

Supplementary Materials

Research Article

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Y Kids Academy Program Increases Knowledge of Healthy Living in Young

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Appendix 1

Y Kids Student Questionnaire

1. Stretching is important because it can:

- a. decrease the chance of injury
- b. increase flexibility
- c. unblock twisted nerves
- d. all of the above

2. This picture is stretching what muscle?



- a. Triceps Stretch
- b. Glut Stretch
- c. Quad Stretch
- d. Calf Stretch

3. Which of the following is NOT involved in healthy living goal setting?

- a. Develop a general, unspecific goal
- b. Determine a timeline
- c. Assess the barriers that need to be overcome
- d. Resolve to never quit

4. If you wanted to work on your cardiovascular training, what machine would you use?

- a. Treadmill, bike, elliptical, or row machine
- b. Leg press and leg curl machine
- c. Squat, lunge, stability ball hamstring curl, ball wall squat

5. The Number 1 thirst-quencher is:

- a. Orange juice
- b. Coffee
- c. Water
- d. Coke

6. What is screen time?

- a. It is the age at which you first start watching TV or DVDs, playing video games or using the computer.
- b. It's the amount of time you spend watching TV or DVDs, playing video games and using the computer.
- c. It's the amount of time you spend thinking about TV or DVDs, playing video games and using the computer.
- d. All of the above

- 7. As a youth aged 10-12, I should be sleeping each night for:**
- 6.5-7 hours
 - 8-9 hours
 - 9.5-10 hours
 - More than 11 hours
- 8. What is the main difference between the leg press and the squat**
- Hard vs. Easy
 - Machine weight vs. Body weight
 - Safe vs. Unsafe
 - Sets vs. Repetitions
- 9. What are 4 food groups in Canada's Food Guide?**
- Dairy, fruit, vegetables, chicken
 - Bread, lettuce, bologna, tomato
 - Vegetables/Fruit, Grain Products, Milk/Alternatives, Meat/Alternatives
 - Milk, cheese, protein, grains
- 10. What is not a member of the Meat and Alternatives Food Group?**
- Beans
 - Fish
 - Milk
 - Chicken
- 11. When working out your back, what exercise could you do?**
- Chest Press
 - Superman
 - Push Up
 - Stability Ball Push Up
- 12. Our body gets energy from 3 different things that are in the food we eat? What are the 3 things that give us energy?**
- Feeling better, vitamin supplements, be in happy
 - Eating healthy, playing active videogames, better sleep
 - Bananas, milk, oranges
 - Carbohydrates, Fats, Protein
- 13. Eating simple sugars:**
- is ALWAYS the best choice to consume before physical activity
 - causes you to have lots of energy quickly but then you get tired soon after
 - is when you eat whole grains and vegetables
 - is ALWAYS a bad idea
- 14. Our body prefers to use the following as energy sources:**
- Protein and carbohydrates
 - Fats and Protein
 - Carbohydrates and Fats
 - Water and Protein

Appendix 2

Y Kids Parent Questionnaire

Where "child" is mentioned, please respond only about the child who is participating in the Y Kids Academy. Be as accurate as you can. There are no right or wrong answers. All information is strictly confidential.

A. FOODS IN THE HOME AVAILABLE TO YOUR CHILD

| How often are the following foods/drinks available in your home? | | Never | Rarely | Sometimes | Often | Always |
|---|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. | Chocolate candy | <input type="radio"/> |
| 2. | Other candy | <input type="radio"/> |
| 3. | Raw fruit (e.g., apples, oranges) | <input type="radio"/> |
| 4. | Cakes, brownies, muffins or cookies | <input type="radio"/> |
| 5. | Regular chips or crackers | <input type="radio"/> |
| 6. | Baked chips, low-fat crackers, pretzels | <input type="radio"/> |
| 7. | Raw vegetables (e.g., carrots) | <input type="radio"/> |
| 8. | 100% fruit juice | <input type="radio"/> |
| 9. | Juice drinks (e.g., Sunny delight) | <input type="radio"/> |
| 10. | Regular sodas with sugar | <input type="radio"/> |
| 11. | Diet or sugar free sodas | <input type="radio"/> |
| 12. | Sports drinks (e.g., Gatorade) | <input type="radio"/> |
| 13. | Fruit roll-ups or other dried fruit | <input type="radio"/> |
| 14. | Regular or 2% milk | <input type="radio"/> |
| 15. | 1% or fat-free milk | <input type="radio"/> |
| 16. | Sweetened breakfast cereal | <input type="radio"/> |
| 17. | Unsweetened breakfast cereal | <input type="radio"/> |

B. YOUR CHILD'S PHYSICAL ACTIVITY

| About how many hours a week does your child usually take part in physical activity (that makes him/her out of breath or warmer than usual) outside of school while participating in: | Never | Less than 2 | 2-3 | 4 to 6 | 7 or more |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | | hours per week | hours per week | hours per week | hours per week |
| 1. Lessons or league or team sports | <input type="radio"/> |
| 2. Unorganized activities, either on his/her own or with friends? | <input type="radio"/> |

C. PLACES FOR YOUR CHILD'S PHYSICAL ACTIVITY

| How often during the past year has your child been physically active (including active play) in the following places? | Never | Once a | Once | Once a | 2 or 3 | 4 times/ |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | | month or less | every other week | week | times/week | week or more |
| 1. Inside your home | <input type="radio"/> |
| 2. At a neighbour's house, yard, or driveway | <input type="radio"/> |
| 3. Indoor recreation or exercise facility (public or private; e.g., YMCA-YWCA) | <input type="radio"/> |
| 4. Bike/hiking/walking trails, paths | <input type="radio"/> |
| 5. Other playing fields/courts (skating rink/arena, football, softball, tennis, soccer) | <input type="radio"/> |
| 6. Public park or playground | <input type="radio"/> |
| 7. School grounds (during non-school hours) | <input type="radio"/> |

D. FAMILY AND PHYSICAL ACTIVITY WITH YOUR CHILD

| During a typical week, how often do you or another adult in the household: | Never | 1-2 | 3-4 | 5-6 | Everyday |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | | days | days | days | |
| 1. Watch your child participate in physical activity or sports | <input type="radio"/> |
| 2. Encourage your child to do sports or physical activity | <input type="radio"/> |
| 3. Provide transport to a place where your child can do physical activity or play sports | <input type="radio"/> |
| 4. Do a physical activity or play sports with your child | <input type="radio"/> |

E. YOUR CHILD'S ACTIVE TRANSPORTATION

| During the last week that your child went to: | The MAIN part of your child's journey was by: | The MAIN part of your child's journey took: |
|---|--|--|
| School | <input type="checkbox"/> walking <input type="checkbox"/> bicycle <input type="checkbox"/> roller-blade, skateboard, scooter <input type="checkbox"/> bus, train, subway, street car <input type="checkbox"/> car, motorcycle or moped <input type="checkbox"/> other _____ | <input type="checkbox"/> less than 5 minutes <input type="checkbox"/> 5 to 15 minutes <input type="checkbox"/> 16 to 30 minutes <input type="checkbox"/> 31 minute to 1 hour <input type="checkbox"/> More than 1 hour |
| Local YMCA-YWCA | <input type="checkbox"/> walking <input type="checkbox"/> bicycle <input type="checkbox"/> roller-blade, skateboard, scooter <input type="checkbox"/> bus, train, subway, street car <input type="checkbox"/> car, motorcycle or moped <input type="checkbox"/> other _____ | <input type="checkbox"/> less than 5 minutes <input type="checkbox"/> 5 to 15 minutes <input type="checkbox"/> 16 to 30 minutes <input type="checkbox"/> 31 minute to 1 hour <input type="checkbox"/> More than 1 hour |

F. YOUR CHILD'S WELL BEING

| During a typical week, how often does your child: | Never | Rarely | Sometimes | Often | Always |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Influence healthy food choices | <input type="radio"/> |
| 2. Play outside | <input type="radio"/> |
| 3. Help the family make healthy choices | <input type="radio"/> |
| 4. Encourage the family to be physical active | <input type="radio"/> |
| 5. Play with other children | <input type="radio"/> |

| How would you rate your child's: | Poor | Fair | Good | Very good | Excellent |
|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Emotional health | <input type="radio"/> |
| 2. Physical health | <input type="radio"/> |
| 3. Overall quality of life | <input type="radio"/> |

G. About YOU **only post Y Kids Academy **

1. Please describe your child's experiences in the Y Kids Academy?
2. Have you noticed any changes in your child as a result of the Y Kids Academy?
3. Have you yourself made any changes after having your child participate in the Y Kids Academy?
4. What was the best part for your child about the Y Kids Academy?
5. Has the Y Kids Academy helped increase discussions between you and your child regarding healthy living?
6. How do you think the Y Kids Academy could be improved?