

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

15. The “serving size” on a food label:

- a. Is the amount that you need to eat after doing physical activity
- b. Is important information that can assist with portion control
- c. Is the amount of nutrients in each serving
- d. Is not related to the rest of the numbers and values on the food label

16. Which of the following is not a main type of fat?

- a. Saturated fats
- b. Untrans fats
- c. Unsaturated fats
- d. Trans fat

17. Healthy snacking often involves:

- a. Getting creative
- b. Keeping it simple
- c. Planning ahead of time
- d. All of the above

18. Drinking water is important because:

- a. All living things must have water to survive.
- b. Water makes up more than half of your body weight and a person can't survive for more than a few days without it.
- c. Your body has lots of important jobs and it needs water to do many of them
- d. All of the above

19. What makes a circuit class different from regular exercise?

- a. Doing both cardio exercises and strength together
- b. Stretching and shooting hoops
- c. Heavy weights
- d. Doing weights and eating well

20. Which is NOT a key part of living a heart healthy lifestyle:

- a. Making healthy food choices
- b. Being physically active
- c. Letting stress control your life
- d. Being a non-smoker

Open ended Questions

1. What does healthy living mean to **YOU**?
2. **Why** is setting healthy living goals important?
3. How has the Y Kids Academy **influenced** your decisions?
 - a) at home?
 - b) at school?
 - c) with your friends?
4. **Would you** recommend this program to your peers?
Yes No
Why, or why not?
5. Do you think other kids your age would benefit from this program?
Yes No
Why, or why not?

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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	Other candy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	Raw fruit (e.g., apples, oranges)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	Cakes, brownies, muffins or cookies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	Regular chips or crackers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	Baked chips, low-fat crackers, pretzels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	Raw vegetables (e.g., carrots)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.	100% fruit juice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.	Juice drinks (e.g., Sunny delight)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.	Regular sodas with sugar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.	Diet or sugar free sodas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.	Sports drinks (e.g., Gatorade)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.	Fruit roll-ups or other dried fruit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14.	Regular or 2% milk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15.	1% or fat-free milk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16.	Sweetened breakfast cereal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17.	Unsweetened breakfast cereal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Unorganized activities, either on his/her own or with friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. At a neighbour's house, yard, or driveway	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Indoor recreation or exercise facility (public or private; e.g., YMCA-YWCA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Bike/hiking/walking trails, paths	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Other playing fields/courts (skating rink/arena, football, softball, tennis, soccer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Public park or playground	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. School grounds (during non-school hours)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Encourage your child to do sports or physical activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Provide transport to a place where your child can do physical activity or play sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Do a physical activity or play sports with your child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Play outside	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Help the family make healthy choices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Encourage the family to be physical active	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Play with other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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