

Physical Activity Questionnaire

1. Average minutes spent in toilet (dressing, undressing, and showering):
 - a. 15
 - b. 30
 - c. 45
 - d. 60+
2. Average minutes spent in making bed:
 - a. 15
 - b. 30
 - c. 45
 - d. 60+
3. Average minutes spent having breakfast, lunch, dinner, and any other meal:
 - a. 15
 - b. 30
 - c. 45
 - d. 60+
4. Average minutes spent studying or doing homework at home/tuition daily:
 - a. 5
 - b. 30
 - c. 45
 - d. 60
 - e. 75
 - f. 90
 - g. 120+

Which other activities do you do at school/ after school?

Section Name	Activity Name	Duration in actual minutes	Frequency/ week 1 / 2 / 3 / 4 / 5 / 6 / 7
Inactivity	Chatting with friends		
	Watching television		
	Internet surfing (Facebook, Instagram, Youtube, reading news, etc.) on a desktop/laptop/tablet		
	Internet surfing (e.g. Facebook, Snapchat, Instagram, Youtube, Tiktok, reading news, etc.) on a smartphone. <i>This does NOT include regular texting or gaming time.</i>		
	Playing games on a desktop/laptop/gaming device/television		
	Playing video games on a smartphone		

	Playing video games on a handheld video game console		
	Work on desktop/laptop/tablet		
	Texting/whatsapp using a smartphone		
Light Activity	Daily household work		
	Reading		
	Doll games		
	Playing board games/Sitting games		
	Breathing yoga (eg. Pranayama)		
	Light walking		
	Mopping		
	Washing clothes		
	Cooking		
	Taking care of siblings		
Moderate activity	Running games		
	Garden games (slides/jungle gym)		
	Cycling		
	Swimming		
	Jump ropes		
	Brisk walking		
	Yoga (physical practices such as Ashtanga or Vinyasa)		
	Collecting water from well		
	Plucking tea leaves		
Vigorous activity	Karate (Martial Arts)		
	Badminton		
	Football		
	Tennis		
	Baseball		
	Volleyball		
	Basketball		
	Aerobics		
	Weight training (e.g., push-ups, sit-ups)		
	Kho kho		
	Kabbaddi		
	Skating		
	Cricket		
	Horse Riding		
	Running		
	Golf /Squash		
	Dancing specify -		

School:

1. Does your school organize physical activities before-school hours, during lunch hour, or after-school hours?
 - a. Yes
 - b. No
 - c. If yes, do you participate in them? _____
2. Can you use INDOOR physical activity areas at school between classes? (e.g., using dance studio or yoga space during lunch, spare periods)
 - a. Yes
 - b. No
 - c. I don't know
3. Can you use OUTDOOR physical activity areas at school between classes? (e.g., using playing field during lunch, spare periods)
 - a. Yes
 - b. No
 - c. I don't know
4. Does your school have:
 - a. Gymnasium(s) - Yes / No
 - b. Indoor facilities (e.g., dance studio, yoga room, fitness room) - Yes / No
 - c. Outdoor facilities (e.g., playing fields, paved activity areas) - Yes / No
5. Can you use physical activity equipment throughout the school day? (e.g., footballs, badminton racquets)
 - a. Yes
 - b. No
 - c. I don't know
6. Before or after school, can you use the following spaces at your school? (i.e., early mornings, evenings, weekends)
 - a. Gymnasium(s) - Yes / No
 - b. Indoor facilities (e.g., dance studio, yoga room, fitness room) - Yes / No
 - c. Outdoor facilities (e.g., playing fields, paved activity areas) - Yes / No
 - d. Equipment (e.g., Footballs, basketballs) - Yes / No
7. Does your school have sports/physical activity competitions with other schools? (E.g. Cricket, hockey, football)
 - a. Yes
 - b. No
 - c. If yes, do you participate? _____

Family and Peers:

1. Who do you play sports or do other physical activities with? Please select all that apply.
 - a. Parents
 - b. Siblings
 - c. Cousins/other family

- d. Neighbours
 - e. Peers/friends from school
 - f. Peers/friends from outside of school
 - g. Other (please specify): _____
2. How much do your parents or guardians encourage you to be physically active?
 - a. Strongly encourage
 - b. Sometimes encourage
 - c. Do not encourage
 3. How much do your parents or guardians support you in being physically active? (e.g., taking you to team games, buying you sporting equipment)
 - a. Strongly support
 - b. Sometimes support
 - c. Do not support
 4. Your closest friends are the friends you like to spend the most time with. How many of your closest friends are physically active?
 - a. None
 - b. 1 friend
 - c. 2 friends
 - d. 3 friends
 - e. 4 friends

Perception of Environment:

Please circle the answer that best applies to you and your neighborhood.

1. There is an air pollution problem in my city.
 - a. Strongly disagree
 - b. Somewhat disagree
 - c. Neither agree nor disagree
 - d. Somewhat agree
 - e. Strongly agree
2. Air pollution prevents me from being active outside.
 - a. Strongly disagree
 - b. Somewhat disagree
 - c. Neither agree nor disagree
 - d. Somewhat agree
 - e. Strongly agree
3. My parents restrict my outdoor activity because of air pollution.
 - a. Strongly disagree
 - b. Somewhat disagree
 - c. Neither agree nor disagree
 - d. Somewhat agree
 - e. Strongly agree
4. I take precautions against air pollution when I go outside/engage in outdoor physical activity.

- a. Strongly disagree
 - b. Somewhat disagree
 - c. Neither agree nor disagree
 - d. Somewhat agree
 - e. Strongly agree
5. There are footpaths on most of the streets in my neighborhood.
- a. Strongly disagree
 - b. Somewhat disagree
 - c. Neither agree nor disagree
 - d. Somewhat agree
 - e. Strongly agree
6. My neighborhood streets are well lit at night.
- a. Strongly disagree
 - b. Somewhat disagree
 - c. Neither agree nor disagree
 - d. Somewhat agree
 - e. Strongly agree
7. There are zebra crossings and pedestrian signals to help walkers cross busy streets in my neighborhood.
- a. Strongly disagree
 - b. Somewhat disagree
 - c. Neither agree nor disagree
 - d. Somewhat agree
 - e. Strongly agree
8. There are trees along the streets in my neighborhood.
- a. Strongly disagree
 - b. Somewhat disagree
 - c. Neither agree nor disagree
 - d. Somewhat agree
 - e. Strongly agree
9. There are attractive natural sights in my neighborhood (e.g., trees, parks, ponds, rivers).
- a. Strongly disagree
 - b. Somewhat disagree
 - c. Neither agree nor disagree
 - d. Somewhat agree
 - e. Strongly agree
10. There is so much traffic that it makes it difficult or unpleasant to walk in my neighborhood.
- a. Strongly disagree
 - b. Somewhat disagree
 - c. Neither agree nor disagree
 - d. Somewhat agree
 - e. Strongly agree

11. There is a high crime rate in my neighborhood.
 - a. Strongly disagree
 - b. Somewhat disagree
 - c. Neither agree nor disagree
 - d. Somewhat agree
 - e. Strongly agree
12. The crime rate in my neighborhood makes it unsafe to go on walks during the day.
 - a. Strongly disagree
 - b. Somewhat disagree
 - c. Neither agree nor disagree
 - d. Somewhat agree
 - e. Strongly agree
13. The crime rate in my neighborhood makes it unsafe to go on walks during the night.
 - a. Strongly disagree
 - b. Somewhat disagree
 - c. Neither agree nor disagree
 - d. Somewhat agree
 - e. Strongly agree
14. How far is your school from home?
 - a. <2km
 - b. <5km
 - c. <10km
 - d. 20km
 - e. 20km+
15. Do you ride your bike to school?
 - a. Yes (if yes, how often?)
 - i. One day per week
 - ii. 2-3 days per week
 - iii. 4-5 days per week
 - iv. 6-7 days per week
 - b. No
16. A) Do you walk to school?
 - a. Yes (if yes, how often?)
 - i. One day per week
 - ii. 2-3 days per week
 - iii. 4-5 days per week
 - iv. 6-7 days per week
 - b. No
17. If you do not bike or walk to school, please select your mode of transportation from home to school:
 - a. Parent's/family car
 - b. Bus
 - c. Auto rickshaw
 - d. Taxi

- e. Scooter/motor bicycle
- f. Other (please specify): _____