Physical Activity – Short Form 4a

Please respond to each question or statement by marking one box per row.

	In the past 7 days…	**No days**	**1 day**	**2-3 days**	**4-5 days**	**6-7 days**
PAC_M_009_PXR1	How many days did your child exercise or play so hard that his/her body got tired?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PAC_M_105_PXR1	How many days did your child exercise <u>really hard</u> for 10 minutes or more?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PAC_M_002_PXR1	How many days did your child exercise so much that he/she breathed hard?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PAC_M_008_PXR1	How many days was your child so physically active that he/she sweated? ..	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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