Hi! I just want to know a little more about you. There are no right or wrong answers.

Day in the Life Questionnaire

A DAY IN THE LIFE OF...

Name
Age

Are you a Boy or Girl?
(circle one please)

What did you do YESTERDAY MORNING?

1. What time did you wake up yesterday morning?

2. Did you have something to eat or drink for breakfast yesterday? Yes or No (circle one please)

What did you have? Draw your breakfast here:
Food
Drink

3. Did you watch TV yesterday? Yes or No (circle one please)

☐ In the morning: _________ ☐ during the day: _________ ☐ in the evening: _________
(how many minutes?) (how many minutes?) (how many minutes?)

4. Did you play any video or computer games yesterday? Yes or No (circle one please)

☐ In the morning: _________ ☐ during the day: _________ ☐ in the evening: _________
(how many minutes?) (how many minutes?) (how many minutes?)

5. How did you get to school yesterday morning?
walk / bike / by bus / by car (circle one please)

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What did you do YESTERDAY AT SCHOOL?

6. Did you have anything to eat or drink at snack time? Yes or No (circle one please)

   What did you have?

7. What did you have to eat and drink for lunch yesterday?

   What did you have? Draw your lunch here:
   Food
   Drink

8. Did your class have recess yesterday? Yes or No (circle one please)

9. If so, what did you do at recess yesterday?

   sit / stand / walk / run / play a sport / play a game / I didn’t do anything

   (circle one please)

What did you do AFTER SCHOOL YESTERDAY?

10. After school yesterday, did you go home or go to an afterschool activity? Yes or No (circle one please)

   tutoring / scouts / sports or a sport / band Or did you do something else?
11. How did you get home or to your afterschool activity yesterday?
   walk / bike / by bus / by car (circle one please)

12. Did you eat anything BETWEEN lunch and dinner? Yes or No (circle one please)
   What did you have?

13. Did you play outside yesterday AFTER school? Yes or No (circle one please)
   What did you play? Please name game, sport or other activity.

14. What did you have to eat for dinner yesterday?
   What did you have? Draw your dinner here:
   Food
   Drink

15. Did you do anything else AFTER dinner yesterday? Yes or No (circle one please)
   What did you do?

16. Did you have anything to eat or drink AFTER dinner? Yes or No (circle one please)
   What did you have?

17. Circle the type of activity you did most yesterday: sit / stand / walk / run (circle one please)

18. What time did you go to bed last night?

THANK YOU!

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