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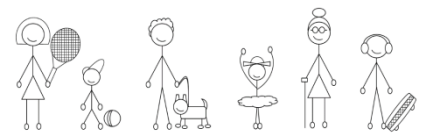
Family-based physical activity promotion: findings from  
the Families Reporting Every Step to Health (FRESH)  
feasibility study and pilot RCT

Lead author: Esther M.F. van Sluijs

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A: Adult information sheet - Feasibility study



FRESH: Families Reporting Every Step to Health

# Participant Information Sheet

## The Families Reporting Every Step to Health (FRESH) Project

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### Summary

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FRESH is an 8-week family-focused but child-led project that is delivered online. It's about having fun, doing activities, and spending quality time together as a family. If you and your family would like to participate, you will be given access to the FRESH website.

On the FRESH website you and your family will be able to virtually walk to different cities around the world by logging steps and choosing weekly challenges. As you and your family 'travel' across the world, you'll unlock badges, receive rewards, and learn about the city you're in!

We're trying to find out if participating in the FRESH project can enhance family life and activity. We'd also like to find out what families liked and didn't like about the project and how we can improve FRESH.

FRESH is delivered online, so our team's involvement is minimal. We will only take some measurements on two occasions, once at the beginning and once at the end of the project.

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### Contents

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- 1 Why we are doing this study
- 2 Who can take part?
- 3 What will happen to me if I take part?
- 4 Possible benefits and disadvantages of taking part
- 5 More information about taking part
- 6 Contact for further information

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### How to contact us

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If you have any questions about this study please talk to:

Justin Guagliano

Research Associate, or

Beth Haines

Study Coordinator, at

MRC Epidemiology Unit and Centre  
for Diet and Activity Research

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## 1 Why we are doing this study?

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In this project we're trying to find out if participating in the FRESH project enhances your family life or activity. We'd also like to find out from families what they liked and didn't like about the FRESH project and how we can improve.

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## 2 Who can take part?

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Your family can take part in FRESH, if you:

- Have a child aged 8-10 years old.
- Have at least one adult (living in the child's main household) willing to participate in the project. Wider family participation is encouraged, but not required.
- Can at least do light physical activity (e.g., walking).
- Have sufficient understanding of the English language.

A minimum of one adult (living in the household) and one child (8-10 years) are required to participate; however, wider family participation is encouraged!

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## 3 What will happen to me if I take part?

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### Collecting information

We will ask the adult members of your household who would like to take part in the project to sign a consent form as well as asking the main parent/carer to sign a parental consent form for all participating children. We will also ask all children in your household for their assent to participate.

We will take some measurements from all participating family members on two occasions, once at the beginning and once approximately 9 weeks later. Measurements will occur at a location convenient for you. If you are uncomfortable with some measures, you may opt out of that measure.

We'll be measuring the following at the beginning and once at the end of the project:

- Height, weight, waist circumference, and blood pressure.
- Fitness with a short step test (about 10 minutes).
- A short questionnaire about you and your family.
- Children only will be asked to complete memory and attention tasks.
- A short video recorded activity where you will plan a holiday as a family.
- Some families will also be asked to take part in a family discussion with a researcher to talk about your experiences with being involved in the project.
- Physical activity for 7 days using GPS and an activity monitor. These are small devices that are worn on your hip (see pictures below).



In addition, website usage will be monitored to enable us to gauge website engagement.

**Setting you up with FRESH online**  
Approximately a week after the measures, we'll meet with you all again. We want to see if it makes a difference if everyone in the family is tracking their steps or just the one child. To do this we randomly allocate (like flipping a coin) families to one of two groups: Group 1) All the family gets a pedometer (a monitor that allows you to track your step counts); or Group 2) just the main child gets the pedometer for the course of the project. At this visit we'll be able to let you know which group you are in and set you up with the pedometers.

A member of our team will then show your family how to use the FRESH website. If you have any difficulties with the website, you can contact us for help. All families will have access to the FRESH website and the pedometers provided will enable you to log your steps on the website. For the next 8 weeks, your family

will have full access to engage with the website. You will be asked to log your step counts on the FRESH website at least once per week, but we'd like you to wear the pedometer as much as possible throughout the week, so that you know how many steps you took daily.

That's it! You will continue to have access to the website, should your family choose to continue to choose challenges.

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## 4 Possible benefits and disadvantages of taking part

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### What are the possible disadvantages and risks of taking part?

We do not anticipate any disadvantages or risks with participation in the FRESH project. This project has been designed with families, for families. It promotes inclusivity of all family members, and focuses on enhancing quality family time through physical activity. All measures in this project have been used before in both adults and children and we will follow established procedures.

### What are the possible benefits of taking part?

The FRESH project encourages families to spend time and achieve activity goals together. Therefore, by participating in this project you may feel more connected as a family and may also experience some health improvements.

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## 5 More information about taking part

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### Do I have to take part?

No, it is up to you to decide whether or not to take part. If you decide to take part you will be given this information sheet to keep and you will be asked to sign the consent forms. If you do not want to participate, but other family members do, your family will be eligible if a minimum of one adult (living in the household) and one child (8-10 years) participate.

You can stop taking part in any part of this project, or all of it, at any time and without giving a reason. If one member of your family decides to stop taking part in the project, this does not necessarily mean your whole family must withdraw also. As long as there is one adult (living in the household) and one child (8-10 years) willing to continue they will be allowed to.

### Will I receive any payment for taking part?

Upon the return of your GPS and activity monitor, at both measurement periods, we will give out £5 vouchers to all participating family members. Also, the pedometers we hand out are yours to keep.

### Will my taking part be kept confidential?

Your family's participation will be kept strictly confidential. However, as with anyone else who works with children, we have a responsibility in relation to safeguarding children, which includes a duty to disclose to the relevant authorities any instance of reasonable evidence of non-accidental child suffering. This would not occur without prior consultation with our trained clinical staff.

### What will happen to information about me collected during the study?

If you agree to take part in this project, any information we collect from you will be kept confidential and stored anonymously on secure computers. Paper records of data (e.g. consent forms) will be stored either in locked filing cabinets within lockable offices within an access restricted building, or will be sent off site to a secure storage facility that complies with our security requirements. All data handling, processing, transfer and storage procedures comply with our obligations under the Data Protection Act, 1998, and comply with our local data handling and security policies and procedures. Personal data will only be accessed and used by those who have been granted permission.

## What if there is a problem?

If you have a concern about any aspect of this study you should ask to speak to the research team who will do their best to answer your questions. Contact details are listed in Section 6.

## What will happen to the results of the study?

When the project is completed, we will publish the results in academic journals, so that other researchers can see them. Your identity and any personal details will be kept confidential. No named information about you will be published in any report or publication stemming from this project. We will also provide you with a summary of our findings and your physical activity measurements.

## Who is organising and funding the study?

This trial is organised by the MRC Epidemiology Unit, part of the University of Cambridge. The funder is the National Institute for Health Research Public Health Research Programme (project number 15/01/19).

## Who has reviewed the study?

This trial has been reviewed by an independent group of people, called the Research Ethics Committee, to protect your safety, rights, well-being and dignity. The study has been given a favourable opinion by the University of Cambridge Humanities and Social Sciences Research Ethics Committee.

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## 6 Contact for further information

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If you have any questions regarding the study or how you might be involved further contact information can be found below.

### Local researcher

Dr. Justin Guagliano  
Research Associate  
MRC Epidemiology Unit and Centre for Diet and Activity Research  
University of Cambridge

### Study Support

Beth Haines  
Study Coordinator  
MRC Epidemiology Unit and Centre for Diet and Activity Research  
University of Cambridge

Email: [fresh@mrc-epid.cam.ac.uk](mailto:fresh@mrc-epid.cam.ac.uk)  
Freephone: 0800 783 3009  
Website: [www.cedar.iph.cam.ac.uk/research/directory/fresh](http://www.cedar.iph.cam.ac.uk/research/directory/fresh)

### Principal Investigator

Dr. Esther van Sluijs  
Group Leader  
MRC Epidemiology Unit and Centre for Diet and Activity Research  
University of Cambridge

Thank you for taking the time to consider taking part in this project.

**B: Child information sheet Feasibility study**



## Would you like to take part in FRESH?

- Please read this sheet with your parents and then decide whether or not you wish to take part.

### 1. What is the FRESH research project about?

- FRESH is all about having fun and doing activities with your family. Each week you can pick challenges and pretend to travel to different cities around the world by logging your steps onto the FRESH website.



Each time you meet a challenge you can unlock new badges and information about the city.

#### What are we trying to find out?

- We are trying to find out if you did more activities with your family during the FRESH project. We also want to know what you liked and did not like about the FRESH project and how we can make it better.

### 2. What will I have to do if I take part?

- We will take some measurements 2 times, at the start and at the end of the project. We will measure your parents and your brothers and sisters too.

Here is what you will have to do each time we measure:

- Wear these 2 monitors for 7 days.

This one is called a GPS monitor, it tells us where you are.



This one is called an activity monitor, it tells us how active you are.



We will also measure:

- Height and weight



- Waist circumference



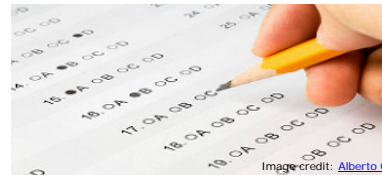
- Blood pressure



- Your fitness



- Questionnaire about you and your family



- Memory and attention games



- Some families will be asked to talk with a researcher about what they liked and did not like about the FRESH.
- We will also give you another activity monitor to help you keep track of your steps so that you can log them onto the FRESH website every week.

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### 3. Do I have to take part in the FRESH project?

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- No, it is your choice if you want to take part.

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### 4. Can I stop taking part after I've joined the project?

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- Yes, you can always change your mind and stop taking part.

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### 5. What do I do if I do not want to take part anymore?

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- That is OK, just tell your parents that you do not want to take part anymore and they will talk to the researchers. You do not have to give any reason, it is your choice.

## C: Leaflet - Feasibility study

# Can your family make it around the world?

Have fun, be active, collect badges, and best of all do it as a family!



## What is this project about?

Families Reporting Every Step to Health (FRESH) is a FREE 6-week family-focused project that allows your family virtually 'travel' to different cities around the world by logging your steps and choosing weekly challenges.

## What are we trying to find out?

We're trying to find out if participating in the FRESH project boosts family life or physical activity. We also would like to find out what families liked and didn't like about the FRESH project and how we can improve it.

## Who can take part?

Your family can take part in FRESH if your family includes an 8-10 year old and at least one adult (living in the household) willing to participate. We encourage wider family participation, but it is not required. The ability to at least do light physical activity (e.g., walking) is also required.

## Want to join?

If your family would like to take part in FRESH, please feel free to contact Beth Haines or Justin Guagliano by:

Email: [FRESH@mrc-epid.cam.ac.uk](mailto:FRESH@mrc-epid.cam.ac.uk)  
Freephone: 0800 783 3009

For more information visit: [www.cedar.iph.cam.ac.uk/research/directory/fresh/](http://www.cedar.iph.cam.ac.uk/research/directory/fresh/)



D: Adult informed consent form - Feasibility study

# Informed Consent Form (Adult)

Principal Investigator: Dr. Esther van Sluijs

Please answer the following questions by placing your **initials** in the box next to the appropriate response.

**(Please Initial)**

1. I confirm that I have read and understand the information sheet (version 1.1, dated 27-05-2017) and have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
2. I understand that I can choose to opt out of any measurement listed in the information sheet (version 1.1, dated 27-05-2017) and that opting out of any measurement does not necessarily mean that I am withdrawing from the project.	
3. I understand that my participation in this project is voluntary and that I can withdraw from the project at any time without reason should I choose <b>without my legal rights being affected</b> .	
4. I understand that if I withdraw from the project, it does not necessarily mean my family will be withdrawn from the project; so long as one adult (living in the main household) and one child (aged 8-10 years) are still happy to participate.	
5. I understand that the information gathered about me will be looked after and stored securely by the MRC Epidemiology Unit, University of Cambridge and its collaborators, and may be used anonymously in future projects.	
6. I agree to participate in the FRESH project.	

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Name of participant *(Please print)*

Date (DD/MM/YY)

Signature

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Researcher *(Please print)*

Date (DD/MM/YY)

Signature

E: Parent consent/child assent form - Feasibility study

# Parental Consent/Child Assent Form

Principal Investigator: Dr. Esther van Sluijs

Please answer the following questions by placing your **initials** in the box next to the appropriate response.

(Please  
Initial)

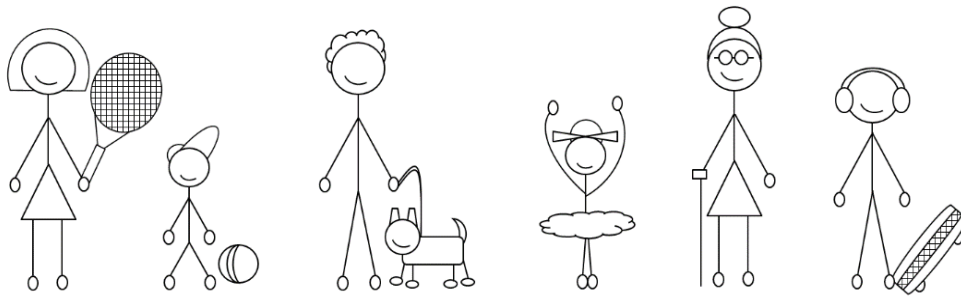
7. I confirm that I have read and understand the information sheet (version 1.1, dated 27-05-2017) for the above study and have had the opportunity to ask questions.	
8. I have discussed participation in the project with my child and my child would like to participate in the project.	
9. I understand that my child can choose to opt out of any measurement listed in the information sheet (version 1.1, dated 27-05-2017) and that opting out of any measurement does not necessarily mean that my child is withdrawing from the study.	
10. I understand that my child's participation in this project is voluntary and that my child can withdraw from the study at any time without reason should they choose.	
11. I understand that if my child would like to withdraw from the project, it does not necessarily mean my family will be withdrawn from the project; so long as one adult (living in the main household) and one child (aged 8-10 years) are still happy to participate.	
12. I understand that the information gathered about my will be looked after and stored securely by the MRC Epidemiology Unit, University of Cambridge and its collaborators, and may be used anonymously in future projects.	
13. I agree for my child to participate in the FRESH project	

Name of Child ( <i>Please print</i> )	Date (DD/MM/YY)	Child's Signature
Name of Parent/Carer ( <i>Please print</i> )	Date (DD/MM/YY)	Parent/Carer Signature
Researcher ( <i>Please print</i> )	Date (DD/MM/YY)	Researcher Signature



## F: Parent questionnaire - Feasibility study

Barcode



## FRESH: Families Reporting Every Step to Health Parent Questionnaire

- Please answer the questions as honestly and accurately as you can.
- All aspects of the study, including results, will be confidential and only the research team will have access to information on participants.
- Any reports or publications resulting from this study will not identify any individual who participated.
- Participation is entirely voluntary. There is no obligation to participate and withdrawal is permitted at any time without giving any reason and without any consequences.

## Section 1: About you

1. In relation to the 8-10 year old child participating in FRESH, this questionnaire is being completed by:

<input type="checkbox"/>	<b>Mother</b>
<input type="checkbox"/>	Father
<input type="checkbox"/>	Step-mother
<input type="checkbox"/>	Step-father
<input type="checkbox"/>	Sister
<input type="checkbox"/>	Brother
<input type="checkbox"/>	Grandmother
<input type="checkbox"/>	Grandfather
<input type="checkbox"/>	Other (e.g., guardian). Please specify: _____

2. What is your sex?

<input type="checkbox"/>	<b>Female</b>
<input type="checkbox"/>	Male
<input type="checkbox"/>	Prefer not to say

3. When is your date of birth?

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 DD            MM            YYYY

4. What is your ethnic origin? (Please tick **ONE** box only).

<input type="checkbox"/>	<b>White or White British</b>
<input type="checkbox"/>	Black or Black British
<input type="checkbox"/>	Asian or Asian British
<input type="checkbox"/>	Mixed
<input type="checkbox"/>	Other ethnic group: _____
<input type="checkbox"/>	Don't know
<input type="checkbox"/>	Prefer not to answer

5. At what age did you finish full time education? \_\_\_\_\_ years.

<input type="checkbox"/>	<b>I have not finished full time education y</b>
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6. What best describes your current marital status? (Please tick the box which is most applicable).

<input type="checkbox"/>	<b>Single</b>	<input type="checkbox"/>	<b>Separated</b>
<input type="checkbox"/>	Married or living as married	<input type="checkbox"/>	Divorced
<input type="checkbox"/>	Widowed		

7. Describing your health **TODAY**. Under each heading, please tick the **ONE** box that best describes your health **TODAY**.

**A. Mobility (walking about)**

<input type="checkbox"/>	<b>I have no problems walking about today.</b>
<input type="checkbox"/>	I have slight problems walking about today.
<input type="checkbox"/>	I have moderate problems walking about today.
<input type="checkbox"/>	I have severe problems walking about today.
<input type="checkbox"/>	I am unable to walk about today.

**B. Self-Care**

<input type="checkbox"/>	<b>I have no problems washing or dressing myself today.</b>
<input type="checkbox"/>	I have slight problems washing or dressing myself today.
<input type="checkbox"/>	I have moderate problems washing or dressing myself today.
<input type="checkbox"/>	I have severe problems washing or dressing myself today.
<input type="checkbox"/>	I am unable to wash or dress myself today.

**C. Usual activities (for example, work, study, housework, family or leisure activities).**

<input type="checkbox"/>	<b>I have no problems doing my usual activities today.</b>
<input type="checkbox"/>	I have slight problems doing my usual activities today.
<input type="checkbox"/>	I have moderate problems doing my usual activities today.
<input type="checkbox"/>	I have severe problems doing my usual activities today.
<input type="checkbox"/>	I am unable to do usual activities today.

**D. Pain/discomfort**

<input type="checkbox"/>	<b>I have no pain or discomfort today.</b>
<input type="checkbox"/>	I have slight pain or discomfort today.
<input type="checkbox"/>	I have moderate pain or discomfort today.
<input type="checkbox"/>	I have severe pain or discomfort today.
<input type="checkbox"/>	I have extreme pain or discomfort today.

**e. Anxiety/Depression**

<input type="checkbox"/>	<b>I am not anxious or depressed today.</b>
<input type="checkbox"/>	I am slightly anxious or depressed today.
<input type="checkbox"/>	I am moderately anxious or depressed today.
<input type="checkbox"/>	I am severely anxious or depressed today.
<input type="checkbox"/>	I am extremely anxious or depressed today.

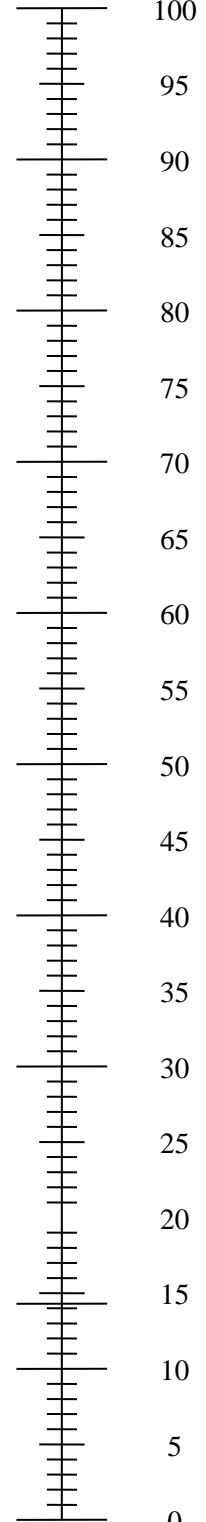
f. We would like to know how good or bad your health is **TODAY**. This scale is numbered from 0 to 100. Mark an X on the scale to indicate how your health is **TODAY**.

100 means the **best** health you can imagine.  
0 means the **worst** health you can imagine.

Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY

The best health  
you can imagine



The worst health  
you can imagine

8. According to national recommendations adults should be active at a **moderate intensity** (e.g., cycling or fast walking) for **at least 150 minutes every week**.

Please indicate whether you think you have achieved this level of physical activity **over the last month**:

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

9. Why do you engage in physical activity? Please indicate how true or untrue these statements are to you. Please circle **ONE** number on each line.

	Not true for me	1	A little true for me	2	3	Very true for me	4
I feel guilty when I'm not physically active.	0	1	2	3	4		
I value the benefits of physical activity.	0	1	2	3	4		
I feel ashamed when I miss a session of physical activity.	0	1	2	3	4		
It's important to me to be physically active regularly.	0	1	2	3	4		
I can't see why I should bother being physically active.	0	1	2	3	4		
I am physically active because others will not be pleased with me if I don't.	0	1	2	3	4		
I don't see the point in physical activity.	0	1	2	3	4		
I find physical activity to be enjoyable.	0	1	2	3	4		
I feel under pressure from my friends/family to be physically active.	0	1	2	3	4		
I get pleasure and satisfaction from participating in physical activity.	0	1	2	3	4		

10. On average **over the last 4 weeks**, how much time did you spend on: (a) TV/video viewing and (b) computer use?

a. TV viewing or video watching. Please tick **ONE** box on each line.

Hours of TV, DVD, or video watched (not on computer/iPad, etc.) per day	Average over the last 4 weeks					
	None	Less than 1 hour per day	1 to 2 hours per day	2 to 3 hours per day	3 to 4 hours per day	More than 4 hours per day
On a weekday before 6 pm						
On a weekday after 6 pm						
On a weekend before 6 pm						
On a weekend after 6 pm						

b. Computer use at home, but **not at work**. Please tick **ONE** box on each line. This includes use of: desktop computers or laptops, iPads, PlayStation, Xbox, Nintendo Wii or DS.

Hours of home computer use or video watched (on computer/iPad, etc.) per day	Average over the last 4 weeks					
	None	Less than 1 hour per day	1 to 2 hours per day	2 to 3 hours per day	3 to 4 hours per day	More than 4 hours per day
On a weekday before 6 pm						
On a weekday after 6 pm						
On a weekend before 6 pm						
On a weekend after 6 pm						

## Section 2: About your child

In this section, 'your child' is referring to your 8-10 year old child taking part in FRESH.

11. How physically active would you say **your child** is? Please tick one.

<input type="checkbox"/>	<b>Very inactive.</b>
<input type="checkbox"/>	Fairly inactive.
<input type="checkbox"/>	Neither inactive or active.
<input type="checkbox"/>	Fairly active.
<input type="checkbox"/>	Very active.

12. Which of the following activities did **your child** do in the past 7 days? Please put '0' if not applicable.

Did your child do the following activities in the past 7 days?		Monday-Friday	Saturday-Sunday
		Total hours/minutes	Total hours/minutes
<b>Example:</b> Watching TV/videos	No <b>Yes</b>	15 hrs	6 hrs 30 mins
Playing video games (e.g. PlayStation/Xbox/Nintendo DS).	No Yes		
Using computer/tablet.	No Yes		
Watching TV/DVD/video.	No Yes		
Playing games on the phone.	No Yes		
Other (please state): _____.	No Yes		

13. Please circle **ONE** response indicating to how much you agree or disagree with each of these statements.

	Strongly disagree		Strongly agree	
	1	2	3	4
I limit how long my child plays video games (including PlayStation, Xbox, and Gameboy).	1	2	3	4
I limit how long my child can use the computer for things other than homework (such as playing computer games and surfing the internet).	1	2	3	4
I limit how long my child can watch TV or DVDs each day (including educational and non-educational programs).	1	2	3	4



### Section 3: About your family

14. In an **average week**, how often do you do these activities **together as a family**?  
Please tick **ONE** box on each line.

	Number of Times each week		
	0 times each week	1-3 times each week	4 or more times each week
Play active games (like playing sports or tag).			
Go to the park.			
Play board games or cards.			
Go for a bike ride.			
Go for a walk or hike.			
Watch TV or movies.			
Have family talks.			
Go swimming.			
Walk the pet(s).			
Visit family or friends.			
Eat meals together.			
Walk or bike to school.			
Play computer or video games (like PlayStation/Xbox/Nintendo DS).			
Other (please state): _____.			
Other (please state): _____.			
Other (please state): _____.			

15. I think my family should engage in physical activity regularly (on most or all days of the week) during their free time. Please circle **ONE**.

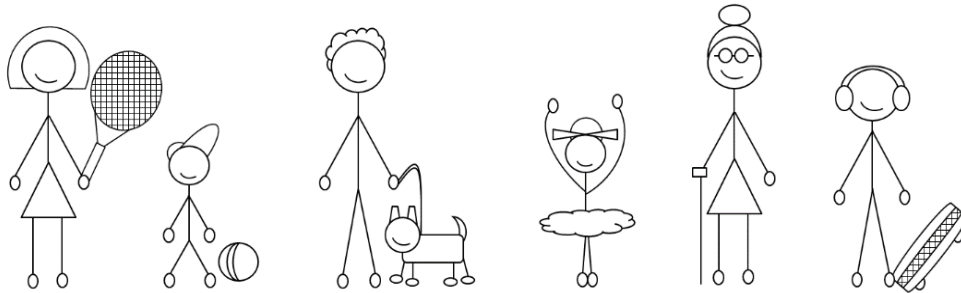
<input type="checkbox"/>	<b>Strongly disagree.</b>
<input type="checkbox"/>	Somewhat disagree.
<input type="checkbox"/>	Neither agree or disagree.
<input type="checkbox"/>	Somewhat agree.
<input type="checkbox"/>	Strongly agree.

16. Please circle **ONE** number to indicate how frequently or infrequently you do the following.

	Never	Rarely	Sometimes	Often	Very often
<b>How often...</b>					
<b>...do you encourage someone in your family to be physically active (e.g., bike riding walking, playing sports)?</b>	1	2	3	4	5
<b>...are you physically active together with someone in your family?</b>	1	2	3	4	5
<b>...do you take someone in your family to places where they you can be physically active (e.g., the park, sports practice, swimming lessons)?</b>	1	2	3	4	5
<b>...do you watch or cheer for someone in your family while they are doing physical activity (e.g., sports games, gymnastics/ dance competitions)?</b>	1	2	3	4	5
<b>...do you ask someone in your family to be physically active with you?</b>	1	2	3	4	5
<b>...do you tell someone in your family that they are doing well when they are doing physical activities?</b>	1	2	3	4	5

## G: Child questionnaire - Feasibility study

Barcode



FRESH: Families Reporting Every Step to Health

## Young Persons Questionnaire (15 years and under)

- Please answer the questions as honestly and accurately as you can.
- This is not a test, there is no right or wrong answer to the questions.
- If we're worried about any of the answers you have given about how you feel, we'll talk to you about it and may need to share with another adult.
- If the question asks about your parents, we mean your mum or dad or other adults who live and take care of you.

**Physical Activity** is any activity that increases your breathing and makes your heart beat faster.

**Physical Activity** can be done in sports, playing with friends, or walking to school.

Some examples of physical activity are running, walking quickly, cycling, skateboarding, dancing, swimming, basketball, football, gymnastics, and playing on the playground.

## Part 1: About you

17. When is your birthday? (For example 1<sup>st</sup> July) \_\_\_\_\_

18. How old are you? \_\_\_\_\_ years old.

19. Are you a boy or a girl?

<input type="checkbox"/>	Girl
<input type="checkbox"/>	Boy
<input type="checkbox"/>	Prefer not to say

20. The next questions ask about how you are **TODAY**. For each question, read all the choices and tick the box  that is most like you today. Only tick **ONE** box for each question.

**Example:** Today I feel quite upset so I will tick this box.

### Upset

<input type="checkbox"/>	I don't feel upset today.
<input type="checkbox"/>	I feel a little bit upset today.
<input type="checkbox"/>	I feel a bit upset today.
<input checked="" type="checkbox"/>	I feel quite upset today.
<input type="checkbox"/>	I feel very upset today.

Now tick the **ONE** box that is most like you today.

**A.** How **worried** are you **TODAY**?

<input type="checkbox"/>	I don't feel worried today.
<input type="checkbox"/>	I feel a little bit worried today.
<input type="checkbox"/>	I feel a bit worried today.
<input type="checkbox"/>	I feel quite worried today.
<input type="checkbox"/>	I feel very worried today.

**B.** How **sad** are you **TODAY**?

<input type="checkbox"/>	I don't feel sad today.
<input type="checkbox"/>	I feel a little bit sad today.
<input type="checkbox"/>	I feel a bit sad today.
<input type="checkbox"/>	I feel quite sad today.
<input type="checkbox"/>	I feel very sad today.

**C.** How much **pain** are you in **TODAY**?

<input type="checkbox"/>	I don't have any pain today.
<input type="checkbox"/>	I have a little bit of pain today.
<input type="checkbox"/>	I have a bit of pain today.
<input type="checkbox"/>	I have quite a lot of pain today.
<input type="checkbox"/>	I have a lot of pain today.

**D. How tired are you TODAY?**

- |                          |                                  |
|--------------------------|----------------------------------|
| <input type="checkbox"/> | <b>I don't feel tired today.</b> |
| <input type="checkbox"/> | I feel a little bit tired today. |
| <input type="checkbox"/> | I feel a bit tired today.        |
| <input type="checkbox"/> | I feel quite tired today.        |
| <input type="checkbox"/> | I feel very tired today.         |

**E. How annoyed are you TODAY?**

- |                          |                                    |
|--------------------------|------------------------------------|
| <input type="checkbox"/> | <b>I don't feel annoyed today.</b> |
| <input type="checkbox"/> | I feel a little bit annoyed today. |
| <input type="checkbox"/> | I feel a bit annoyed today.        |
| <input type="checkbox"/> | I feel quite annoyed today.        |
| <input type="checkbox"/> | I feel very annoyed today.         |

**F. Did you have problems with your school work/homework (such as reading, writing, doing lessons) TODAY?**

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | <b>I have no problems with my schoolwork/homework today.</b> |
| <input type="checkbox"/> | I have a few problems with my schoolwork/homework today.     |
| <input type="checkbox"/> | I have some problems with my schoolwork/homework today.      |
| <input type="checkbox"/> | I have many problems with my schoolwork/homework today.      |
| <input type="checkbox"/> | I can't do my schoolwork/homework today.                     |

**G. Did you have problems sleeping LAST NIGHT?**

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | <b>Last night I had no problems sleeping.</b> |
| <input type="checkbox"/> | Last night I had a few problems sleeping.     |
| <input type="checkbox"/> | Last night I had some problems sleeping.      |
| <input type="checkbox"/> | Last night I had many problems sleeping.      |
| <input type="checkbox"/> | Last night I couldn't sleep at all.           |

**H. Did you have problems with your daily routine (things like eating, having a bath/shower, getting dressed) TODAY?**

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | <b>I have no problems with my daily routine today.</b> |
| <input type="checkbox"/> | I have a few problems with my daily routine today.     |
| <input type="checkbox"/> | I have some problems with my daily routine today.      |
| <input type="checkbox"/> | I have many problems with my daily routine today.      |
| <input type="checkbox"/> | I can't do my daily routine today.                     |

**I. How able are you to join in activities (things like playing with your friends, doing sports, joining in things) TODAY?**

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | <b>I can join in with any activities today.</b> |
| <input type="checkbox"/> | I can join in with most activities today.       |
| <input type="checkbox"/> | I can join in with some activities today.       |
| <input type="checkbox"/> | I can join in with a few activities today.      |
| <input type="checkbox"/> | I can join in with no activities today.         |

## Part 2: You thoughts about physical activity

### REMEMBER...

**Physical Activity** is any activity that increases your breathing and makes your heart beat faster.

Some examples of physical activity are running, brisk walking, cycling, skateboarding, dancing, swimming, basketball, football, gymnastics, and playing on the playground.

21. Compared with other boys or girls your age, would you say that you are:

<input type="checkbox"/>	<b>Much more active.</b>
<input type="checkbox"/>	More active.
<input type="checkbox"/>	About average.
<input type="checkbox"/>	Less active.
<input type="checkbox"/>	Much less active.

22. How true is each sentence for you? Please circle **ONE** number each line.

	<b>Not true</b>	<b>A little bit true</b>	<b>Very true</b>
<b>I am active because I enjoy being active.</b>	1	2	3
<b>I am active because it is important to me to be active.</b>	1	2	3
<b>I am active because when I don't do activity I feel bad about myself.</b>	1	2	3
<b>I am active because if I'm not, other people will not be happy with me.</b>	1	2	3

23. How true is each sentence for you? Please circle **ONE** number each line.

	<b>Not true</b>	<b>A little bit true</b>	<b>Very true</b>
<b>I can decide which activities I want to do.</b>	1	2	3
<b>I feel I am active because I want to be.</b>	1	2	3
<b>When it comes to being active, I think I am pretty good.</b>	1	2	3
<b>I am happy with how good I am at being active.</b>	1	2	3
<b>When it comes to being active, I feel like I'm part of a group.</b>	1	2	3
<b>When it comes to being active, I fit in well with others.</b>	1	2	3



### Part 3: About your parents/family

24. How often do **your parents** let you do the following? Please circle **ONE** number each line.

	Never	Sometimes	Often
My parents let me watch TV as much as I want.	1	2	3
My parents let me use the computer as much as I want for things that aren't homework like playing games or watching videos.	1	2	3
My parents let me play video games (such as PlayStation, Xbox, and Gameboy) as much as I want.	1	2	3

25. How often does **your family** do the following? Please circle **ONE** number each line.

	Never	Sometimes	Often
How often does someone in your family encourage (or tell) you to do active things (like bike riding walking, playing sports)?	1	2	3
How often are you active together with someone in your family?	1	2	3
How often does someone in your family bring you to places where you can be active (like the park, sports practice, swimming lessons)?	1	2	3
How often does someone in your family watch or cheer for you when you are doing active things (like sports games or gymnastics or dance competitions)?	1	2	3
How often does someone in your family ask you to be active with them?	1	2	3
How often does someone in your family tell you that you are doing good when you are doing active things?	1	2	3

10. In a normal week, how many times do you do these activities together as a family?  
Please tick **ONE** box every line.

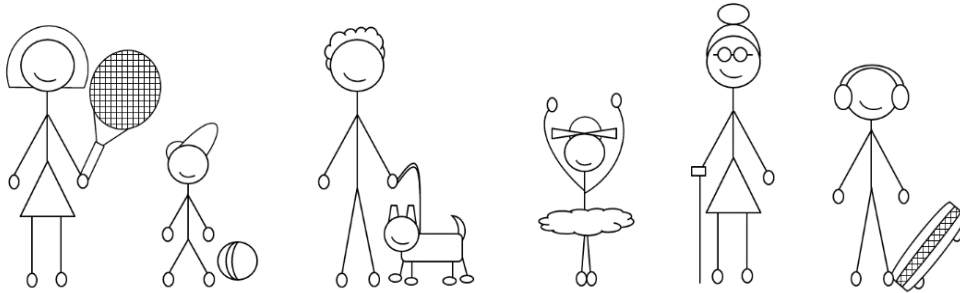
	Number of Times each week		
	0 times each week	1-3 times each week	4 or more times each week
Play active games (like playing sports or tag).			
Go to the park.			
Play board games or cards.			
Go for a bike ride.			
Go for a walk or hike.			
Watch TV or movies.			
Have family talks.			
Go swimming.			
Walk the pet(s).			
Visit family or friends.			
Eat meals together.			
Walk or bike to school.			
Play computer or video games (like PlayStation/Xbox/Nintendo DS).			
Other: _____.			

11. How true is each sentence? Please fill in **ONE** circle in each line.

	Not true	A little bit true	Very true	Does not apply
My Mum thinks that I should be active during my free time on most days of the week.	1	2	3	
My Dad thinks that I should be active during my free time on most days of the week.	1	2	3	
My sister(s) think that I should be active during my free time on most days of the week.	1	2	3	
My brother(s) think that I should be active during my free time on most days of the week.	1	2	3	

## H: Non-parent questionnaire - Feasibility study

Barcode



FRESH: Families Reporting Every Step to Health  
Non-Parent Questionnaire  
(16 years and older)

- Please answer the questions as honestly and accurately as you can.
- All aspects of the study, including results, will be confidential and only the research team will have access to information on participants.
- Any reports or publications resulting from this study will not identify any individual who participated.
- Participation is entirely voluntary. There is no obligation to participate and withdrawal is permitted at any time without giving any reason and without any consequences.

## Section 1: About you

27. In relation to the 8-10 year old child participating in FRESH, this questionnaire is being completed by:

<input type="checkbox"/>	<b>Mother</b>
<input type="checkbox"/>	Father
<input type="checkbox"/>	Step-mother
<input type="checkbox"/>	Step-father
<input type="checkbox"/>	Sister
<input type="checkbox"/>	Brother
<input type="checkbox"/>	Grandmother
<input type="checkbox"/>	Grandfather
<input type="checkbox"/>	Other (e.g., guardian). Please specify: _____

28. What is your sex?

<input type="checkbox"/>	<b>Female</b>
<input type="checkbox"/>	Male
<input type="checkbox"/>	Prefer not to say

29. When is your date of birth?

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 DD            MM            YYYY

30. What is your ethnic origin? (Please tick **ONE** box only).

<input type="checkbox"/>	<b>White or White British</b>
<input type="checkbox"/>	Black or Black British
<input type="checkbox"/>	Asian or Asian British
<input type="checkbox"/>	Mixed
<input type="checkbox"/>	Other ethnic group: _____
<input type="checkbox"/>	Don't know
<input type="checkbox"/>	Prefer not to answer

31. At what age did you finish full time education? \_\_\_\_\_ years.

<input type="checkbox"/>	<b>I have not finished full time education</b>
--------------------------	--

32. What best describes your current marital status? (Please tick the box which is most applicable).

<input type="checkbox"/>	<b>Single</b>	<input type="checkbox"/>	<b>Separated</b>
<input type="checkbox"/>	Married or living as married	<input type="checkbox"/>	Divorced
<input type="checkbox"/>	Widowed		

33. Describing your health **TODAY**. Under each heading, please tick the **ONE** box that best describes your health **TODAY**.

**E. Mobility (walking about)**

<input type="checkbox"/>	<b>I have no problems walking about today.</b>
<input type="checkbox"/>	I have slight problems walking about today.
<input type="checkbox"/>	I have moderate problems walking about today.
<input type="checkbox"/>	I have severe problems walking about today.
<input type="checkbox"/>	I am unable to walk about today.

**F. Self-Care**

<input type="checkbox"/>	<b>I have no problems washing or dressing myself today.</b>
<input type="checkbox"/>	I have slight problems washing or dressing myself today.
<input type="checkbox"/>	I have moderate problems washing or dressing myself today.
<input type="checkbox"/>	I have severe problems washing or dressing myself today.
<input type="checkbox"/>	I am unable to wash or dress myself today.

**G. Usual activities (for example, work, study, housework, family or leisure activities).**

<input type="checkbox"/>	<b>I have no problems doing my usual activities today.</b>
<input type="checkbox"/>	I have slight problems doing my usual activities today.
<input type="checkbox"/>	I have moderate problems doing my usual activities today.
<input type="checkbox"/>	I have severe problems doing my usual activities today.
<input type="checkbox"/>	I am unable to do usual activities today.

**H. Pain/discomfort**

<input type="checkbox"/>	<b>I have no pain or discomfort today.</b>
<input type="checkbox"/>	I have slight pain or discomfort today.
<input type="checkbox"/>	I have moderate pain or discomfort today.
<input type="checkbox"/>	I have severe pain or discomfort today.
<input type="checkbox"/>	I have extreme pain or discomfort today.

**g. Anxiety/Depression**

<input type="checkbox"/>	<b>I am not anxious or depressed today.</b>
<input type="checkbox"/>	I am slightly anxious or depressed today.
<input type="checkbox"/>	I am moderately anxious or depressed today.
<input type="checkbox"/>	I am severely anxious or depressed today.
<input type="checkbox"/>	I am extremely anxious or depressed today.

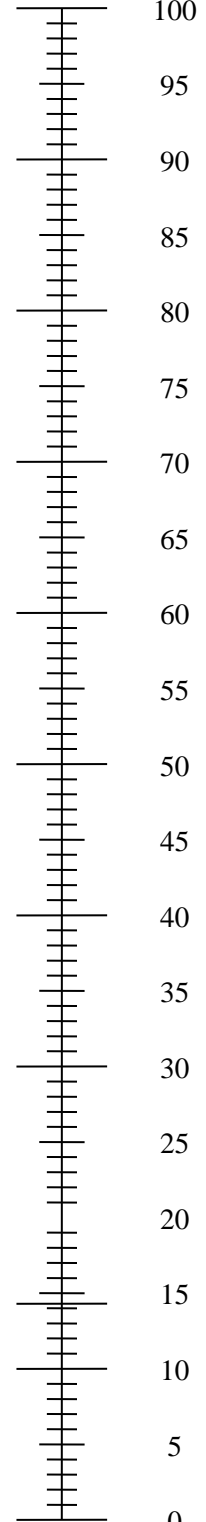
**h.** We would like to know how good or bad your health is **TODAY**. This scale is numbered from 0 to 100. Mark an X on the scale to indicate how your health is **TODAY**.

100 means the **best** health you can imagine.  
0 means the **worst** health you can imagine.

Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY

The best health  
you can imagine



The worst health  
you can imagine

34. Please tick **ONE** box, are you:

<input type="checkbox"/>	<b>18 years or younger? → If you ticked this box please answer 8a</b>
<input type="checkbox"/>	<b>19 years or older? → If you ticked this box please answer 8b</b>

- a. According to national recommendations adults should be active at least 60 minutes of physical activity **every day** – this should range from **moderate activity** (e.g., cycling or walking to school) to **vigorous activity** (e.g., running or tennis).

Please indicate whether you think you have achieved this level of physical activity **over the last month**:

<input type="checkbox"/>	<b>Yes</b>
<input type="checkbox"/>	<b>No</b>

- b. According to national recommendations adults should be active at a **moderate intensity** (e.g., cycling or fast walking) for **at least 150 minutes every week**.

Please indicate whether you think you achieved this level of physical activity **over the last month**:

<input type="checkbox"/>	<b>Yes</b>
<input type="checkbox"/>	<b>No</b>

35. Why do you engage in physical activity? Please indicate how true or untrue these statements are to you. Please circle **ONE** number on each line.

	<b>Not true for me</b>	<b>A little true for me</b>	<b>A little true for me</b>	<b>Very true for me</b>	<b>Very true for me</b>
<b>I feel guilty when I'm not physically active.</b>	0	1	2	3	4
<b>I value the benefits of physical activity.</b>	0	1	2	3	4
<b>I feel ashamed when I miss a session of physical activity.</b>	0	1	2	3	4
<b>It's important to me to be physically active regularly.</b>	0	1	2	3	4
<b>I can't see why I should bother being physically active.</b>	0	1	2	3	4
<b>I am physically active because others will not be pleased with me if I don't.</b>	0	1	2	3	4
<b>I don't see the point in physical activity.</b>	0	1	2	3	4
<b>I find physical activity to be enjoyable.</b>	0	1	2	3	4
<b>I feel under pressure from my friends/family to be physically active.</b>	0	1	2	3	4
<b>I get pleasure and satisfaction from participating in physical activity.</b>	0	1	2	3	4



36. On average **over the last 4 weeks**, how much time did you spend on: **(a)** TV/video viewing and **(b)** computer use?

c. TV viewing or video watching. Please tick **ONE** box on each line.

Hours of TV, DVD, or video watched (not on computer/iPad, etc.) per day	Average over the last 4 weeks					
	None	Less than 1 hour per day	1 to 2 hours per day	2 to 3 hours per day	3 to 4 hours per day	More than 4 hours per day
On a weekday before 6 pm						
On a weekday after 6 pm						
On a weekend before 6 pm						
On a weekend after 6 pm						

d. Computer use at home, but **not at work**. Please tick **ONE** box on each line. This includes use of: desktop computers or laptops, iPads, PlayStation, Xbox, Nintendo Wii or DS.

Hours of home computer use or video watched (on computer/iPad, etc.) per day	Average over the last 4 weeks					
	None	Less than 1 hour per day	1 to 2 hours per day	2 to 3 hours per day	3 to 4 hours per day	More than 4 hours per day
On a weekday before 6 pm						
On a weekday after 6 pm						
On a weekend before 6 pm						
On a weekend after 6 pm						

## Section 2: About your family

37. In an **average week**, how often do you do these activities **together as a family**?  
Please tick **ONE** box on each line.

	Number of Times each week		
	0 times each week	1-3 times each week	4 or more times each week
Play active games (like playing sports or tag).			
Go to the park.			
Play board games or cards.			
Go for a bike ride.			
Go for a walk or hike.			
Watch TV or movies.			
Have family talks.			
Go swimming.			
Walk the pet(s).			
Visit family or friends.			
Eat meals together.			
Walk or bike to school.			
Play computer or video games (like PlayStation/Xbox/Nintendo DS).			
Other (please state): _____.			
Other (please state): _____.			
Other (please state): _____.			

38. I think my family should engage in physical activity regularly (on most or all days of the week) during their free time. Please circle **ONE**.

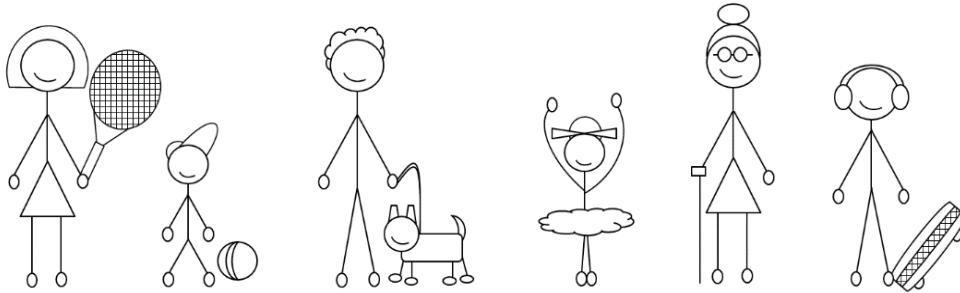
<input type="checkbox"/>	<b>Strongly disagree.</b>
<input type="checkbox"/>	Somewhat disagree.
<input type="checkbox"/>	Neither agree or disagree.
<input type="checkbox"/>	Somewhat agree.
<input type="checkbox"/>	Strongly agree.

39. Please circle **ONE** number to indicate how frequently or infrequently you do the following.

	Never	Rarely	Sometimes	Often	Very often
<b>How often...</b>					
<b>...do you encourage someone in your family to be physically active (e.g., bike riding walking, playing sports)?</b>	1	2	3	4	5
<b>...are you physically active together with someone in your family?</b>	1	2	3	4	5
<b>...do you take someone in your family to places where they you can be physically active (e.g., the park, sports practice, swimming lessons)?</b>	1	2	3	4	5
<b>...do you watch or cheer for someone in your family while they are doing physical activity (e.g., sports games, gymnastics/ dance competitions)?</b>	1	2	3	4	5
<b>...do you ask someone in your family to be physically active with you?</b>	1	2	3	4	5
<b>...do you tell someone in your family that they are doing well when they are doing physical activities?</b>	1	2	3	4	5

## I: Physical activity expenditure questionnaire - Feasibility study

Barcode



## FRESH: Families Reporting Every Step to Health Physical Activity Expenditure Questionnaire

- Please answer the questions as honestly and accurately as you can.
- All aspects of the study, including results, will be confidential and only the research team will have access to information on participants.
- Any reports or publications resulting from this study will not identify any individual who participated.
- Participation is entirely voluntary. There is no obligation to participate and withdrawal is permitted at any time without giving any reason and without any consequences.

40. How many people live in your household (including yourself and children)? \_\_\_\_\_.

41. Please provide details for the adults (16 years or older) that live in your household? (Please fill in the table).

Adult	Sex (circle one)		Age (years)
1	Male	Female	
2	Male	Female	
3	Male	Female	

42. Please provide details for the young people (15 years or younger) that live in your household? (Please fill in the table).

Young People	Sex (circle one)		Age (years)
1	Male	Female	
2	Male	Female	
3	Male	Female	

In the **past 3 months**, has any member of your family been a member of or attended any or sports clubs or fitness centres (e.g., local sports club, fitness club, or gym)?

**Please tick** (✓) the appropriate answer.

<input type="checkbox"/>	Yes → If you ticked <b><u>YES</u></b> , please answer Questions 4a and 4b (see next page).
<input type="checkbox"/>	No → If you ticked <b><u>NO</u></b> , please go to Question 5.

**4a.** For the **ADULTS** (16 years or older) in your family, please fill in the table keeping the **same order as Question #2** (i.e., Adult 1 in question 2 should be the same person as Adult 1 in the table below). If you cannot remember all of the details exactly, please provide your best guess. If none, please write '**NONE**' in the corresponding box.

<b>ADULT family member</b>	<b>Name of activity</b>	<b>Cost of activity</b>	<b>Number of times you/your family member did the activity over the last 3 months</b>	<b>Total amount spent over the last 3 months</b>
<b>EXAMPLE: Adult 1</b>	Gym membership	£20/month	48	£60 (£20/month for 3 months)
<b>EXAMPLE: Adult 2</b>	Started swimming lessons 2 months ago	£15 each session	7	£105 (£15 X 7)
<b>Adult 1</b>				
<b>Adult 2</b>				
<b>Adult 3</b>				




**4b.** For the **YOUNG PEOPLE** (15 years and younger) in your family, please fill in the table keeping the **same order as Question #3** (i.e., Young Person 1 in question 3 should be the same person as Young Person 1 in the table below). If you cannot remember all of the details exactly, please provide your best guess. If none, please write '**NONE**' in the corresponding box.

YOUNG family member	Name of activity	Cost of activity	Number of times you/your family member did the activity <u>over the last 3 months</u>	Total amount spent <u>over the last 3 months</u>
<b>EXAMPLE:</b> Young Person 1	Gym membership	£20/month	48	£60 (£20/month for 3 months)
<b>EXAMPLE:</b> Young Person 2	Started swimming lessons 2 months ago	£15 each session	7	£105 (£15 X 7)
Young Person 1				
Young Person 2				
Young Person 3				


In the **past 3 months**, have you or your family spent **any other money** relating to physical activity or sports? For example, buying sportswear, footwear, gadgets (e.g., Fitbit)? **Please tick** (✓) the appropriate answer.

	<b>Yes → If you ticked <u>YES</u>, please answer Questions 5a and 5b.</b>
	<b>No → If you ticked <u>NO</u>, you have completed the questionnaire.</b>

**5a.** For the **ADULTS** (16 years or older) in your family, please fill in the table keeping the **same order as Question #2** (i.e., Adult 1 in question 2 should be the same person as Adult 1 in the table below). If you cannot remember all of the details exactly, please provide your best guess. If none, please write '**NONE**' in the corresponding box.

ADULT family members	Details	Amount/ item (£)
<b>Adult 1</b>		
<b>Adult 2</b>		

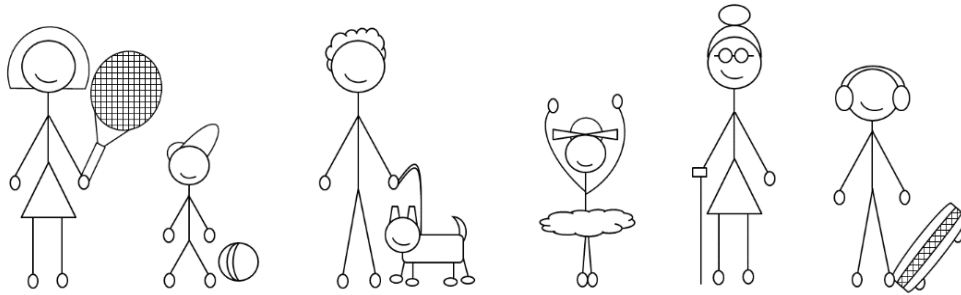
<b>Adult 3</b>		

**5b.** For the **YOUNG PEOPLE** (15 years and younger) in your family, please fill in the table keeping the **same order as Question #3** (i.e., Young Person 1 in question 3 should be the same person as Young Person 1 in the table below). If you cannot remember all of the details exactly, please provide your best guess. If none, please write **'NONE'** in the corresponding box.

<b>YOUNG family members</b>	<b>Details</b>	<b>Amount/ item (£)</b>
<b>Young Person 1</b>		
<b>Young Person 2</b>		

<b>Young Person 3</b>		

J: Adult process evaluation questionnaire - Feasibility study



## FRESH: Families Reporting Every Step to Health Adult Process Evaluation

- All aspects of the study, including results, will be confidential and only the research team will have access to information on participants.
- Any reports or publications resulting from this study will not identify any individual who participated.
- Participation is entirely voluntary. There is no obligation to participate and withdrawal is permitted at any time without giving any reason and without any consequences.

1. To what extent do you agree or disagree with the following:

The FRESH Project...	Strongly disagree	←————→			Strongly agree
A. ...was fun for my family and I.	1	2	3	4	5
B. ...encouraged my family and I to do more physical activity.	1	2	3	4	5
C. ...has led my family and I to do more physical activity than we did before FRESH.	1	2	3	4	5
D. ...has led my family and I to do more activities (other than physical activity) together than we did before FRESH.	1	2	3	4	5
E. ...has made my family and I more aware of the amount of physical activity we do.	1	2	3	4	5
F. ...took up too much time.	1	2	3	4	5
G. ...was too long.	1	2	3	4	5
H. ...is something my family and I would like to continue to be part of.	1	2	3	4	5

2. Regarding the **FRESH website**, to what extent do you agree or disagree with the following:

	Strongly disagree	←————→			Strongly agree
A. It was easy to use.	1	2	3	4	5
B. I enjoyed using it.	1	2	3	4	5
C. My child/children enjoyed using it.	1	2	3	4	5
D. I thought the website was appealing.	1	2	3	4	5
E. I enjoyed the information about the cities.	1	2	3	4	5
F. My child/children enjoyed the information about the cities.	1	2	3	4	5
G. My child/children enjoyed receiving virtual badges for completing challenges.	1	2	3	4	5
H. The step converter was useful (e.g., converting swimming to steps).	1	2	3	4	5
I. The resources page was useful.	1	2	3	4	5
J. I enjoyed the recipes.	1	2	3	4	5
K. My child/children enjoyed the recipes.	1	2	3	4	5
L. I liked that there were varying degrees of difficulty with the challenges.	1	2	3	4	5
M. Logging our steps was easy.	1	2	3	4	5
N. The meeting at the beginning of FRESH was useful to help my family get started on the website.	1	2	3	4	5
O. I felt like I had enough support from the FRESH team if something went wrong on the website.	1	2	3	4	5

3. Regarding **'family time'**, to what extent do you agree or disagree with the following:

	Strongly disagree	←————→			Strongly agree
A. It was easy to schedule 'family time'.	1	2	3	4	5
B. My family consistently scheduled 'family time'.	1	2	3	4	5
C. My child reminded us about 'family time'.	1	2	3	4	5
D. My child led/initiated 'family time'.	1	2	3	4	5

4. Regarding the **step counter** we gave out to log your steps, to what extent do you agree or disagree with the following:

	Strongly disagree	←————→			Strongly agree	N/A
A. I didn't mind wearing it.	1	2	3	4	5	
B. My child/children didn't mind wearing it.	1	2	3	4	5	
C. It was easy to use.	1	2	3	4	5	
D. I thought it was reasonably reliable at counting my steps.	1	2	3	4	5	
E. I used the memory feature to go back and look at the number steps my family and I took.	1	2	3	4	5	

5. Regarding the **measurements** taken at the beginning and end of FRESH, to what extent do you agree or disagree with the following:

	Strongly disagree	←————→			Strongly agree
A. The amount of time it took to take all of the measures was too long.	1	2	3	4	5
B. There were too many measures taken.	1	2	3	4	5

6. How would you rank your experience with the **measures** we used from best to least (**1 = most enjoyable, 8 = least enjoyable**).

Measure	Rank
Questionnaires	
Height	
Weight	
Waist circumference	
Blood pressure	
Step test	
Wearing the activity monitor and GPS for 7 days.	
Family holiday planning	



7. Aside from school assemblies, do you have any suggestions on how and/or where we can best reach families to talk to them about participating in FRESH?

.....

.....

.....

.....

8. Do you have any suggestions about how we could improve FRESH?

.....

.....

.....

.....

9. Is there anything else you would like to add?

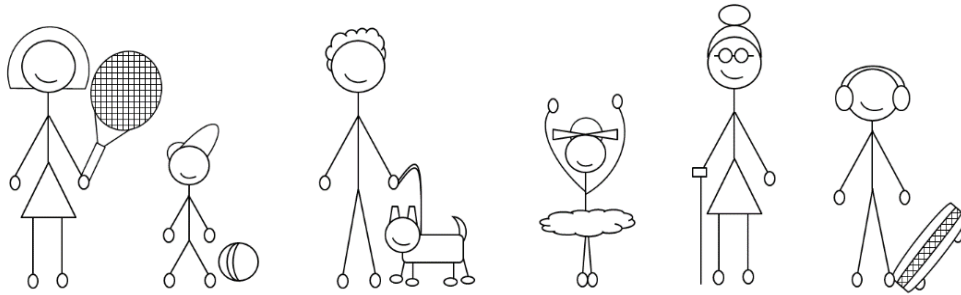
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.....

.....

.....

K: Child process evaluation questionnaire - Feasibility study



FRESH: Families Reporting Every Step to Health

## Child Process Evaluation

- Please answer the questions as honestly and accurately as you can.
- This is not a test, there is no right or wrong answer to the questions.

1. Please read the following questions and then circle 'yes' or 'no'.

<b>A. Did you like taking part in FRESH?</b>	<b>Yes</b>	<b>No</b>
<b>B. Was FRESH fun?</b>	<b>Yes</b>	<b>No</b>
<b>C. Do you want to keep using the FRESH website?</b>	<b>Yes</b>	<b>No</b>
<b>D. Was the FRESH website easy to use?</b>	<b>Yes</b>	<b>No</b>
<b>E. Did you like wearing the step counter?</b>	<b>Yes</b>	<b>No</b>
<b>F. Was it hard to reach your step goals?</b>	<b>Yes</b>	<b>No</b>
<b>G. Did you like being the team captain?</b>	<b>Yes</b>	<b>No</b>
<b>H. Did you do more activities with your family during FRESH?</b>	<b>Yes</b>	<b>No</b>
<b>I. Did you have fun doing activities with your family?</b>	<b>Yes</b>	<b>No</b>
<b>J. Did you like being measured by the FRESH team?</b>	<b>Yes</b>	<b>No</b>

2. How can we make FRESH better or more fun for kids?

.....

.....

.....

.....

## L: Focus group discussion guide - Feasibility study

## Focus group discussion guide

1. Tell me about your experience taking part in FRESH?
2. Let's pretend you just finished a challenge, can you take me through the process of choosing your next one?
  - How did you choose your next challenge?
    - Because of the city or for the challenge?

### Intervention components & Implementation Strategies

- What was your families' experience with:
    - 'Family Time'
      - How often? How did you schedule it? Initiated/led by index child? How long did they usually last?
      - Can you tell me about your most memorable family time discussion?
      - Was the Family Time Planner used?
    - 'Team Captain'
      - Led family time, destination selection? Did it work?
  - Tell me some thoughts on the FRESH website (prompt laptop displaying the website)
    - Was it easy to use? Setting goals/logging steps? Content?
    - Any elements that we could possibly incorporate into the website to boost/maintain interest/motivation?
    - Website bugs
  - What was your experience with the step counters?
    - Wear/Placement
    - Places where you weren't allowed to wear them?
  - Usefulness of the facilitator Meeting
    - Would you have preferred to have this meeting over the phone or video chat?
      - Even if that meant that it would take longer to get you registered onto the site?
  - Virtual badges?
3. **Challenges/Barriers**
    - Can you think about a time when you struggled to (or didn't) meet your challenge –
      - How did you overcome this?
      - What made you continue the following week?
    - What were some of the challenges or barriers you faced while participating in FRESH?
      - Time
      - Technical difficulties
  4. **If you could make any changes to FRESH, what would they be?**
    - What if you only had to do FRESH on weekends?
  5. **Why didn't other family members participate in FRESH (if applicable)?**
  6. **Is there anything else you'd like to discuss?**

M: Adult information sheet - Pilot study

# Participant Information Sheet

## The Families Reporting Every Step to Health (FRESH) Study

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### Summary

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It's great you are interested in finding out more about the FRESH research study. This leaflet provides more information about the study itself, and how you and your family can be involved. Please take time to read this information and talk it through with your family.

Families Reporting Every Step to Health (FRESH) is a research study to find out how active you are and what activities you enjoy doing as a family. We are also interested in testing how effective the intervention website we have created is at increasing family activity levels.

To do this we will compare data from families with access to the intervention website with data from families who do not have access to the intervention website. The active intervention length of the study is 8 weeks, but we would also like to come back after a year to see how your family activity levels may have changed.

For further details about the study please read the following leaflet. We hope this will give you a clear understanding of the study, what your family participation will involve and answer any questions or concerns you might have.

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### Contents

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- 7** Why we are doing this study
- 8** Who can take part?
- 9** What will happen to me if I take part?
- 10** Possible benefits and disadvantages of taking part
- 11** More information about taking part
- 12** Contact for further information

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### How to contact us

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If you have any questions about this study please speak to:

**Justin Guagliano** or **Beth Haines**

MRC Epidemiology Unit and Centre for Diet and Activity Research

University of Cambridge

Email: [fresh@mrc-epid.cam.ac.uk](mailto:fresh@mrc-epid.cam.ac.uk)

Freephone: 0800 783 3009



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## 1 Why we are doing this study?

To find out more about family activity levels and what sort of activities families enjoy doing together. We would also like families to help us test a new intervention website. We want to see if the intervention website can support families to be more active together.

---

## 2 Who can take part?

Your family can take part in FRESH, if you:

- Have a child in Year 3 – 6 at primary school.
- Have at least one adult (living in the child's main household) willing to participate in the project. Wider family participation is encouraged, but not required.
- Can at least do light physical activity (e.g., walking).
- Have sufficient understanding of the English language.
- Have access to the internet at home

We are aiming to recruit a total of 60 families across Norfolk and Suffolk to take part in the study.

---

## 3 What will happen to me if I take part?

### Giving Consent

Before any measurements are taken we will ask the adult members of your household who would like to take part in the project to sign a consent form. We will also ask the main parent/carer to sign a parental consent form for all participating children. All children in your household who would like to take part will also be asked to give their assent to participate.

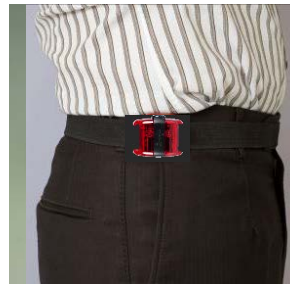
### Taking Measurements

We will take some measurements from all participating family members on three occasions, once at the beginning, once approximately 10 weeks later, and once at the end of the project, week 52. Measurements will occur at a location convenient for you. If you

are uncomfortable with some measures, you may opt out of that measure.

At each measurement visit we will ask to collect the following information:

- Height, weight, waist circumference, and blood pressure.
- Fitness with a short step test (about 10 minutes).
- A short questionnaire about you and your family.
- Children only will be asked to complete memory and attention tasks.
- A short video-recorded activity where you will plan a holiday as a family.
- Some families will also be asked to take part in a family discussion with a researcher to talk about your experiences with being involved in the project.
- Physical activity for 7 days using GPS and an activity monitor. These are small devices that are worn on your hip (see pictures below).



In addition, for those families with access to the website, we will monitor their use to enable us to assess website engagement.

### How do we find out if the intervention website works?

We want to see if it makes a difference if everyone in the family is tracking their steps using the website compared to tracking their steps without access to the website and receiving no tracking equipment. **To do this we randomly allocate (like flipping a coin) families to one of three groups:**

- Group 1) These families will get a pedometer (a monitor that allows you to track your step counts) and access to the intervention website; or

- Group 2) These families will get a pedometer but no access to the intervention website; or
- Group 3) These families will not receive a pedometer and have no access to the intervention website.

While we recognise that you may feel that you have “missed-out” if your family is allocated to Group 3, families in this group are extremely important to helping us figure out if the intervention works.

### When will I find out which Group my family is in?

Approximately one week after the first measurement visit.

If you are in Group 1 or 2 we will arrange another visit to set you up with the pedometers. In addition, families in Group 1 will also be shown how to use the intervention website.

If you have any difficulties with the website, you can contact us for help. The pedometers provided will enable you to log your steps on the website. For the next 8 weeks, your family will have full access to engage with the website. You will be asked to log your step counts on the intervention website at least once per week, but we’d like you to wear the pedometer as much as possible throughout the week, so that you know how many steps you took daily.

That’s it! You will continue to have access to the website after the 8 week intervention period, so your family can continue to complete step challenges.

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## 4 Possible benefits and disadvantages of taking part

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### What are the possible disadvantages and risks of taking part?

We do not anticipate any disadvantages or risks with taking part in the FRESH study. This study has been designed with families, for families. It promotes inclusivity of all family members, and focuses on enhancing quality family time through physical activity. All measures in this

study have been used before in both adults and children and we will follow established procedures.

### What are the possible benefits of taking part?

The FRESH study encourages families to spend time and achieve activity goals together. Therefore, by participating in this project you may feel more connected as a family and may also experience some health improvements.

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## 5 More information about taking part

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### Do I have to take part?

No, it is up to you and your family to decide whether or not to take part. If you decide to take part you will be given this information sheet to keep and you will be asked to sign the consent forms. If you do not want to participate, but other family members do, your family will be eligible if a minimum of one adult (living in the household) and one child (in Year 3-6) participate.

You can stop taking part in some parts of this study, or all of it, at any time and without giving a reason. If one member of your family decides to stop taking part in the project, this does not necessarily mean your whole family must withdraw also. As long as there is one adult (living in the household) or one child (in school years 3-6) willing to continue they will be allowed to.

### Will I receive any payment for taking part?

Upon the return of your GPS and activity monitor, at all measurement periods, we will give out £5 vouchers to each participating family member. Also, the pedometers we hand out are yours to keep. At the end of the study each participating family member will receive a physical activity summary.

### Will my taking part be kept confidential?

Your family’s participation will be kept strictly confidential. However, as with anyone else who

works with children, we have a responsibility in relation to safeguarding children, which includes a duty to disclose to the relevant authorities any instance of reasonable evidence of non-accidental child suffering. This would not occur without prior consultation with our trained clinical staff.

### What will happen to information about me collected during the study?

If you agree to take part in this project, any information we collect from you will be kept confidential and stored anonymously on secure computers. Paper records of data (e.g. consent forms) will be stored either in locked filing cabinets within lockable offices within an access restricted building, or will be sent off site to a secure storage facility that complies with our security requirements. All data handling, processing, transfer and storage procedures comply with our obligations under the Data Protection Act, 1998, and comply with our local data handling and security policies and procedures. Personal data will only be accessed and used by those who have been granted permission. For those with access to the FRESH website we will ask your permission to hold your email address in the web-based system to enable automatic messages to be sent to support your participation.

### What if there is a problem?

If you have a concern about any aspect of this study you should ask to speak to the research team who will do their best to answer your questions. Contact details are listed in Section 6.

### What will happen to the results of the study?

When the project is completed, we will publish/present the results in academic journals/conferences (or similar), so that other researchers or interested parties can see them. Your identity and any personal details will be kept confidential. No named information about you will be published in any works stemming from this project. We will also provide you with a summary of your physical activity measurements.

### Who is organising and funding the study?

This study is organised by the MRC Epidemiology Unit, part of the University of Cambridge. The funder is the National Institute for Health Research Public Health Research Programme (project number 15/01/19).

### Who has reviewed the study?

This trial has been reviewed by an independent group of people, called the Research Ethics Committee, to protect your safety, rights, well-being and dignity. The study has been given a favourable opinion by the University of Cambridge Humanities and Social Sciences Research Ethics Committee.

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## 6 Contact for further information

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If you have any questions regarding the study please do not hesitate to contact us.

### Local researcher

Dr. Justin Guagliano  
Research Associate  
MRC Epidemiology Unit and Centre for Diet and Activity Research  
University of Cambridge

### Study Support

Beth Haines  
Study Coordinator  
MRC Epidemiology Unit and Centre for Diet and Activity Research  
University of Cambridge

Email: [fresh@mrc-epid.cam.ac.uk](mailto:fresh@mrc-epid.cam.ac.uk)

Freephone: 0800 783 3009

Website: [www.cedar.iph.cam.ac.uk/research/directory/fresh](http://www.cedar.iph.cam.ac.uk/research/directory/fresh)

### Principal Investigator

Dr. Esther van Sluijs  
Group Leader  
MRC Epidemiology Unit and Centre for Diet and Activity Research  
University of Cambridge

Thank you for taking the time to consider taking part in this study!

N: Child information sheet - Pilot study

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# It's great that you want to know more about the FRESH study!

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Please read this leaflet with your parents to decide if you would like to take part.

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## 1. What is the FRESH research study about?

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We are interested in finding out how active you are and what activities you enjoy doing with your family.

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## 2. What will I have to do if I take part?

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We will take some measurements from you and your family 3 times during the study. Here is what you will have to do at each measurement visit:

- Wear these 2 monitors for 7 days.

This one is called a GPS monitor, it tells us where



This one is called an activity monitor, it tells us how

We will also measure the following:

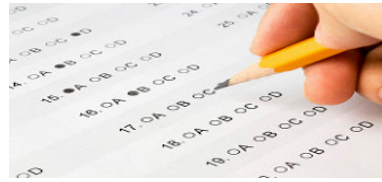
- Height and weight
- Waist circumference



- Blood pressure



- Questionnaire about you and your family



- Your fitness



- Memory and attention games



Image credit: [Alberto G.](#)

- Some families will also be asked to talk with a researcher about what they liked and did not like about the FRESH study.

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### 3. Will I be given a FREE pedometer?

Maybe yes. You will find out if you will receive a FREE pedometer after the first measurement visit.

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### 4. Do I have to take part in the FRESH project?

No, it is your choice if you want to take part.

---

### 5. Can I stop taking part after I've joined the project?

Yes, you can always change your mind and stop taking part.

---

### 6. What do I do if I do not want to take part anymore?

That is OK, just tell your parents that you do not want to take part anymore and they will talk to the researchers. You do not have to give any reason, it is your choice.

**Thank you for reading this leaflet.**

O: Leaflet - Pilot study







## What is FRESH all about?

FRESH (Families Reporting Every Step to Health) is an innovative and free programme that is designed to help families to be more physically active together. FRESH is tailored to your family's activity level, so you can choose to be as active as you like!

## Who can take part in FRESH?

Families living in some areas of Norfolk or Suffolk with a child in Years 3-6 at primary school and at least one adult living in the household who is willing to be involved.

## Interested in taking part in FRESH? Want to know more?

Watch our short video and contact us at:

[tinyurl.com/freshfam](https://tinyurl.com/freshfam)



P: Adult informed consent form - Pilot study

# Informed Consent Form (Adult)

Principal Investigator: Dr. Esther van Sluijs

Please answer the following questions by placing your **initials** in the box next to the appropriate response.

	<b>Please Initial</b>
14. I confirm that I have read and understand the information sheet (version 1.2, dated Jan-2018) and have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
15. I understand that I can choose to opt out of any measurement listed in the information sheet (version 1.2, dated Jan-2018) and that opting out of any measurement does not necessarily mean that I am withdrawing from the study.	
16. I understand that my participation in this study is voluntary and that I can withdraw from the study at any time without providing a reason should I choose, without my legal rights being affected.	
17. I understand that if I withdraw from the study, it does not necessarily mean my family will be withdrawn from the study; so long as one family member is still happy to participate.	
18. I understand that the information gathered about me will be looked after and stored securely by the MRC Epidemiology Unit, University of Cambridge and its collaborators, and may be used anonymously in future projects.	
19. I agree to allow the FRESH team to send me email notifications.	
20. I agree to participate in the FRESH study.	

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Full name of participant <i>(Please print)</i>	Date (DD/MM/YY)	Signature
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Full name of researcher <i>(Please print)</i>	Date (DD/MM/YY)	Signature
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Q: Parent consent/child assent form - Pilot study

# Parental Consent/Child Assent Form

Principal Investigator: Dr. Esther van Sluijs

Please answer the following questions by placing your **initials** in the box next to the appropriate response.

	<b>Please Initial</b>
21. I confirm that I have read and understand the information sheet (version 1.2, dated Jan-2018) for the above study and have had the opportunity to ask questions.	
22. I have discussed participation in the project with my child and my child would like to participate in the project.	
23. I understand that my child can choose to opt out of any measurement listed in the information sheet (version 1.2, dated Jan-2018) and that opting out of any measurement does not necessarily mean that my child is withdrawing from the study.	
24. I understand that my child's participation in this project is voluntary and that my child can withdraw from the study at any time without a reason should they choose.	
25. I understand that if my child would like to withdraw from the project, it does not necessarily mean my family will be withdrawn from the project; so long as one family member is still happy to participate.	
26. I understand that the information gathered about my child will be looked after and stored securely by the MRC Epidemiology Unit, University of Cambridge and its collaborators, and may be used anonymously in future projects.	
27. I agree for my child to participate in the FRESH project	

Full name of child ( <i>please print</i> )	Date (DD/MM/YY)	Child's signature
Full name of parent/carer ( <i>Please print</i> )	Date (DD/MM/YY)	Parent/Carer signature
Full name of researcher ( <i>Please print</i> )	Date (DD/MM/YY)	Researcher signature

R: Example collectable FRESH reward cards



S: Parent questionnaire - Pilot study



\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DD MM YYYY

TIME: 1 / 2 / 3

ID: FR \_\_\_\_ / \_\_\_\_ / \_\_\_\_



## Parent Questionnaire

- Please answer the questions as honestly and accurately as you can.
- All aspects of the study, including results, will be confidential and only the research team will have access to information on participants.
- Any reports or publications resulting from this study will not identify any individual who participated.
- Participation is entirely voluntary. There is no obligation to participate and withdrawal is permitted at any time without giving any reason and without any consequences.

## Section 1: About you

43. In relation to the child that is between school Years 3-6 and participating in FRESH, this questionnaire is being completed by:

<input type="checkbox"/>	<b>Mother</b>
<input type="checkbox"/>	Father
<input type="checkbox"/>	Step-mother
<input type="checkbox"/>	Step-father
<input type="checkbox"/>	Sister
<input type="checkbox"/>	Brother
<input type="checkbox"/>	Grandmother
<input type="checkbox"/>	Grandfather
<input type="checkbox"/>	Other (e.g., guardian). Please specify: _____

44. What is your sex?

<input type="checkbox"/>	<b>Female</b>
<input type="checkbox"/>	Male
<input type="checkbox"/>	Prefer not to say

45. When is your date of birth?

\_\_\_ / \_\_\_ / \_\_\_  
 DD      MM      YYYY

46. What is your ethnic origin? (Please tick **ONE** box only).

<input type="checkbox"/>	<b>White or White British</b>
<input type="checkbox"/>	Black or Black British
<input type="checkbox"/>	Asian or Asian British
<input type="checkbox"/>	Mixed
<input type="checkbox"/>	Other ethnic group: _____
<input type="checkbox"/>	Don't know
<input type="checkbox"/>	Prefer not to answer

47. At what age did you finish full time education? \_\_\_\_\_ years.

<input type="checkbox"/>	<b>I have not finished full time education</b>
--------------------------	--

48. What best describes your current marital status? (Please tick the box which is most applicable).

<input type="checkbox"/>	<b>Single</b>	<input type="checkbox"/>	<b>Separated</b>
<input type="checkbox"/>	Married or living as married	<input type="checkbox"/>	Divorced
<input type="checkbox"/>	Widowed		

49. Describing your health **TODAY**. Under each heading, please tick the **ONE** box that best describes your health **TODAY**.

**I. Mobility (walking about)**

<input type="checkbox"/>	<b>I have no problems walking about today.</b>
<input type="checkbox"/>	I have slight problems walking about today.
<input type="checkbox"/>	I have moderate problems walking about today.
<input type="checkbox"/>	I have severe problems walking about today.
<input type="checkbox"/>	I am unable to walk about today.

**J. Self-Care**

<input type="checkbox"/>	<b>I have no problems washing or dressing myself today.</b>
<input type="checkbox"/>	I have slight problems washing or dressing myself today.
<input type="checkbox"/>	I have moderate problems washing or dressing myself today.
<input type="checkbox"/>	I have severe problems washing or dressing myself today.
<input type="checkbox"/>	I am unable to wash or dress myself today.

**K. Usual activities (for example, work, study, housework, family or leisure activities).**

<input type="checkbox"/>	<b>I have no problems doing my usual activities today.</b>
<input type="checkbox"/>	I have slight problems doing my usual activities today.
<input type="checkbox"/>	I have moderate problems doing my usual activities today.
<input type="checkbox"/>	I have severe problems doing my usual activities today.
<input type="checkbox"/>	I am unable to do usual activities today.

**L. Pain/discomfort**

<input type="checkbox"/>	<b>I have no pain or discomfort today.</b>
<input type="checkbox"/>	I have slight pain or discomfort today.
<input type="checkbox"/>	I have moderate pain or discomfort today.
<input type="checkbox"/>	I have severe pain or discomfort today.
<input type="checkbox"/>	I have extreme pain or discomfort today.

**i. Anxiety/Depression**

<input type="checkbox"/>	<b>I am not anxious or depressed today.</b>
<input type="checkbox"/>	I am slightly anxious or depressed today.
<input type="checkbox"/>	I am moderately anxious or depressed today.
<input type="checkbox"/>	I am severely anxious or depressed today.
<input type="checkbox"/>	I am extremely anxious or depressed today.

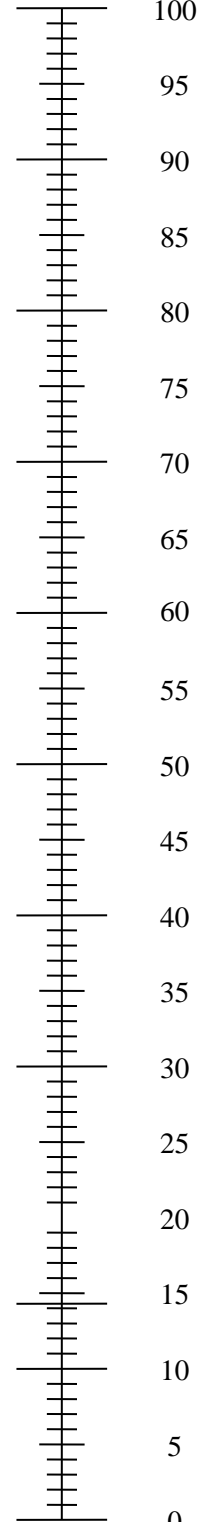
j. We would like to know how good or bad your health is **TODAY**. This scale is numbered from 0 to 100. Mark an X on the scale to indicate how your health is **TODAY**.

100 means the **best** health you can imagine.  
0 means the **worst** health you can imagine.

Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY

The best health  
you can imagine



The worst health  
you can imagine

50. According to national recommendations adults should be active at a **moderate intensity** (e.g., cycling or fast walking) for **at least 150 minutes every week**.

Please indicate whether you think you have achieved this level of physical activity **over the last month**:

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

51. Why do you engage in physical activity? Please indicate how true or untrue these statements are to you. Please circle **ONE** number on each line.

	Not true for me	1	A little true for me	2	3	Very true for me	4
I feel guilty when I'm not physically active.	0	1	2	3	4		
I value the benefits of physical activity.	0	1	2	3	4		
I feel ashamed when I don't do the physical activity I planned to do.	0	1	2	3	4		
It's important to me to be physically active regularly.	0	1	2	3	4		
I can't see why I should bother being physically active.	0	1	2	3	4		
I am physically active because others will not be pleased with me if I don't.	0	1	2	3	4		
I don't see the point in being physically active.	0	1	2	3	4		
I find physical activity to be enjoyable.	0	1	2	3	4		
I feel under pressure from my friends/family to be physically active.	0	1	2	3	4		
I get feel content from participating in physical activity.	0	1	2	3	4		

52. On average **over the last 4 weeks**, how much time did you spend on: (a) TV/video viewing and (b) computer use?

e. TV viewing or video watching. Please tick **ONE** box on each line.

Hours of TV, DVD, or video watched (not on computer/iPad, etc.) per day	Average over the last 4 weeks					
	None	Less than 1 hour per day	1 to 2 hours per day	2 to 3 hours per day	3 to 4 hours per day	More than 4 hours per day
On a weekday before 6 pm						
On a weekday after 6 pm						
On a weekend before 6 pm						
On a weekend after 6 pm						

f. Computer use at home, but **not at work**. Please tick **ONE** box on each line. This includes use of: desktop computers or laptops, iPads, PlayStation, Xbox, Nintendo Wii or DS.

Hours of home computer use or video watched (on computer/iPad, etc.) per day	Average over the last 4 weeks					
	None	Less than 1 hour per day	1 to 2 hours per day	2 to 3 hours per day	3 to 4 hours per day	More than 4 hours per day
On a weekday before 6 pm						
On a weekday after 6 pm						
On a weekend before 6 pm						
On a weekend after 6 pm						

## Section 2: About your child

In this section, '*your child*' is referring to your child in school Years 3-6 taking part in FRESH.

53. How physically active would you say **your child** is? Please tick one.

<input type="checkbox"/>	<b>Very inactive.</b>
<input type="checkbox"/>	Fairly inactive.
<input type="checkbox"/>	Neither inactive or active.
<input type="checkbox"/>	Fairly active.
<input type="checkbox"/>	Very active.

54. Which of the following activities did **your child** do in the past 7 days? Please put '0' if not applicable.

Did your child do the following activities in the past 7 days?		Monday-Friday	Saturday-Sunday
		Total hours/minutes	Total hours/minutes
<b>Example:</b> Watching TV/videos	No <b>Yes</b>	15 hrs	6 hrs 30 mins
Playing video games (e.g. PlayStation/Xbox/Nintendo DS).	No Yes		
Using computer/tablet.	No Yes		
Watching TV/DVD/video.	No Yes		
Playing games on the phone.	No Yes		
Other (please state): _____.	No Yes		

55. Please circle **ONE** response indicating to how much you agree or disagree with each of these statements.

	Strongly disagree		Strongly agree	
	1	2	3	4
<b>I limit how long my child plays video games (including PlayStation, Xbox, and Gameboy).</b>	1	2	3	4
<b>I limit how long my child can use the computer for things other than homework (such as playing computer games and surfing the internet).</b>	1	2	3	4
<b>I limit how long my child can watch TV or DVDs each day (including educational and non-educational programs).</b>	1	2	3	4

### Section 3: About your family

56. In an **average week**, how often do you do these activities **together as a family** (i.e., joint activities including at least one child and one other family member)? Please tick **ONE** box on each line.

	Number of Times each week		
	0 times each week	1-3 times each week	4 or more times each week
Play active games (like playing sports or tag).			
Go to the park.			
Play board games or cards.			
Go for a bike ride.			
Go for a walk or hike.			
Watch TV or movies.			
Have family talks.			
Go swimming.			
Walk the pet(s).			
Visit family or friends.			
Eat meals together.			
Walk or bike to school.			
Play computer or video games (like PlayStation/Xbox/Nintendo DS).			
Other (please state): _____.			
Other (please state): _____.			
Other (please state): _____.			

57. I think my family should engage in physical activity regularly (on most or all days of the week) during their free time. Please circle **ONE**.

<input type="checkbox"/>	<b>Strongly disagree.</b>
<input type="checkbox"/>	Somewhat disagree.
<input type="checkbox"/>	Neither agree or disagree.
<input type="checkbox"/>	Somewhat agree.
<input type="checkbox"/>	Strongly agree.



58. Please circle **ONE** number to indicate how frequently or infrequently you do the following.

	Never	Rarely	Sometimes	Often	Very often
<b>How often...</b>					
<b>...do you encourage someone in your family to be physically active (e.g., bike riding walking, playing sports)?</b>	1	2	3	4	5
<b>...are you physically active together with someone in your family?</b>	1	2	3	4	5
<b>...do you take someone in your family to places where they can be physically active (e.g., the park, sports practice, swimming lessons)?</b>	1	2	3	4	5
<b>...do you watch or cheer for someone in your family while they are doing physical activity (e.g., sports games, gymnastics/ dance competitions)?</b>	1	2	3	4	5
<b>...do you ask someone in your family to be physically active with you?</b>	1	2	3	4	5
<b>...do you tell someone in your family that they are doing well when they are doing physical activities?</b>	1	2	3	4	5

T: Child questionnaire - Pilot study

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DD MM YYYY

TIME: 1 / 2 / 3

ID: FR \_\_\_\_ / \_\_\_\_ / \_\_\_\_



## Young Persons Questionnaire (15 years and under)

- Please answer the questions as honestly and accurately as you can.
- This is not a test, there is no right or wrong answer to the questions.
- If we're worried about any of the answers you have given about how you feel, we'll talk to you about it and may need to share with another adult.
- If the question asks about your parents, we mean your mum or dad or other adults who live and take care of you.

**Physical Activity** is any activity that increases your breathing and makes your heart beat faster.

**Physical Activity** can be done in sports, playing with friends, or walking to school.

Some examples of physical activity are running, walking quickly, cycling, skateboarding, dancing, swimming, basketball, football, gymnastics, and playing on the playground.

## Part 1: About you

59. When is your birthday? (For example 1<sup>st</sup> July) \_\_\_\_\_

60. How old are you? \_\_\_\_\_ years old.

61. Are you a boy or a girl?

<input type="checkbox"/>	Girl
<input type="checkbox"/>	Boy
<input type="checkbox"/>	Prefer not to say

62. The next questions ask about how you are **TODAY**. For each question, read all the choices and tick the box  that is most like you today. Only tick **ONE** box for each question.

**Example:** Today I feel quite upset so I will tick this box.

### Upset

<input type="checkbox"/>	I don't feel upset today.
<input type="checkbox"/>	I feel a little bit upset today.
<input type="checkbox"/>	I feel a bit upset today.
<input checked="" type="checkbox"/>	I feel quite upset today.
<input type="checkbox"/>	I feel very upset today.

Now tick the **ONE** box that is most like you today.

**J.** How **worried** are you **TODAY**?

<input type="checkbox"/>	I don't feel worried today.
<input type="checkbox"/>	I feel a little bit worried today.
<input type="checkbox"/>	I feel a bit worried today.
<input type="checkbox"/>	I feel quite worried today.
<input type="checkbox"/>	I feel very worried today.

**K.** How **sad** are you **TODAY**?

<input type="checkbox"/>	I don't feel sad today.
<input type="checkbox"/>	I feel a little bit sad today.
<input type="checkbox"/>	I feel a bit sad today.
<input type="checkbox"/>	I feel quite sad today.
<input type="checkbox"/>	I feel very sad today.

**L.** How much **pain** are you in **TODAY**?

<input type="checkbox"/>	I don't have any pain today.
<input type="checkbox"/>	I have a little bit of pain today.
<input type="checkbox"/>	I have a bit of pain today.
<input type="checkbox"/>	I have quite a lot of pain today.
<input type="checkbox"/>	I have a lot of pain today.

**M. How tired are you TODAY?**

- |                          |                                  |
|--------------------------|----------------------------------|
| <input type="checkbox"/> | <b>I don't feel tired today.</b> |
| <input type="checkbox"/> | I feel a little bit tired today. |
| <input type="checkbox"/> | I feel a bit tired today.        |
| <input type="checkbox"/> | I feel quite tired today.        |
| <input type="checkbox"/> | I feel very tired today.         |

**N. How annoyed are you TODAY?**

- |                          |                                    |
|--------------------------|------------------------------------|
| <input type="checkbox"/> | <b>I don't feel annoyed today.</b> |
| <input type="checkbox"/> | I feel a little bit annoyed today. |
| <input type="checkbox"/> | I feel a bit annoyed today.        |
| <input type="checkbox"/> | I feel quite annoyed today.        |
| <input type="checkbox"/> | I feel very annoyed today.         |

**O. Did you have problems with your school work/homework (such as reading, writing, doing lessons) TODAY?**

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | <b>I have no problems with my schoolwork/homework today.</b> |
| <input type="checkbox"/> | I have a few problems with my schoolwork/homework today.     |
| <input type="checkbox"/> | I have some problems with my schoolwork/homework today.      |
| <input type="checkbox"/> | I have many problems with my schoolwork/homework today.      |
| <input type="checkbox"/> | I can't do my schoolwork/homework today.                     |

**P. Did you have problems sleeping LAST NIGHT?**

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | <b>Last night I had no problems sleeping.</b> |
| <input type="checkbox"/> | Last night I had a few problems sleeping.     |
| <input type="checkbox"/> | Last night I had some problems sleeping.      |
| <input type="checkbox"/> | Last night I had many problems sleeping.      |
| <input type="checkbox"/> | Last night I couldn't sleep at all.           |

**Q. Did you have problems with your daily routine (things like eating, having a bath/shower, getting dressed) TODAY?**

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | <b>I have no problems with my daily routine today.</b> |
| <input type="checkbox"/> | I have a few problems with my daily routine today.     |
| <input type="checkbox"/> | I have some problems with my daily routine today.      |
| <input type="checkbox"/> | I have many problems with my daily routine today.      |
| <input type="checkbox"/> | I can't do my daily routine today.                     |

**R. How able are you to join in activities (things like playing with your friends, doing sports, joining in things) TODAY?**

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | <b>I can join in with any activities today.</b> |
| <input type="checkbox"/> | I can join in with most activities today.       |
| <input type="checkbox"/> | I can join in with some activities today.       |

- I can join in with a few activities today.
- I can join in with no activities today.

**REMEMBER...**

**Physical Activity** is any activity that increases your breathing and makes your heart beat faster.

Some examples of physical activity are running, brisk walking, cycling, skateboarding, dancing, swimming, basketball, football, gymnastics, and playing on the playground.

**Part 2: Your thoughts about physical activity**

63. Compared with other boys or girls your age, would you say that you are:

<input type="checkbox"/>	<b>Much more active.</b>
<input type="checkbox"/>	More active.
<input type="checkbox"/>	About average.
<input type="checkbox"/>	Less active.
<input type="checkbox"/>	Much less active.

64. How true is each sentence for you? Please circle **ONE** number each line.

	Not true	A little bit true	Very true
<b>I am active because I enjoy being active.</b>	1	2	3
<b>I am active because it is important to me to be active.</b>	1	2	3
<b>I am active because when I don't do activity I feel bad about myself.</b>	1	2	3
<b>I am active because if I'm not, other people will not be happy with me.</b>	1	2	3

65. How true is each sentence for you? Please circle **ONE** number each line.

	Not true	A little bit true	Very true
<b>I can decide which activities I want to do.</b>	1	2	3
<b>I feel I am active because I want to be.</b>	1	2	3
<b>When it comes to being active, I think I am pretty good.</b>	1	2	3
<b>I am happy with how good I am at being active.</b>	1	2	3

When it comes to being active, I feel like I'm part of a group.	1	2	3
When it comes to being active, I fit in well with others.	1	2	3

### Part 3: About your parents/family

66. How often do **your parents** let you do the following? Please circle **ONE** number each line.

	Never	Sometimes	Often
My parents let me watch TV as much as I want.	1	2	3
My parents let me use the computer as much as I want for things that aren't homework like playing games or watching videos.	1	2	3
My parents let me play video games (such as PlayStation, Xbox, and Gameboy) as much as I want.	1	2	3

67. How often does **your family** do the following? Please circle **ONE** number each line.

	Never	Sometimes	Often
How often does someone in your family encourage (or tell) you to do active things (like bike riding walking, playing sports)?	1	2	3
How often are you active together with someone in your family?	1	2	3
How often does someone in your family bring you to places where you can be active (like the park, sports practice, swimming lessons)?	1	2	3
How often does someone in your family watch or cheer for you when you are doing active things (like sports games or gymnastics or dance competitions)?	1	2	3
How often does someone in your family ask you to be active with them?	1	2	3
How often does someone in your family tell you that you are doing good when you are doing active things?	1	2	3



11. In a normal week, how many times do you do these activities together as a family?  
Please tick **ONE** box every line.

	Number of Times each week		
	0 times each week	1-3 times each week	4 or more times each week
Play active games (like playing sports or tag).			
Go to the park.			
Play board games or cards.			
Go for a bike ride.			
Go for a walk or hike.			
Watch TV or movies.			
Have family talks.			
Go swimming.			
Walk the pet(s).			
Visit family or friends.			
Eat meals together.			
Walk or bike to school.			
Play computer or video games (like PlayStation/Xbox/Nintendo DS).			
Other: _____.			

12. How true is each sentence? Please fill in **ONE** circle in each line.

	Not true	A little bit true	Very true	Does not apply
My Mum thinks that I should be active during my free time on most days of the week.	1	2	3	
My Dad thinks that I should be active during my free time on most days of the week.	1	2	3	
My sister(s) think that I should be active during my free time on most days of the week.	1	2	3	
My brother(s) think that I should be active during my free time on most days of the week.	1	2	3	

U: Additional adult questionnaire - Pilot study

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DD MM YYYY

TIME: 1 / 2 / 3

ID: FR \_\_\_\_ / \_\_\_\_ / \_\_\_\_



## Additional Adult Questionnaire (16 years and older)

- Please answer the questions as honestly and accurately as you can.
- All aspects of the study, including results, will be confidential and only the research team will have access to information on participants.
- Any reports or publications resulting from this study will not identify any individual who participated.
- Participation is entirely voluntary. There is no obligation to participate and withdrawal is permitted at any time without giving any reason and without any consequences.

## Section 1: About you

69. In relation to the child in school Years 3-6 participating in FRESH, this questionnaire is being completed by:

<input type="checkbox"/>	<b>Sister</b>
<input type="checkbox"/>	Brother
<input type="checkbox"/>	Grandmother
<input type="checkbox"/>	Grandfather
<input type="checkbox"/>	Other (e.g., guardian). Please specify: _____

70. What is your sex?

<input type="checkbox"/>	<b>Female</b>
<input type="checkbox"/>	Male
<input type="checkbox"/>	Prefer not to say

71. When is your date of birth?

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 DD            MM            YYYY

72. What is your ethnic origin? (Please tick **ONE** box only).

<input type="checkbox"/>	<b>White or White British</b>
<input type="checkbox"/>	Black or Black British
<input type="checkbox"/>	Asian or Asian British
<input type="checkbox"/>	Mixed
<input type="checkbox"/>	Other ethnic group: _____
<input type="checkbox"/>	Don't know
<input type="checkbox"/>	Prefer not to answer

73. At what age did you finish full time education? \_\_\_\_\_ years.

<input type="checkbox"/>	<b>I have not finished full time education</b>
--------------------------	--

74. What best describes your current marital status? (Please tick the box which is most applicable).

<input type="checkbox"/>	<b>Single</b>	<input type="checkbox"/>	<b>Separated</b>
<input type="checkbox"/>	Married or living as married	<input type="checkbox"/>	Divorced
<input type="checkbox"/>	Widowed		

75. Describing your health **TODAY**. Under each heading, please tick the **ONE** box that best describes your health **TODAY**.

**M. Mobility (walking about)**

<input type="checkbox"/>	<b>I have no problems walking about today.</b>
<input type="checkbox"/>	I have slight problems walking about today.
<input type="checkbox"/>	I have moderate problems walking about today.
<input type="checkbox"/>	I have severe problems walking about today.
<input type="checkbox"/>	I am unable to walk about today.

**N. Self-Care**

<input type="checkbox"/>	<b>I have no problems washing or dressing myself today.</b>
<input type="checkbox"/>	I have slight problems washing or dressing myself today.
<input type="checkbox"/>	I have moderate problems washing or dressing myself today.
<input type="checkbox"/>	I have severe problems washing or dressing myself today.
<input type="checkbox"/>	I am unable to wash or dress myself today.

**O. Usual activities (for example, work, study, housework, family or leisure activities).**

<input type="checkbox"/>	<b>I have no problems doing my usual activities today.</b>
<input type="checkbox"/>	I have slight problems doing my usual activities today.
<input type="checkbox"/>	I have moderate problems doing my usual activities today.
<input type="checkbox"/>	I have severe problems doing my usual activities today.
<input type="checkbox"/>	I am unable to do usual activities today.

**P. Pain/discomfort**

<input type="checkbox"/>	<b>I have no pain or discomfort today.</b>
<input type="checkbox"/>	I have slight pain or discomfort today.
<input type="checkbox"/>	I have moderate pain or discomfort today.
<input type="checkbox"/>	I have severe pain or discomfort today.
<input type="checkbox"/>	I have extreme pain or discomfort today.

**k. Anxiety/Depression**

<input type="checkbox"/>	<b>I am not anxious or depressed today.</b>
<input type="checkbox"/>	I am slightly anxious or depressed today.
<input type="checkbox"/>	I am moderately anxious or depressed today.
<input type="checkbox"/>	I am severely anxious or depressed today.
<input type="checkbox"/>	I am extremely anxious or depressed today.

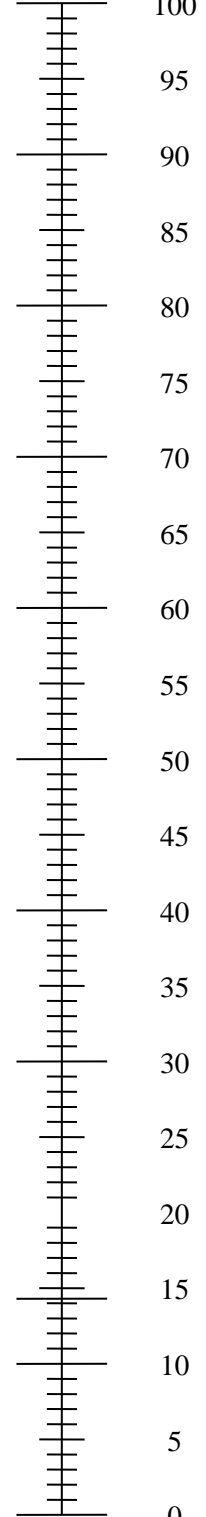
I. We would like to know how good or bad your health is **TODAY**. This scale is numbered from 0 to 100. Mark an X on the scale to indicate how your health is **TODAY**.

100 means the **best** health you can imagine.  
0 means the **worst** health you can imagine.

Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY

The best health  
you can imagine



The worst health  
you can imagine

76. Please tick **ONE** box, are you:

<input type="checkbox"/>	<b>Are you 18 years or younger? → If you ticked this box please answer 8a</b>
<input type="checkbox"/>	<b>Are you 19 years or older? → If you ticked this box please answer 8b</b>

a. According to national recommendations adolescents should be active at least 60 minutes of physical activity **every day** – this should range from **moderate activity** (e.g., cycling or walking to school) to **vigorous activity** (e.g., running or tennis).

Please indicate whether you think you have achieved this level of physical activity **over the last month**:

<input type="checkbox"/>	<b>Yes</b>
<input type="checkbox"/>	<b>No</b>

b. According to national recommendations adults should be active at a **moderate intensity** (e.g., cycling or fast walking) for **at least 150 minutes every week**.

Please indicate whether you think you achieved this level of physical activity **over the last month**:

<input type="checkbox"/>	<b>Yes</b>
<input type="checkbox"/>	<b>No</b>

77. Why do you engage in physical activity? Please indicate how true or untrue these statements are to you. Please circle **ONE** number on each line.

	<b>Not true for me</b>		<b>A little true for me</b>		<b>Very true for me</b>
<b>I feel guilty when I'm not physically active.</b>	0	1	2	3	4
<b>I value the benefits of physical activity.</b>	0	1	2	3	4
<b>I feel ashamed when I miss a session of physical activity.</b>	0	1	2	3	4
<b>It's important to me to be physically active regularly.</b>	0	1	2	3	4
<b>I can't see why I should bother being physically active.</b>	0	1	2	3	4
<b>I am physically active because others will not be pleased with me if I don't.</b>	0	1	2	3	4
<b>I don't see the point in physical activity.</b>	0	1	2	3	4
<b>I find physical activity to be enjoyable.</b>	0	1	2	3	4
<b>I feel under pressure from my friends/family to be physically active.</b>	0	1	2	3	4
<b>I get pleasure and satisfaction from participating in physical activity.</b>	0	1	2	3	4

78. On average **over the last 4 weeks**, how much time did you spend on:

g. TV viewing or video watching. Please tick **ONE** box on each line.

Hours of TV, DVD, or video watched (not on computer/iPad, etc.) per day	Average over the last 4 weeks					
	None	Less than 1 hour per day	1 to 2 hours per day	2 to 3 hours per day	3 to 4 hours per day	More than 4 hours per day
On a weekday before 6 pm						
On a weekday after 6 pm						
On a weekend before 6 pm						
On a weekend after 6 pm						

h. Computer use at home, but **not at work**. Please tick **ONE** box on each line.  
This includes use of: desktop computers or laptops, iPads, PlayStation, Xbox, Nintendo Wii or DS.

Hours of home computer use or video watched (on computer/iPad, etc.) per day	Average over the last 4 weeks					
	None	Less than 1 hour per day	1 to 2 hours per day	2 to 3 hours per day	3 to 4 hours per day	More than 4 hours per day
On a weekday before 6 pm						
On a weekday after 6 pm						
On a weekend before 6 pm						
On a weekend after 6 pm						



## Section 2: About your family

**79.** In an **average week**, how often do you do these activities **together as a family** (i.e., joint activities including at least one child and one other family member)? Please tick **ONE** box on each line.

	Number of Times each week		
	0 times each week	1-3 times each week	4 or more times each week
Play active games (like playing sports or tag).			
Go to the park.			
Play board games or cards.			
Go for a bike ride.			
Go for a walk or hike.			
Watch TV or movies.			
Have family talks.			
Go swimming.			
Walk the pet(s).			
Visit family or friends.			
Eat meals together.			
Walk or bike to school.			
Play computer or video games (like PlayStation/Xbox/Nintendo DS).			
Other (please state): _____.			
Other (please state): _____.			
Other (please state): _____.			

I think my family should engage in physical activity regularly (on most or all days of the week) during their free time. Please circle **ONE**.

<input type="checkbox"/>	<b>Strongly disagree.</b>
<input type="checkbox"/>	Somewhat disagree.
<input type="checkbox"/>	Neither agree or disagree.
<input type="checkbox"/>	Somewhat agree.
<input type="checkbox"/>	Strongly agree.

80. Please circle **ONE** number to indicate how frequently or infrequently you do the following.

	Never	Rarely	Sometimes	Often	Very often
How often do you encourage someone in your family to be physically active (e.g., bike riding walking, playing sports)?	1	2	3	4	5
How often are you physically active together with someone in your family?	1	2	3	4	5
How often do you take someone in your family to places where they can be physically active (e.g., the park, sports practice, swimming lessons)?	1	2	3	4	5
How often do you watch or cheer for someone in your family while they are doing physical activity (e.g., sports games, gymnastics/ dance competitions)?	1	2	3	4	5
How often do you ask someone in your family to be physically active with you?	1	2	3	4	5
How often do you tell someone in your family that they are doing well when they are doing physical activities?	1	2	3	4	5

V: Physical activity expenditure questionnaire - Pilot study

\_\_ / \_\_ / \_\_  
DD MM YYYY

TIME: 1 / 2 / 3

ID: FR \_\_\_\_ / \_\_\_\_ / \_\_\_\_



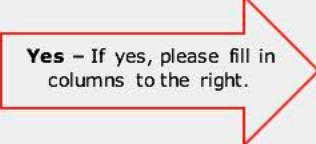
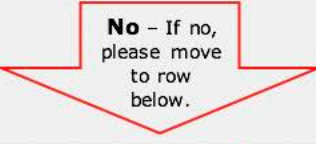
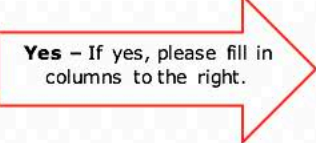

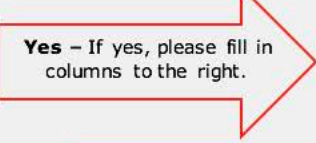
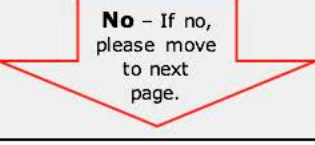
## Physical Activity Expenditure Questionnaire

- Please answer the questions as honestly and accurately as you can.
- All aspects of the study, including results, will be confidential and only the research team will have access to information on participants.
- Any reports or publications resulting from this study will not identify any individual who participated.
- Participation is entirely voluntary. There is no obligation to participate and withdrawal is permitted at any time without giving any reason and without any consequences.

1. Please fill in the table below for **all YOUNG PEOPLE (15 years or younger)** that **live in your household**.

Young Person	Participating in FRESH measures? (circle)	Sex (circle)	Age (years)	Member or attended sports clubs/fitness centres over the <b>past 3 months?</b> (circle) EXAMPLES: local sports club, gym	Name of activities paid for over the <b>past 3 months?</b> EXAMPLE: Swimming lessons	# of times the activities were done <b>over the last 3 months</b>	Cost of these activities EXAMPLE: £ <u>3</u> per month, week, <u>session</u>	Total amount spent <b>over the last 3 months</b>
<b>1</b>	Yes	Male		Yes – If yes, please fill in columns to the right.	•	_____	£ _____ per month, week, session	£ _____
					•	_____	£ _____ per month, week, session	£ _____
	No	Female		No – If no, please move to row below.	•	_____	£ _____ per month, week, session	£ _____
					•	_____	£ _____ per month, week, session	£ _____
					•	_____	£ _____ per month, week, session	£ _____
<b>2</b> <input type="checkbox"/> Tick if N/A and move to row below.	Yes	Male		Yes – If yes, please fill in columns to the right.	•	_____	£ _____ per month, week, session	£ _____
					•	_____	£ _____ per month, week, session	£ _____
	No	Female		No – If no, please move to row below.	•	_____	£ _____ per month, week, session	£ _____
					•	_____	£ _____ per month, week, session	£ _____
					•	_____	£ _____ per month, week, session	£ _____
<b>3</b> <input type="checkbox"/> Tick if N/A and move to next page.	Yes	Male		Yes – If yes, please fill in columns to the right.	•	_____	£ _____ per month, week, session	£ _____
					•	_____	£ _____ per month, week, session	£ _____
	No	Female		No – If no, please move to next page.	•	_____	£ _____ per month, week, session	£ _____
					•	_____	£ _____ per month, week, session	£ _____
					•	_____	£ _____ per month, week, session	£ _____

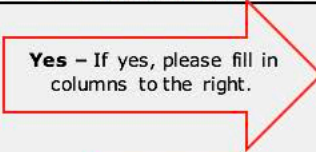
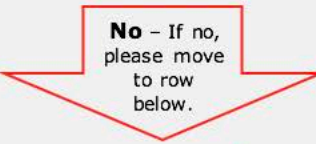
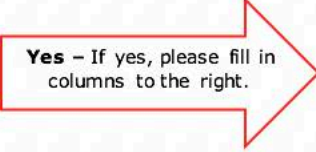
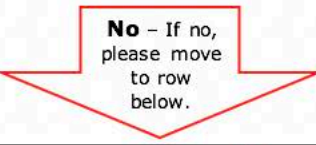
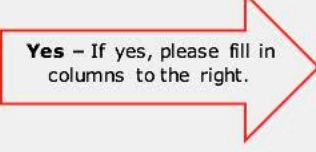
2. Please fill in the table below for **all YOUNG PEOPLE (15 years or younger)** that **live in your household**.

Young Person	Participating in FRESH measures? (circle)	Sex (circle)	Age (years)	Any other money spent relating to physical activity or sports over the <b>past 3 months?</b> (circle) EXAMPLES: sportswear, footwear, gadgets (Fitbit), sports equipment.	Items purchased over the <b>past 3 months?</b> EXAMPLE: football boots	Amount per item (£) £ <u>30</u>
<b>1</b>	Yes	Male		 <p><b>Yes</b> – If yes, please fill in columns to the right.</p>	•	£ _____
					•	£ _____
	No	Female		 <p><b>No</b> – If no, please move to row below.</p>	•	£ _____
					•	£ _____
					•	£ _____
<b>2</b> <input type="checkbox"/> Tick if N/A and move to row below.	Yes	Male		 <p><b>Yes</b> – If yes, please fill in columns to the right.</p>	•	£ _____
					•	£ _____
	No	Female		 <p><b>No</b> – If no, please move to row below.</p>	•	£ _____
					•	£ _____
					•	£ _____
<b>3</b> <input type="checkbox"/> Tick if N/A and move to next page.	Yes	Male		 <p><b>Yes</b> – If yes, please fill in columns to the right.</p>	•	£ _____
					•	£ _____
	No	Female		 <p><b>No</b> – If no, please move to next page.</p>	•	£ _____
					•	£ _____
					•	£ _____

3. Please fill in the table below for all **ADULTS (16 years or older)** that **live in your household**.

Adult	Participating in FRESH measures? (circle)	Sex (circle)	Age (years)	Member or attended sports clubs/fitness centres over the <u>past 3 months</u> ? (circle) EXAMPLES: local sports club, gym	Name of activities paid for over the <u>past 3 months</u> ? EXAMPLE: Swimming lessons	# of times the activities were done <u>over the last 3 months</u>	Cost of these activities EXAMPLE: £ <u>3</u> per month, week, <u>session</u>	Total amount spent <u>over the last 3 months</u>
<b>1</b>	Yes	Male		Yes – If yes, please fill in columns to the right.	•	_____	£ _____ per month, week, session	£ _____
					•	_____	£ _____ per month, week, session	£ _____
	No	Female		No – If no, please move to row below.	•	_____	£ _____ per month, week, session	£ _____
					•	_____	£ _____ per month, week, session	£ _____
					•	_____	£ _____ per month, week, session	£ _____
<b>2</b> <input type="checkbox"/> Tick if N/A and move to row below.	Yes	Male		Yes – If yes, please fill in columns to the right.	•	_____	£ _____ per month, week, session	£ _____
					•	_____	£ _____ per month, week, session	£ _____
	No	Female		No – If no, please move to row below.	•	_____	£ _____ per month, week, session	£ _____
					•	_____	£ _____ per month, week, session	£ _____
					•	_____	£ _____ per month, week, session	£ _____
<b>3</b> <input type="checkbox"/> Tick if N/A and move to question 4.	Yes	Male		Yes – If yes, please fill in columns to the right.	•	_____	£ _____ per month, week, session	£ _____
					•	_____	£ _____ per month, week, session	£ _____
	No	Female		No – If no, please move to question 4.	•	_____	£ _____ per month, week, session	£ _____
					•	_____	£ _____ per month, week, session	£ _____
					•	_____	£ _____ per month, week, session	£ _____

4. Please fill in the table below for **all ADULTS (16 years or older)** that **live in your household**.

Adult	Participating in FRESH measures? (circle)	Sex (circle)	Age (years)	Any other money spent relating to physical activity or sports over the <b>past 3 months?</b> (circle) EXAMPLES: sportswear, footwear, gadgets (Fitbit), sports equipment.	Items purchased over the <b>past 3 months?</b> EXAMPLE: football boots	Amount per item (£) £ <u>30</u>
<b>1</b>	Yes	Male		 <p><b>Yes</b> – If yes, please fill in columns to the right.</p>	•	£ _____
					•	£ _____
	No	Female		 <p><b>No</b> – If no, please move to row below.</p>	•	£ _____
					•	£ _____
					•	£ _____
<b>2</b>	Yes	Male		 <p><b>Yes</b> – If yes, please fill in columns to the right.</p>	•	£ _____
					•	£ _____
	No	Female		 <p><b>No</b> – If no, please move to row below.</p>	•	£ _____
					•	£ _____
					•	£ _____
<b>3</b>	Yes	Male		 <p><b>Yes</b> – If yes, please fill in columns to the right.</p>	•	£ _____
					•	£ _____
	No	Female		<p><b>No</b> – If no, <u>You've</u> completed the questionnaire.</p>	•	£ _____
					•	£ _____
					•	£ _____



W: Adult process evaluation questionnaire (family group) - pilot study

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DD MM YYYY

ID: FR \_\_\_\_ / \_\_\_\_ / \_\_\_\_



## Adult Process Evaluation Website Group

- All aspects of the study, including results, will be confidential and only the research team will have access to information on participants.
- Any reports or publications resulting from this study will not identify any individual who participated.
- Participation is entirely voluntary. There is no obligation to participate and withdrawal is permitted at any time without giving any reason and without any consequences.

1. To what extent do you agree or disagree with the following:

	Strongly disagree	←————→		Strongly agree
<b>The FRESH Study...</b>				
A. ...was fun for my family and I.	1	2	3	4
B. ...encouraged my family and I to do more physical activity.	1	2	3	4
C. ...has led my family and I to do more physical activity than we did before FRESH.	1	2	3	4
D. ...has led my family and I to do more activities (other than physical activity) together than we did before FRESH.	1	2	3	4
E. ...has made my family and I more aware of the amount of physical activity we do.	1	2	3	4
F. ...took up too much time.	1	2	3	4
G. ...was too long.	1	2	3	4
H. ...is something my family and I would like to continue to be part of.	1	2	3	4

2. Regarding the **FRESH website**, to what extent do you agree or disagree with the following:

	Strongly disagree	←————→		Strongly agree	
A. It was easy to use.	1	2	3	4	N/A
B. I enjoyed using it.	1	2	3	4	N/A
C. My child/children enjoyed using it.	1	2	3	4	N/A
D. I thought the website was appealing.	1	2	3	4	N/A
E. I enjoyed the information about the cities.	1	2	3	4	N/A
F. My child/children enjoyed the information about the cities.	1	2	3	4	N/A
G. My child/children enjoyed receiving virtual badges for completing challenges.	1	2	3	4	N/A
H. The step converter was useful (e.g., converting swimming to steps).	1	2	3	4	N/A
I. The resources page was useful.	1	2	3	4	N/A
J. I enjoyed the recipes.	1	2	3	4	N/A
K. My child/children enjoyed the recipes.	1	2	3	4	N/A
L. I liked that there were varying degrees of difficulty with the challenges.	1	2	3	4	N/A
M. Logging our steps was easy.	1	2	3	4	N/A
N. The meeting at the beginning of FRESH was useful to help my family get started on the website.	1	2	3	4	N/A
O. I felt like I had enough support from the FRESH team if something went wrong on the website.	1	2	3	4	N/A

3. When it came to **picking a new challenge**, to what extent do you agree or disagree with the following:

	Strongly disagree	←————→		Strongly agree
A. It was easy to schedule a time to pick a new challenge together as a family.	1	2	3	4
B. My family consistently scheduled a time to pick a new challenge together as a family.	1	2	3	4
C. My child reminded us about having to pick a new challenge.	1	2	3	4
D. My child led/initiated picking a new challenge.	1	2	3	4

4. Regarding the **step counter** we gave out to log your steps, to what extent do you agree or disagree with the following:

	Strongly disagree	←————→		Strongly agree
A. I didn't mind wearing it.	1	2	3	4
B. My child/children didn't mind wearing it.	1	2	3	4
C. It was easy to use.	1	2	3	4
D. I thought it was reasonably reliable at counting my steps.	1	2	3	4
E. I used the memory feature to go back and look at the number steps my family and I took.	1	2	3	4

5. Regarding the **measurements** taken, to what extent do you agree or disagree with the following:

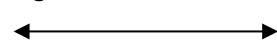
	Strongly disagree	←————→		Strongly agree
C. The amount of time it took to take all of the measures was too long.	1	2	3	4
D. There were too many measures taken.	1	2	3	4

6. How would you rank your experience with the **measures** we used from best to least (**1 = most enjoyable, 8 = least enjoyable**).

Measure	Rank
Questionnaires	
Height	
Weight	
Waist circumference	
Blood pressure	
Step test	
Wearing the activity monitor and GPS for 7 days.	
Family holiday planning	

7. To what extent do you agree or disagree with the following:

**Strongly disagree**



**Strongly agree**

**A. I would be willing to submit to a finger prick blood test to measure my blood sugar levels IF this was one of the measures included in FRESH.**

1                      2                      3                      4

**B. I would be willing to allow my child(ren) to have a finger prick blood test taken to measure their blood sugar levels IF this was one of the measures included in FRESH.**

1                      2                      3                      4

8. Do you have any suggestions on how and/or where we can best reach families to talk to them about participating in FRESH?

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9. Do you have any suggestions about how we could improve FRESH?

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10. Would you like to make any other comments?

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X: Adult process evaluation questionnaire (pedometer group) - pilot study

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DD MM YYYY

ID: FR \_\_\_\_ / \_\_\_\_ / \_\_\_\_



## Adult Process Evaluation Pedometer group

- All aspects of the study, including results, will be confidential and only the research team will have access to information on participants.
- Any reports or publications resulting from this study will not identify any individual who participated.
- Participation is entirely voluntary. There is no obligation to participate and withdrawal is permitted at any time without giving any reason and without any consequences.

10. To what extent do you agree or disagree with the following:

	Strongly disagree	←————→		Strongly agree
<b>The FRESH Study...</b>				
I. ...was fun for my family and I.	1	2	3	4
J. ...encouraged my family and I to do more physical activity.	1	2	3	4
K. ...has led my family and I to do more physical activity than we did before FRESH.	1	2	3	4
L. ...has led my family and I to do more activities (other than physical activity) together than we did before FRESH.	1	2	3	4
M. ...has made my family and I more aware of the amount of physical activity we do.	1	2	3	4
N. ...took up too much time.	1	2	3	4
O. ...was too long.	1	2	3	4
P. ...is something my family and I would like to continue to be part of.	1	2	3	4

11. Regarding the **step counter** we gave out to log your steps, to what extent do you agree or disagree with the following:

	Strongly disagree	←————→		Strongly agree
F. I didn't mind wearing it.	1	2	3	4
G. My child/children didn't mind wearing it.	1	2	3	4
H. It was easy to use.	1	2	3	4
I. I thought it was reasonably reliable at counting my steps.	1	2	3	4
J. I used the memory feature to go back and look at the number steps my family and I took.	1	2	3	4

12. Regarding the **measurements** taken at the beginning and end of FRESH, to what extent do you agree or disagree with the following:

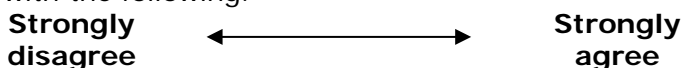
	Strongly disagree	←————→		Strongly agree
E. The amount of time it took to take all of the measures was too long.	1	2	3	4
F. There were too many measures taken.	1	2	3	4



13. How would you rank your experience with the **measures** we used from best to least (1 = most enjoyable, 8 = least enjoyable).

Measure	Rank
Questionnaires	
Height	
Weight	
Waist circumference	
Blood pressure	
Step test	
Wearing the activity monitor and GPS for 7 days.	
Family holiday planning	

14. To what extent do you agree or disagree with the following:



C. I would be willing to submit to a finger prick blood test to measure my blood sugar levels IF this was one of the measures included in FRESH.

1                      2                      3                      4

D. I would be willing to allow my child(ren) to have a finger prick blood test taken to measure their blood sugar levels IF this was one of the measures included in FRESH..

1                      2                      3                      4

15. Do you have any suggestions on how and/or where we can best reach families to talk to them about participating in FRESH?

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16. Do you have any suggestions about how we could improve FRESH?

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17. Would you like to make any other comments?

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Y: Adult process evaluation questionnaire (control group) - pilot study

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DD MM YYYY

ID: FR \_\_\_\_ / \_\_\_\_ / \_\_\_\_



## Adult Process Evaluation

- All aspects of the study, including results, will be confidential and only the research team will have access to information on participants.
- Any reports or publications resulting from this study will not identify any individual who participated.
- Participation is entirely voluntary. There is no obligation to participate and withdrawal is permitted at any time without giving any reason and without any consequences.

1. Regarding the **measurements** taken at the beginning and end of FRESH, to what extent do you agree or disagree with the following:

	Strongly disagree	←————→		Strongly agree
A. The amount of time it took to take all of the measures was too long.	1	2	3	4
B. There were too many measures taken.	1	2	3	4

2. How would you rank your experience with the **measures** we used from best to least (**1 = most enjoyable, 8 = least enjoyable**).

Measure	Rank
Questionnaires	
Height	
Weight	
Waist circumference	
Blood pressure	
Step test	
Wearing the activity monitor and GPS for 7 days.	
Family holiday planning	

3. To what extent do you agree or disagree with the following:

	Strongly disagree	←————→		Strongly agree
A. I would be willing to submit to a finger prick blood test to measure my blood sugar levels IF this was one of the measures included in FRESH.	1	2	3	4
B. I would be willing to allow my child(ren) to have a finger prick blood test taken to measure their blood sugar levels IF this was one of the measures included in FRESH.	1	2	3	4

4. Would you like to make any other comments?

.....

.....

Z: Child process evaluation questionnaire (family group) - pilot study

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DD MM YYYY

ID: FR \_\_\_\_ / \_\_\_\_ / \_\_\_\_



## Child Process Evaluation Website Group

- Please answer the questions as honestly and accurately as you can.
- This is not a test, there is no right or wrong answer to the questions.

1. Please read the following questions and then circle 'yes' or 'no'.

<b>K. Did you like taking part in FRESH?</b>	<b>Yes</b>	<b>No</b>
<b>L. Was FRESH fun?</b>	<b>Yes</b>	<b>No</b>
<b>M. Do you want to keep using the FRESH website?</b>	<b>Yes</b>	<b>No</b>
<b>N. Was the FRESH website easy to use?</b>	<b>Yes</b>	<b>No</b>
<b>O. Did you like wearing the step counter?</b>	<b>Yes</b>	<b>No</b>
<b>P. Was it hard to reach your step goals?</b>	<b>Yes</b>	<b>No</b>
<b>Q. Did you like being the team captain?</b>	<b>Yes</b>	<b>No</b>
<b>R. Did you do more activities with your family during FRESH?</b>	<b>Yes</b>	<b>No</b>
<b>S. Did you have fun doing activities with your family?</b>	<b>Yes</b>	<b>No</b>
<b>T. Did you like being measured by the FRESH team?</b>	<b>Yes</b>	<b>No</b>

2. How can we make FRESH better or more fun for kids?

.....

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AA: Child process evaluation questionnaire (pedometer group) - Pilot study

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DD MM YYYY

ID: FR \_\_\_\_ / \_\_\_\_ / \_\_\_\_



## Child Process Evaluation Pedometer group

- Please answer the questions as honestly and accurately as you can.
- This is not a test, there is no right or wrong answer to the questions.

1. Please read the following questions and then circle 'yes' or 'no'.

<b>A. Did you like taking part in FRESH?</b>	<b>Yes</b>	<b>No</b>
<b>B. Was FRESH fun?</b>	<b>Yes</b>	<b>No</b>
<b>C. Did you like wearing the step counter?</b>	<b>Yes</b>	<b>No</b>
<b>D. Did you do more activities with your family during FRESH?</b>	<b>Yes</b>	<b>No</b>
<b>E. Did you have fun doing activities with your family?</b>	<b>Yes</b>	<b>No</b>
<b>F. Did you like being measured by the FRESH team?</b>	<b>Yes</b>	<b>No</b>

2. How can we make FRESH better or more fun for kids?

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BB: Child process evaluation questionnaire (control group) - Pilot study

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DD MM YYYY

ID: FR \_\_\_\_ / \_\_\_\_ / \_\_\_\_



## Child Process Evaluation

- Please answer the questions as honestly and accurately as you can.
- This is not a test, there is no right or wrong answer to the questions.

3. Please read the following questions and then circle 'yes' or 'no'.

<b>U. Did you like taking part in FRESH?</b>	<b>Yes</b>	<b>No</b>
<b>V. Was FRESH fun?</b>	<b>Yes</b>	<b>No</b>
<b>W. Did you do more activities with your family during FRESH?</b>	<b>Yes</b>	<b>No</b>
<b>X. Did you have fun doing activities with your family?</b>	<b>Yes</b>	<b>No</b>
<b>Y. Did you like being measured by the FRESH team?</b>	<b>Yes</b>	<b>No</b>

4. How can we make FRESH better or more fun for kids?

.....

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.....

CC: Focus group discussion guide - Pilot study

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DD MM YYYY

ID: FR \_\_\_\_ / \_\_\_\_ / \_\_\_\_



## Focus Group Discussion Guide



Date:

ID: FR \_\_\_ \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ / \_\_\_

Start time:

Stop time:

Number of adults: \_\_\_ M \_\_\_ F

Number of children: \_\_\_ M \_\_\_ F

### **FRESH arm questions**

**7. Tell me about your experience taking part in the FRESH study?**

**8. Let's pretend you just finished a challenge, can you take me through the process of choosing your next one?**

- How did you choose your next challenge?
  - Because of the city or for the challenge?

### **Implementation Strategies**

- We expected that you would also have \_\_\_\_\_:
  - 'Family Time'
    - How often? How did you schedule it? Initiated/led by index child? How long did they usually last?
    - Can you tell me about your most memorable family time discussion?
    - Was the Family Time Planner used?
  - 'Team Captain'
    - Led family time, destination selection? Did it work?

### **Intervention components**

- Tell me some thoughts on the FRESH website (prompt laptop displaying the website)
  - Was it easy to use? Setting goals/logging steps? Content?
  - Any elements that we could possibly incorporate into the website to boost/maintain interest/motivation?
  - Website bugs
- What was your experience with the step counters?
  - Wear/Placement
  - Places where you weren't allowed to wear them?
- Usefulness of the facilitator Meeting
  - Would you have preferred to have this meeting over the phone or video chat?
    - Even if that meant that it would take longer to get you registered onto the site?
- Virtual badges?

### **9. Challenges/Barriers**

- Can you think about a time when you struggled to (or didn't) meet your challenge –
  - How did you overcome this?
  - What made you continue the following week?
- What were some of the challenges or barriers you faced while participating in FRESH?
  - Time
  - Technical difficulties

**10.If you could make any changes to FRESH, what would they be?**

- What if you only had to do FRESH on weekends?

**11.Why didn't other family members participate in FRESH (if applicable)?**

**12.Is there anything else you'd like to discuss?**

### **Pedometer-only arm questions**

**1. Tell me about your experience taking part in the FRESH study?**

**2. What was your experience with the step counters?**

- a. Wear/Placement

- b. Places where you weren't allowed to wear them?
- 3. How did you use the information leaflets?**
- 4. What were some of the challenges or barriers you faced with the step counters?**
- 5. If you could make any changes to FRESH, what would they be?**
  - o What if you only had to do FRESH on weekends?
- 6. Why didn't other family members participate in FRESH (if applicable)?**
- 7. Is there anything else you'd like to discuss?**

**Control group**

- 1. Tell me about your experience taking part in the FRESH study?**
- 2. If you could make any changes to FRESH, what would they be?**
  - o What if you only had to do FRESH on weekends?
- 3. Why didn't other family members participate in FRESH (if applicable)?**
- 4. Is there anything else you'd like to discuss?**