ID: _____

Early Activity Scale for Endurance

We want to understand your child's ability to sustain active movement (of what ever kind your child is capable) over time without getting tired or out of breath. Please rate the following statements from that perspective in terms of how often your child matches each statement.

1. My child's physical activity level (amount of time that my child moves about during daily activities and play) is similar to other children his or her age.

Never	Rarely	Sometimes	Often	Always
1	2	3	4	5

2. My child has a high physical energy level and rarely needs to take rests when moving himself or herself around during daily activities and play time.

Never	Rarely	Sometimes	Often	Always
1	2	3	4	5

3. My child does enough activity so that he or she is breathing quickly or gets flushing in his or her face at least one time each day.

Never	Rarely	Sometimes	Often	Always
1	2	3	4	5

4. My child spends a lot of his or her play or free time doing activities that require lots of physical energy (e.g. rolling around, scooting or crawling, climbing, playing games with balls, walking, running, jumping, etc.)

Never	Rarely	Sometimes	Often	Always
1	2	3	4	5

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