



Questionnaire for children

**All the questions in this questionnaire are about how
you feel and think about physical activity**

- The questions may be similar to the ones you answered for the SPEEDY study last year. It is very important for us that you try and answer them again.
- Please answer the questions as honestly and accurately as you can.
- This is not a test - there are no right or wrong answers to the questions.
- We will not tell anyone your answers.
- If the question asks about your parents, we mean your mum or dad or other adults who live with you and take care of you.

By PHYSICAL ACTIVITY we mean:

Activities that you do before, during, and after school, that make you breathe harder or sweat.

Examples of physical activities are: walking, biking, running, PE lessons, gym time, team sports like football, and organized activities such as swimming lessons.

Part 1: You and your family

1. a. When is your birthday? (for example 7th February) _____

b. How old are you? _____ (years)

2. Are you a boy or a girl? Boy

Girl

3. Which of the following things do you have at home? *(Please place a tick in the box for each thing you have at home. Leave the box empty for things you don't have.)*

More than one car (or van)

A home computer (PC)

A games console (such as Xbox, Playstation)

An active games console (such as Nintendo Wii)

4. Which of these do you have **in your bedroom**? *(Please place a tick in the box for each thing you have in your bedroom. Leave the box empty for things you don't have.)*

A television

A DVD or video player

A home computer (PC)

A games console (such as Xbox, Playstation)

An active games console (such as Nintendo Wii)

None of these

5. Compared with other boys or girls your age, would you say that you were...
(Please tick one box only)

Much more active

More active

About average

Less active

Much less active

Part 2: Travelling to school and other places

6. How do you usually travel to school? *(Please tick one box only)*

- By Car
 By Bus or train
 By bicycle
 On foot

7. Who do you usually travel to school with? *(Please tick all that apply)*

- Alone
 A brother or sister
 A parent or another adult
 Friend(s)
 Another person (Please write in (such as 'cousin'): _____)

8. Do you usually go anywhere else on your way home from school? *(Please tick all that apply)*

- No, I go straight home
 Go to a friend's house
 Go to the shops
 Go to the park
 Go somewhere else (please write where _____)

9. Do you agree with the following statements about your journey to and from school?

(Please circle yes or no for each letter)

- | | | |
|--|-----|----|
| a. I can chat to my friends on my journey to school. | Yes | No |
| b. My parents think it is not safe to walk or cycle to school. | Yes | No |
| c. My friends encourage me to walk or cycle to school. | Yes | No |
| d. My journey to school gives me exercise. | Yes | No |
| e. There are nice things to look at on my way to school. | Yes | No |
| f. Walking or cycling to school takes up too much time. | Yes | No |
| g. My parents encourage me to walk or cycle to school. | Yes | No |

10. How do you usually travel to..... (Please tick one box for each letter)

	Car	Bus/train	Bicycle	Walk
a. Friends in the neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Other members of your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The shops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. When you are at school what do you mostly do at... (Please tick one box for each letter)

	Sit down Talking/reading	Stand or Walk around	Run around Playing games
a. Morning break	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Lunch break (apart from eating lunch)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3: Your feelings about sedentary activities

→ **Sedentary activities** are things that you do that do not use a lot of energy. Examples are watching TV, sitting talking on the phone or listening to music or playing on the computer.

12. Do you agree with the statements below? (Please tick one box for each letter)

	Yes	Don't know	No
a. I think TV and video games are boring.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I enjoy playing computer games for many hours in a row.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Watching TV takes time away from other fun activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I would feel lazy if I sat and watched TV for many hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I feel good about myself if I do well in a computer game.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. My parents want me to play computer games less often.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Playing computer games sometimes hurts my eyes and gives me a headache.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Watching TV is my favourite pastime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I find sitting and watching TV very relaxing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I enjoy doing sedentary activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Do you feel that you can do the following things? *(Please tick one box for each letter)*

	Yes	Don't know	No
a. I can turn off the TV even when there is a programme on that I enjoy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I can limit my computer play time to 1 hour each day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I can leave the room when others are watching TV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I can plan ahead what TV shows I will watch during the week.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I can limit my TV viewing to 2 hours each day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. How often do the following things happen during a normal week?

(Please tick one box for each letter)

	Never	Sometimes	Always
a. The TV is on when I come home from school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My parents tell me to watch less TV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. We watch TV as a family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I can choose what I want to watch on TV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I can use the phone for as long as I want.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I can play a computer game for as long as I want.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I can do sedentary activities whenever I want to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please check that you have answered all of the questions.

Thank you very much!