

# Parents evaluation of the study

Thank you, to you and your child, for participating in "Increasing Children's physical Activity by Policy (CAP): A study in Stockholm county preschools" during the autumn of 2020 and spring of 2021. Your contribution is valuable in finding out how preschools can benefit from a strategy of promoting children's physical activity. We hope that you have been inspired, and maybe even gained knowledge about the importance of physical activity for your child's physical, mental and cognitive health. We would like to know how you have experienced the study. Please answer the questions below. Thank you for your help!

**1. Information about the study, distributed by the preschool was easy to understand (for instance initially through weekletters and the consent form)**

1   2   3   4   5

Not at all      Absolutely

**2. If you answered 1, 2 or 3 in the question above, please indicate what did not work:**


**3. Information about the study, distributed by Center for Epidemiology and Community Medicine (CES), was easy to understand (for instance questionnaires and email)**

1   2   3   4   5

Not at all      Absolutely

**4. If you answered 1, 2 or 3 in the question above, please indicate what did not work:**


**5. Information on the study's website was clear and informative (text and films)**

1 2 3 4 5

Not at all      Absolutely

**6. If you answered 1, 2 or 3 in the question above, please indicate what did not work:**


**7. When I had questions about the study, I turned to \_\_\_ for information:**

Multiple choices can be marked

- Principal/deputy principal in my child's preschool
- Teachers in my child's preschool
- Project leader from CES
- Researcher from CES

**8. When I had questions, I got answers/information quickly**

1 2 3 4 5

Not at all      Absolutely

**9.**

**If you answered 1, 2 or 3 in the question above, please indicate what did not work:**


**10. The questionnaires, before and during the course of the study, contained relevant questions**

1   2   3   4   5

Not at all      Absolutely

**11. If you answered 1, 2 or 3 in the question above, please indicate how the questions lacked relevance:**


**12. My child wore the accelerometer:**

- Both day and night
- Only during daytime

**13. My child thought the accelerometer was:**

- Fun to wear
- Ok to wear
- Difficult or annoying to wear, please specify how:

**14. Have the study influenced your behaviour related to your child's physical activity:**

Multiple choices can be marked

No



