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. What did you do when you woke up yesterday morning?
3. 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

4. Did you go anywhere yesterday morning? Where? Yes or No (circle one please)
5. Did you have anything to eat or drink AFTER breakfast? Yes or No (circle one please)

What did you have?

6. 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?)

7. 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?)

The University of Maryland Extension programs are open to all citizens and will not discriminate against anyone because of race, age, sex, color, sexual orientation, physical or mental disability, religion, ancestry, national origin, marital status, genetic information, political affiliation, and gender identity or expression.
8. What did you have to eat and drink for lunch yesterday?

What did you have? Draw your lunch here:

Food                               Drink

9. Did you go anywhere yesterday during the day -- like to a friend or family member’s house, the library, daycare, camp, or any activity? Yes or No (circle one please)

Where did you go? What did you do?

10. If you went somewhere, how did you get there?

walk / bike / take a bus / take a car / I didn’t go anywhere (circle one please)

11. Did you play outside yesterday during the day? Yes or No (circle one please)

What did you do?
What did you do LAST NIGHT?

12. What did you have to eat for dinner yesterday?

What did you have? Draw your dinner here:

Food

Drink

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

What did you do?

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

What did you have?

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

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

THANK YOU!

DILQ for 7-10 summer

The University of Maryland Extension programs are open to all citizens and will not discriminate against anyone because of race, age, sex, color, sexual orientation, physical or mental disability, religion, ancestry, national origin, marital status, genetic information, political affiliation, and gender identity or expression.