



**Thank you for agreeing to participate in the GoActive evaluation study.**

In this booklet, we will be asking short questions about:

Section 1: You

Section 2: Your family

Section 3: Your activity patterns

Section 4: Your friendships

Section 5: Your feelings

Please complete all of the questions in this booklet.

- ✓ Please answer the questions as honestly and accurately as you can.
- ✓ Remember, this is not a test – there are no right or wrong answers!
- ✓ If you are uncomfortable with any of the questions in this booklet, you don't have to answer it (just put a line through the question, and move to the next one).
- ✓ We will not tell anyone your answers unless we consider you or someone else to be at risk from harm, then we will tell one member of staff at your school.

## Section 1: You

### 1. Form / Tutor Group \_\_\_\_\_

*Write the name of your tutor group on the line above.*

### 2. How old are you?

*Fill in your age in years.*

--

 years

### 3. In which month were you born?

*Tick the box next to your month of birth.*

<input type="checkbox"/>	January	<input type="checkbox"/>	July
<input type="checkbox"/>	February	<input type="checkbox"/>	August
<input type="checkbox"/>	March	<input type="checkbox"/>	September
<input type="checkbox"/>	April	<input type="checkbox"/>	October
<input type="checkbox"/>	May	<input type="checkbox"/>	November
<input type="checkbox"/>	June	<input type="checkbox"/>	December

### 4. Are you male or female?

*Please tick one box*

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

## 5. To which of the following groups would you say you belong?

Tick the box to show which group you identify with most. If you select a box with '**Any other...**' next to it, please write details.

### White

<input type="checkbox"/>	English/Welsh/Scottish/Northern Irish/British
<input type="checkbox"/>	Irish
<input type="checkbox"/>	Traveller
<input type="checkbox"/>	Any other white background (please specify) _____

### Mixed/multiple ethnic background

<input type="checkbox"/>	White and Black Caribbean
<input type="checkbox"/>	White and Black African
<input type="checkbox"/>	White and Asian
<input type="checkbox"/>	Any other mixed/multiple ethnic background (please specify) _____

### Asian or Asian British

<input type="checkbox"/>	Indian
<input type="checkbox"/>	Pakistani
<input type="checkbox"/>	Bangladeshi
<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Any other Asian background (please specify) _____

### Black or Black British

<input type="checkbox"/>	Caribbean
<input type="checkbox"/>	African
<input type="checkbox"/>	Any other Black background (please specify) _____

### Other ethnic group

<input type="checkbox"/>	Arab
<input type="checkbox"/>	Any other (please specify) _____

<input type="checkbox"/>	Don't know
<input type="checkbox"/>	Don't want to answer

## 6. Which language do you mostly speak at home?

Please tick the box next to the language you mainly speak at home. If your first language is not listed, please write it in the space provided.

<input type="checkbox"/>	Bengali (with Sylheti and Chatgaya)	<input type="checkbox"/>	Persian/Farsi
<input type="checkbox"/>	Chinese (or Mandarin or Cantonese)	<input type="checkbox"/>	Polish
<input type="checkbox"/>	Danish	<input type="checkbox"/>	Punjabi
<input type="checkbox"/>	Dutch	<input type="checkbox"/>	Romanian
<input type="checkbox"/>	English	<input type="checkbox"/>	Somali
<input type="checkbox"/>	French	<input type="checkbox"/>	Spanish (or Catalan)
<input type="checkbox"/>	German	<input type="checkbox"/>	Swedish
<input type="checkbox"/>	Greek	<input type="checkbox"/>	Tagalog/Filipino
<input type="checkbox"/>	Gujarati	<input type="checkbox"/>	Tamil
<input type="checkbox"/>	Icelandic	<input type="checkbox"/>	Turkish
<input type="checkbox"/>	Italian	<input type="checkbox"/>	Ukranian
<input type="checkbox"/>	Lithuanian	<input type="checkbox"/>	Urdu
<input type="checkbox"/>	Norwegian		

Other language: \_\_\_\_\_

## 7. What are your religious beliefs?

<input type="checkbox"/>	No religion
<input type="checkbox"/>	Christian
<input type="checkbox"/>	Buddhist
<input type="checkbox"/>	Hindu
<input type="checkbox"/>	Jewish
<input type="checkbox"/>	Muslim
<input type="checkbox"/>	Sikh
<input type="checkbox"/>	Other religion (please specify .....)



**Well done; you've  
completed Section 1**

## Section 2: Your family

### 8. Who are your main carers/guardians?

Please indicate who your main carers/guardians are from the following list. Please tick ONE box in each of the two columns.

**a. Carer 1**      **b. Carer 2**

		Mother
		Father
		Step-mum
		Step-dad
		Grandparent
		Older brother or sister
		Other family member
		Other adult

### 9. What is the highest level of education your carer/guardian(s) have achieved?

Think about Carer 1 and Carer 2 above. Please tick the box below that best describes the highest level of education they have received.

**a. Carer 1**      **b. Carer 2**

		Did not finish school
		School exam: 16 years <i>Finished Year 11 (e.g. completed GCSE)</i>
		School exam: 18 years <i>Finished Year 13 (e.g. completed A Levels or BTEC)</i>
		University degree <i>(e.g. BSc or BA)</i>
		Higher University degree <i>(e.g. MSc or PhD)</i>
		Other commercial qualifications <i>(e.g. typing, book-keeping)</i>
		Any other vocational or work-related qualification <i>(e.g. mechanics or plumbing)</i>
		Don't know
		Don't want to answer

## 10. Next, we'd like to find out a bit more about your family.

*Please tick one box for each question*

a. Does your family own a car, van or something similar?

<input type="checkbox"/>	No
<input type="checkbox"/>	Yes, one
<input type="checkbox"/>	Yes, two or more

b. Do you have your own bedroom?

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

c. How many times did you travel out of the UK on holiday with your family last year?

<input type="checkbox"/>	None
<input type="checkbox"/>	Once
<input type="checkbox"/>	Twice
<input type="checkbox"/>	More than twice

d. How many computers (including laptops and tablets, *not* including game consoles and smartphones) does your family own?

<input type="checkbox"/>	None
<input type="checkbox"/>	One
<input type="checkbox"/>	Two
<input type="checkbox"/>	More than two

e. How many bathrooms (rooms with a bath/shower or both) are in your home?

<input type="checkbox"/>	None
<input type="checkbox"/>	One
<input type="checkbox"/>	Two
<input type="checkbox"/>	More than two

f. Do you have a dishwasher at home?

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



**Well done; you've  
completed Section 2**



## Section 3: Your activity patterns

### 11. How many times did you do the following activities in the past 7 days?

Put a tick in the box to show how many times you did each activity in the last week. Make sure you have added a tick on every line.

TRAVEL	Never	Once	2 to 3 times	4+ times
a. Walking to school/college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How long does your walk to get to school/college take? _____ minutes (one way only)				
c. Cycling to school/college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. How long does your cycle to get to school/college take? _____ minutes (one way only)				
e. Getting the bus to school/college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. How long does your bus journey to get to school/college take? _____ minutes (one way only)				

ACTIVITIES	Never	Once	2 to 3 times	4+ times
a. Aerobics / Dancing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Softball / rounders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Basketball / volleyball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cricket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Using gym equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Football	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Gymnastics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Hockey (field or ice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Martial arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Netball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Rugby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Running or jogging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Tennis / badminton / squash / other racquet sport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACTIVITIES	Never	Once	2 to 3 times	4+ times
o. Cycling for exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Trampolining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Bowling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Household chores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Horse riding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Rollerblading / roller-skating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Gardening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. Skateboarding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. Skiing / snowboarding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. Rowing / canoeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z. Walking the dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
za. Walking for exercise / hiking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER Activity please state: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. In the last seven days, has an illness or injury prevented you from being physically active?

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

b. If yes, please give details

.....

.....

.....

.....

13. The questions in this section ask you about your feelings and attitudes concerning physical activity.

Please read each question carefully and add a tick to show the answer that best describes how you feel. There are no right or wrong answers.

	Strongly agree	Agree	Slightly agree	Slightly disagree	Disagree	Strongly disagree
a. I can do physical activity three times per week every week for the next 6 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I can do physical activity five times per week every week for the next 6 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I can make time to do physical activity no matter how busy my day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I can do physical activity no matter how tired I may feel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I can do physical activity no matter how stressed I feel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I can do physical activity even when I'd rather be doing something else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I can do physical activity even if my friends tease me for it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I can do physical activity even when I am feeling down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### 14. During a normal week, how often do the following things happen?

Please read each question carefully and add a tick to show the answer that best describes how you feel.

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

15. These questions are about your usual sleeping patterns.

Please tell us what time you usually wake up and go to sleep (not to bed) **during term time and holidays:**

	Time you normally wake up	Time you normally go to sleep
Term-time (weekdays)	a. _____ am/pm (circle)	b. _____ am/pm (circle)
Term-time (weekends)	c. _____ am/pm (circle)	d. _____ am/pm (circle)
School holidays (weekdays)	e. _____ am/pm (circle)	f. _____ am/pm (circle)
School holidays (weekends)	g. _____ am/pm (circle)	h. _____ am/pm (circle)



**Well done; you've  
completed Section 3**

## Section 4: Your friendships

16. The questions in this section ask you about your friendships.

Please circle the answer that best describes how you feel about your friendships.

	Very happy	Quite happy	Not very happy	Unhappy
a. Are you happy with the number of friends you've got at the moment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Overall, how happy are you with your friendships?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Most of the time	Sometimes	Not often	Not at all
c. Do you feel that your friends understand you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Can you tell your friends your secrets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Almost every day	More than once a week	Once a week	Less than once a week	Hardly ever	Never
e. How often do you arrange to see friends other than at school, college or work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Do your friends ever laugh at you or tease you in a hurtful way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Do people who aren't your friends laugh at you or tease you in a hurtful way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Do you have arguments with your friends that upset you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Well done; you've  
completed Section 4**

## Section 5: Your feelings

### 17. Below are some statements about feelings and thoughts.

Please tick the box that best describes your experience of each over the past two weeks.

	None of the time	Rarely	Some of the time	Often	All of the time
a. I've been feeling hopeful about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I've been feeling useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I've been feeling relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I've been feeling interested in other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I've had energy to spare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I've been dealing with problems well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I've been thinking clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I've been feeling good about myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I've been feeling close to other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I've been feeling confident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I've been able to make up my own mind about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I've been feeling loved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. I've been interested in new things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. I've been feeling cheerful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 18. Below are some more statements about feelings and thoughts.

Please read each question carefully and add a tick to show the answer that best describes how you feel.

	Strongly agree	Agree	Disagree	Strongly disagree
a. On the whole, I am happy with myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. At times I think I am no good at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I feel that I have a number of good qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I am able to do things as well as most other people do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I feel I do not have much to be proud of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I certainly feel useless at times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I feel that I'm a person of worth, at least the same as others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I wish I could have more respect for myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. All in all, I feel that I am a failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I feel positive toward myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 19. The next questions ask about your personality.

*Please rate each of the items on a scale of 1 (not usual or typical of you) to 5 (very usual or typical of you). Please circle the number that best describes how typical it is of you.*

	Not typical		Fairly typical		Very typical
a. I make friends easily	1	2	3	4	5
b. I like to be with people	1	2	3	4	5
c. I prefer being with others rather than alone	1	2	3	4	5
d. I tend to be shy	1	2	3	4	5
e. I find people more exciting than anything else	1	2	3	4	5
f. I am very friendly	1	2	3	4	5
g. I take a long time to warm to strangers	1	2	3	4	5
h. I am something of a loner	1	2	3	4	5
i. When alone, I feel lonely	1	2	3	4	5
j. I am very friendly with strangers	1	2	3	4	5



## 20. These questions are about how you're feeling today.

Please read each question carefully and add a tick to show the answer that best describes how you feel **today**. For each question, read all the choices and decide which one is most like you **today**.

Then put a tick in the box next to it like this ☒ 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 think about and answer the rest of the questions below.

#### a. Worried

<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. Sad

<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. Pain

<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. Tired

<input type="checkbox"/>	I don't feel tired today
<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. Annoyed**

- ☐ I don't feel annoyed today
- ☐ I feel a little bit annoyed today
- ☐ I feel a bit annoyed today
- ☐ I feel quite annoyed today
- ☐ I feel very annoyed today

**f. School work/homework (such as reading, writing, doing lessons)**

- ☐ I have no problems with my school/homework today
- ☐ I have a few problems with my school/homework today
- ☐ I have some problems with my school/homework today
- ☐ I have many problems with my school/homework today
- ☐ I can't do my school/homework today

**g. Sleep**

- ☐ Last night I had no problems sleeping
- ☐ Last night I had a few problems sleeping
- ☐ Last night I had some problems sleeping
- ☐ Last night I had many problems sleeping
- ☐ Last night I couldn't sleep at all

**h. Daily routine (things like eating, having a bath/shower, getting dressed)**

- ☐ I have no problems with my daily routine today
- ☐ I have a few problems with my daily routine today
- ☐ I have some problems with my daily routine today
- ☐ I have many problems with my daily routine today
- ☐ I can't do my daily routine today

**i. Able to join activities (things like playing out with your friends, doing sports, joining in things)**

- ☐ I can join in with any activities today
- ☐ I can join in with most activities today
- ☐ 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



**Thank you very much for  
completing this questionnaire  
– we really appreciate your  
time!**