The 2020 National Physical Fitness Monitoring Questionnaire

Preschoolers (Ages 3～6)

Child's Name

Child’s Gender

Child’s Age (Full years)

Kindergarten Name

Contact Number（Person in charge of the kindergarten）

I. Classification and Coding

1.Province（Region、Municipality ）Code □□

2.Prefecture（City ）Category Code □

3.City（Municipality）Code □

4.Sampling Site Code □□□

5.Testing Serial Number □□□

6.Ethnicity Code □□

7.Residential Area Type □（Rural = 1, Urban = 2）

8.Rural-to-Urban Reclassification □（Yes = 1, No = 0）

9.Sex □（Male = 1, Female = 2）

10.Date of Birth □□□□（Y）□□（M）□□（D）

11.Date of Assessment □□□□（Y）□□（M）□□（D）

12.National ID Number □□□□□□□□□□□□□□□□□□

II. Questionnaire Survey

Please complete the following questionnaire in accordance with the child’s actual status.（This section is to be completed by the child’s primary caregiver）：

1.Respondent’s relationship to the child

① Father ② Mother ③ Paternal Grandparent(s)

④ Maternal Grandparent(s) ⑤ Other

2.Identification of the child’s primary caregiver(s) in daily life

① Either the father or the mother ② Both parents jointly

③ Paternal or maternal grandparent(s) ④ Parents in conjunction with grandparent(s)

⑤ Other

3.Family structure of the child's household

① Single-parent family ② Nuclear family (residing with parents)

③ Skip-generation family (residing with grandparents)

④ Three-generation family (residing with parents and grandparents) ⑤ Other

4.Number of co-residing siblings (excluding the child being assessed)

① 0 ② 1 ③ 2 ④ 3 or more

5.Birth order of the child among co-residing siblings

6. Child's birth weight (kg)（If the exact value is unknown, please enter "99.9"） □□.□

7.Child's birth length (cm)（If the exact value is unknown, please enter "99.9"） □□.□

8.Gestational age at birth

①Preterm (Less than full-term) ②Full-term (Normal gestational age)

③Post-term (Greater than full-term)

9.Feeding practices during the first four months of life

①Breastfeeding ②Formula feeding (or Artificial feeding)

③Mixed feeding (or Combination feeding)

10.Father's Date of Birth □□□□（Y）□□（M）□□（D）

11. Mother's Date of Birth □□□□（Y）□□（M）□□（D）

12.Paternal stature (cm) □□□.□

13.Maternal stature (cm) □□□.□

14.Paternal current body mass (kg) □□□.□

15.Maternal current body mass (kg) □□□.□

16.Please select the parents' educational attainment.

Paternal educational attainment

Maternal educational attainment

Educational attainment of other primary caregiver(s) excluding parents (If not applicable, please enter "99")

①No formal education ②Literacy program ③Primary school

④Junior high school (Lower secondary education)

⑤Senior high school / Vocational or technical school (Upper secondary education)

⑥Junior college (Associate degree) ⑦Undergraduate (Bachelor's degree)

⑧Postgraduate or higher (Master's or Doctoral degree)

17.Please select the parents' occupational categories.

Paternal occupational category

Maternal occupational category

Occupational category of other primary caregiver(s) excluding the parents (If not applicable, please enter "99")

①Heads of government agencies, party/mass organizations, enterprises (including private), and public institutions

②Professional and technical personnel ③Clerical and related staff

④Service and sales workers (including self-employed individuals and freelancers)

⑤Skilled agricultural, forestry, animal husbandry, and fishery workers

⑥Production, transportation, and equipment operators

⑦Military personnel ⑧Other occupations ⑨No occupation

18.From options ① to ⑧, please select the frequency of physical exercise (e.g., running, swimming, ball sports, etc.) performed by the child's parents/caregivers during the past month.

Paternal frequency of physical exercise

Maternal frequency of physical exercise

Frequency of physical exercise by other primary caregiver(s) excluding parents (If not applicable, please enter "99")

①Less than once a month on average

②More than once a month, but less than once a week on average

③Once a week on average ④Twice a week on average

⑤Three times a week on average ⑥Four times a week on average

⑦Five times or more per week on average ⑧Unsure

19.Typically, the child's total sleep duration is：

On school days: ____ hours ____ minutes (including naps)

On rest days (weekends): ____ hours ____ minutes (including naps)

20.Typically, the child's physical activity patterns on rest days (weekends):

Physical Activity (PA)	Average number of days per week	Average total minutes per day
Screen-based sedentary time (e.g., watching television, videos, using computers, smartphones, tablets, etc.)		
Indoor active play (including hide-and-seek, dancing, walking, running, climbing, building with blocks, playing with toys, etc.)		
Outdoor active play		
Moderate-to-Vigorous Physical Activity (MVPA) (Activities resulting in increased heart rate, rapid breathing, and sweating)		
Participation in organized sports programs or extracurricular interest classes (e.g., dance, soccer, winter sports, roller skating, swimming, martial arts/Taekwondo, etc.)		
Participation in cultural and artistic enrichment classes (e.g., English language,		

visual arts, public speaking, musical instruments, board games/chess, etc.)		

21.Do you think your child's current level of physical activity is sufficient

①Sufficient (Highly adequate) ②Somewhat sufficient ③Neutral

④Somewhat insufficient ⑤Insufficient (Highly inadequate)

22.For each of the following statements, please select the option (from ① to ⑤) that best reflects your perspective and current situation.(① Strongly disagree ② Somewhat disagree ③ Neutral ④ Somewhat agree ⑤ Strongly agree)

1）I believe my child's participation in active play can enhance their resistance to disease.

2）I believe my child's participation in active play can improve their physical fitness.

3）I believe my child's participation in active play can boost their self-confidence.

4）I believe my child's participation in active play will interfere with the time spent on other academic studies.

5）I frequently praise my child's performance regarding their skills in active play.

6）I encourage my child to engage in outdoor active play during their leisure time.

7）I am willing to schedule a regular, fixed time for active play with my child.

8）I am willing to invest financially in sports-related classes for my child.

9）I am willing to adjust my personal schedule to participate in active play with my child.

23.Frequency of parent-child co-participation in physical activities or active play (e.g., running, jumping, climbing, ball games, water activities, etc.)

①Once or more per day on average ② 3–6 times per week on average

③1–2 times per week on average ④Occasionally (less than once per week)

⑤Never

24.Are there outdoor activity areas (e.g., within the residential community or courtyard) near the child's residence that are suitable for running, jumping, and climbing?

①Yes ②No

25.Are there outdoor play facilities specifically designed for children near the child's residence (e.g., within the residential community or housing complex)

①Yes ②No

26.Does the child's residential community (or village) organize sports or game-based competitions or activities specifically for children

①Once a year on average ②Once a quarter on average

③Once a month on average ④None

27.Typically, the child's physical activity patterns on kindergarten days (To be completed by the kindergarten teacher)

Physical Activity (PA)	Average number of days per week	Average total minutes per day
Screen-based sedentary time (e.g., watching television, videos, using computers, smartphones, tablets, etc.)		
Indoor active play (including hide-and-seek, dancing, walking, running, climbing, building with blocks, playing with toys, etc.)		
Outdoor active play		
Moderate-to-Vigorous Physical Activity (MVPA) (Activities resulting in increased heart rate, rapid breathing, and sweating)		
Other, please specify_____。		