



## PE 6-11 Years Old

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

**Please circle your answer to each of the following questions:**

1. How often do you use a helmet when you skateboard, bicycle, ski, snowboard, or ride a motorcycle/ATV? Always Sometimes Never
2. How often do you wear a seat belt when you ride in a car? Always Sometimes Never
3. How many days per week do you eat breakfast? 6-7 4-5 0-3
4. How many meals and snacks do you eat daily? Meals: \_\_\_\_\_ Snacks: \_\_\_\_\_
5. How many times a day do you drink soda, juice, sports drinks? 0-1 2-3 4 or more
6. How many times a day do you drink milk, eat yogurt and/or cheese? 0-1 2-3 4 or more
7. How many fruits and vegetables do you eat daily? 4 or more 2-3 0-3
8. How many times a week do you eat at or from a restaurant? 0-1 2-3 4 or more
9. How many times each week does your family eat together? 3 or less 4-5 6-7
10. How many days per week are you active for at least 60 minutes? 0-3 4-5 6-7
11. How many hours per day do you watch TV, movies, play video or computer games not related to school or work? 0-1 2-3 4 or more
12. Do you know how to swim? YES/NO
13. Have you ever felt you had a problem with your weight? Always Sometimes Never
14. How many hours of sleep do you get each night? \_\_\_\_\_
15. Are you sad more than you are happy? YES/NO
16. Is anything causing you stress at home or school? YES/NO If yes, what? \_\_\_\_\_
17. What school do you attend? \_\_\_\_\_ What grade are you in? \_\_\_\_\_
18. What organized sports if any, do you play? \_\_\_\_\_
19. What extra-curricular activities do you do? \_\_\_\_\_
20. What grades do you get in school? \_\_\_\_\_
21. Are you having any problems in school? Never Sometimes Always  
Circle all that apply: grades fighting bullying missing school late for school other \_\_\_\_\_