

Family literacy, language and numeracy

Family learning impact funding – Wider Family Learning



Initial Assessment Cycle / Healthy Living Course 20/01/2009 for 10 weeks

Name:

Do you take part in regular exercise	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you cycle as a family	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you know the 5 food groups	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you know the best fruit to take on a cycle ride	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you know the benefits of regular cycling	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you use the car for any journey when you could walk / cycle	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you know the benefits of walking / cycling to the environment	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you know the health benefits of walking instead of taking the car	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you know drinking correct amounts of water are good for you	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Rate the following according to how healthy unhealthy you think they are

Smoking	Healthy	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Unhealthy
Alcohol	Healthy	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Unhealthy
Cycling	Healthy	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Unhealthy
Unbalanced diet	Healthy	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Unhealthy
Walking	Healthy	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Unhealthy
Taking the car everywhere	Healthy	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Unhealthy
How often do you cycle	Daily	<input type="checkbox"/>		Weekly	<input type="checkbox"/>	Monthly	<input type="checkbox"/>
	Not very often	<input type="checkbox"/>					

THANK YOU FOR COMPLETING THIS FORM