



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)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	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)

	Yes	No
Mother (including step-mum, foster mum etc)	<input type="checkbox"/>	<input type="checkbox"/>
Father (including step-dad, foster dad etc)	<input type="checkbox"/>	<input type="checkbox"/>
Someone else (please specify)	<input type="checkbox"/>	<input type="checkbox"/>

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

	Yes	No	Please write how many (if applicable)
Brother (including step- or half-brother etc)	<input type="checkbox"/>	<input type="checkbox"/>
Sister (including step- or half-sister etc)	<input type="checkbox"/>	<input type="checkbox"/>
Grandparent	<input type="checkbox"/>	<input type="checkbox"/>
Someone else (please specify)	<input type="checkbox"/>	<input type="checkbox"/>

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)

	Often	Sometimes	Rarely	Never
a. ...there is a programme on TV that you want to watch?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ...you don't think you are very good at physical activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ...other children make fun of you when you are physically active?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. ...you don't like physical activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. ...you don't have the equipment you need?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. ...you are scared that you might get hurt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. ...it is raining?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. ...the activity that you want to do is not available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. ...the activities available are boring?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Often	Sometimes	Rarely	Never
a. ...make you stronger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ...keep you from getting too heavy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ...make you very tired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. ...make you look better	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. ...make you feel like you are not good at sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. ...take up too much time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

(Please tick ONE option for each item)

- a. be indoors
OR
 be outdoors
- b. Take a walk with friends
OR
 watch TV
- c. play sport with friends
OR
 take a walk with friends
- d. 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)

- | | |
|---|--|
| Fitness classes
(e.g. aerobics, Pilates, yoga) <input type="checkbox"/> | Racquet sports
(e.g. badminton, squash) <input type="checkbox"/> |
| Dancing
(e.g. hip hop, ballet, ballroom) <input type="checkbox"/> | Team sports
(e.g. rugby, netball) <input type="checkbox"/> |
| Martial arts
(e.g. judo, karate, aikido) <input type="checkbox"/> | Using a gym
(e.g. treadmills, weights) <input type="checkbox"/> |
| Other (please specify) <input type="checkbox"/>
..... | I don't want to do any more activities or sports <input type="checkbox"/> |

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

(please tick one box for each item)

I would like to do more physical activities or sports...	Strongly Agree	Agree	Disagree	Strongly Disagree
a. ... during school time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ... at weekends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ... after school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. ... with my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. ... with my friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. ... at home/in the garden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. ... at a local community centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. ... at a local park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. ... in school grounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. ... at a gym/leisure centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)

	No	Yes	Yes, in my bedroom
a. A garden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fixed sports equipment in the garden (such as trampoline, goal posts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Bike	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Water equipment (like canoe, surf board, windsurf board, swimming pool)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Roller skates, roller blades, skateboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Exercise video/DVD(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Gym equipment (like exercise bike, treadmill, weight-machine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Portable sports equipment (like balls, bats, Frisbees, skipping rope)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. A television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. A DVD/video player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. A home computer (PC/Mac/laptop)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. A regular games console (such as Xbox, Playstation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. An active games console (such as Wii, Playstation with Move, X-Box with Kinect)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. In an average week, how often do you do these activities together as a family?

	Number of times per week		
	0	1-4	More than 4
a. Eat meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Go to movies, plays, museums, concerts or sports events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Play sport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Visit family or friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Go to the park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Go swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Go for a bike ride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Watch TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Work on a school project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Do homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please think about your relationships with your family with when answering this question.

(Please tick one box for each item)

	Not at all		Very Much		
	1	2	3	4	5
a. How much do they understand you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How much do you have fun together?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How much do they pay attention to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
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 you 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"/>

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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I can do something active even if it is cold outside.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I can do something active even if I have a lot of homework.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I can ask my parent or another adult to take me to play a sport or do a physical activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I can ask my best friend to do something active with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I can do something active no matter how tired I feel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I can do something active even if it is raining.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 4: TRAVELLING TO SCHOOL AND OTHER PLACES

1. How do you usually travel to school?

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)

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. I can chat to my friends on my journey to school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My parents think it is not safe to walk or cycle to school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My friends encourage me to walk or cycle to school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My journey to school gives me exercise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. There are nice things to look at on my way to school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Walking or cycling to school takes up too much time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. My parents encourage me to walk or cycle to school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. It's not considered cool to walk or cycle to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I would not feel safe if I walked or cycled to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. How do your parents/carers allow you to travel to or from?

(Please tick one box for each item)

	Alone	With siblings or friends	With an adult	I don't go there
a. A Friend's house in the neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Parks in the neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Shops in the neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Sports venue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
c. Other members of your family	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	Shop/supermarket assistant	<input type="checkbox"/>
Waiter/waitress	<input type="checkbox"/>	Babysitting	<input type="checkbox"/>
Kitchen work	<input type="checkbox"/>	Volunteer work (please state)	<input type="checkbox"/>
Gardening	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>

3. If yes, how many 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	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"/>
f. 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"/>
g. 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"/>
h. 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"/>
i. Cheese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Breakfast cereals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. White bread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Brown bread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Crisps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Chips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Fruit juices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- Yes
- No

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

(Please tick one option for each item)

	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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Crisps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Chips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Chocolate or sweets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Cereal bars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Fizzy drinks / sports drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Bottled water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Dried fruit / nuts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Fruit juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Hot chocolate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Other hot drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
a. Fresh fruit or vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Crisps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Chips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Chocolate or sweets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Cereal bars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Fizzy drinks / sports drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Bottled water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Dried fruit / nuts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Fruit juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Hot chocolate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Other hot drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)

	Breakfast	Lunch	Dinner	Snacks	None
a. At the dinner table / kitchen table	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. In front of the TV on schooldays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. In front of the TV at the weekend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Whilst using the computer on schooldays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Whilst using the computer at weekends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	Agree	Disagree	Strongly Disagree
a. My friends do physical activities or play sports with me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I ask my friends to do physical activities or play sports with me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My friends ask me to do physical activities or play sports with them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How would you describe your weight?

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

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

As with all questions, 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: OR I don't have one

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

Closest male friend: OR I don't have one

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.)

Females

Males

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.)

Females

Males

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.)

Females

Males

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

