

# HEALTHY Study Form ST6 2-Day Physical Activity Checklist

School ID: \_\_\_\_\_

Student ID: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

SCHOOLID

STUDENTID

Grade:

6 6<sup>th</sup>

8 8<sup>th</sup>

GRADE

*Instructions: Think of each activity completed yesterday. For each physical activity, complete C using as many as needed to account for each activity. Only report one activity in each. For each other activity, complete D using as many as necessary to account for each other activity. Only report one other activity in each.*

A. PHYSICAL ACTIVITIES YESTERDAY					<input type="checkbox"/> <sub>1</sub> Tuesday	<input type="checkbox"/> <sub>2</sub> Wednesday	<input type="checkbox"/> <sub>3</sub> Thursday
<input type="checkbox"/> <sub>1</sub> Aerobics	<input type="checkbox"/> <sub>2</sub> Baseball	<input type="checkbox"/> <sub>3</sub> Basketball	<input type="checkbox"/> <sub>4</sub> Bicycling	<input type="checkbox"/> <sub>5</sub> Bowling			
<input type="checkbox"/> <sub>6</sub> Broomball	<input type="checkbox"/> <sub>7</sub> Canoeing	<input type="checkbox"/> <sub>8</sub> Cheerleading	<input type="checkbox"/> <sub>9</sub> Dance	<input type="checkbox"/> <sub>10</sub> Exercises			
<input type="checkbox"/> <sub>11</sub> Exercise machine	<input type="checkbox"/> <sub>12</sub> Football	<input type="checkbox"/> <sub>13</sub> Frisbee	<input type="checkbox"/> <sub>14</sub> Golf	<input type="checkbox"/> <sub>15</sub> Gymnastics			
<input type="checkbox"/> <sub>16</sub> Hiking	<input type="checkbox"/> <sub>17</sub> Hockey	<input type="checkbox"/> <sub>18</sub> Horse riding	<input type="checkbox"/> <sub>19</sub> Jumping rope	<input type="checkbox"/> <sub>20</sub> Kickboxing			
<input type="checkbox"/> <sub>21</sub> Lacrosse	<input type="checkbox"/> <sub>22</sub> Martial arts	<input type="checkbox"/> <sub>23</sub> Playground games	<input type="checkbox"/> <sub>24</sub> Play catch	<input type="checkbox"/> <sub>25</sub> Kid play			
<input type="checkbox"/> <sub>26</sub> Racket sports	<input type="checkbox"/> <sub>27</sub> Riding scooters	<input type="checkbox"/> <sub>28</sub> Roller blading	<input type="checkbox"/> <sub>29</sub> Running	<input type="checkbox"/> <sub>30</sub> Sailing			
<input type="checkbox"/> <sub>31</sub> Skateboarding	<input type="checkbox"/> <sub>32</sub> Skating	<input type="checkbox"/> <sub>33</sub> Skiing	<input type="checkbox"/> <sub>34</sub> Skimboarding	<input type="checkbox"/> <sub>35</sub> Sledding			
<input type="checkbox"/> <sub>36</sub> Snorkeling	<input type="checkbox"/> <sub>37</sub> Snowboarding	<input type="checkbox"/> <sub>38</sub> Snowmobile	<input type="checkbox"/> <sub>39</sub> Snowshoeing	<input type="checkbox"/> <sub>40</sub> Soccer			
<input type="checkbox"/> <sub>41</sub> Surfing	<input type="checkbox"/> <sub>42</sub> Swim laps	<input type="checkbox"/> <sub>43</sub> Swimming play	<input type="checkbox"/> <sub>44</sub> Track	<input type="checkbox"/> <sub>45</sub> Trampolineing			
<input type="checkbox"/> <sub>46</sub> Tubing	<input type="checkbox"/> <sub>47</sub> Volleyball	<input type="checkbox"/> <sub>48</sub> Walk (exercise)	<input type="checkbox"/> <sub>49</sub> Walk (transport)	<input type="checkbox"/> <sub>50</sub> Weightlifting			
<input type="checkbox"/> <sub>51</sub> Wrestling	<input type="checkbox"/> <sub>52</sub> Yoga	<input type="checkbox"/> <sub>54</sub> Indoor chore	<input type="checkbox"/> <sub>55</sub> Rake, garden	<input type="checkbox"/> <sub>56</sub> Mow lawn			
<input type="checkbox"/> <sub>57</sub> Child care	<input type="checkbox"/> <sub>62</sub> Arm training	<input type="checkbox"/> <sub>63</sub> Bee bee gun	<input type="checkbox"/> <sub>64</sub> Carry	<input type="checkbox"/> <sub>65</sub> Fighting			
<input type="checkbox"/> <sub>66</sub> Hunting	<input type="checkbox"/> <sub>67</sub> Juggling	<input type="checkbox"/> <sub>68</sub> PE	<input type="checkbox"/> <sub>69</sub> Ping pong	<input type="checkbox"/> <sub>70</sub> Pogo stick			
<input type="checkbox"/> <sub>71</sub> Punching bag	<input type="checkbox"/> <sub>72</sub> Shooting	<input type="checkbox"/> <sub>73</sub> Skate park	<input type="checkbox"/> <sub>74</sub> Stepping	<input type="checkbox"/> <sub>75</sub> Wall ball			
<input type="checkbox"/> <sub>76</sub> Boxing	<input type="checkbox"/> <sub>77</sub> Catch	<input type="checkbox"/> <sub>78</sub> Catch w/dog	<input type="checkbox"/> <sub>79</sub> Air hockey	<input type="checkbox"/> <sub>80</sub> Lifting book			
<input type="checkbox"/> <sub>81</sub> Arm wrestle	<input type="checkbox"/> <sub>82</sub> Snowball fight	<input type="checkbox"/> <sub>83</sub> Band/drill	<input type="checkbox"/> <sub>84</sub> Chopping wood	<input type="checkbox"/> <sub>85</sub> Archery			
<input type="checkbox"/> <sub>86</sub> Auto repair	<input type="checkbox"/> <sub>87</sub> Fishing						
<b>BEFORE School</b>							
Number of minutes: _____							
Amount breathing hard: <input type="checkbox"/> <sub>1</sub> None <input type="checkbox"/> <sub>2</sub> Some <input type="checkbox"/> <sub>3</sub> Most							
<b>DURING School</b>							
Number of minutes: _____							
Amount breathing hard: <input type="checkbox"/> <sub>1</sub> None <input type="checkbox"/> <sub>2</sub> Some <input type="checkbox"/> <sub>3</sub> Most							
<b>AFTER School</b>							
Number of minutes: _____							
Amount breathing hard: <input type="checkbox"/> <sub>1</sub> None <input type="checkbox"/> <sub>2</sub> Some <input type="checkbox"/> <sub>3</sub> Most							
B. OTHER ACTIVITIES YESTERDAY					<input type="checkbox"/> <sub>1</sub> Tuesday	<input type="checkbox"/> <sub>2</sub> Wednesday	<input type="checkbox"/> <sub>3</sub> Thursday
<input type="checkbox"/> <sub>58</sub> TV or video watching	<input type="checkbox"/> <sub>59</sub> Computer, internet	<input type="checkbox"/> <sub>60</sub> Video, computer games	<input type="checkbox"/> <sub>61</sub> Talking on the phone				
<b>BEFORE School</b>							
Number of minutes: _____							
<b>AFTER School</b>							
Number of minutes: _____							

DAY

ACTIVITY

MINSBFS

BREATHBFS

MINDURS

BREATHDURS

MINSAFTS

BREATHAFTS

DAY

ACTIVITY

MINSBFS

MINSAFTS



# HEALTHY Study Form ST6 2-Day Physical Activity Checklist

School ID: \_\_\_\_\_

Student ID: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

SCHOOLID

STUDENTID

*Instructions: Think of each activity completed the day before yesterday. For each physical activity, complete C using as many as needed to account for each activity. Only report one activity in each. For each other activity, complete D using as many as necessary to account for each other activity. Only report one other activity in each.*

## C. PHYSICAL ACTIVITIES DAY BEFORE YESTERDAY Monday Tuesday Wednesday

- |  |   |  |  |   |
|--|---|--|--|---|
| <input type="checkbox"/> 1 Aerobics          | <input type="checkbox"/> 2 Baseball         | <input type="checkbox"/> 3 Basketball        | <input type="checkbox"/> 4 Bicycling         | <input type="checkbox"/> 5 Bowling        |
| <input type="checkbox"/> 6 Broomball         | <input type="checkbox"/> 7 Canoeing         | <input type="checkbox"/> 8 Cheerleading      | <input type="checkbox"/> 9 Dance             | <input type="checkbox"/> 10 Exercises     |
| <input type="checkbox"/> 11 Exercise machine | <input type="checkbox"/> 12 Football        | <input type="checkbox"/> 13 Frisbee          | <input type="checkbox"/> 14 Golf             | <input type="checkbox"/> 15 Gymnastics    |
| <input type="checkbox"/> 16 Hiking           | <input type="checkbox"/> 17 Hockey          | <input type="checkbox"/> 18 Horse riding     | <input type="checkbox"/> 19 Jumping rope     | <input type="checkbox"/> 20 Kickboxing    |
| <input type="checkbox"/> 21 Lacrosse         | <input type="checkbox"/> 22 Martial arts    | <input type="checkbox"/> 23 Playground games | <input type="checkbox"/> 24 Play catch       | <input type="checkbox"/> 25 Kid play      |
| <input type="checkbox"/> 26 Racket sports    | <input type="checkbox"/> 27 Riding scooters | <input type="checkbox"/> 28 Roller blading   | <input type="checkbox"/> 29 Running          | <input type="checkbox"/> 30 Sailing       |
| <input type="checkbox"/> 31 Skateboarding    | <input type="checkbox"/> 32 Skating         | <input type="checkbox"/> 33 Skiing           | <input type="checkbox"/> 34 Skimboarding     | <input type="checkbox"/> 35 Sledding      |
| <input type="checkbox"/> 36 Snorkeling       | <input type="checkbox"/> 37 Snowboarding    | <input type="checkbox"/> 38 Snowmobile       | <input type="checkbox"/> 39 Snowshoeing      | <input type="checkbox"/> 40 Soccer        |
| <input type="checkbox"/> 41 Surfing          | <input type="checkbox"/> 42 Swim laps       | <input type="checkbox"/> 43 Swimming play    | <input type="checkbox"/> 44 Track            | <input type="checkbox"/> 45 Trampolineing |
| <input type="checkbox"/> 46 Tubing           | <input type="checkbox"/> 47 Volleyball      | <input type="checkbox"/> 48 Walk (exercise)  | <input type="checkbox"/> 49 Walk (transport) | <input type="checkbox"/> 50 Weightlifting |
| <input type="checkbox"/> 51 Wrestling        | <input type="checkbox"/> 52 Yoga            | <input type="checkbox"/> 54 Indoor chore     | <input type="checkbox"/> 55 Rake, garden     | <input type="checkbox"/> 56 Mow lawn      |
| <input type="checkbox"/> 57 Child care       | <input type="checkbox"/> 62 Arm training    | <input type="checkbox"/> 63 Bee bee gun      | <input type="checkbox"/> 64 Carry            | <input type="checkbox"/> 65 Fighting      |
| <input type="checkbox"/> 66 Hunting          | <input type="checkbox"/> 67 Juggling        | <input type="checkbox"/> 68 PE               | <input type="checkbox"/> 69 Ping pong        | <input type="checkbox"/> 70 Pogo stick    |
| <input type="checkbox"/> 71 Punching bag     | <input type="checkbox"/> 72 Shooting        | <input type="checkbox"/> 73 Skate park       | <input type="checkbox"/> 74 Stepping         | <input type="checkbox"/> 75 Wall ball     |
| <input type="checkbox"/> 76 Boxing           | <input type="checkbox"/> 77 Catch           | <input type="checkbox"/> 78 Catch w/dog      | <input type="checkbox"/> 79 Air hockey       | <input type="checkbox"/> 80 Lifting book  |
| <input type="checkbox"/> 81 Arm wrestle      | <input type="checkbox"/> 82 Snowball fight  | <input type="checkbox"/> 83 Band/drill       | <input type="checkbox"/> 84 Chopping wood    | <input type="checkbox"/> 85 Archery       |
| <input type="checkbox"/> 86 Auto repair      | <input type="checkbox"/> 87 Fishing         |  |  |   |

DAY

ACTIVITY

### BEFORE School

Number of minutes: \_\_\_\_\_

Amount breathing hard: 1 None 2 Some 3 Most

MINSBFS

BREATHBFS

### DURING School

Number of minutes: \_\_\_\_\_

Amount breathing hard: 1 None 2 Some 3 Most

MINSDURS

BREATHDURS

### AFTER School

Number of minutes: \_\_\_\_\_

Amount breathing hard: 1 None 2 Some 3 Most

MINSAFTS

BREATHAFTS

## D. OTHER ACTIVITIES DAY BEFORE YESTERDAY Monday Tuesday Wednesday

- 58 TV or video watching 59 Computer, internet 60 Video, computer games 61 Talking on the phone

DAY

ACTIVITY

### BEFORE School

Number of minutes: \_\_\_\_\_

MINSBFS

### AFTER School

Number of minutes: \_\_\_\_\_

MINSAFTS

