



iConnect: Travel to School Phase 2

St Mary's High School

Student Survey Cross-sectional

- ✓ Please answer the questions as honestly and accurately as you can
- ✓ This is NOT a test – there are no right or wrong answers
- ✓ We will NOT tell anyone your answers
- ✓ If a question asks about your parents, we mean your mum or dad or any other adult who lives with you and takes care of you
- ✓ Some of the questions may not seem relevant to you - please just try and answer them as best you can

iConnect: Travel to School Phase Two

Ethics reference number 2010.04

Student Assent Form (CS)



IDNO barcode

Please read the following sentences and tick YES if you agree with them.
Tick NO if you disagree.

	YES	NO
1. Has somebody explained this study to you?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you asked all the questions you want?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you understand it is OK to stop taking part at any time?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you happy to take part?	<input type="checkbox"/>	<input type="checkbox"/>

If you are happy to take part, please write your name below.

Name: _____ Date: _____

(This sheet with your name on will be removed before anyone looks at your answers to the rest of the questions.)

Section 1: How You Travel To and From School

We are interested in how you travel to and from school in general, and over the last week in particular. We are also interested to know how you travelled to and from school last year, when the school was located at the old site (Churchgate).

1. Did you attend St Mary's High school last year when the school was located at the old site (Churchgate)?

Yes

No

If NO, please go to Q5.

Spend a few moments thinking how you travelled to St Mary's High School last year, when the school was located at the old site (Churchgate).

- 2a. On an ordinary day, how did you **USUALLY travel TO** the old school site (Churchgate)? For example, if you were usually driven to school tick 'Car / Van or Taxi'. If you usually caught the bus and walked from the bus stop tick BOTH 'Bus or Train' AND 'Walking'.

Bus or
train

Car, van or
taxi

Walked

Biked

On a skateboard or on
rollerblades

- b. On an ordinary day, how did you **USUALLY travel home FROM** the old school site (Churchgate)?

Bus or
train

Car, van or
taxi

Walked

Biked

On a skateboard or on
rollerblades

3. Thinking back to last year, on how many days of the week did you **USUALLY CYCLE TO** the old school site (Churchgate)? If you did not cycle, write zero.

days of the week

4. Still thinking back to last year, on how many days of the week did you **USUALLY WALK** (for any part of the journey) **to** the old school site (Churchgate)? If you did not walk, write zero.

days of the week

The following questions ask about how you currently travel to and from the new school site (Lieutenant Ellis Way).

5a. On an ordinary day, how do you **USUALLY travel TO** school now? That is, how do you travel to school on most days? For example, if you are usually driven to school tick 'Car / Van or Taxi'. If you usually catch the bus and walk from the bus stop tick BOTH 'Bus or Train' AND 'Walking'.

Bus or train	Car, van or taxi	Walk	Bike	On a skateboard or on rollerblades
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5b. On an ordinary or typical day, how do you **USUALLY travel home FROM** school?

Bus or train	Car, van or taxi	Walk	Bike	On a skateboard or on rollerblades
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. We are now asking you to think back over the last week and to tell us how you travelled to and from school over the past five school days. We are going to work backwards from yesterday. Please wait for instructions from staff before answering these questions.

DAY 1 (Yesterday)				
Please tick the appropriate day of the week.				
Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How did you get to school?				
Bus or train	Car, van or taxi	Walked	Biked	On a skateboard or on rollerblades
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where did you go after school?				
Home	Someone else's house	Practice or lessons (e.g. sport, music)	Other (e.g., dentist, shopping)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
How did you get there?				
Bus or train	Car, van or taxi	Walked	Biked	On a skateboard or on rollerblades
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DAY 2				
Please tick the appropriate day of the week.				
Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>
How did you get to school?				
Bus or train <input type="checkbox"/>	Car, van or taxi <input type="checkbox"/>	Walked <input type="checkbox"/>	Biked <input type="checkbox"/>	On a skateboard or on rollerblades <input type="checkbox"/>
Where did you go after school?				
Home <input type="checkbox"/>	Someone else's house <input type="checkbox"/>	Practice or lessons (e.g. sport, music) <input type="checkbox"/>	Other (e.g., dentist, shopping) <input type="checkbox"/>	
How did you get there?				
Bus or train <input type="checkbox"/>	Car, van or taxi <input type="checkbox"/>	Walked <input type="checkbox"/>	Biked <input type="checkbox"/>	On a skateboard or on rollerblades <input type="checkbox"/>

DAY 3				
Please tick the appropriate day of the week.				
Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>
How did you get to school?				
Bus or train <input type="checkbox"/>	Car, van or taxi <input type="checkbox"/>	Walked <input type="checkbox"/>	Biked <input type="checkbox"/>	On a skateboard or on rollerblades <input type="checkbox"/>
Where did you go after school?				
Home <input type="checkbox"/>	Someone else's house <input type="checkbox"/>	Practice or lessons (e.g. sport, music) <input type="checkbox"/>	Other (e.g., dentist, shopping) <input type="checkbox"/>	
How did you get there?				
Bus or train <input type="checkbox"/>	Car, van or taxi <input type="checkbox"/>	Walked <input type="checkbox"/>	Biked <input type="checkbox"/>	On a skateboard or on rollerblades <input type="checkbox"/>

DAY 4				
Please tick the appropriate day of the week.				
Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>
How did you get to school?				
Bus or train <input type="checkbox"/>	Car, van or taxi <input type="checkbox"/>	Walked <input type="checkbox"/>	Biked <input type="checkbox"/>	On a skateboard or on rollerblades <input type="checkbox"/>
Where did you go after school?				
Home <input type="checkbox"/>	Someone else's house <input type="checkbox"/>	Practice or lessons (e.g. sport, music) <input type="checkbox"/>	Other (e.g., dentist, shopping) <input type="checkbox"/>	
How did you get there?				
Bus or train <input type="checkbox"/>	Car, van or taxi <input type="checkbox"/>	Walked <input type="checkbox"/>	Biked <input type="checkbox"/>	On a skateboard or on rollerblades <input type="checkbox"/>

DAY 5 (one week ago from today)				
Please tick the appropriate day of the week.				
Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>
How did you get to school?				
Bus or train <input type="checkbox"/>	Car, van or taxi <input type="checkbox"/>	Walked <input type="checkbox"/>	Biked <input type="checkbox"/>	On a skateboard or on rollerblades <input type="checkbox"/>
Where did you go after school?				
Home <input type="checkbox"/>	Someone else's house <input type="checkbox"/>	Practice or lessons (e.g. sport, music) <input type="checkbox"/>	Other (e.g., dentist, shopping) <input type="checkbox"/>	
How did you get there?				
Bus or train <input type="checkbox"/>	Car, van or taxi <input type="checkbox"/>	Walked <input type="checkbox"/>	Biked <input type="checkbox"/>	On a skateboard or on rollerblades <input type="checkbox"/>

7. Thinking about your journey **TO and FROM school**, with whom do you usually travel...

a) **TO school?**

a) **FROM school?**

- | | | | |
|------------------------------|--------------------------|------------------------------|--------------------------|
| No one, I travel alone | <input type="checkbox"/> | No one, I travel alone | <input type="checkbox"/> |
| With a brother or sister | <input type="checkbox"/> | With a brother or sister | <input type="checkbox"/> |
| With a parent or other adult | <input type="checkbox"/> | With a parent or other adult | <input type="checkbox"/> |
| With a friend(s) | <input type="checkbox"/> | With a friend(s) | <input type="checkbox"/> |
| With another person | <input type="checkbox"/> | With another person | <input type="checkbox"/> |

8. If you had the choice, how would you like to travel to and from school?
(please tick **one box only**)

- Bus / train
- Car / van
- Walking
- Cycling
- Other (please tell us)
-

9. Now, think about the other journeys you make. When you travel to the following places, how often do you **WALK OR CYCLE** to them? (please tick **one box on each line**)

	Never or rarely	Sometimes	Most of the time	All of the time	It's not within walking or cycling distance
a. Friend's house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Parks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Shops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Sports facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Have you taken part in the school's Bike It programme?

- Yes No

Section 2: About You and Your Family and Friends

11. Please write the first and last letter of your first name. For example, if your name is Andrew, you would write 'A' & 'W'.

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12. Are you male or female? *Tick one only* Male Female

13. What is your date of birth?

--	--

Day

--	--

Month

--	--

Year

14. How old are you?

--	--

years

15. What school year are you in?

--	--

16. How many adults live in your home?
(include mum, dad, or anyone else like grandmother)

--

17. How many other children live in your home (not including you)?

--

18. What is the postcode of your home?

--	--	--	--

--	--	--

19. Do you hold a full driving licence? *Tick one only* Yes No

20. Which of the following groups do you consider you belong to? *Tick one only*

White

Mixed ethnic group

Asian or Asian British

Black or Black British

Other (*Please tell us*)

21. Do your parents allow you to travel to... (please tick **one box** on each line)

	Alone	With older brothers and sisters or friends BUT NOT alone	Only with an adult
a. School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Friends' places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Shops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. Are you allowed to travel on public buses (not school buses) on your own?

Yes

No

23. Are you allowed to cross main roads on your own?

Yes

No

Go to Q24b

Go to Q24a

24a. If NO, would you like to be allowed?

Yes

No

24b. If YES, how old were you when you were first allowed?

years

25. Do you have a bicycle that you can use?

Yes

No

Go to Section 3

26. Are you allowed to ride it to get about on your own?

Yes

No

Go to Section 3

27. How old were you when you were first allowed to ride it to get about on your own?

years

Section 3: Your Thoughts on Walking and Cycling to School

28. Thinking about your journey **TO AND FROM SCHOOL**, please tell us whether you agree or disagree with the following statements.

		Strongly disagree	Disagree	Agree	Strongly agree
a.	The area is pleasant for walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	The area is pleasant for cycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	There is too much traffic along the way for walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	There is too much traffic along the way for cycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	It is unsafe to walk because of crime (strangers, gangs or drugs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	It is unsafe to cycle because of crime (strangers, gangs or drugs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	There is only one route I can take if I walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	There is only one route I can take if I cycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	It is too far to walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	It is too far to cycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k.	There are no suitable pavements for walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l.	There are no special lanes, routes or paths for cycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. Still thinking about your journey **TO AND FROM SCHOOL**, please tell us whether you agree or disagree with the following statements.

		Strongly disagree	Disagree	Agree	Strongly agree
a.	My parents (or guardian) do not allow me to walk to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	My parents (or guardian) do not allow me to cycle to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	No other students walk to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	No other students cycle to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	It's not considered cool to walk to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	It's not considered cool to cycle to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Other students would bully or tease me if I walked to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Other students would bully or tease me if I cycled to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. Do your parents (or guardian) encourage you to...

a) walk to school?

Yes No

b) cycle to school?

Yes No

31. Do your good friends encourage you to...

a) walk to school?

Yes No

b) cycle to school?

Yes No

32. How often do your good friends...

a) walk to school with you?

Never or rarely

Sometimes

Most of the time

All of the time

b) cycle to school with you?

Never or rarely

Sometimes

Most of the time

All of the time

33. Please tell us whether you agree or disagree with the following statements.

		Strongly disagree	Disagree	Agree	Strongly agree
a.	I often walk to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	I am confident that I could walk to school more if I wanted to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Over the coming months, I intend to walk to school more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	I enjoy walking to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	I often cycle to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	I am confident that I could cycle to school more if I wanted to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Over the coming months, I intend to cycle to school more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	I enjoy cycling to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

34. Do you travel on the new 'A10 Footbridge & Cycleway' to get to or from school?

Yes

No

Section 4: About Your Neighbourhood

The following questions are about where you live. We are interested in what you think about the place you live. We call this your neighbourhood.

By your neighbourhood we mean the area that you could walk to in 10-15 minutes from your home.

35.

		Strongly disagree	Disagree	Agree	Strongly agree
a.	Other people think this is a good area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	There is a lot of crime in this area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	There is a lot of noise in this area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	There is a lot of bullying from other kids in this area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	There are too many people hanging around on the streets near my home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	There is too much drug use in this area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	There is too much alcohol use in this area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	I'm always having trouble with my neighbours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

36. In the area where I live (my neighbourhood):

		Strongly disagree	Disagree	Agree	Strongly agree
a.	There are playgrounds, parks or sports facilities that I can use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Litter is a big problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Graffiti is a big problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	I feel safe during the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	I am not worried about strangers on the street	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	There is heavy traffic on the streets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	There are not enough safe places to cross roads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	There are lots of other children around for me to play with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	You often see children playing on the streets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 5: Your Physical Activity

The following questions are about your physical activity. Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time. Physical activity can be done in sports, being active with friends, or walking to school.

37. Have you done any of the following activities in the past 7 days (last week)?
If yes, how many times?

	No	1-2	3-4	5-6	7 or more
Skipping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rowing or canoeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rollerblading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking for exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jogging or running	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aerobics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rounders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Football	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Badminton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skateboarding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rugby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volleyball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hockey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basketball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice skating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skiing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice hockey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

38. In the last 7 days, **during your physical education** (PE) classes how often were you very active (playing hard, running, jumping, throwing)?

I don't do PE

Hardly ever

Sometimes

Quite often

Always

39. In the last 7 days, what did you normally do at **lunchtime** (besides eating lunch)?

Sat down (talking, reading, doing school work)

Stood around or walked around

Ran or played a little bit

Ran around and played quite a bit

Ran and played hard most of the time

40. In the last 7 days, on how many days **right after school**, did you do sports, dance or play games in which you were very active?

None

1 time last week

2 or 3 times last week

4 times last week

5 times last week

41. In the last 7 days, on how many **evenings** did you do sports, dance, or play games in which you were very active?

None

1 time last week

2 or 3 times last week

4 times last week

5 times last week

42. On the **last weekend**, how many times did you do sports, dance, or play games in which you were very active?

None

1 time

2 or 3 times

4 times

5 times

43. Which one of the following described you best for the last 7 days? Read all five statements before deciding on the one answer that describes you.

All or most of my free time was spent doing things that involved little physical effort

I sometimes (1-2 times per week) did physical activity in my free time (e.g., played sports, went running, swimming, bike riding, did aerobics)

I often (3-4 times last week) did physical activity in my free time

I quite often (5-6 times per week) did physical activity in my free time

I very often (7 or more times last week) did physical activity in my free time

44. Tick how often you did physical activity for each day last week.

	Not at all	A little bit	A medium amount	Often	Very often
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

45. Were you sick last week, or did anything prevent you from doing your normal physical activities?

Yes

No

46. Compared with other boys or girls your age, would you say that you were...

Much more active

More active

About average

Less active

Much less active

You have finished!

Please check that you have answered all the questions

Thank you very much