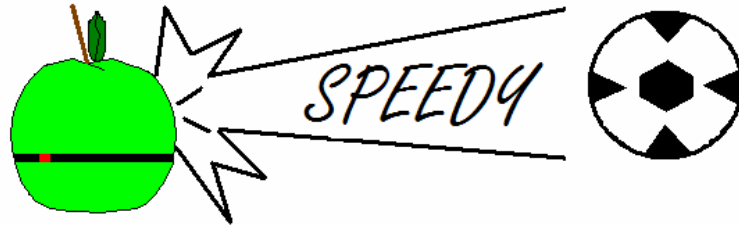


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Questionnaire for children

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

- 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 unless we consider you or someone else to be at risk from harm, then we will tell one adult at your school.
- 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, and 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. How many people live at your home altogether, including you? _____

4. How many **adults** do you usually live with?
(include mum, dad or anyone else like grandmother)

Please circle a number

1 2 3 4 5 6 7 8

5. How many **brothers and sisters** do you have?
(include step-brothers/sisters and half-brothers/sisters)

Please circle a number

0 1 2 3 4 5 6 7 8

6. At what time do you usually go to sleep and wake up?

a. On schooldays: I go to bed at _____ at night

I get up at _____ in the morning

b. In the weekend: I go to bed at _____ at night

I get up at _____ in the morning

7. Do you share a bedroom at home with your brother or sister?

Yes

No

8. Do you have a dog at home?

Yes

No

9. Do you have a bike that you can use?

Yes

No

10. 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.)

A car (or van)

More than one car (or van)

A garden

Play equipment in the garden (such as a trampoline, slide or swing)

A television

A home computer (PC)

A games console (such as Xbox, Playstation)

11. Which of these do you have in your bedroom? (Please tick each one if you have it)

- A television
- A home computer (PC)
- A games console (such as Xbox, Playstation)
- None of these

Part 2: What you think about physical activity

12. After school I would normally prefer to... (Please tick ONE option for each letter)

- a. play indoors
OR
 play outdoors
- b. take a walk with friends
OR
 watch TV
- c. run around with friends
OR
 take a walk with friends
- d. watch TV
OR
 run around with friends

13. Watching TV is... (Please tick ONE option for each letter)

- a. unhealthy
OR
 healthy
- b. important
OR
 unimportant
- c. boring
OR
 fun

14. Walking or cycling to get somewhere (such as going to school, shops or friends) is:
(Please tick ONE option for each letter)

- a. unhealthy
OR
 healthy
- b. important
OR
 unimportant
- c. boring
OR
 fun
- d. dangerous
OR
 safe

15. Are you ever stopped from doing a physical activity because...?

(Please circle yes or no for each letter)

- | | | |
|--|-----|----|
| a. ...because there is a programme on TV that you want to watch? | Yes | No |
| b. ...because you don't think you are very good at physical activity? | Yes | No |
| c. ...because other children make fun of you when you are physically active? | Yes | No |
| d. ...because you don't like physical activity? | Yes | No |
| e. ...because you don't have the equipment you need? | Yes | No |
| f. ...because you are scared that you might get hurt? | Yes | No |

16. Do you agree with the following statements? *(Please circle yes or no for each letter)*

- | | | |
|---|-----|----|
| a. I can ask my parent or another adult to sign me up for a sport, dance class, or other physical activity. | Yes | No |
| b. I can do something active even if it is hot or cold outside. | Yes | No |
| c. I can do something active even if I have a lot of homework. | Yes | No |
| d. I can ask my parent or another adult to take me to play a sport or do a physical activity. | Yes | No |
| e. I can ask my best friend to do something active with me. | Yes | No |
| f. I can do something active no matter how tired I feel. | Yes | No |

!! REMEMBER !!

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

17. Do you feel that doing physical activity or sports will.....?

(Please circle yes or no for each letter)

- | | | |
|--|-----|----|
| a. ...make you stronger. | Yes | No |
| b. ...keep you from getting too heavy. | Yes | No |
| c. ...make you very tired. | Yes | No |
| d. ...make you look better. | Yes | No |
| e. ...make you feel like you are not good at sports. | Yes | No |
| f. ...take up too much time. | Yes | No |

18. 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

19. During a typical week, do the following things happen?

(Please circle yes or no for each letter)

- | | | | |
|----|---|-----|----|
| a. | My friends do physical activities or play sports with me. | Yes | No |
| b. | I ask my friends to play outside or play sports with me. | Yes | No |
| c. | My friends ask me to play outside or play sports with them. | Yes | No |
| d. | The teacher talks about exercise and sports in lessons. | Yes | No |
| e. | The teachers organise or play games with us, apart from PE. | Yes | No |
| f. | The teacher tells me to exercise or play sports. | Yes | No |

20. Do you agree with the following statements? (Please circle yes or no for each letter)

- | | | | |
|----|--|-----|----|
| a. | I am not allowed to play outside because my parents think it's not safe. | Yes | No |
| b. | At school there are playgrounds or fields where I can run around. | Yes | No |
| c. | There is somewhere at home where I can go outside and play. | Yes | No |
| d. | It is safe to walk or play alone in my neighbourhood during the day. | Yes | No |
| e. | There are other children near my home for me to go out and play with. | Yes | No |
| f. | There are playgrounds, parks, or sports halls close to my home that I can use. | Yes | No |
| g. | It is difficult to walk or play near my house because I don't feel safe. | Yes | No |
| h. | I always have to tell my parents where I am where I am going. | Yes | No |
| i. | If I am going out I always have to be back by a certain time. | Yes | No |

21. During a normal week, someone in my family (like my parents or other family members)...

(Please tick one box for each letter)

	Never/ Hardly ever	Once/twice a week	Nearly every day	Every day
a. ...encourages me to do physical activities or play sports.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ...does a physical activity or plays sports with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ...takes me to a place where I can do activities or play sports.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. ...watches me take part in physical activities or sports.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. ...tells me that I am doing well in physical activities or sports.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. ...tells me that physical activity is good for my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3: Travelling to school and other places

22. How do you usually travel to school? *(Please tick one box for each letter)*

- By Car
- By Bus or train
- By bicycle
- On foot

23. 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 (like 'friend'): _____)

24. 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 to somewhere else *(please write where _____)*

25. 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 |

26. 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"/> |

27. 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 4: Food and drink

28. How many times a week do you usually eat or drink.....? (Please tick one box for each letter)

	Never	Less than once a week	Once a week	2 to 4 days a week	5 to 6 days a week	Once a day, every day	Every day, more than once
a. Fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Sweets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Chocolates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Coke or other sugary soft drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Diet coke or diet soft drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Skimmed/semi-skimmed milk (including on cereals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Whole fat milk (including on cereals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Cheese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Breakfast cereals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. White bread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Brown bread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Crisps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Chips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Fruit juices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29 Are these things important to you when you decide what to eat?

	Important	Not important
a. The healthiness of the food	<input type="checkbox"/>	<input type="checkbox"/>
b. The taste of the food	<input type="checkbox"/>	<input type="checkbox"/>
c. That the food is quick and easy to eat	<input type="checkbox"/>	<input type="checkbox"/>
d. That the food is easy to get	<input type="checkbox"/>	<input type="checkbox"/>

30 If I eat fruit and vegetables every day I believe that....

	Yes	No
a. It will make me become better at sport	<input type="checkbox"/>	<input type="checkbox"/>
b. It will make me look better	<input type="checkbox"/>	<input type="checkbox"/>

31. For each of these foods, please tick which answer you think is right. Tick one box per line

	Has lots of sugar	Has lots of fat	Has lots of fibre
a. Cheese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Jam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Broccoli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Bran flakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Beefburgers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Sweets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. Do you like these foods? Tick one box per line.

	Like	They're ok	Dislike
a. Apples	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Oranges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Banana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Strawberries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Grapes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Pear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Peas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Carrot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Broccoli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Tomato	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Sweetcorn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. In the past week..... Tick one box per line.

	Yes	No
a. were there fruit or vegetables on the kitchen counter or somewhere out in the open?	<input type="checkbox"/>	<input type="checkbox"/>
b. was there fruit juice, fruit or cut up vegetables in the fridge as a snack?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
34. Do your parents encourage you to eat fruit and vegetables?	<input type="checkbox"/>	<input type="checkbox"/>

35. I can choose to eat fruit or vegetables Tick one box per line.

	Yes	No
a. when there are also sweets available?	<input type="checkbox"/>	<input type="checkbox"/>
b. for a dessert?	<input type="checkbox"/>	<input type="checkbox"/>
c. instead of crisps?	<input type="checkbox"/>	<input type="checkbox"/>

36. How many portions of fruit and vegetables does the government say you should eat every day?

_____ per day

Please check that you have answered all of the questions.

Thank you very much!