

Where Are You Now!

1. **Physical activity:** How many minutes do you spend playing/ exercising hard (breathing harder or sweating) each day?

- | | | | |
|--------------------------|------------------|--------------------------|-----------------|
| <input type="checkbox"/> | Less than 15 min | <input type="checkbox"/> | 15 min |
| <input type="checkbox"/> | 30 min | <input type="checkbox"/> | 45 min |
| <input type="checkbox"/> | 60 min | <input type="checkbox"/> | 90 mins or more |

2. **Screen time:** How many hours a day are you in front of a screen (TV, computer, video game, cell phone)?

- | | | | |
|--------------------------|----------------|--------------------------|-----------------|
| <input type="checkbox"/> | 1 hour or less | <input type="checkbox"/> | 1.5 hours |
| <input type="checkbox"/> | 2 -3 hours | <input type="checkbox"/> | 3-4 hours |
| <input type="checkbox"/> | 4-5 hours | <input type="checkbox"/> | 5 or more hours |

3. **Milk and yogurt:** How many times a day do you drink milk?

- | | | | |
|--------------------------|--------------------|--------------------------|-------------|
| <input type="checkbox"/> | Once a day or less | <input type="checkbox"/> | Twice a day |
| <input type="checkbox"/> | Three times a day | | |
| <input type="checkbox"/> | Many times a day | | |

4. **Water:** How many times do you drink plain water?

- | | |
|--------------------------|--------------------|
| <input type="checkbox"/> | Once a day or less |
| <input type="checkbox"/> | Twice a day |
| <input type="checkbox"/> | Three times a day |
| <input type="checkbox"/> | Many times a day |

The fun begins @ www.jcprd.com



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What do **YOU** do for fun?

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Youth Assessment, cont.

5. Beverages: What other beverages do you drink in a day?

- Juice (100%)
- Soda, fruitade or sports drinks
- Diet pop/soda or unsweetened coffee/tea
- Other:

How many times do you drink sodas or sports drinks?

- Once a day or less
- twice a day
- Three times a day
- many times a day

6. Fruits and vegetables: How many times a day do you eat fruits or vegetables?

- 1 or less
- 2
- 3
- 4
- 5 or more

Name: _____

Age: _____

Date: _____



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What do YOU do for fun?