

Nº.: **QUESTIONNAIRE FOR PARENTS ABOUT HEALTH, LIFESTYLE AND PHYSICAL EDUCATION**

This questionnaire is for a study about Physical Education, health and lifestyle. Therefore, we ask for your cooperation. We appreciate you answering the questions with precision and sincerity. We want to know your opinion.

The questionnaire is anonymous, and the data will be treated with confidentiality. The answers are personal and there is no need to identify yourself. The only identification regards parents and children.

Thank you for covering this questionnaire and for participating in this investigation.

1- PERSONAL INFORMATION

This questionnaire was answered by:

1. Father
2. Mother
3. Other relationship Which one? _____

1. Date of birth:

____/____/____
Day Month Year

2. Academic degree and profession:

2.1. Academic degree:

1. Primary education	<input type="checkbox"/>
2. Secondary education	<input type="checkbox"/>
3. Vocational training	<input type="checkbox"/>
4. University level	<input type="checkbox"/>
5. PhD level	<input type="checkbox"/>

2.2. Profession: _____

2 – LIFE HABITS

3.a. How often do you do physical activities/sports **without** being in clubs or associations, such as: walking, running, cycling, swimming, playing football in the street, playing basketball in the park, playing volleyball in the garden or in the beach, etc.? (**Consider only the activities you practice more than 30 minutes per day**)

1. Never	<input type="checkbox"/>
2. Less than once a week	<input type="checkbox"/>
3. Once a week	<input type="checkbox"/>
4. 2 to 3 times a week	<input type="checkbox"/>
5. 4 to 6 times per week	<input type="checkbox"/>
6. Everyday	<input type="checkbox"/>

3.b. According to the previous answer, how long would you say you do this type of physical activity each week with a moderate or high intensity? (about to end up sweating or tired)

1. Approximately ½ hour	<input type="checkbox"/>
2. Approximately 1 hour	<input type="checkbox"/>
3. Approximately 2 to 3 hours	<input type="checkbox"/>
4. Approximately 4 to 6 hours	<input type="checkbox"/>
5. 7 hours or more	<input type="checkbox"/>

4.a. Do you practice any sport/physical activity in a club or association, led by a coach, monitor, instructor, etc.? (**Consider only the activities you practice more than 30 minutes per day**)

1. Never	<input type="checkbox"/>
2. Less than once a week	<input type="checkbox"/>
3. Once a week	<input type="checkbox"/>
4. 2 to 3 times a week	<input type="checkbox"/>
5. 4 to 6 times per week	<input type="checkbox"/>
6. Everyday	<input type="checkbox"/>

4.b. According to the previous answer, how long would you say you do this type of physical activity each week with a moderate or high intensity? (about to end up sweating or tired)

1. Approximately ½ hour	<input type="checkbox"/>
2. Approximately 1 hour	<input type="checkbox"/>
3. Approximately 2 to 3 hours	<input type="checkbox"/>
4. Approximately 4 to 6 hours	<input type="checkbox"/>
5. 7 hours or more	<input type="checkbox"/>

3 – OPINION ABOUT THE SCHOOL AND PHYSICAL EDUCATION

5. During your education, did you have the subject Physical Education? **(If you didn't have the subject, go to question number 8)**

Yes No

6. According to your personal experience as a student, how do you rate the Physical Education in the school you attended?

1. Very bad	<input type="checkbox"/>
2. Bad	<input type="checkbox"/>
3. Neither bad nor good	<input type="checkbox"/>
4. Good	<input type="checkbox"/>
5. Very good	<input type="checkbox"/>

7. Indicate the importance that the factors explained below had for your opinion above.

	Importance	
	Yes	No
1. The competence, personality and attitude of the teacher	<input type="checkbox"/>	<input type="checkbox"/>
2. The acquired benefits (motor learning, physical condition, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
3. Coexistence / relationship with classmates	<input type="checkbox"/>	<input type="checkbox"/>
4. Material conditions / facilities	<input type="checkbox"/>	<input type="checkbox"/>
5. The content (activities taught and learned)	<input type="checkbox"/>	<input type="checkbox"/>
6. Organization of the school / Physical Education	<input type="checkbox"/>	<input type="checkbox"/>
7. The characteristics of the classes	<input type="checkbox"/>	<input type="checkbox"/>
8. Other Which one?	<input type="checkbox"/>	<input type="checkbox"/>

8. About the existence of the Physical Education subject in **your child's** school curriculum, I consider that this subject should: **(Choose the affirmation with which you agree the most)**

1. Be compulsory and be evaluated like any other subject	<input type="checkbox"/>
2. Be compulsory without students being evaluated	<input type="checkbox"/>
3. Be optional	<input type="checkbox"/>
4. It should not exist	<input type="checkbox"/>
5. I have no opinion about this matter	<input type="checkbox"/>

Thank you for your cooperation