

**“THE PREVENTION OF CHILDHOOD OBESITY PROJECT in
schoolchildren in Barcelona (POIBA)”**

HOW DO WE MOVE?

A questionnaire for 8- to 9-year-olds

(part II)



C S B Consorci Sanitari
de Barcelona

+B Agència
de Salut Pública

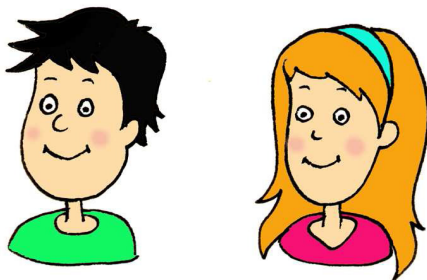
The questions in this questionnaire ask about the physical activity of girls and boys of your age. Your responses will help us to know more about schoolchildren in the city of Barcelona. Read each question very carefully.

This is not an exam, and there are no good or bad answers. All you have to do is give us your opinion, but it's very important that you say what you think and are not influenced by your classmates' answers or by the answers you think would please your teachers.

NI # _____

1. Are you a girl or a boy? Put a cross in the correct box:

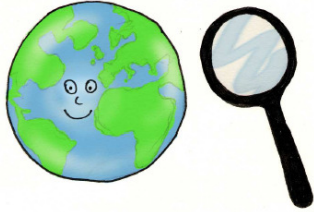
Boy Girl



2. What is your date of birth?

Day: ____ Month: _____ Year: ____

3. Mark with a cross where you were born:



Spain

Catalonia

Another place in Spain

Europe

Germany

Belgium

France

Italy

Netherlands

Portugal

United Kingdom

Romania

Another European country, where:

Africa

Algeria

Gambia

Morocco

Senegal

Another African country, where:

America

Argentina

Bolivia

Colombia

Cuba

Ecuador

United States

Peru

Dominican Republic

Another American country, where:

Asia

Philippines

Pakistan

China

Another Asian country,
where: _____

Other country, where: _____

I don't know

Mark with a cross where your parents were born:



2. 3.
Father Mother

Spain

Catalonia

Another place in Spain

Europe

Germany

Belgium

France

Italy

Netherlands

Portugal

United Kingdom

(Father) Another European country, where:

(Mother) Another European country,
where:_____

Africa

Algeria

Gambia

Morocco

Senegal

(Father) Another European country,
where:_____

(Mother) Another European country,
where:_____

America

Argentina

Colombia

Cuba

Ecuador

United States

Peru

Dominican Republic

(Father) Another European country,
where:_____

(Mother) Another European country,
where:_____

Asia

Philippines

Pakistan

China

(Father) Another European country,
where: _____

(Mother) Another European country,
where: _____

(Father) Other country,
where: _____

(Mother) Another country,
where: _____

I don't know

4. Write your address:



Type of road:

Street name:

Number:

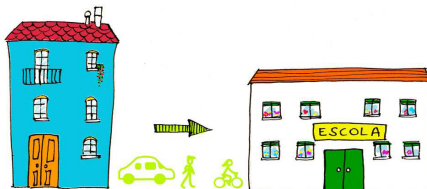
Avenue
Descent
Path
Street
Alley
Highway
Park
Passage
Walk
Square
Rambla
Round
Travesera
Via

I live outside Barcelona. Say where: _____

How do we move?

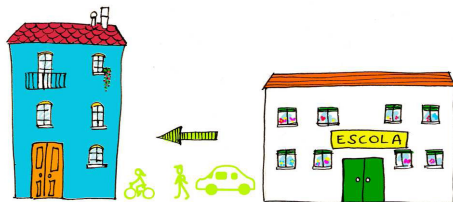
In the following questions we ask you about the physical activity you take and about some moments of your free time. Look carefully at how you have to answer each question.

HOW DO YOU GET TO AND FROM SCHOOL?



5. How do you go to school? Take into account only one way. Mark an answer:

Walking
Cycling
By public transport (bus, metro, train, etc.)
By car (parent's or someone else's car)



6. How do you get back from school? Consider only the return journey. Mark an answer:

Walking
Cycling
By public transport (bus, metro, train, etc.)
By car (parent's or someone else's car)

WHAT DO YOU DO DURING RECESS?

7. What do you do at recess? Mark an answer.

I sit (talking, reading, playing dolls, playing video games such as GameBoy®, etc.)

I play on swings or other moving games in the schoolyard

I play ball, run, skip, dance, etc.

Other. Specify _____

WHAT PHYSICAL ACTIVITY DO YOU DO?

- 8. During the past week, on how many days did you have physical education class at school? Mark an answer:**

☐ ☐ ☐ ☐

0 days

1 day

2 days

More than 2
days

- 9. Do you participate in sports activities with a coach or monitor when classes end? Mark an answer:**

(For example: football, basketball, aerobics, dance, swimming, circus, castellers, etc.).

Yes

No

If you answered "Yes" to the previous question, answer the following 2 questions. If you answered "No" go to question 12.

- 10. Which activity or activities? You can mark more than one answer:**

Soccer

Basketball

Aerobics

Dance

Swimming

Circus

Castellers

Other activity, specify: _____

- 11. On how many days a week? (Take into account ALL the days when you did one or more sports activity). Mark an answer:**

☐ ☐ ☐ ☐

1 day

2 days

3 days

4 or more

a week

a week

a week

days a week

12. During the past week, on how many days did you do other activities such as: fast walking, cycling, rollerblading, playing in the park, going on a hike, etc. in your free time? Mark an answer:



None

1 day
a week

2 or 3 days a
week

4 or more
days a week

13. What areas are near your house to go to play?

Park with children's games (swings, etc.)

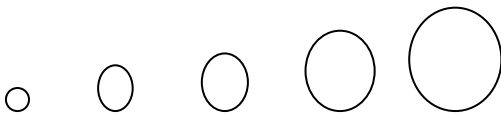
Wide space (square, park, etc.) where you can ride a bike, play ball, etc.

Others, which: _____

There are none

WHAT PHYSICAL ACTIVITY DO YOU DO WITH YOUR FAMILY?

14. Do you do sports, ride a bicycle, skate, go to the mountains, etc. with your family? Mark an answer:



Practically
never or never

Some
weekends

Every
weekend

Some days a
week

Most days

HOW DO YOU USE TV AND VIDEO GAMES?

15. 15. From Monday to Thursday, how many hours a day do you normally watch television, DVD, or play video games like Nintendo®, PlayStation®, Xbox®, GameBoy®, Nintendo DS®, etc.? Mark an answer:



None

Less than 2
hours a day

Between 2
and 4 hours a
day

More than 4
hours a day

16. From Friday to Sunday and on holidays, how many hours a day do you normally watch television, DVD, or play video games such as Nintendo®, PlayStation®, Xbox®, GameBoy®, Nintendo DS®, etc.? Mark an answer:



None

Less than 2
hours a day

Between 2
and 4 hours a
day

More than 4
hours a day

17. From Monday to Thursday, how many hours a day do you normally spend on a computer surfing the Internet, playing games, chatting with friends, etc. once classes are over? Mark an answer:



None

Less than 2
hours a day

Between 2
and 4 hours a
day

More than 4
hours a day

18. From Friday to Sunday and holidays, how many hours a day do you normally spend on a computer browsing the internet, playing games, chatting with friends, etc. once classes are over? Mark an answer:



None

Less than 2
hours a day

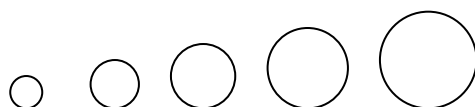
Between 2
and 4 hours a
day

Between 2
and 4 hours a
day

HOW IS YOUR HEALTH?

In the following questions we ask you for information on your health. Look carefully at how you have to answer each question:

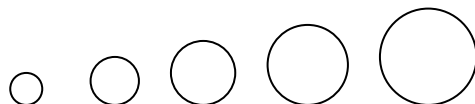
**19. During the past 4 weeks, how many times have you had a sore throat?
Mark an answer:**



Never Rarely Sometimes Usually Always



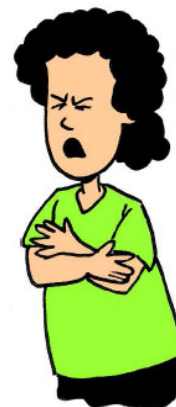
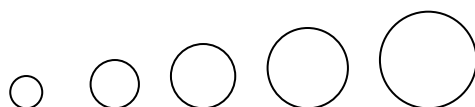
**20. During the past 4 weeks, how many times have you had severe stomach
or tummy pain? Mark an answer:**



Never Rarely Sometimes Usually Always

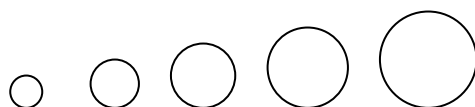


21. During the last 4 weeks, how many times have you had pain that bothered you a lot? Mark an answer:



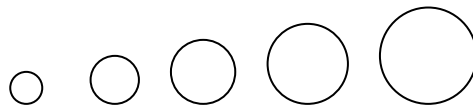
Never Rarely Sometimes Usually Always

22. During the last 4 weeks, how many times have you found it hard to breathe? Mark an answer:



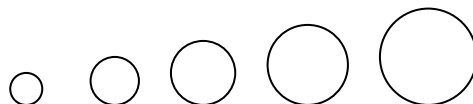
Never Rarely Sometimes Usually Always

23. During the last 4 weeks, how many times has your skin been very itchy?
Mark an answer:



Never Rarely Sometimes Usually Always

24. During the last 4 weeks, how many times have you felt very sad? Mark an answer:



Never Rarely Sometimes Usually Always

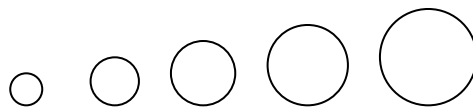
25. During the last 4 weeks, how many times have you cried a lot? Mark an answer:



Never Rarely Sometimes Usually Always



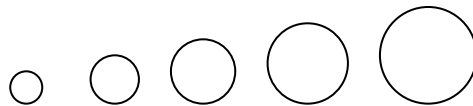
26. During the last 4 weeks, how many times have you felt worried or very worried? Mark an answer:



Never Rarely Sometimes Usually Always

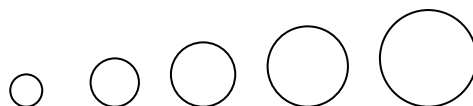


27. During the last 4 weeks, how many times have you been angry or in a bad mood? Mark an answer:



Never Rarely Sometimes Usually Always

28. During the last 4 weeks, how many times have you been afraid? Mark an answer:



Never Rarely Sometimes Usually Always

29. During the last 4 weeks, how many times have you felt so bad that you didn't want to play at home? Mark an answer:

☐☐☐☐☐

Never Rarely Sometimes Usually Always

30. During the last 4 weeks, how many times have you felt so bad that you have not been able to leave the house? Mark an answer:

☐☐☐☐☐

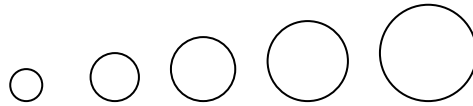
Never Rarely Sometimes Usually Always

31. How is your health? Mark an answer:



Poor Average Good Very good Excellent

32. How often have you liked being the way you are? Mark an answer:



Never Rarely Sometimes Usually Always



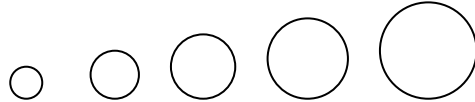
33. How often do you feel happy? Mark an answer:



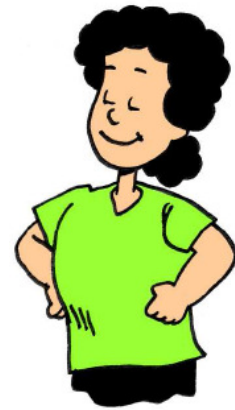
Never Rarely Sometimes Usually Always



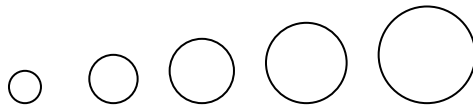
34. How often have you felt proud or very proud of yourself? Mark an answer:



Never Rarely Sometimes Usually Always



35. How often do you feel that you are loved? Mark an answer:



Never Rarely Sometimes Usually Always



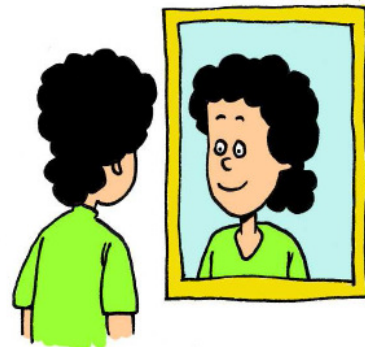
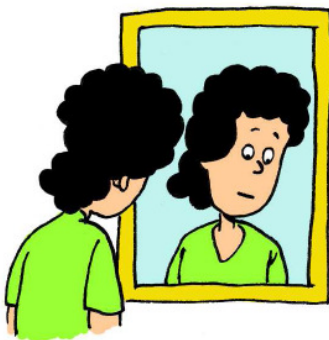
36. How often do you have a great time? Mark an answer:



☐ ☐ ☐ ☐ ☐

Never Rarely Sometimes Usually Always

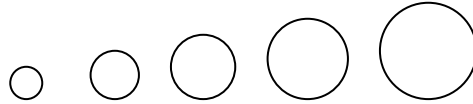
37. How often do you look very handsome or pretty? Mark an answer:



☐ ☐ ☐ ☐ ☐

Never Rarely Sometimes Usually Always

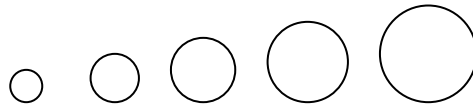
38. How often do you think you have a lot of strength? Mark an answer:



Never Rarely Sometimes Usually Always



39. How often do you feel very healthy? Mark an answer:



Never Rarely Sometimes Usually Always



THANK YOU VERY MUCH FOR YOUR HELP!