

# LIPID CLINIC ACTIVITY QUESTIONNAIRE

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The purpose of this questionnaire is to help us to learn about the activities you do at home and at school. Please read each question carefully and try to answer each question as correctly as possible. **Please answer each question yourself.** If you need help from your parents that is fine, but the answers should reflect your opinions. Please follow the instructions for how many choices you can make per question.

*Filling this questionnaire is **important** since it will help our staff provide you and your family with better care!*

Patient name: \_\_\_\_\_

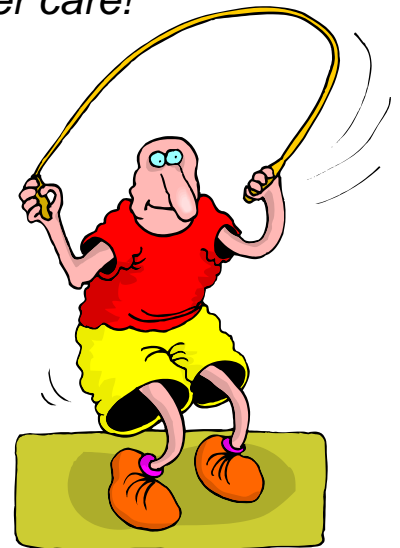
HSC#: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Date completed: \_\_\_\_\_

Lipid profile: Total cholesterol \_\_\_\_\_  
LDL \_\_\_\_\_  
HDL \_\_\_\_\_  
Triglycerides \_\_\_\_\_

Height \_\_\_\_\_  
Weight \_\_\_\_\_  
B/P \_\_\_\_\_



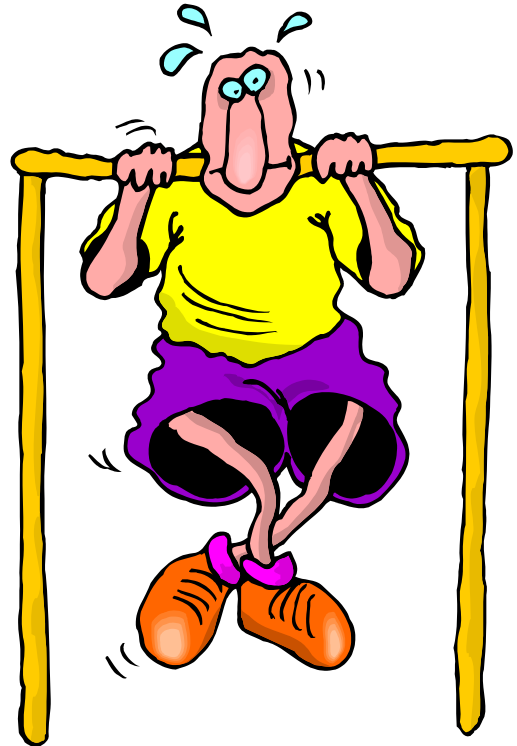
1. How would you compare your physical activity with that of your friend? (Check one only)

- I am as active as my friends.
- I am more active than my friends
- I am less active than my friends



2. How would you compare your activity with that of your brothers and/or sisters? (Check one only)

- I am as active as my brothers/sisters.
- I am more active as my brothers/sisters.
- I am less active as my brothers/sisters.
- I do not have any brothers or sisters.



3. Do you take part in gym at school?

- Yes
- No

4. Are you limited in the activity at school?

- Yes
- No

5. Are you a member of a sports team?

- Yes
- No

If yes where does the team play? (You can check more than one choice)

- School
- Community centre
- YMCA
- Girl Guides/Boy Scouts
- Other \_\_\_\_\_




6. If you are a member of a team, what sport(s) do you play?

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7. How many times a week do you practice or play for each team you are on?

<i>Type of sport</i>	<i>Hours per week</i>
<hr/>	<hr/>
<hr/>	<hr/>
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8. Do you do any physical activities for fun? (For example: skiing, cycling, dancing, swimming or canoeing.)

- Yes
- No

If yes, please explain:

<i>Type of activity</i>	<i>Time of year</i>	<i>Hours per week</i>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

9. Are there any members of your family that **participate in sports competitions**? (For example: a hockey league, golf tournaments, tennis matches or track and field meets at school.)

- Yes
- No

If yes please explain:

<i>Family member</i>	<i>Type of sport</i>	<i>Hours per week</i>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>



10. Are there any members of your family that do **physical activities for fun**? (For example: skiing, cycling, dancing, swimming or canoeing.)

- Yes
- No

If yes, please explain:

*Family member      Type of sport      Hours per week*

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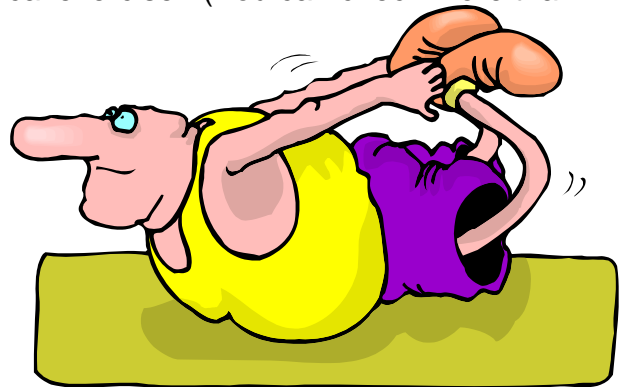


11. Do you have any difficulty during or after physical exercise? (You can check more than one answer.)

- No complaints
- Fatigue
- Shortness of breath

Pain, where? \_\_\_\_\_

Other, please explain \_\_\_\_\_

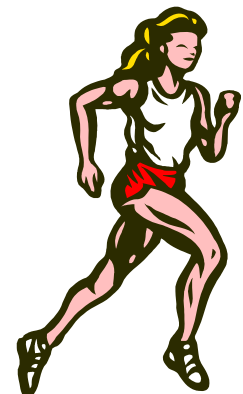


12. In your opinion, are you as active as you should be? (Check one box only.)

- Yes
- Too active
- Not active enough

13. If you are not as active as you should be, why is that? (You can check more than one box.)

- Not interested
- A medical condition
- I have no where to be active
- I don't know
- Other, please explain \_\_\_\_\_



14. Please check any of these sentences that you agree with. (You can check more than one box.)

- Physical activity is important because it is fun.
- Physical activity is necessary to keep fit.
- Physical activity is good for health reasons.
- Physical activity may be dangerous to one's health.
- Physical activity can prevent becoming overweight.
- Physical activity is important mostly to those who wish to become professional athletes.



15. How many times a week **are you doing something** for 15 minutes that makes you break into a sweat?

\_\_\_\_\_

16. How many times a week **do you think you should be doing something** for at least 15 minutes that makes you sweat?

\_\_\_\_\_

17. On an average school day, how many hours of TV do you watch?

Before you go to school \_\_\_\_\_ After school \_\_\_\_\_



18. On an average school day how many hours do you spend using a computer?

Before you go to school \_\_\_\_\_ After school \_\_\_\_\_

19. On an average school day how many hours do you spend playing video games?

Before you go to school \_\_\_\_\_ After school \_\_\_\_\_

20. When you are watching TV do you eat snacks?

- Yes
- No

If yes, what snacks do you eat?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



21. Are there any exercise machines or equipment at your house?

- Yes
- No

If yes, check the ones you have. (You can check more than one.)

- Exercise Bicycle
- Treadmill
- Weight set
- Rowing machine
- Stairclimber
- NordicTrack skier
- Other, which ones \_\_\_\_\_



22. Do you use any of these exercise things?

- Yes
- No

If yes, which ones and how many times per week?

Exercise equipment?      Hours per week

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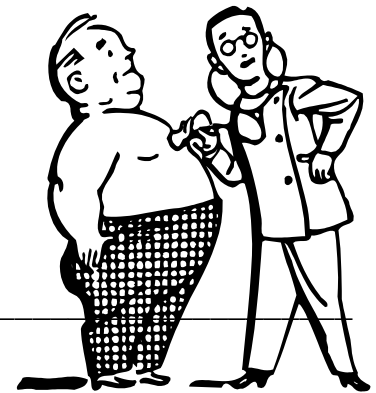
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23. Are you happy with your current weight?

- Yes
- No

Please explain:

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***Did you answer ALL the questions?***

***Congratulations...you are done!!!***