



Year 9 Questionnaire

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

- 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 member of staff at your school.
- If the question asks about your carers, we mean your parents, or other adults who live with you and take care of you.

By PHYSICAL ACTIVITY we mean:

Any activity that makes you breathe harder or sweat. These include both organised activities (like sports clubs, dance classes, swimming lessons) and free-time activities (such as walking, cycling, running). You might do these activities before, during or after school or at the weekend.

ID Barcode

PART 1: YOU & YOUR FAMILY

1. What is your date of birth? (e.g. 07/02/96)

D	D	M	М	Y	Y

2. Are you male or female?

Male
Female

3. Who lives with you most days of the week during school term and mainly takes care of you? (tick all that apply)

	Ye
Mother (including step-mum, foster mum etc)	
Father (including step-dad, foster dad etc)	
Someone else (please specify)	

Yes	No

4. Who else lives with you at home most days of the week? (Please tick a response for each person)

(Please tic	k a response	for each pei	son)

	Yes	No	Please write how many (if applicable)
Brother (including step- or half-brother etc)			
Sister (including step- or half-sister etc)			
Grandparent			
Someone else (please specify)			

5. Do you have a dog at home?

Yes
No

6. Do you attend a boarding school?

No

Yes, but I am a day pupil

- Yes, I board Monday to Friday
 - Yes, I board throughout the school term

PART 2: WHAT YOU THINK ABOUT PHYSICAL ACTIVITY

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

Much more active
More active
About average
Less active
Much less active

2. Does anyone at home usually ask if you have done any physical activity or sport during the day?

Yes
No

- 3. How often do you decide not to do a physical activity because ...? (Please tick one box for each item)
 - a. ...there is a programme on TV that you want to watch?
 - **b.** ...you don't think you are very good at physical activity
 - c. ...other children make fun of you when you are physically
 - d. ... you don't like physical activity?
 - e. ...you don't have the equipment you need?
 - f. ...you are scared that you might get hurt?
 - **g.** ... it is raining?
 - h. ...the activity that you want to do is not available?
 - i. ...the activities available are boring?

4. Do you feel that doing physical activity or sports w

- a. ...make you stronger
- **b.** ...keep you from getting too heavy
- **c.** ...make you very tired
- d. ...make you look better
- e. ...make you feel like you are not good at sports
- f. ...take up too much time
- 5. The national physical activity recommendations for people your age are 60 minutes of at least moderate activity each day (any activity that makes you breathe harder or sweat). Do you think you are meeting these recommendations?

Yes
No

	Often	Sometimes	Rarely	Never
?				
?				
ly active?				
will?				
	Often	Sometimes	Rarely	Never

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6. After school I would normally prefer to ...

(Please tick ONE option for each item)

а.	be indoors	b . Take a walk with friends
	OR	OR
	be outdoors	watch TV
C.	play sport with friends	d. watch TV

С.	play sport with friends
	OR
	take a walk with friends

watch TV
 OR
play sport with friends

7. Which of these activities or sports would you like to try or do more often? (Please tick all that apply)

Racquet sports (e.g. badminton, squash)	
Team sports (e.g. rugby, netball)	
Using a gym (e.g. treadmills, weights)	
I don't want to do any more activities or sports	
	(e.g. badminton, squash) Team sports (e.g. rugby, netball) Using a gym (e.g. treadmills, weights) I don't want to do any

8. Please tell us whether you agree with the following statements

(pl	lease	tick	one	box	for	eacl	h item)
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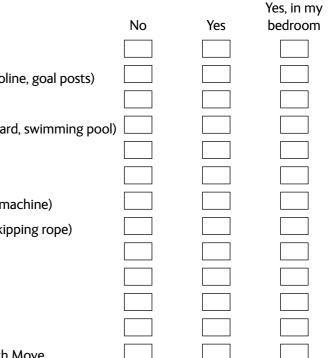
I would like to do more physical activities or sports	Strongly Agree	Agree	Disagree	Strongly Disagree
a. during school time				
b. at weekendso				
c after school				
d with my family				
e with my friends				
f. at home/in the garden				
g at a local community centre				
h at a local park				
i in school grounds				
j at a gym/leisure centre				

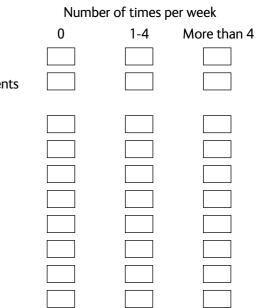
PART 3: YOUR HOME AND FAMILY ENVIRONMENT

1. Please write the names of the three TV channels that you watch the most?

Channel 1	
Channel 2	
Channel 3	

- 2. Do you have these items at your home? (Please tick all that apply)
 - a. A garden
 - b. Fixed sports equipment in the garden (such as trampoline, goal posts)
 - c. Bike
 - d. Water equipment (like canoe, surf board, windsurf board, swimming pool)
 - e. Roller skates, roller blades, skateboard
 - f. Exercise video/DVD(s)
 - Gym equipment (like exercise bike, treadmill, weight-machine) g.
 - h. Portable sports equipment (like balls, bats, Frisbees, skipping rope)
 - i. A television
 - j. A DVD/video player
 - **k**. A home computer (PC/Mac/laptop)
 - I. A regular games console (such as Xbox, Playstation)
 - m. An active games console (such as Wii, Playstation with Move, X-Box with Kinect)
- 3. In an average week, how often do you do these activities together as a family?
 - **a**. Eat meals
 - b. Go to movies, plays, museums, concerts or sports events
 - c. Play sport
 - d. Visit family or friends
 - e. Go to the park
 - **f**. Go swimming
 - g. Go for a bike ride
 - **h**. Watch TV
 - i. Work on a school project
 - Do homework İ.





4.	Please think about your relationships with your family with when answering this question.
	(Please tick one box for each item)

		Not at all			1	Very Much		
		1	2	3	4	5		
a.	How much do they understand you?							
b.	How much do you have fun together?							
C .	How much do they pay attention to you?							

5. During a normal week, someone in my family (like my parents or other family members)... (Please tick one box for each item)

		Never or hardly ever	Once or twice a week	Nearly every day	Every day
а.	encourages me to do physical activities or play sports.				
b.	does a physical activity or plays sports with me.				
С.	takes me to a place where you can do activities or play sports.				
d.	watches me take part in physical activities or sports.				
e .	tells me that I am doing well in physical activities or sports.				
f.	tells me that physical activity is good for my health.				

6. Do you agree with the following statements?

(Please tick one box for each item)

		Strongly Agree	Agree	Disagree	Strongly Disagree
a.	I can sign up for a sport, dance class, or other physical activity.				
b.	I can do something active even if it is cold outside.				
С.	I can do something active even if I have a lot of homework.				
d.	I can ask my parent or another adult to take me to play a sport or do a physical activity.				
е.	I can ask my best friend to do something active with me.				
f.	I can do something active no matter how tired I feel.				
g.	I can do something active even if it is raining.				

PART 4: TRAVELLING TO SCHOOL AND OTHER PLACES

By car
By bus or train
By bicycle
On foot

2. Are you happy with the way you travel to school?

Yes
No, I would prefer to travel by car
No, I would prefer to travel by bus or train
No, I would prefer to walk

No, I would prefer to cycle

3. Do you agree with the following statements about your journey to and from school? (Please tick one box for each item)

- **a.** I can chat to my friends on my journey to school.
- **b.** My parents think it is not safe to walk or cycle to school.
- c. My friends encourage me to walk or cycle to school.
- d. My journey to school gives me exercise.
- e. There are nice things to look at on my way to school.
- f. Walking or cycling to school takes up too much time.
- g. My parents encourage me to walk or cycle to school.
- **h**. It's not considered cool to walk or cycle to school
- i. I would not feel safe if I walked or cycled to school
- 4. How do your parents/carers allow you to travel to or from? (Please tick one box for each item)

- **a**. A Friend's house in the neighbourhood
- **b**. Parks in the neighbourhood
- **c**. Shops in the neighbourhood
- **d**. Sports venue
- e. School

Strongly Agree

Agree

Disagree

[
[
[
[
[
[
[
[

Strongly Disagree

Alone With siblings With an or friends

adult	

I don't go there

5. How do you usually travel to ...

(Please tick one box for each item)

		Car	Bus/ train	Bicycle	Walk	I don't go there
a.	Friends in the neighbourhood					
b.	The park					
С.	Other members of your family					
d.	The shops					

PART 5: ACTIVITIES OUTSIDE OF SCHOOL

- 1. Do you have a part time job?
 - No (go to Part 6)
 - Yes a paid job
 - Yes, but I don't get paid

2. If yes, what is your job?

Paper round	Shop/supermarket assistant	
Waiter/waitress	Babysitting	
Kitchen work	Volunteer work (please state)	
Gardening	Other (please state)	

3. If yes, how may hours per week do you work?

<2 hrs/week	
2-4 hrs/week	
4-8 hrs/week	
8 or more hrs/week	

PART 6: WHAT YOU THINK ABOUT FOOD AND DRINK

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

		Never	Less than once a week
а.	Fruit		
b.	Vegetables		
C .	Sweets		
d.	Chocolates		
e.	Coke or other sugary soft drinks		
f.	Diet coke or diet soft drinks		
g.	Skimmed/semi-skimmed milk (including on cereals)		
h.	Whole fat milk (including on cereals)		
i.	Cheese		
j.	Breakfast cereals		
k.	White bread		
I.	Brown bread		
m.	Crisps		
n.	Chips		
O .	Fruit juices		

2. Do your parents/carers encourage you to eat fruit and vegetables?

Yes
No

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

3. How do you usually get these foods or drinks?

'Please tick one o	ption for each item)
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		I buy them myself	I eat/drink them if they are available at home	I ask my parents to buy them for me	I do not eat/drink them
a.	Fresh fruit or vegetables				
b.	Crisps				
С.	Chips				
d.	Chocolate or sweets				
е.	Cereal bars				
f.	Fizzy drinks / sports drinks				
g.	Bottled water				
h.	Dried fruit / nuts				
i.	Fruit juice				
j.	Hot chocolate				
k.	Other hot drinks				

4. At school did you buy any of these foods or drinks from the following places in the last week? (tick all that apply, tick at least one option for each item)

	Vending machine	School canteen	Snack bar or tuck shop	Shops, cafes, restaurants near school	I did not buy this
Fresh fruit or vegetables					
Crisps					
Chips					
Chocolate or sweets					
Cereal bars					
Fizzy drinks / sports drinks					
Bottled water					
Dried fruit / nuts					
Fruit juice					
Hot chocolate					
Other hot drinks					
	Chips Chocolate or sweets Cereal bars Fizzy drinks / sports drinks Bottled water Dried fruit / nuts Fruit juice Hot chocolate	Fresh fruit or vegetables Crisps Chips Chocolate or sweets Chocolate or sweets Cereal bars Fizzy drinks / sports drinks Bottled water Dried fruit / nuts Fruit juice Hot chocolate	machine canteen Fresh fruit or vegetables	machine canteen tuck shop Fresh fruit or vegetables Crisps	machinecanteentuck shoprestaurants near schoolFresh fruit or vegetables

5. The government recommend that people should eat at least 5 portions of fruit and vegetables per day. Do you think you are meeting this recommendation?

Yes
No

- 6. On schooldays during lunch break do you generally: (Please tick one box).
 - a. Eat the lunch served in the school canteen
 - b. Eat a packed lunch brought from home
 - **c**. Go home for lunch
 - d. Eat lunch you buy outside school from a shop, café, or take-away
 - e. Eat something from a vending machine
 - **f**. Eat food from somewhere else (please specify)
 - g. Not eat lunch
- 7. Which meals do you usually eat..... (Please tick all that apply)

-	
Droo	l/fact
Died	kfast

- **a**. At the dinner table / kitchen table **b**. In front of the TV on schooldays c. In front of the TV at the weekend **d**. Whilst using the computer on schooldays
- e. Whilst using the computer at weekends.

PART 7: YOU AND YOUR FRIENDS

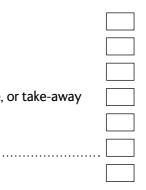
1. During a typical week, do the following things happen? (Please tick one box for each item)

> Strongly Agree

- **a.** My friends do physical activities or play sports with me
- **b.** I ask my friends to do physical activities or play sports with me
- **c**. My friends ask me to do physical activities or play sports with them

2. How would you describe your weight?

Very underweight
Slightly underweight
About the right weight
Slightly overweight
Very overweight



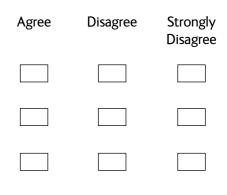


	 iC

Dinner

Snacks

None



OR I don't have one

For the questions below, we ask you to name friends.

As with all guestions, we will not share this information with anyone. We will not tell anyone the names that you write down.

3. Write the first and last name of your CLOSEST FEMALE friend in your year group at your school

Closest female friend:

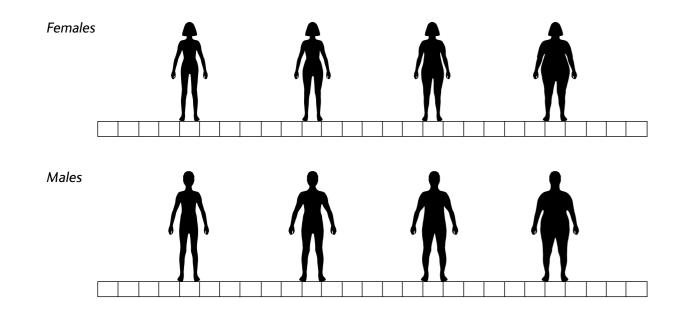
4. Write the first and last name of your CLOSEST MALE friend in your year group at your school.

OR I don't have one Closest male friend:

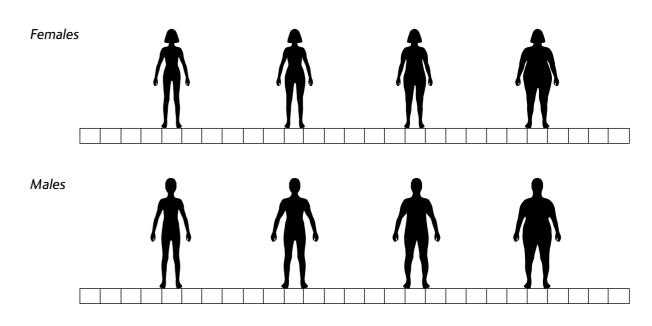
- 5. Write the first and last names for up to three of your closest friends (either male or female).
 - a. Friend 1 **b**. Friend 2 c. Friend 3

For the following questions, you will be asked to use a scale of boxes with four images. The 4 body images above the boxes are markers to help guide you, you can tick any box. There is a scale for females and a scale for males.

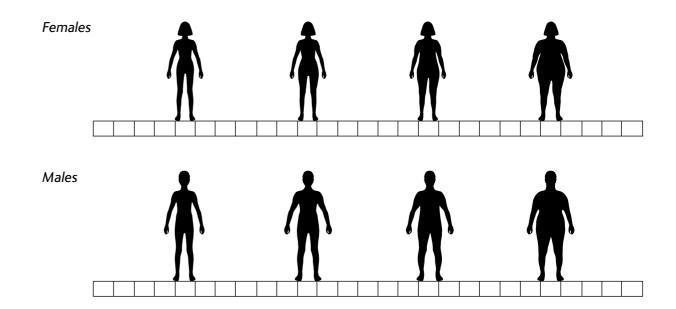
6. Please mark the box that best matches YOUR body type. (Use the scale that is appropriate for your gender.)



7. What is the most common body type amongst people in your year group at your school? (Please mark the box that best matches what you think is the most common body type in your year group at your school for BOTH males and females.)



8. What do you think is a healthy body type? (Please mark the box that best matches what you think is a healthy body type for BOTH males and females.)



Please check that you have answered all of the questions. Thank you very much!