



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

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

Section 1: You and your family

Section 2: Your activity patterns

Section 3: Your friendships

Section 4: Your feelings

Section 5: Your experience with the GoActive programme

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 and your family

1. 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

2. What do your carers do for work?

Think about Carer 1 and Carer 2 above. Please tick the box below that best describes their work

a. Carer 1 **b. Carer 2**

		Full time or part-time job
		Stay at home parent
		Currently looking for work
		Don't know
		Don't want to answer

If your carers do have a paid job, please tell us what they do:

Carer 1 works as a _____

If you have listed two carers...

Carer 2 works as a _____

3. Do you receive free school meals?

Put a tick in the box next to your answer like this ☒ Only tick **one** box.

<input type="checkbox"/>	No
<input type="checkbox"/>	Yes
<input type="checkbox"/>	Don't know
<input type="checkbox"/>	Don't want to say



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

Section 2: Your activity patterns

4. 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. Please tick one box on each 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)				

In the last **7 days** how many times have you done the following activities? Please tick one box on each line

ACTIVITIES	None	Once	2 to 3 times	4+ times
g. Aerobics / Dancing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Softball / rounders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Basketball / volleyball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Cricket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Using gym equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Football	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Gymnastics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Hockey (field or ice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Martial arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Netball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Rugby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Running or jogging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Tennis / badminton / squash / other racquet sport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACTIVITIES	None	Once	2 to 3 times	4+ times
u. Cycling for exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Trampolining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. Bowling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. Household chores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z. Horse riding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa. Rollerblading / roller-skating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bb. Gardening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cc. Skateboarding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dd. Skiing / snowboarding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ee. Rowing / canoeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ff. Walking the dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
gg. Walking for exercise / hiking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hh. OTHER Activity please state: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. In the last 7 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

.....

.....

.....

.....

6. 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"/>

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

Please read each question carefully and add a tick on each line 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"/>

8. 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 2**

Section 3: Your friendships

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

Please tick 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 3**

Section 4: Your feelings

10. 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"/>

11. 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"/>

12. 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

13. 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





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

**Please turn the page for
the final section**

Section 5: Your experience with the GoActive programme

1. Is the GoActive physical activity programme running at your school?

Tick the box to show whether you think that the GoActive physical activity programme is running at your school.

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

2. During the last 2 weeks, in how many tutor times/registrations were you active?

Put a tick in the box next to your answer like this ☒ Only tick **one** box.

<input type="checkbox"/>	Never
<input type="checkbox"/>	Once during the last 2 weeks
<input type="checkbox"/>	Twice during the last 2 weeks
<input type="checkbox"/>	Three times during the last 2 weeks
<input type="checkbox"/>	Nearly every day
<input type="checkbox"/>	Every day

3. Do you attend a school sports club at least once a week?

This question relates to before- and after-school clubs, organised sports practices at break or lunchtimes, school sports teams, and any other extracurricular activities.

Put a tick in the box next to it like this ☒ Only tick **one** box.

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

4. Do you attend an **out of school** sports club at least once a week?

This question relates to any sports club or team that you are involved in outside of school (for example, a local football team or ballet class).

Put a tick in the box next to it like this ☒ Only tick **one** box.

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

5. Are you planning to select PE (Physical Education) for your GCSE options?

Put a tick in the box next to it like this ☒ Only tick **one** box.

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

6. How often did the following things happen **since January**?

These questions relate to time spent inside and outside of school.

(Please tick one box for each item)

	Never or hardly ever	Once or twice a week	Nearly every day	Every day
a. I tried new physical activities on my own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I asked friends at school to do physical activity with me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Friends at school asked me to do physical activity with them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I asked a parent/guardian to do physical activity with me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I asked a friend outside of school to do physical activity with me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I tried new physical activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I looked on the internet for activity ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I talked to friends about GoActive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I talked to my family about GoActive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Please tick one box for each item

The GoActive study...	Strongly agree	Slightly agree	Slightly disagree	Strongly disagree	Did not take part
a. ...is fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ...encourages me to do more physical activity					
<i>This statement refers to whether you felt <u>encouraged</u> to do more physical activity, not whether you actually did!</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ...encourages me to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. ...allows me to do physical activity with more people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. ...takes/took up too much time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. ...is boring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. ...helps me make friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. ...gives me more confidence to participate in physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. ...introduces me to new activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. ...made me step out of my comfort zone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Within the GoActive study...	Strongly agree	Slightly agree	Slightly disagree	Strongly disagree	Did not take part
a. Form tutors motivated me to be active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Form tutors were enthusiastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mentors (older students) motivated me to be active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Mentors (older students) were enthusiastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Please let us know what you think of the different parts of the GoActive programme on a scale of 1 (did not like it) to 5 (liked it a lot).

Please circle the number that best describes what you think.

If you did not take part in the GoActive programme tick the box in the last column

	Did not like it		Neither	Liked it a lot		Did not take part
a. Working with mentors (older students)	1	2	3	4	5	<input type="checkbox"/>
b. Having year 9 in class leaders	1	2	3	4	5	<input type="checkbox"/>
c. Gaining individual points	1	2	3	4	5	<input type="checkbox"/>
d. The class competition	1	2	3	4	5	<input type="checkbox"/>
e. Suggesting new activities ourselves	1	2	3	4	5	<input type="checkbox"/>
f. Trying new activities	1	2	3	4	5	<input type="checkbox"/>
g. Individual prizes	1	2	3	4	5	<input type="checkbox"/>
h. Using tutor time	1	2	3	4	5	<input type="checkbox"/>
i. Choosing new activities	1	2	3	4	5	<input type="checkbox"/>
j. Working with form tutors	1	2	3	4	5	<input type="checkbox"/>
k. The QuickCards	2	3	4	5	6	<input type="checkbox"/>
l. Adding points to your online profile through the GoActive website	2	3	4	5	6	<input type="checkbox"/>
m. The videos on the GoActive website	2	3	4	5	6	<input type="checkbox"/>
n. Other (please state) _____	1	2	3	4	5	<input type="checkbox"/>

9. Would you recommend GoActive to a friend?

<input type="checkbox"/>	No
<input type="checkbox"/>	Yes
<input type="checkbox"/>	Did not take part in GoActive

Please add any comments about your answer:

10. How likely are you to do the following on a scale of 1 (not likely) to 5 (very likely)?

Please circle the number that best describes what you think.

If you did not take part in the GoActive programme tick the box in the last column

	Not likely		Fairly likely	Very likely		Did not take part
a. Continue to do an activity I tried during GoActive	1	2	3	4	5	<input type="checkbox"/>
b. Join a new club or team relating to an activity I tried during GoActive	1	2	3	4	5	<input type="checkbox"/>
c. Encourage friends to do more physical activity	1	2	3	4	5	<input type="checkbox"/>
d. Encourage family members to do more physical activity	1	2	3	4	5	<input type="checkbox"/>
e. Do more physical activity in my spare time	1	2	3	4	5	<input type="checkbox"/>

11. Would you be willing to be contacted about participating in a focus group (a group discussion) to discuss your GoActive experience?

These focus groups would be recorded and recordings would be made anonymous so that no participants can be identified from them. Unfortunately we will not be able to invite all students to a focus group.

☐ No

☐ Yes

12. Do you have any suggestions about how we could improve the GoActive programme?

13. Are/were you a Year 9 Leader during GoActive?

<input type="checkbox"/>	Did not take part in GoActive
<input type="checkbox"/>	No
<input type="checkbox"/>	Yes
<input type="checkbox"/>	If yes, please write how many times you were a Year 9 leader during GoActive.

14. If you are/were a Year 9 leader, please answer the following question.

You only need to answer this question if you ticked 'yes' to the question above.

Being a Year 9 leader for <u>GoActive</u> ...	Strongly agree	Slightly agree	Slightly disagree	Strongly disagree
a. ...is fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ...improves my leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ...takes up a lot of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. ...is boring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. ...gives me more confidence in talking to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. ...is a lot of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. ...is easy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. ...encourages me to talk to others I don't usually talk to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. ...makes me more physically active in the explanation of activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As a Year 9 leader for GoActive...	Strongly agree	Slightly agree	Slightly disagree	Strongly disagree
j. I was physically active in the demonstration of activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I was physically active the whole GoActive session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Do you have any comments about being a Year 9 leader?

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