

PEDOMETER LOG – 4 DAYS

PEDOMETER LOG # 1 2 3 4 5 (please circle)

STUDENT NAME _____ STUDENT ID _____

TEACHER _____ GRADE _____

INSTRUCTIONS:

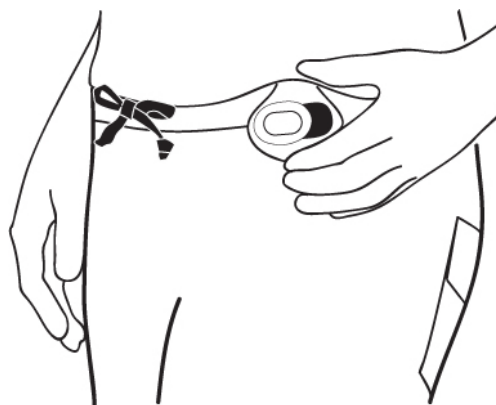
Step 1: Put pedometer on as child gets dressed in the morning.

Make sure the pedometer is:

- Aligned with knee and hip bone
- Securely attached to clothing at waistband
- Level and not attached to clothing at an angle
- Properly working by using a 10 step check

Step 2: Remove pedometer before bedtime. Record the date, time and number of steps taken. Reset pedometer to zero.

Step 3: After the fourth day is recorded have your child return the pedometer and this log to his/her PE teacher.



DAY	DATE	TIME RECORDED	STEPS TAKEN
Sample Day	January 15, 2011	8:45 pm	9,538
Day 1			
Day 2			
Day 3			
Day 4			

If your son/daughter is sick or absent, he/she will not be required to record steps.

Use the code below to note sickness or absence.

S = Sick A = Absent

_____ K-4 Nutrition and Physical Activity Survey completed online at
www.focusedfitness.org/WELNET (WELNET surveys)

_____ K-4 Nutrition and Physical Activity Survey completed paper copy

How to perform a 10 step test

1. Put pedometer on by securing the pedometer to your waist band after aligning it with the knee and hip bone.
2. Take 10 normal steps, then check pedometer.
3. If pedometer reads 8-12 steps, close pedometer and continue wearing throughout the day.
4. If pedometer reads below 8 or above 12, adjust pedometer by moving it closer to the hip bone, then try the 10 steps again.
5. Continue making small adjustments until the pedometer reads close to what you are actually stepping, then close pedometer and continue wearing throughout the day.

Directions for Completing the K-4 Student Survey

1. Have a computer with internet access available for your child.
2. Prepare computer by accessing www.focusedfitness.org/surveys
 - a. Under student surveys, click on the link that reads [1. K-4 Student Survey](#).
3. Assist your child in following the instructions on screen.
4. When finished answering questions click the Save button on the bottom of the survey.

PEDOMETER LOG - 4 DAYS

PEDOMETER LOG # 1 2 3 4 5 (please circle)

STUDENT NAME Christopher Bertucci

STUDENT ID 50012908

TEACHER Mrs. Ferrante

GRADE 4th

INSTRUCTIONS:

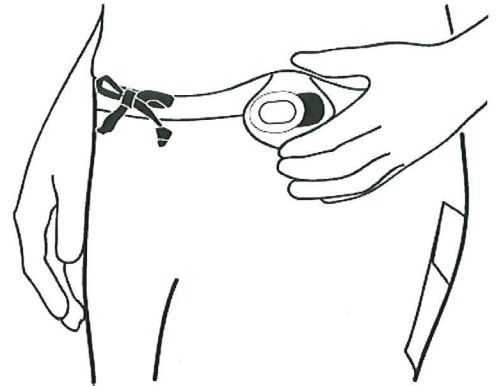
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DAY	DATE	TIME RECORDED	STEPS TAKEN
Sample Day	January 15, 2011	8:45 pm	9,538
Day 1	March 15, 2011	9:00pm	10,002
Day 2	March 16, 2011	9:00pm	9,895
Day 3	March 17, 2011	9:00pm	9,782
Day 4	March 18, 2011	9:00pm	9,998

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☐ K-4 Nutrition and Physical Activity Survey completed paper copy



FOCUSED FITNESS

Sensible Fitness and Health Programs for Today's Kids

K-4 Student Survey

Name _____
Classroom Teacher _____

Directions: The following questions are about what students your age eat, what they know about nutrition, and their physical activity (exercise). Read each question carefully and pick the answer that is true for you. Mark your answer on the survey as shown in the example below. ***This is not a test, and there are no right or wrong answers. Your answers will be kept private.***

Example:

How many vegetables did you eat yesterday?

- a. *I didn't eat any vegetables yesterday.*
- b. *I ate **one** vegetable yesterday.*
- c. *I ate **two** vegetables yesterday.*
- ☒ d. *I ate **three** vegetables yesterday.*
- e. *I ate **four** vegetables yesterday.*
- f. *I ate **five or more** vegetables yesterday.*

Parents, please assist your child in answering the questions below.

1. Survey Number: 1 2 3 4 5 (please circle)
2. Please enter the ID number given to you by your PE teacher.
3. What's the name of your school district?
4. What is the name of your school?
5. Please indicate your gender.
 - a. Female
 - b. Male
6. What grade are you in?
 - a. K
 - b. 1
 - c. 2
 - d. 3
 - e. 4

7. Yesterday, did you eat vegetables like potatoes, corn, peas or beans? (**Do not count French fries or chips.**)
- No, I didn't eat any of the foods listed above yesterday.
 - Yes, I ate one of these foods 1 time yesterday.
 - Yes, I ate one or more of these foods 2 times yesterday.
 - Yes, I ate one or more of these foods 3 times yesterday.
 - Yes, I ate one or more of these foods 4 times yesterday.
 - Yes, I ate one or more of these foods 5 or more times yesterday.
8. Yesterday, did you eat any **orange vegetables** like carrots, squash or sweet potatoes?
- No, I didn't eat any orange vegetables yesterday.
 - Yes, I ate orange vegetables 1 time yesterday.
 - Yes, I ate orange vegetables 2 times yesterday.
 - Yes, I ate orange vegetables 3 times yesterday.
 - Yes, I ate orange vegetables 4 times yesterday.
 - Yes, I ate orange vegetables 5 or more times yesterday.
9. Yesterday, did you eat a **salad made with lettuce, or any green vegetables** like spinach, green beans, broccoli or other greens?
- No, I didn't eat any salad or green vegetables yesterday.
 - Yes, I ate salad or green vegetables 1 time yesterday.
 - Yes, I ate salad and/or green vegetables 2 times yesterday.
 - Yes, I ate salad and/or green vegetables 3 times yesterday.
 - Yes, I ate salad and/or green vegetables 4 times yesterday.
 - Yes, I ate salad and/or green vegetables 5 or more times yesterday.
10. Yesterday, did you eat **any other vegetables** like peppers, tomatoes, zucchini, asparagus, cabbage, cauliflower, cucumbers, mushrooms, eggplant, celery or artichokes?
- No, I didn't eat any of the foods listed above yesterday.
 - Yes, I ate one of these foods 1 time yesterday.
 - Yes, I ate one or more of these foods 2 times yesterday.
 - Yes, I ate one or more of these foods 3 times yesterday.
 - Yes, I ate one or more of these foods 4 times yesterday.
 - Yes, I ate one or more of these foods 5 or more times yesterday.
11. Yesterday, did you drink fruit juice? (Fruit juice is a drink that is **100% juice**, like orange juice, apple juice or grape juice. **Do not count punch, Kool-Aid®, sports drinks or other fruit-flavored drinks.**)
- No, I didn't drink any fruit juice yesterday.
 - Yes, I drank fruit juice 1 time yesterday.
 - Yes, I drank fruit juice 2 times yesterday.
 - Yes, I drank fruit juice 3 or more times yesterday.

12. Yesterday, how many times did you eat fruit? (***Do not count fruit juice.***)
- No, I didn't eat any fruit yesterday.
 - Yes, I ate fruit 1 time yesterday.
 - Yes, I ate fruit 2 times yesterday.
 - Yes, I ate fruit 3 times yesterday.
 - Yes, I ate fruit 4 times yesterday.
 - Yes, I ate fruit 5 or more times yesterday.
13. Yesterday, how many times did you drink a can, bottle or glass of soda or pop, such as Coke, Pepsi or Sprite? (***Do not count diet soda or diet pop.***)
- I did not drink soda or pop yesterday.
 - I drank soda or pop 1 to 3 times yesterday.
 - I drank soda or pop 4 to 6 times yesterday.
14. Yesterday, how many glasses of milk did you drink? (Count the milk you drank in a glass or cup, from a carton or with cereal. Count the half pint of milk served at school as equal to one glass.)
- I did not drink milk yesterday.
 - I drank 1 to 3 glasses of milk yesterday.
 - I drank 4 to 6 glasses of milk yesterday.
15. Yesterday, did you eat breakfast?
- No, I didn't eat breakfast yesterday.
 - Yes, I ate breakfast yesterday.
16. Yesterday, how many hours did you spend in front of TV or a computer?
- I did not watch TV or spend time on the computer yesterday.
 - I watched TV and/or spent less than 30 minutes on the computer yesterday.
 - I watched TV and/or spent 1 hour on the computer yesterday.
 - I watched TV and/or spent 2 hours on the computer yesterday.
 - I watched TV and/or spent 3 hours on the computer yesterday.
 - I watched TV and/or spent 4 hours on the computer yesterday.
 - I watched TV and/or spent 5 or more hours on the computer yesterday.
17. Yesterday, how many minutes were you physically active? (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.)
- 0 minutes
 - 10 minutes
 - 20 minutes
 - 30 minutes
 - 40 minutes
 - 50 minutes
 - 60 minutes
 - More than 60 minutes