



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

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

Section 1: Your activity patterns

Section 2: Your friendships

Section 3: Your feelings

Section 4: 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: Your activity patterns

## 1a. 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"/>

## 1b. In the last 7 days, has an illness or injury prevented you from being physically active?

a. Please tick one box below.

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

b. If yes, please give details.

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## 2. 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.

Please tick one box on each line.

	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"/>

### 3. 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.

Please tick one box on each line.

	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"/>

### 4. 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
<input type="checkbox"/>	Twice
<input type="checkbox"/>	Three times
<input type="checkbox"/>	Nearly every day
<input type="checkbox"/>	Every day

5. Since being in Year 10, have you joined a **school** sports club?

<input type="checkbox"/>	No
<input type="checkbox"/>	Yes. What sport? _____

6. Since being in Year 10, have you joined an **out of school** sports club?

<input type="checkbox"/>	No
<input type="checkbox"/>	Yes. What sport? _____

7. Since taking part in the GoActive study, I have become:

Only tick one box.

<input type="checkbox"/>	A lot more active
<input type="checkbox"/>	More active
<input type="checkbox"/>	No change
<input type="checkbox"/>	Less active
<input type="checkbox"/>	A lot less active



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

## Section 2: Your friendships

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

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

Please tick one box on each line.

	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 now  
completed Section 2**

## Section 3: Your feelings

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

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

Please tick one box on each line.

	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"/>

## 10. 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.

Please tick one box on each line.

	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"/>



## 11. 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)**

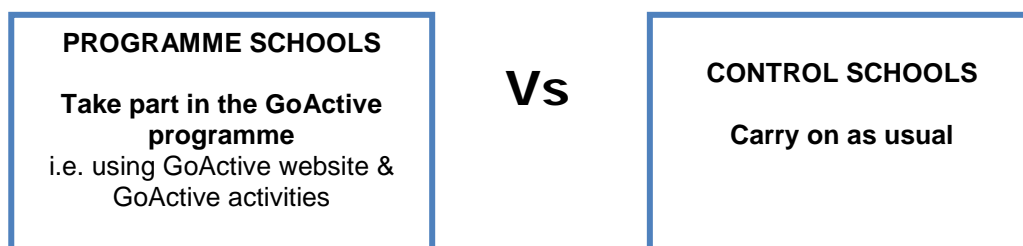
- ☐ I can join in with any activities today
- ☐ I can join in with most activities today
- ☐ I can join in with some activities today
- ☐ I can join in with a few activities today
- ☐ I can join in with no activities today



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

## Section 4: Your experience with the GoActive programme

In the GoActive study we asked some schools to run the GoActive programme and others to carry on as normal – we call this Programme Vs Control:



12. Please choose one answer below

	My school was a GoActive PROGRAMME school
	My school was a CONTROL school. <b>You have now completed the questionnaire.</b> <b>Please ask one of the GoActive team to check over your questionnaire.</b>

13a. Since being in Year 10, have you been participating in GoActive sessions as a class?

	No. <b>Please go to Question 14.</b>
	Yes

13b. Why do you think GoActive sessions have continued?

Please tick all boxes that apply.

	My teacher continued to run the GoActive sessions
	My teacher wants us to do physical activity
	We asked our teacher to continue with GoActive sessions
	GoActive sessions are fun
	Other. <i>Please specify.</i> _____

#### 14a. Has anything stopped you from participating in GoActive sessions?

<input type="checkbox"/>	No. <b>Please go to Question 15.</b>
<input type="checkbox"/>	Yes

#### 14b. What has stopped you taking part in GoActive sessions?

Please tick all boxes that apply.

<input type="checkbox"/>	My teacher no longer runs GoActive sessions
<input type="checkbox"/>	My teacher does not know about GoActive
<input type="checkbox"/>	I didn't like any of the activities on the GoActive website
<input type="checkbox"/>	I forgot my log in
<input type="checkbox"/>	I don't have any time
<input type="checkbox"/>	My friends don't want to take part
<input type="checkbox"/>	Other. Please specify: _____

#### 15. How often did the following things happen **since being in Year 10?**

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

Please tick one box on each line.

	Never	Hardly ever	Less than once a month	Once a month	Every week
a. I talked to friends about GoActive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I talked to my family about GoActive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I logged GoActive points	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I used the GoActive website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I used the QuickCards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I continued to do an activity I tried during GoActive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I encouraged friends to do more physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I encouraged family members to do more physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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