

# St. Lachtain's NS Active Quiz



**How active are you?**  
**Take the activity quiz**  
**and find out...**

1. How often are you active at home? (tidying your room/ cleaning/ walking the dog/ other)  
a) Never b) Some days c) Most days
2. Do you walk/cycle to school?  
a) Never b) Some days c) Most days  
If never, why?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. How active are you in school?  
a) Not very active – sitting most of the day  
b) Lightly active – some walking/ running involved  
c) Very active – a lot of activity, walking, running/ jumping during the day
4. How often are you active during leisure time outside of school? (walking, cycling, dancing, tennis, football, other activities)  
a) Never  
b) Some days  
c) Most days
5. When you exercise, how do you feel?  
a) Not very different to when I'm not exercising  
b) Warm, my heart is beating faster and I'm slightly out of breath but I can still talk  
c) I'm sweating, my heart beats very fast, I'm breathing heavily and I can feel my muscles working hard.



## Mostly A's

You're not as active as you need to be to get the health benefits.

## Mostly B's

You've made a really good start and are enjoying some of the benefits.

## Mostly C's

Well done. Keep up this level of activity daily to continue feeling the positive health benefits.



## MINUTES A DAY OF PHYSICAL ACTIVITY

Name: \_\_\_\_\_

Class: \_\_\_\_\_

School: \_\_\_\_\_

Parents Signature: \_\_\_\_\_