

## QUESTIONNAIRE FOR FAMILIES INCLUDED IN „ON THE MOVE“ PROGRAMME

Name and last name of your child: \_\_\_\_\_

Your name and last name: \_\_\_\_\_

Your e-mail address: \_\_\_\_\_

... and telephone number: \_\_\_\_\_

1. Actual child's height and weight: \_\_\_\_\_ cm \_\_\_\_\_ kg.

2. Is your child allergic? Y N

5. Does your child have any disease diagnosed and which one? \_\_\_\_\_

6. Does your child have attention deficit disorder? Y N

7. Does the pediatrician know that your child is included in „On the move“ programme? Y N

### About child's habits

8. Did your child attend any other activity before attending „On the move“ Y N

9. If yes, please note which activity (activities).  
\_\_\_\_\_

10. Which of „On the move“ sports activities does your child like most?

**Athletics**

**Gymnastics**

**Swimming**

11. Is your child happy when going on activities, does it talk about it? Y N

12. Which grade would you give your child before including in „On the move“?

**1 2 3 4 5**

13. Which grade would you give your child now?

**1 2 3 4 5**

15. Is your child more physically active during the day and week than before the programme?

Y N

16. Please, write down changes you noticed about your child during the programme „On the move“. (strenght, pliancy, coordination, friendship, socializing, helping,...)

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17. Is your child more responsible about the obligations then before „On the move“? Y N

18. Do you think that your child will want to visit any other sports programmes after „On the move“?

Y N

20. If yes, write down which.

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21. Did you notice that your child has invigorated immune system since visiting „On the move“? Y N

### Eating habits

22. Is your child allergic to any food? Y N

23. If „yes“, write which food. \_\_\_\_\_

24. Does your child have breakfast at home? Y N

25. How many times do you have breakfast together? Week \_\_\_\_\_ Weekends \_\_\_\_\_ times

26. How many times do you have your lunch together? Week \_\_\_\_\_ Weekends \_\_\_\_\_ times

27. How many times do you have dinner together? Week \_\_\_\_\_ Weekends \_\_\_\_\_ times

27. At what hour is dinner? In a week \_\_\_\_\_ On weekends \_\_\_\_\_

34. How many meals do you prepare at home for your family? 1 2 3 4

35. Which meal is the most important in your family? Breakfast Lunch Dinner Snack

36. Who prepares meals (mother, father, grandparents,..)? \_\_\_\_\_

37. Do you use oil or any other fats for cooking - which? \_\_\_\_\_

38. Do you use pork fat? Y N

39. Which food does your child like most? \_\_\_\_\_

40. Which sos/dip does your child like most? Ketchup Mayonnaise Mustard \_\_\_\_\_

41. Which milk do you use – how many fat 5? \_\_\_\_\_ %

42. .. and yogurts? \_\_\_\_\_ %

43. Which bread do you eat most? \_\_\_\_\_

44. Do you eat meat – which sort of meat – cooked or roasted? \_\_\_\_\_

45. How many times during the week do you eat

Potato \_\_\_\_ Rice \_\_\_\_ Pasta \_\_\_\_ \_\_\_\_\_

46. Does your child eat sweets and which ones? \_\_\_\_\_

47. How many times per day does your child brush the teeth? \_\_\_\_\_ times

48. Do you go to the dentist preventively? Y N

**Parents**

49. How far is from your place of living to the place of „On the move“ activity? \_\_\_\_\_

50. How do you get your child to the activity? On foot By bike By car Public transport

51. Do you know any stretching exercises which you can show to your child? Y N

52. How would you grade your physical condition and shape? 1 2 3 4 5

53. Does your family go on walks, biking or any other physical activity – together? Y N

54. Do you think that you are a good role model to your child in terms of physical shape and fitness?

Y N

55. Are there any members in your family which are obese?

56. Do you believe that obesity is heritable? Y N

57. Did the project „On the move“ change your perception on physical activity needs, for health purposes?

Y N

58. Are you satisfied with trainers involved in „On the move“ programme? Y N

59. Do they inform you about important things about your child? Y N

60. Do you follow facebook profile of „On the move“ project? Y N

61. What are your expectations about „On the move“ project – for your child and family?

\_\_\_\_\_  
\_\_\_\_\_

62. In your opinion – what is the key value of this project? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

63. If you would like to note anything else, please do. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Place and date \_\_\_\_\_

Signature \_\_\_\_\_