anonymous.

All of the questions asked pertain to **your grade 4 or 5 child**. Please answer all of the survey questions with only **this child** in mind.

### Section 1 – Information on Parents and Household

1. Are you:  Male  Female
2. How old are you: \_\_\_\_\_ years
3. How many adult caregivers live with this child?  
 1  
 2  
 3 or more (Eg. a grandparent, mother and father all live in the same home and care for the child)
4. How many children live in your home? Please list the age of each child.  
Number of children: \_\_\_\_\_ Ages: \_\_\_\_\_
5. Can you estimate your household income (before taxes) from 2011?  
\$ \_\_\_\_\_

### Section 2 – Thoughts on your child's physical activity

1. How important is it to you for your child to be physically active EVERY day?  

|               |                    |                |
|---------------|--------------------|----------------|
| 1             | 2                  | 3              |
| Not important | Somewhat Important | Very Important |
2. How many minutes per day of moderate-vigorous activity do you think that your child needs? (check one)  
 15  30  45  60  90  More than 90

## Section 2 – Information on Parent’s Physical Activity

1. During a typical **7-Day period** (a week), how many times on the average do you do the following kinds of exercise for **more than 15 minutes** during your free time? (write the appropriate number on each line)

**a) STRENUOUS EXERCISE (HEART BEATS RAPIDLY)** \_\_\_\_\_

(e.g., running, jogging, hockey, football, soccer, squash, basketball, cross country skiing, judo, roller skating, vigorous swimming, vigorous long distance bicycling)

**b) MODERATE EXERCISE (NOT EXHAUSTING)** \_\_\_\_\_

(e.g., fast walking, baseball, tennis, easy bicycling, volleyball, badminton, easy swimming, alpine skiing, popular and folk dancing)

**c) MILD EXERCISE (MINIMAL EFFORT)** \_\_\_\_\_

(e.g., yoga, archery, fishing from river bank, bowling, horseshoes, golf, snow-mobiling, easy walking)

2. During a typical **7-Day period** (a week), in your leisure time, how often do you engage in any regular activity **long enough to work up a sweat** (heart beats rapidly)? (Check one)

- OFTEN       SOMETIMES       NEVER/RARELY

## Section 3 – Measuring Your Child's Physical Activity

**Physical Activity is any activity that increases your child's heart rate and makes your child get out of breath some of the time.**

**Physical Activity can be done in sports, playing with friends, or walking to school. Some examples of physical activity are running, brisk walking, rollerblading, biking, dancing, skateboarding, swimming, soccer, basketball, football, and surfing.**

Add up the time your child spends in physical activity each day (do not include school physical education or gym class). Circle the answer that best applies to your child.

**1. For the past seven days, how many days was your child physically active for a total of at least 60 minutes per day?**

0 days 1      2      3      4      5      6      7

**2. Over a **typical** or usual week on how many days is your child physically active for a total of at least 60 minutes per day?**

0 days 1      2      3      4      5      6      7

**3. Outside of school, how many days per week does your child play or practice team sports?**

0 days 1      2      3      4      5      6      7

**4. Outside of school, how many days per week does your child have activity training or instruction not in a team sport (e.g., martial arts, dance, tennis)**

0 days 1      2      3      4      5      6      7

**5. Do you have a family membership to a health club or gym?      Yes      No**

**6. Do you have a family membership to a public/private/community pool? Yes      No**

## Information on your child’s participation in organized sport and transportation to these events

- a) We are interested in knowing how often your child is involved in **organized sport practices, games or performances** in the community, and how often he or she receives transportation to these events from various people.

For a TYPICAL week, please answer how many times your child participates in the below activities, and how many times your child is transported to the activity by walking/biking or by being driven by someone. If your child participates in these sports but does so through school programming, please do not mark those down here. (See example)

| Activity                                    | How often child participates each week: | How often your child is transported to the activity by various means: |                               |  |  |
|---|---|---|-------------------------------|--|--|
|   |   | Child Transports him/herself by walking/ biking, etc to activity.     | I transport child to activity | Someone else from our household transports child | Someone else from outside our household transports child |
| <i>Eg. Archery lessons</i>                  | <u>3</u>                                | <b>0</b>  | <b>2</b>                      | <b>1</b>   | <b>0</b>   |
| Dance lessons or performances               | _____                                   |   |                               |  |  |
| Figure or Power skating lessons             | _____                                   |   |                               |  |  |
| Football practice or game                   | _____                                   |   |                               |  |  |
| Golf lessons/games                          | _____                                   |   |                               |  |  |
| Hockey practice/game                        | _____                                   |   |                               |  |  |
| Skiing/snowboarding lessons or competitions | _____                                   |   |                               |  |  |
| Softball/Baseball practice/game             | _____                                   |   |                               |  |  |
| Swimming Lessons, practices or competitions | _____                                   |   |                               |  |  |
| Tennis Practice                             | _____                                   |   |                               |  |  |
| Track and Field Practice                    | _____                                   |   |                               |  |  |
| Other – specify:<br>_____                   | _____                                   |   |                               |  |  |
| Other – specify:<br>_____                   | _____                                   |   |                               |  |  |

1 b) How far is the walk/drive to the sporting facilities you just checked off, in kilometers? (If there are many activities that you drive to, average the distances)

- 0-5 km     
  6-20 km     
  21-50 km     
  51 km or more

c) If one of these activities occurs a long distance away (ie, you have to drive to another town or city for games and/or practices regularly), please indicate the activity, the distance in kilometers, and how often you drive there.

Activity: \_\_\_\_\_

Distance: \_\_\_\_\_ km

How often do you drive there (round-trip)? \_\_\_\_\_ times/week

2. How often is your child active in the following places? Please circle the answer that best applies to your child.

|   | Never | Once a month or less | Once every other week | Once a week or more |             |
|---|-------|----------------------|-----------------------|---------------------|-------------|
| 1 Inside our home   | 0     | 1                    | 2                     | 3                   |             |
| 2 In our yard   | 0     | 1                    | 2                     | 3                   | No yard     |
| 3 In our driveway   | 0     | 1                    | 2                     | 3                   | No driveway |
| 4 At a neighbor's house, yard or driveway                     | 0     | 1                    | 2                     | 3                   |             |
| 5 In a local street, cul de sac (dead end street), vacant lot | 0     | 1                    | 2                     | 3                   |             |

3. Please fill out the below table on other physical activity involvements and habits:

|   | Never                    | 1 x month                | 2 x Month                | Once a Week              | Twice or more a week     |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>1a</b> How often does your child do other <b>non-organized</b> recreational activities such as going to the park, lake, tobogganing, etc and <b>walks/bikes there?</b>                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>1b</b> How often <b>do you drive</b> your child to these activities?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>1c</b> How far is the drive to these areas, in kilometers? (If there are many activities that you drive to, please average the distances). If you do not drive your child, please write "N/A"          | _____ km                 |                          |                          |                          |                          |
| <b>1d</b> How often does your child get driven to these activities <b>by other people?</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>2a</b> How often are YOU physically active with this child?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>2b</b> What type of activities do you do together?   | _____<br>_____           |                          |                          |                          |                          |
| <b>3</b> How often do you or your child's other caregiver coach your child's sports teams?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>4</b> How often do you attend your child's sporting events or practices?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>5</b> How often do you encourage your child to be active in recreational activities with his or her siblings or friends?<br><i>Eg., "Why don't you call Jimmy up and play catch in the back yard?"</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>6</b> IF you own a dog, how often does your child walk your dog? <input type="checkbox"/> Check here and skip if you do not own a dog  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>7</b> Outside of school hours, how often does your child participate in physical activities with his or her best friend?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Equipment Checklist

For the following non-portable electronic devices, please count the total number in your home that work, whether or not you use them. Please then tell us how many of these are in your child's bedroom (if any)

|   |  | Total number<br>in home | Number in<br>child's<br>bedroom |
|---|--|-------------------------|---------------------------------|
| 1 | TV   | _____                   | _____                           |
| 2 | VCR or DVD player  | _____                   | _____                           |
| 3 | Digital TV recorders (eg TiVo)                                 | _____                   | _____                           |
| 4 | Music players (e.g. radio, CD player, stereo system)           | _____                   | _____                           |
| 5 | Desktop computer <u>without</u> internet access                | _____                   | _____                           |
| 6 | Desktop computer <u>with</u> internet access                   | _____                   | _____                           |
| 7 | Video game player that hooks up to a TV (eg Playstation, xbox) | _____                   | _____                           |
| 8 | Telephone (non-cell phone)                                     | _____                   | _____                           |

Please tell us how many of the following portable electronic devices your child has access to (if any). Please write the total number in the space provided.

|   |   | Total number |
|---|---|--------------|
| 1 | Music player (MP3 player, iPod, etc)            | _____        |
| 2 | Hand held videogame player (PSP, game boy, etc) | _____        |
| 3 | Computer <u>with</u> internet access            | _____        |
| 4 | Computer <u>without</u> internet access         | _____        |
| 5 | Cell phone                                      | _____        |

## Section 4 – Home Environment

Please indicate if you have the following items in your home, yard, or apartment complex, and if you have them, how often your child uses each item. Please circle the answer that best applies to your child.

|           |   | Not available | Available but never use | Available and uses once a month or less | Available and uses once every other week | Available and uses once a week or more |
|-----------|---|---------------|-------------------------|---|--|--|
| <b>1</b>  | Bike  | 0             | 1                       | 2                                       | 3  | 4                                      |
| <b>2</b>  | Basketball hoop   | 0             | 1                       | 2                                       | 3  | 4                                      |
| <b>3</b>  | Jump Rope   | 0             | 1                       | 2                                       | 3  | 4                                      |
| <b>4</b>  | Sports equipment (e.g., balls, racquets, bats, sticks)  | 0             | 1                       | 2                                       | 3  | 4                                      |
| <b>5</b>  | Swimming pool   | 0             | 1                       | 2                                       | 3  | 4                                      |
| <b>6</b>  | Roller skates, skateboard, scooter  | 0             | 1                       | 2                                       | 3  | 4                                      |
| <b>7</b>  | Fixed play equipment (e.g., swing set, play house, jungle gym)  | 0             | 1                       | 2                                       | 3  | 4                                      |
| <b>8</b>  | Home aerobic equipment (e.g., treadmill, cycle, cross trainer, stepper, rower, workout video or audiotapes)     | 0             | 1                       | 2                                       | 3  | 4                                      |
| <b>9</b>  | Weight lifting equipment, toning devices (e.g., free weights, pull up bars, exercise balls, ankle weights, etc) | 0             | 1                       | 2                                       | 3  | 4                                      |
| <b>10</b> | Water or snow equipment (e.g., skis, skates, canoe, row boat, kayak, surf board, boogie board, windsurf board)  | 0             | 1                       | 2                                       | 3  | 4                                      |
| <b>11</b> | Yoga/exercise mats  | 0             | 1                       | 2                                       | 3  | 4                                      |
| <b>12</b> | Exercise, play or rec room  | 0             | 1                       | 2                                       | 3  | 4                                      |
| <b>13</b> | Trampoline  | 0             | 1                       | 2                                       | 3  | 4                                      |
| <b>14</b> | Stairs  | 0             | 1                       | 2                                       | 3  | 4                                      |



## Section 5 – Barriers to activity in your neighborhood

Please circle the answer that best applies to your child. Do you agree or disagree with the following statements:

It is difficult for my child to be active in the local park, streets, alley ways, or cul de sacs because...

|           |  | <b>1</b>                 | <b>2</b>                 | <b>3</b>              | <b>4</b>              |
|-----------|--|--------------------------|--------------------------|-----------------------|-----------------------|
|           |  | <b>Strongly disagree</b> | <b>Somewhat disagree</b> | <b>Somewhat agree</b> | <b>Strongly agree</b> |
| <b>1</b>  | There is not enough space to be active in  | 1                        | 2                        | 3                     | 4                     |
| <b>2</b>  | There is no choice of activities   | 1                        | 2                        | 3                     | 4                     |
| <b>3</b>  | There is no equipment  | 1                        | 2                        | 3                     | 4                     |
| <b>4</b>  | There is no adult supervision  | 1                        | 2                        | 3                     | 4                     |
| <b>5</b>  | There are no other children there  | 1                        | 2                        | 3                     | 4                     |
| <b>6</b>  | It is not safe because of crime (strangers, gangs, drugs)  | 1                        | 2                        | 3                     | 4                     |
| <b>7</b>  | My child gets bullied, teased, harassed  | 1                        | 2                        | 3                     | 4                     |
| <b>8</b>  | It is not safe because it is close to a road   | 1                        | 2                        | 3                     | 4                     |
| <b>9</b>  | There are too many people there  | 1                        | 2                        | 3                     | 4                     |
| <b>10</b> | It does not have good lighting   | 1                        | 2                        | 3                     | 4                     |
| <b>11</b> | It (the park) is difficult to get to (for example, freeways, rivers, hills, snow, fence lines).                              | 1                        | 2                        | 3                     | 4                     |
| <b>12</b> | There is so much traffic on our streets which makes it difficult or unpleasant for my child to go places in our neighborhood | 1                        | 2                        | 3                     | 4                     |
| <b>13</b> | The weather (rain, snow, or cold) often keeps my child from being active outside   | 1                        | 2                        | 3                     | 4                     |