

Congregation Health Questionnaire Children

(Kindergarten to 17 years old)

Please fill out this anonymous questionnaire to help our church find out what are our main health issues to work on. We are asking that parents please assist your child if necessary, to complete the survey.

Place your completed survey in the box located in the Narthex by Sunday, December 2, 2018.

How old are you? _____

Please circle the letter to show your choice.

1. On how many of the past 7 days did you exercise or participate in physical activity for at least 20 minutes that made you sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities?
 - a. 0 days
 - b. 1 day
 - c. 2 days
 - d. 3 days
 - e. 4 days
 - f. 5 days
 - g. 6 days
 - h. 7 days

2. During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)
 - a. 0 days
 - b. 1 day
 - c. 2 days
 - d. 3 days
 - e. 4 days
 - f. 5 days
 - g. 6 days
 - h. 7 days

3. In an average week when you are in school, on how many days do you go to physical education (PE) classes?
 - a. 0 days
 - b. 1 day
 - c. 2 days
 - d. 3 days
 - e. 4 days
 - f. 5 days

4. During the past 7 days, how many times did you eat fruit? Do not count fruit juice
 - a. I did not eat fruit during the past 7 days
 - b. 1-3 times during the past 7 days
 - c. 4-6 times during the past 7 days
 - d. 1 time per day
 - e. 2 times per day
 - f. 3 times per day
 - g. 4 or more times per day

5. During the past 7 days, how many times did you eat green salad?
 - a. I did not eat green salad during the past 7 days
 - b. 1-3 times during the past 7 days
 - c. 4-6 times during the past 7 days
 - d. 1 time per day
 - e. 2 times per day
 - f. 3 times per day
 - g. 4 or more times per day

6. During the past 7 days, how many times did you eat vegetables other than potatoes? Do not count potatoes.
 - a. I did not eat vegetables during the past 7 days
 - b. 1-3 times during the past 7 days
 - c. 4-6 times during the past 7 days
 - d. 1 time per day
 - e. 2 times per day
 - f. 3 times per day
 - g. 4 or more times per day

7. Do you smoke cigarettes (not including electronic cigarettes, cigars, pipes, water pipes or marijuana) every day, some days, or not at all?
 - a. Every day
 - b. Some days
 - c. Not at all
 - d. Don't know

8. Do you use e-cigarettes or other electronic "vaping" products every day, some days, or not at all?
 - a. Every day
 - b. Some days
 - c. Not at all
 - d. Don't know

9. Has a doctor or nurse ever told you that you have pre-diabetes?
 - a. Yes
 - b. No
 - c. Not sure

10. Has a doctor or nurse ever told you that you have diabetes?
- Yes
 - No
 - Not sure
11. Has a doctor or nurse ever told you that you have heart disease or cardiovascular disease?
- Yes
 - No
 - Not sure
12. Has a doctor or nurse ever told you that you have some kind of cancer?
- Yes
 - No
 - Not sure
13. Has a doctor or nurse ever told you that you have asthma?
- Yes
 - No
 - Not sure
14. Because of a physical, mental, or emotional issue, do you have serious difficulty concentrating, remembering, or making decisions?
- Yes
 - No
15. Has a doctor or nurse ever told you that you have mental health issues or learning difficulties such as depression, hyper activity, Down Syndrome, autism, etc.?
- Yes
 - No
 - Not sure
16. Has a doctor or nurse ever told you that you have a physical, speech, or visual health problem or difficulty?
- Yes
 - No
 - Not sure
17. How do you describe your health in general?
- Excellent
 - Very good
 - Good
 - Fair
 - Poor

THANK YOU!