

APPENDIX 5

Activity Pattern Questionnaire

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Category (to be filled in by the investigator)	Normal / Overweight / Obese
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Date of Interview :

Name of the school :

Name of the child : Std. : Div. : Roll-No.

- 1) Time of going to school :
- 2) Time of coming back from school :
- 3) Mode of transport used : Auto / Bus / Cycle / Walking / Two

Wheeler / Others

- 4) What time do you get up every day ? :
- 5) What time do you go to sleep ? :
- 6) Do you get normal sleep ? : Yes / No If no, why ?
- 7) Do you have computer at home ? : Yes / No
- 8) How do you pass your leisure time ? :

Sr. No.	Activity	Frequency				Duration
		Daily	Weekly	Some times	Never	
1	TV viewing					
2	Video games					
3	Computer games					
4	Listening to music					
5	Dance					
6	Karate					

9) List down all the activities you do after you get up for the next seven days.

Record all the activities in the slot of 30 minutes. Eg. if you get up at 6.00 then record for 6.00-6.30, 6.30-7.00, 7.00-7.30 and so on

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning From the time you get up till 12.00 noon							
Afternoon From 12.00 noon till 5.00 P.M.							
Evening From 5.00-8.00 P.M.							
Night From 8.00 P.M. till you go to bed							

10) What do you do in the recess at school ?