

## Introduction



Welcome to the Children's Sport Participation and Physical Activity 2022 Study (CSPPA).

By answering these questions you will help us understand more about the lifestyle of young people like yourself.

- Please answer all the questions **as best as you can**.
- It is important to be as **honest** as you can when answering the questions.
- Read all the text **carefully**.
- Do **not spend too much time** on any one question.
- If you have any questions, or do not understand something, please raise your hand to get the attention of your teacher.

Estimated time to complete: 25-35 minutes.

**Only the research team will see your answers and we will not share your individual information with anyone.**

Thank you,  
Professor Catherine Woods  
on behalf of the CSPPA Research Team

Enter the number given to you by your teacher.

Please read the following.

- My parents/guardian has read the informed consent form for this study.
- My parents/guardian have talked to me about taking part in the research project.
- I have been told that being part of this project will involve me filling out a questionnaire.
- I know that I am free to decide not to take part in this study or change my mind if I wish.

Yes

No

## Demographics

I identify myself as...

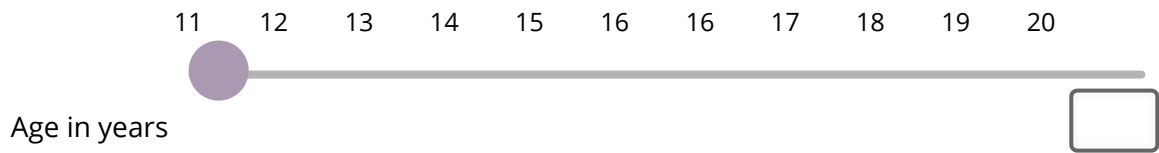
- Female
- Male
- Non-binary
- Other
- I'd rather not say



How old were you on your last birthday?

11 12 13 14 15 16 16 17 18 19 20

Age in years



The image shows a horizontal number line with tick marks labeled from 11 to 20. A purple dot is placed on the tick mark for 11. At the tick mark for 20, there is an empty rectangular box. The text 'Age in years' is written below the line on the left side.

What year are you in school?

Year 8

Year 9

Year 10

Year 11

Year 12

Year 13

Year 14



A vertical column of seven radio buttons, corresponding to the school years listed to the left. The top button is partially filled, indicating it is selected.

Do you receive extra support for special educational needs?

No

Yes

Area of Residence: This question refers to the permanent area of residence you live in.

Would you describe the place you live in as...?

A big city (more than 70,000 inhabitants)

Suburbs, large town or outskirts of city (less than 70,000 inhabitants)

Town (less than 20,000 inhabitants)

Village / Rural area (less than 3,000 inhabitants)

How tall are you without shoes?

Answer in centimetres (cm)

Answer in feet and inches (inch)

How tall are you without shoes?

Answer in centimetres

cm

How tall are you without shoes?

Answer in feet and inches

Feet

Inches

How much do you weigh without clothes?

Answer in Kilograms (kg)

Answer in Stones and pounds (lbs)

How much do you weigh without clothes?

Answer in kg

kg

How much do you weigh without clothes?

Answer in stones and pounds

Stone

Pounds

## Physical Activity

We would like to find out how physically active **you** are.



Please read carefully the information on the next page.

## Physical activity is any body movement.

It can be done at different levels of effort:

**Moderate Effort** makes your heart rate and breathing rate faster than normal. You may also sweat a little.

*Brisk walking, cycling on level ground, skateboarding are good examples.*



**Vigorous Effort** makes your heart rate much faster and you have to breathe deeper and faster than normal. You will probably sweat.

*Running, dance, swimming, sports are good examples.*



Physical activity includes:

**Exercise** - Weight training, aerobics, jogging, dancing, etc.

**Sports** - Hurling, football, athletics, swimming, etc.

**General** - Brisk walking, washing the car, walking or cycling to school, etc.

Please try to think carefully and be as accurate as possible with your answers.  
For these next two questions, add up all the time you spend in physical activity each day.

**Only include activities of either MODERATE or VIGOROUS effort.**

Over **the past 7 days**, on how many days were you physically active for a total of **at least 60 minutes per day**? Please check one number.

0 days

1 day

2 days

3 days

4 days

5 days

6 days

7 days

Over a **typical or usual week**, on how many days are you physically active for a total of **at least 60 minutes per day**? Please check one number.

0 days

1 days

2 days

3 days

4 days

5 days

6 days

7 days

○  
○  
○  
○  
○



During the **past 7 days**, on how many days did you do exercises that may **strengthen your muscles**, for example as push-ups, sit-ups, weight lifting or heavy yard work?

Please check one number.

0 days

1 day

2 days

3 days

4 days

5 days

6 days

7 days

○  
○  
○  
○  
○  
○  
○  
○

**On average**, how much time do you **usually spend on one of those days** doing exercises that may **strengthen your muscles**?

Move the slider to the nearest 5 minutes

If none, select 0

If more than 60 min, sele

0 5 10 15 20 25 30 35 40 45 50 55 60



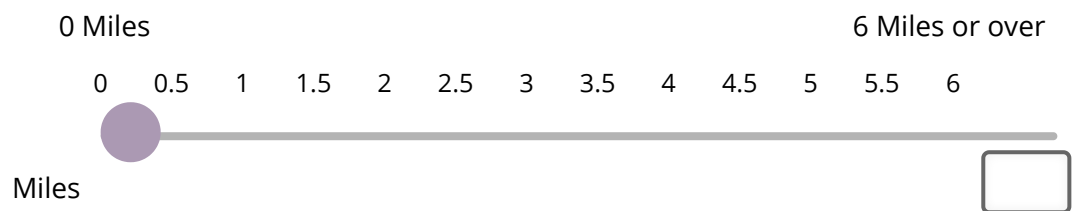
minutes



We want to find out about your TRANSPORT to and from school



What distance is your journey TO or FROM school? (answer to the nearest mile)



How do you usually travel TO and FROM school?

Please tick one box only for the **longest** distance of your usual journey to school.

	By foot	Scooter	Bicycle	Car	Bus	Train
Travel <b>TO</b> school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Travel <b>FROM</b> school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Overall, how would you rate your neighbourhood as a place to walk? **Walkable means pedestrian friendly.**



Not at all walkable  
 Not very walkable  
 Neither walkable or unwalkable  
 Somewhat walkable  
 Very walkable



**For each sport listed below, please select any sport/physical activity that you might**

- 1) have done at school in your timetabled P.E. or Games Classes
- 2) play at your school **before school**, at **lunchtime**, or **after school** with the help of a teacher
- 3) play with sports or activity clubs (not school club)

**In the past 12 months I have...**

	Played in timetabled P.E. or Games Classes	Played at your school before school, at lunchtime, or afterschool at least once with help of a teacher	Played in a club (not school club) at least once
Adventure activities (e.g. orienteering canoeing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aerobics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Athletics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Badminton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baseball or rounders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basketball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boxing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cross country running	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Played in timetabled P.E. or Games Classes	Played at your school before school, at lunchtime, or afterschool at least once with help of a teacher	Played in a club (not school club) at least once

	Played in timetabled P.E. or Games Classes	Played at your school before school, at lunchtime, or afterschool at least once with help of a teacher	Played in a club (not school club) at least once
Cycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gaelic football	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gymnastics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hockey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horse riding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Played in timetabled P.E. or Games Classes	Played at your school before school, at lunchtime, or afterschool at least once with help of a teacher	Played in a club (not school club) at least once
Hurling or Camogie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Martial arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Netball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rugby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soccer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surfing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Played in timetabled P.E. or Games Classes	Played at your school before school, at lunchtime, or afterschool at least once with help of a teacher	Played in a club (not school club) at least once
Tennis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Triathlon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volleyball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weight training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Played in timetabled P.E. or Games Classes	Played at your school before school, at lunchtime, or afterschool at least once with help of a teacher	Played in a club (not school club) at least once
Other not listed <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No sport or physical activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please mark your swimming level from the options



Non-swimmer

Beginner

Intermediate

Competitive

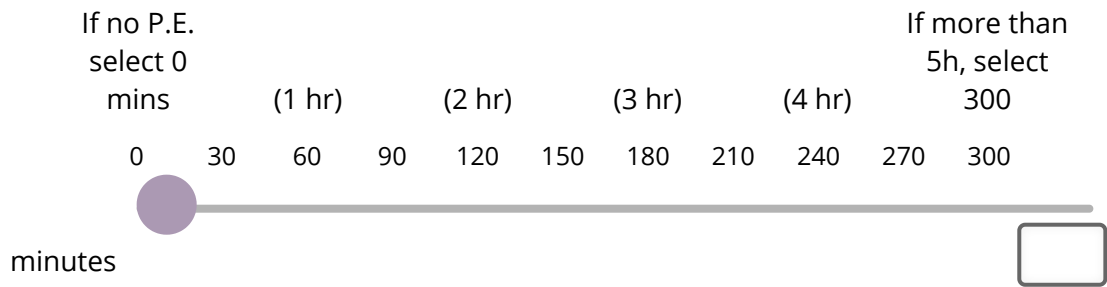
## Physical Education

In this section, we are interested in Physical Education (P.E.).



When answering these questions, think only of your timetabled P.E.

How many minutes of P.E. did you do in the last week?  
(1 hour = 60 minutes)



How many times per week do you have the following?

	0	1	2	3	4	5 times
Single PE class per week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Double PE class per week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Triple PE class per week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Answer this only if you are doing GCSEs.

Are you doing GCSE P.E.?

No

Yes

I'm not doing GCSEs

Answer this only if you are doing your GCSEs.

Would you like to study A-level P.E.?

No

Yes

I'm not doing my GCSEs

Are you doing A-level P.E.?

No

Yes

The following statements are about factors that influence your enjoyment of Physical Education (P.E.).

Please select one option for each statement.

## When I am in P.E. class...

	Dislike a lot	Dislike	Neither dislike or enjoy	Enjoy	Enjoy a lot
being in a gym or on a playing field is something that I...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
getting warmed up and breaking a sweat is something that I...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
getting some exercise is something that I...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
changing clothes is something that I...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
learning about physical fitness and health is something that I...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Extra curriculum Sport

In this section, we are interested in your participation in school based activities before school, at lunch time, or immediately after school (not P.E. or Games classes as part of the school day).



About how often do you take part in sports and physical activities before school, at lunch time, or after school (exclude P.E. or Games class)?

- 4 or more days a week
- 2-3 days a week
- One day a week
- 2-3 days a month
- One day a month
- Never

In your opinion, how adequate are the sport facilities (courts, fields, equipment) for the pupils/students in your school?

- Very adequate
- Fairly adequate
- Not at all adequate
- Not sure /I do not know

During the past 12 months, on how many school sport teams or dance teams did you play?

If none, select 0 If more than 10, select 10

0 1 2 3 4 5 6 7 8 9 10

Number of teams

A horizontal slider scale is shown. It consists of a grey line with tick marks for each integer from 0 to 10. A purple circle is positioned at the 0 mark. To the right of the 10 mark, there is a small, empty rectangular box for entering a value.

Since the start of the school year, have you represented your school in a competition or match against another school?

Please tick one box only

Yes

No

Do not know

Have you had any coaching before school, at lunch time, or after school to help you get better at any of these sports?

Yes

No

I do not play sports at school outside of class time

Who provided the coaching?

(Please think about the person who you interacted the most).

teacher

coach from a local club

other person

Do not know

Was the  $\{q://QID52/ChoiceGroup/SelectedChoices\}$  ... ?

Male

Female

Non-binary

I do not know

## Community Sport

In this section, we are interested in your participation in sports and activities outside of school hours and in the community.



**Please do NOT include your participation in youth clubs, such as church groups or scouts, where you may do some physical activities but also other activities too.**

About how often do you take part in sports and physical activities in non-school sports clubs?

Every day

4-6 days a **week**

2-3 days a **week**

1 day a **week**

2-3 days a **month**

1 day a **month**

Less often

Never

Are you currently participating in a club that is organised for the purpose of doing one particular sport or activity?

Yes

No

Please list up to **three** (maximum) sports/activities that you are a member of a club for (e.g., swimming, dancing, and tennis). You will need to remember the activities that you are a member of a club for, for the next few questions.



Write 'none' in column 3 if you are only member of 2 clubs, and write 'none' in column 2 if you are only member of 1 club.

Main Sport 1

Sport 2

Sport 3

What was the most important reason why you **took up** EACH sport/activity?

Please select only **ONE** box per column.

(if you accidentally select one box, it can be unselected). Do NOT select more than one per column.

	\${q://QID65/ChoiceTextEntryValue/1} Most important reason	\${q://QID65/ChoiceTextEntryValue/2} Most important reason	\${q://C
Something to do	<input type="checkbox"/>	<input type="checkbox"/>	
Because of my friends	<input type="checkbox"/>	<input type="checkbox"/>	
Because of my father	<input type="checkbox"/>	<input type="checkbox"/>	
Because of my mother	<input type="checkbox"/>	<input type="checkbox"/>	
To keep fit	<input type="checkbox"/>	<input type="checkbox"/>	
Because of school	<input type="checkbox"/>	<input type="checkbox"/>	

	\${q://QID65/ChoiceTextEntryValue/1} Most important reason	\${q://QID65/ChoiceTextEntryValue/2} Most important reason	\${q://C}
Seemed interesting	<input type="checkbox"/>	<input type="checkbox"/>	
Seemed challenging	<input type="checkbox"/>	<input type="checkbox"/>	
To practice skills	<input type="checkbox"/>	<input type="checkbox"/>	
To learn new skills	<input type="checkbox"/>	<input type="checkbox"/>	
I thought I would be good	<input type="checkbox"/>	<input type="checkbox"/>	
Saw it on the TV/video etc	<input type="checkbox"/>	<input type="checkbox"/>	
Do not know/cannot remember	<input type="checkbox"/>	<input type="checkbox"/>	
Other (please specify) or None	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="text"/>			



How many **months per year** do you train for your sports?  
 (Select 0 if you do not train for that sport)

0 1 2 3 4 5 6 7 8 9 10 11 12

0 1 2 3 4 5 6 7 8 9 10 11 12



QID65/ChoiceTextEntryValue/3

At what age did you try sport or activity for the first time?

4years old or under

5 - 7 years old

8 - 9 years old

10 - 11 years old

12 years or older



What is your current involvement in your sports club?

Select **all options** that apply to you.

Active participant

Administrator

Coach

Official

Not an active participant

What is the highest standard that you have achieved?

Basic (family recreation; play; school clubs open to all)

Competitive (competitive club level, selected school team)

Elite (country; regional and nationally recognised standard)

Not an active participant

How many clubs are you a member of, in total (exclude school or youth clubs).

If not member, select 0 If more than 7, select 7

0 1 2 3 4 4 5 6 7

Number of Clubs

Have you had any coaching at your club to help you get better at any of these sports?

- Yes
- No
- I do not play sports in a club

Who provided the coaching?

- A coach from the club
- Other
- I do not know

Was that person ... ?

- Male
- Female
- Non-binary
- I do not know

Outside of school hours: how often do you usually exercise in your free time so much that you get out of breath or sweat?

- Every day
- 4 to 6 times a week
- 3 times a week
- 2 times a week
- Once a week

Once a month

Less than once a month

Never

## Volunteer

The following questions are about your involvement and interest in sports



In the last 12 months, did you do the following for your sports club?

Please select all that apply.

	<code>#{q://QID65/ChoiceTextEntryValue/1}</code> Did in last 12 months	<code>#{q://QID65/ChoiceTextEntryV</code> Did in last 12 months
Raised money for the sport	<input type="checkbox"/>	<input type="checkbox"/>
Been a 'sports leader'	<input type="checkbox"/>	<input type="checkbox"/>
Coached or instructed others	<input type="checkbox"/>	<input type="checkbox"/>
Refereed or judged at a sports match	<input type="checkbox"/>	<input type="checkbox"/>
Helped with refreshments	<input type="checkbox"/>	<input type="checkbox"/>
Provide other help (e.g., Kit/Grounds Maintenance)	<input type="checkbox"/>	<input type="checkbox"/>
Did not do any of the activities listed above	<input type="checkbox"/>	<input type="checkbox"/>

Thinking about your participation in your sports club. Voluntary activity means any role you may have done in support of your club. Please answer the following questions.

	<small>QID65/ChoiceTextEntryValue/1</small> Yes                      No		<small>QID65/ChoiceTextEntryValue/2</small> Yes                      No		<small>QID65/ChoiceTextEntryValue/3</small> Yes                      No
In the LAST WEEK, have you volunteered for this sport?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last 12 MONTHS, have you volunteered for this sport?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



### Spectating

Have you attended sports matches as a **spectator or supporter**?  
 Do not include activities where you were an active participant.

	Spectated or Supported In the last 7 days	Spectated or Supported Not in the last 7 days but in the past 12 months
Athletics	<input type="checkbox"/>	<input type="checkbox"/>
Badminton	<input type="checkbox"/>	<input type="checkbox"/>
Basketball	<input type="checkbox"/>	<input type="checkbox"/>
Boxing	<input type="checkbox"/>	<input type="checkbox"/>
Camogie	<input type="checkbox"/>	<input type="checkbox"/>

	Spectated or Supported	Spectated or Supported
	In the last 7 days	Not in the last 7 days but in the past 12 months
Cross country running	<input type="checkbox"/>	<input type="checkbox"/>
Dance	<input type="checkbox"/>	<input type="checkbox"/>
Gaelic football	<input type="checkbox"/>	<input type="checkbox"/>
	In the last 7 days	Not in the last 7 days but in the past 12 months
Gymnastics	<input type="checkbox"/>	<input type="checkbox"/>
Handball	<input type="checkbox"/>	<input type="checkbox"/>
Hockey	<input type="checkbox"/>	<input type="checkbox"/>
Horse riding	<input type="checkbox"/>	<input type="checkbox"/>
Hurling	<input type="checkbox"/>	<input type="checkbox"/>
Martial arts	<input type="checkbox"/>	<input type="checkbox"/>
Netball	<input type="checkbox"/>	<input type="checkbox"/>
Rugby	<input type="checkbox"/>	<input type="checkbox"/>
	In the last 7 days	Not in the last 7 days but in the past 12 months
Soccer	<input type="checkbox"/>	<input type="checkbox"/>
Squash	<input type="checkbox"/>	<input type="checkbox"/>
Swimming	<input type="checkbox"/>	<input type="checkbox"/>
Tennis	<input type="checkbox"/>	<input type="checkbox"/>
Triathlon	<input type="checkbox"/>	<input type="checkbox"/>
Volleyball	<input type="checkbox"/>	<input type="checkbox"/>
Other not listed	<input type="checkbox"/>	<input type="checkbox"/>
No sport or physical activities	<input type="checkbox"/>	<input type="checkbox"/>

**Screen time, Hobbies, School & Work**





	I don't do this activity	less than 1 hour	1-2 hours	2-3 hours	3-4 hours	4-5 hours	5 or more hours
... using your computer, laptop or tablet <b>for fun</b> (e.g., internet browsing)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... do you spend listening to music?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... reading (outside of school work) <b>using an electronic device</b> (e.g., Kindle, eReader, or on phone/tablet)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... reading (outside of school work) <b>using a book</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... doing homework <b>with</b> a computer, laptop or tablet?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... doing homework <b>without</b> a computer, laptop or tablet?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... sitting (class labs, study, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Personal Information

In this section we would like to ask you some questions about you.

Please read each of the following statements and pick the most appropriate answer for each statement.

	No Difficulties	Some Difficulties	A lot of Difficulties	Cannot do at all
Do you have difficulty <b>seeing</b> , even if wearing your glasses or contact lenses?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have difficulty <b>hearing</b> sounds like people's voices, even if using a hearing aid?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have difficulty <b>walking</b> 500 metres on level ground, even if you use any equipment or receive assistance? (that would be about the length of going around the outside of a rugby pitch).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have any difficulty with <b>self-care</b> , such as changing clothes by yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When you <b>speak</b> , do you have difficulty being understood by people outside of your home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Please read each of the following statements and pick the most appropriate answer for each statement.

	No Difficulties	Some Difficulties	A lot of Difficulties	Cannot do at all
Compared with students of the same age, do you have difficulty <b>learning things</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Compared with students of the same age, do you have difficulty <b>remembering things</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have any difficulty <b>concentrating</b> on an activity that you enjoy doing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have any difficulty <b>accepting changes</b> in your routine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Compared with students of the same age, do you have difficulty <b>controlling your behaviour</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	No Difficulties	Some Difficulties	A lot of Difficulties	Can do a all
Do you have difficulty <b>making friends</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



In the past 6 months: how often have you had the following...

	Rarely or never	About every month	About every week	More than once a week	About every day
Feeling low	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irritability or bad temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling nervous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulties in getting to sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What is your nationality?

- Irish
- Italian
- Northern Irish
- Latvian
- American
- Lithuanian
- Brazilian
- Polish
- British
- Romanian
-

Chinese

Slovakian

French

Spanish

German

Other

Indian

We would now like to ask you some questions about your home and your family.

Does your family own a car, van or truck?

No

Yes, one

Yes, two or more

Do you have your own bedroom for yourself?

No

Yes

How many computers do your family own (including laptops and tablets, **not** including game consoles or smartphones)?

None

One

Two

More than two

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

None

One

Two

More than two

Does your family have a dishwasher at home?

No

Yes

How many times did you and your family travel out of the island of Ireland for a holiday/vacation last year?

Not at all

Once

Twice

More than twice

## **Trackers**

Physical activity tracking devices are devices that track how active you are, and record data like step counts and movement.

Mobile phone apps (left) and smart watches (right) are two examples of physical activity tracking devices:



On an average week, how often do you use the following Physical Activity tracking devices?

	Never use	Once a week	A few times a week	Daily	A few times a day	I do not have
Mobile Phone App	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smart watch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart rate monitor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pedometer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Role Model

How likely would you be to describe the following people as a 'sporting role model' in your life?

(please select option one per row)

	Not likely	Somewhat likely	Very likely
Mum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Male Coach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Female Coach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Not likely	Somewhat likely	Very likely
Other Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teacher	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sports Star (e.g. elite athlete)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Note: Elite athletes are considered to have reached county or nationally recognized standard.**

If it is relevant to you, can you write the name of the 'sports star' who most inspires you to play sport?

### Social Support

In this section we would like to ask you about your family, friends and teachers



During a typical week, **how often do** the following people **encourage you** to do physical activities or play sports?

- 1. Your friends
- 2. Member of your household (e.g., your father, mother, guardian, brother, sister, grandparent, or other relative)
- 3. Teacher in your school

	Never	Once	Sometimes	Almost every day	Every day
Do your <b>friends encourage</b> you to do physical activities or play sports?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Member of your household <b>encouraged you</b> to do physical activities or play sports?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teacher in your school <b>encouraged you</b> to do physical activities or play sports?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

◀▶

### Physical literacy

These questions are about your own level of confidence to be physically active.





Please read these statements as carefully as possible, and do not spend too much time thinking about the responses.

Enter your first response and move on to the next item on the survey.

Thinking about your usual circumstances, how easy or difficult is it to participate with physical activity or sports for **at least 1 hour per day**?

- Extremely difficult
- Somewhat difficult
- Neither easy nor difficult
- Somewhat easy
- Extremely easy



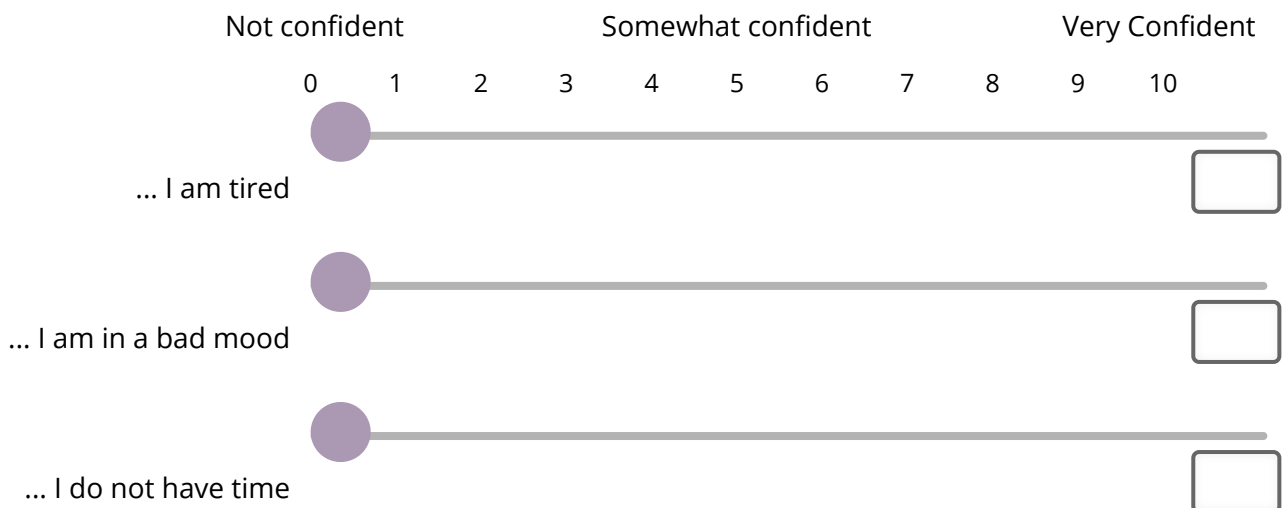
Using the scale provided, indicate how confident you are that you could be physically active in each of the following situations.

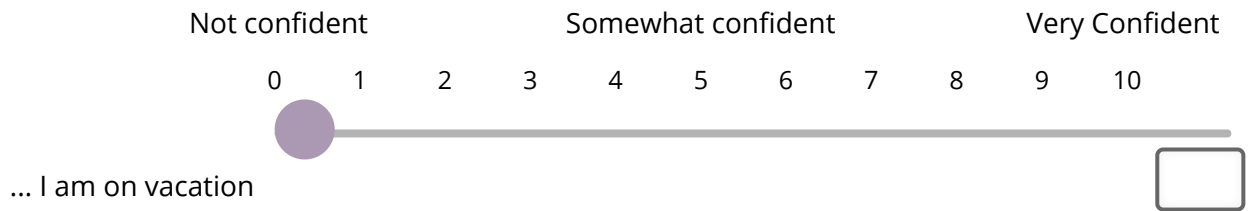
0 = Not confident

5 = Somewhat confident

10 = Very confident

I can participate in regular physical activity when...





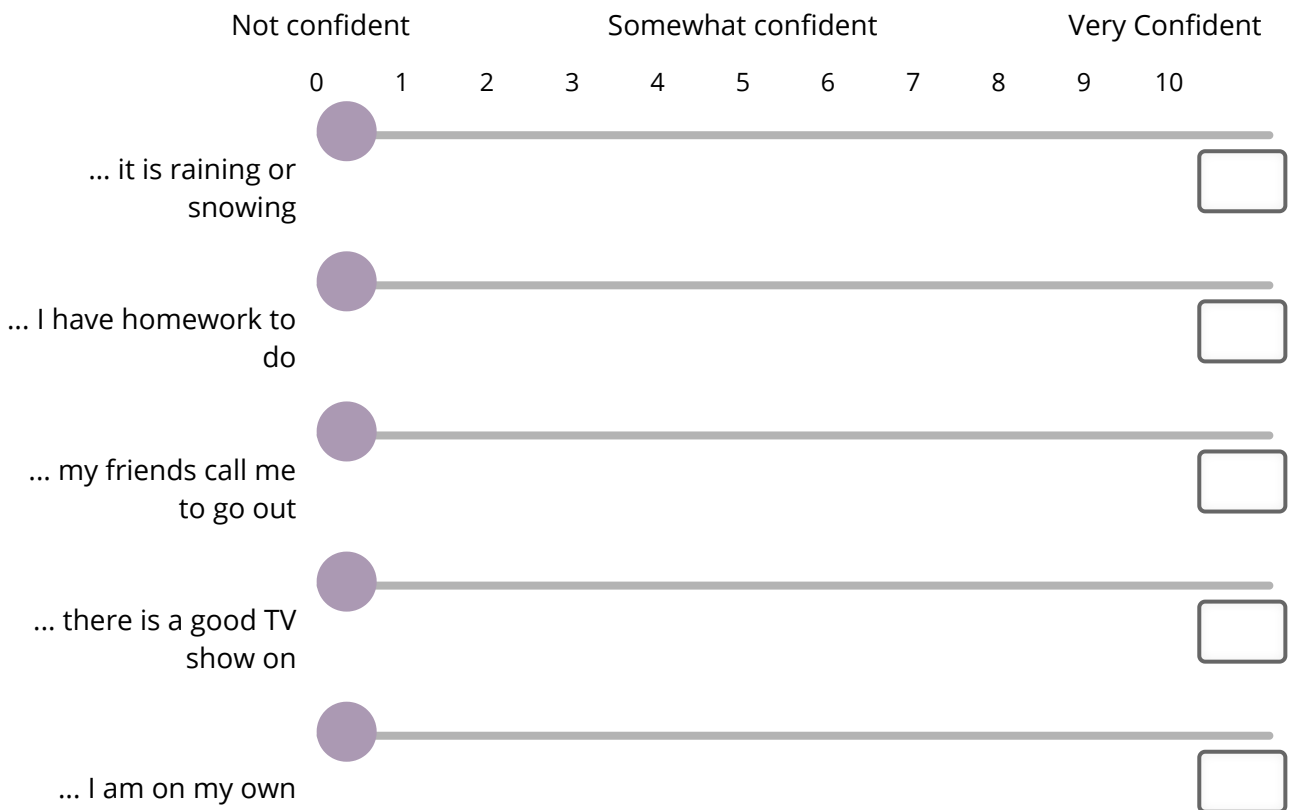
Using the scale provided, indicate how confident you are that you could be physically active in each of the following situations.

0 = Not confident

5 = Somewhat confident

10 = Very confident

I can participate in regular physical activity when...

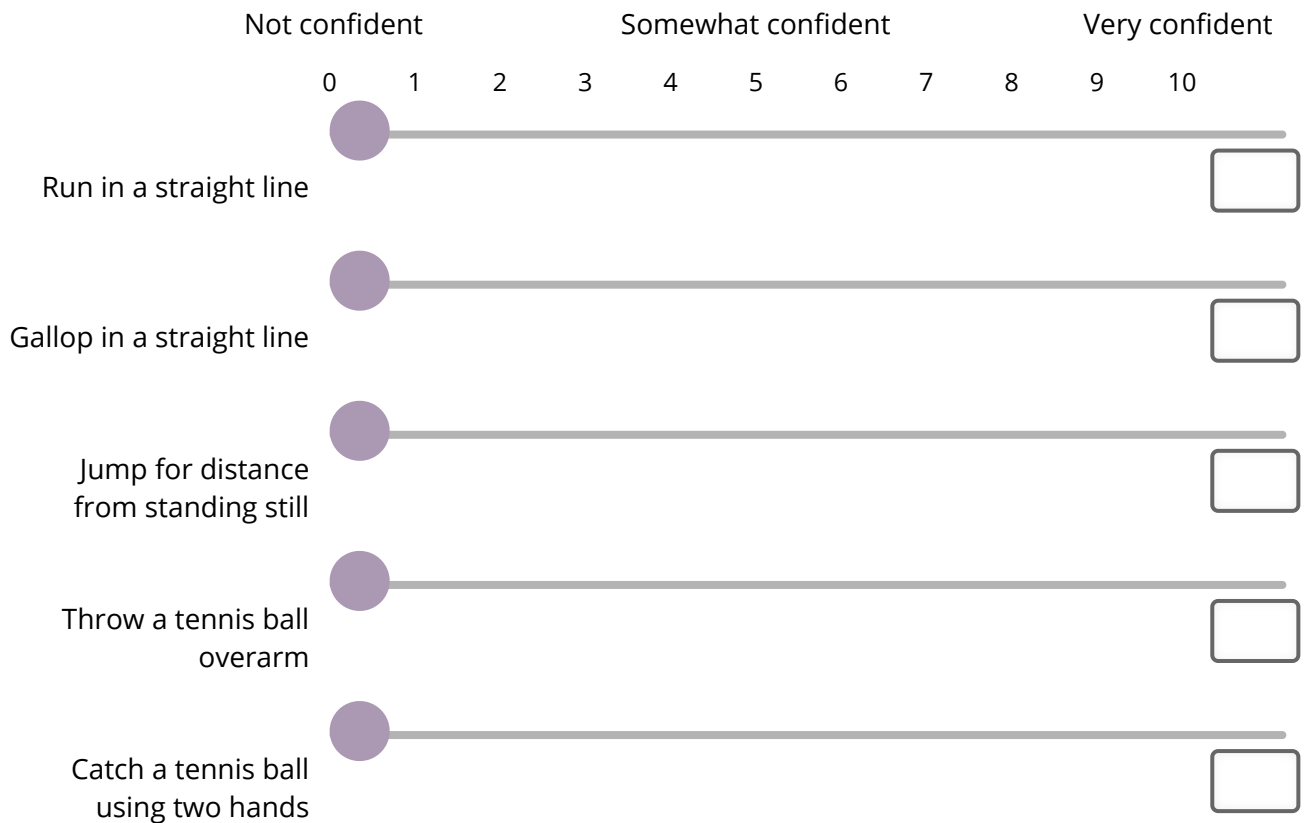


Use the scale below (0-10) to indicate how confident you are to correctly perform the following skills.

0 = Not confident

5 = Somewhat confident

10 = Very confident

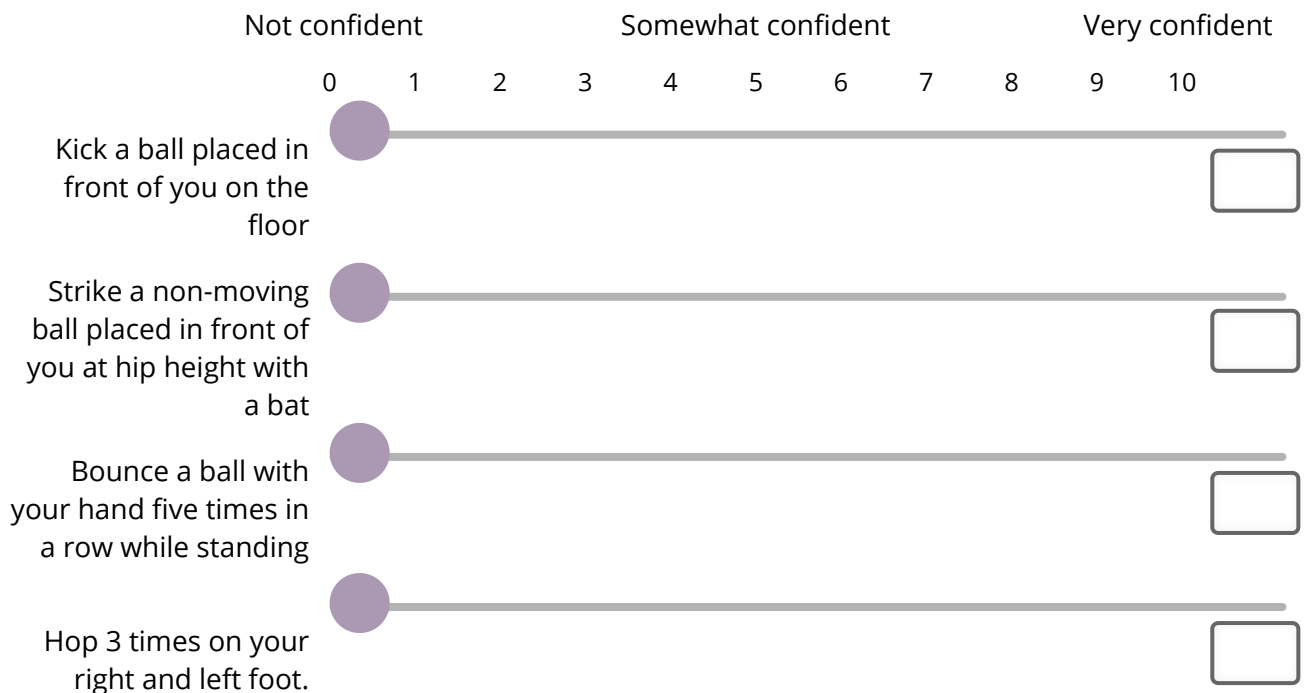


Use the scale below (0-10) to indicate how confident you are to correctly perform the following skills.

0 = Not confident

5 = Somewhat confident

10 = Very confident



Here are some questions about knowledge of physical activity and exercise

	Strongly disagree	Disagree	Neither Agree or Disagree	Strongly Agree	A <sub>1</sub>
I understand why exercise is good for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	(
I know how to get involved in lots of different types of exercise and sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	(
I know how to improve my skills in lots of different types of exercise and sports.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	(



Please respond with your level of agreement to each of the following statements

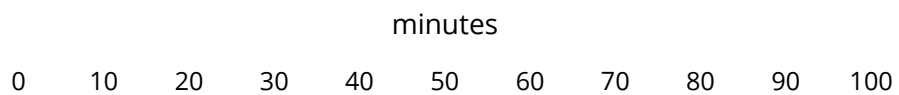
	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
If I do physical activity, it will benefit me in the short term (e.g. burn calories, sleep better etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I do physical activity, it will benefit me in the long-term (e.g. live longer, lose weight etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I think physical activity will change my life for the better	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



What is the **recommended minimum amount of moderate-vigorous physical activity** needed for children under 18 for a healthy lifestyle?

Please select the CORRECT answer.



Write average number of minutes per day?

## Health Questions

In this section, we ask you about your health.











Since the start of the COVID-19 pandemic, the lives of many people have been affected (i.e., lockdowns, school closures, distance learning, social distancing, etc).

In the last 12 months, what impact did these measures have on the following aspects of your life?

(A negative impact means it made things worse, a positive impact means it made things better).

	Extremely negative	Somewhat negative	Neither positive nor negative	Somewhat positive	Extremely positive
Your overall physical activity (e.g. sports, cycling, walks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your participation in school sport or physical activity (e.g. PE, active classes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your participation in sports or physical activity during lunchtime/afterschool	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your participation in sport or physical activity outside of school (e.g. sport club)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your fitness levels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your overall health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



## Barriers / Mental Health & Wellbeing

During the past month, how often did you feel...



	Never	Once or Twice	About Once a week	2 or 3 times a week	Almost Every day	Every day
That your life has a sense of direction or meaning to it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### These are the final questions!

What keeps you from being more active?

Instructions: Listed below are reasons that people give to describe why they do not get as much physical activity as they think they should.

Please read each statement and indicate how likely you are to say each of the following statements:

#### How likely you are to say?

	Very likely	Somewhat likely	Somewhat unlikely	Very unlikely
My day is so busy now, I just do not think I can make the time to include physical activity in my regular schedule	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am too tired after school/work to be active	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have been thinking about becoming more physically active, but I just cannot seem to get started	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My free times during the day are too short to include physical activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know of too many people who have hurt themselves by overdoing it when they are physically active	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Very likely      Somewhat likely      Somewhat unlikely      Very unlikely

I am not good enough at any physical activity to make it fun

**Close**

Sometime in the future, we may want to contact you to follow up on this research. Would that be ok?

No

Yes (please provide an email address)

CSPPA 2022

Powered by Qualtrics