



CHILDREN'S PHYSICAL ACTIVITY QUESTIONNAIRE FOR PARENTS

This questionnaire is the part of the Erasmus+ Sport project “Athletics for Young and Teachers all over Europe (AYTOE)” with an aim to learn more about your CHILDS physical activity behaviours.

Completed questionnaires : N. 385

Section 1: Basic parent characteristics

Q1 Who will complete this questionnaire?

- Mother or other female guardian 55 %
- Father or other male guardian 35 %
- Other (*please specify*) : brother / sister 10 %

Q2 How old are you?

- under 25 years
- 25 to 34 years old 23 %
- 35 to 44 years old 59 %
- 45 to 54 years old 13 %
- 55 to 64 years old 5 %
- 65 years old or older

Q3 What is your living place?

- Matera 85 %
- Other (*please specify*) Miglionico (3) – Altamura (5) – Gravina in Puglia (5) – Santeramo in Colle (2)

Q4 Do you practice sports?

- Yes 74 %
- No 26 %

Q5 If YES, what is your main sport?

- Athletics 24 %
- Basketball 5 %
- Volleyball 3 %
- Soccer/Football 17 %
- Other: **swim** 25 %
- None 26 %

Section 2: Basic characteristics of your CHILD

Q6 What is your CHILD gender?

- Male 46 %
- Female 54 %

Q7 How old is your CHILD (years)?

- 8–10 35 %
- 10–12 32 %
- 13–14 28 %
- > 14 5 %

**Q8 What is the height of your CHILD (cm)?**

- | | |
|----------------------------------|------|
| <input type="checkbox"/> 100–120 | 33 % |
| <input type="checkbox"/> 121–140 | 30 % |
| <input type="checkbox"/> 141–160 | 27 % |
| <input type="checkbox"/> 161–180 | 6 % |
| <input type="checkbox"/> > 180 | 4 % |

Q9 What is the weight of your CHILD (kg)?

- | | |
|--------------------------------|------|
| <input type="checkbox"/> 21–30 | 0 % |
| <input type="checkbox"/> 31–40 | 11 % |
| <input type="checkbox"/> 41–50 | 53 % |
| <input type="checkbox"/> 51–60 | 28 % |
| <input type="checkbox"/> 61–70 | 5 % |
| <input type="checkbox"/> > 70 | 3 % |

Q10 Which school does your child attend:

- | | |
|--|------|
| <input type="checkbox"/> I.C. Giovanni Pascoli | 45 % |
| <input type="checkbox"/> I.C. ex V Circolo Semeria | 55 % |

Section 3: Your CHILDS physical activity**Q11 How do YOU describe YOUR CHILD weight?**

- | | |
|---|------|
| <input type="checkbox"/> Very underweight | 2 % |
| <input type="checkbox"/> Slightly underweight | 15 % |
| <input type="checkbox"/> About the right weight | 48 % |
| <input type="checkbox"/> Slightly overweight | 27 % |
| <input type="checkbox"/> Very overweight | 8 % |

Q12 Which kind of sports does your CHILD practice out of school?

- | | |
|---|------|
| <input type="checkbox"/> Athletics | 11 % |
| <input type="checkbox"/> Basketball | 18 % |
| <input type="checkbox"/> Volleyball | 21 % |
| <input type="checkbox"/> Soccer/Football | 18 % |
| <input type="checkbox"/> Other: swim | 15 % |
| <input type="checkbox"/> None (if NONE, go Q14) | 17 % |

Q13 How many years your child practice sports?

- | | |
|------------------------------|------|
| <input type="checkbox"/> 0 | 17 % |
| <input type="checkbox"/> 1-2 | 34 % |
| <input type="checkbox"/> 3-5 | 37 % |
| <input type="checkbox"/> 6-8 | 10 % |
| <input type="checkbox"/> > 8 | 2 % |

Q14 Why your CHILD do not practice sports? (lack of motivation, time, money / illness, injury and etc.)
lack of motivation (45), time (25), money / illness (27), injury (3)

Q15 What is your CHILDS relationship with the coach?

- | | |
|-----------------------------------|------|
| <input type="checkbox"/> Positive | 92 % |
| <input type="checkbox"/> Negative | 0 % |
| <input type="checkbox"/> Neutral | 8 % |



Q16 What is your CHILDS relationship with team friends (mates)?

- Positive 83 %
- Negative 7 %
- Neutral 10 %

Q17 How many days in the past 7 days your CHILD was physically active for at least 60 minutes per day?

- None 3 %
- 1 day 5 %
- 2–3 day 68 %
- 4–5 day 22 %
- 6 or more days 2 %

Q18 Is physical activity enjoyable for your CHILD?

- Never 2 %
- Sometimes 15 %
- Usually 28 %
- Always 43 %
- I do not know 12 %

Q19 Can your CHILD combine studies with sports?

- Yes 87 %
- No 13 %

Q20 In which city your CHILD practice sports?

- Matera 85 %
- Other City *Miglionico (3) – Altamura (5) – Gravina in Puglia (5) – Santeramo in Colle (2)*

Q21 How much time does your CHILD watch TV or movies, use the computer or play video games?

- My child does not watch TV or movies, use the computer or play video games. 0 %
- Less than 1 hour per day 5 %
- 1 hour per day 17 %
- 2-3 hours per day 64 %
- 4 or more hours per day 14 %

Q22 Does TV, movies, computer or video games are related to sports?

- Yes 22 %
- No 78 %

Q23 What other sports your CHILD would you like to practice?

- Athletics 23 %
- Basketball 20 %
- Volleyball 16 %
- Soccer/football 19 %
- Other : swim 22 %
- None

Q24 How many days per week do you have physical activities together with your CHILD (at least 60 minutes per day)?

- None 57 %
- 1 day 28 %
- 2–3 day 10 %
- 4–5 day 0 %



6 or more days 0 %

Q25 Do you need to motivate your CHILD to practice sports?

Yes 77 %
 No 23 %

Q26 What sports activities is missing in your city that your CHILD would like to practice?

Athletics and swimming

Q27 Did your CHILD use drugs/supplements to improve physical activity?

Yes 28 %
 No 72 %

Q28 Who recommends for your CHILD to use drugs/supplements?

Doctor 22 %
 Society 26 %
 Coach 52 %
 Other _____