



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

	No
	Yes

b. If yes, please give details.

.....  
.....  
.....

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

No

Yes. What sport? \_\_\_\_\_

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

No

Yes. What sport? \_\_\_\_\_

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

Only tick one box.

A lot more active

More active

No change

Less active

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"/>					
f. Do your friends ever laugh at you or tease you in a hurtful way?	<input type="checkbox"/>					
g. Do people who aren't your friends laugh at you or tease you in a hurtful way?	<input type="checkbox"/>					
h. Do you have arguments with your friends that upset you?	<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"/>				
b. I've been feeling useful	<input type="checkbox"/>				
c. I've been feeling relaxed	<input type="checkbox"/>				
d. I've been feeling interested in other people	<input type="checkbox"/>				
e. I've had energy to spare	<input type="checkbox"/>				
f. I've been dealing with problems well	<input type="checkbox"/>				
g. I've been thinking clearly	<input type="checkbox"/>				
h. I've been feeling good about myself	<input type="checkbox"/>				
i. I've been feeling close to other people	<input type="checkbox"/>				
j. I've been feeling confident	<input type="checkbox"/>				
k. I've been able to make up my own mind about things	<input type="checkbox"/>				
l. I've been feeling loved	<input type="checkbox"/>				
m. I've been interested in new things	<input type="checkbox"/>				
n. I've been feeling cheerful	<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

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

Now think about and answer the rest of the questions below.

#### a. Worried

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

#### b. Sad

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

#### c. Pain

- I don't have any pain today
- I have a little bit of pain today
- I have a bit of pain today
- I have quite a lot of pain today
- I have a lot of pain today

#### d. Tired

- I don't feel tired today
- I feel a little bit tired today
- I feel a bit tired today
- I feel quite tired today
- 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



The  
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Of  
Sheffield.

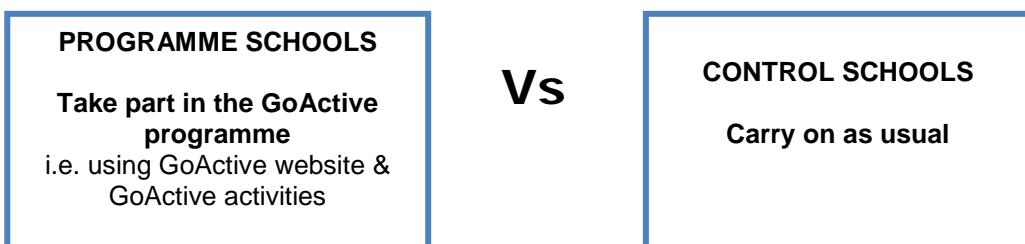


**Well done; you've**

**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. **You have now completed the questionnaire.**  
**Please ask one of the GoActive team to check over your questionnaire.**

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

No. **Please go to Question 14.**

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. *Please specify:* \_\_\_\_\_

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

	No. Please go to Question 15.
	Yes

No. Please go to Question 15.

Yes

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

Please tick all boxes that apply.

	My teacher no longer runs GoActive sessions
	My teacher does not know about GoActive
	I didn't like any of the activities on the GoActive website
	I forgot my log in
	I don't have any time
	My friends don't want to take part
	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"/>				
b. I talked to my family about GoActive	<input type="checkbox"/>				
c. I logged GoActive points	<input type="checkbox"/>				
d. I used the GoActive website	<input type="checkbox"/>				
e. I used the QuickCards	<input type="checkbox"/>				
f. I continued to do an activity I tried during GoActive	<input type="checkbox"/>				
g. I encouraged friends to do more physical activity	<input type="checkbox"/>				
h. I encouraged family members to do more physical activity	<input type="checkbox"/>				

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