

# Questionnaire

# CSPPA

(Post Primary)



Reference: Woods, C.B., Tannehill D., Quinlan, A., Moyna, N. and Walsh, J. (2010). The Children's Sport Participation and Physical Activity Study (CSPPA). Post Primary Questionnaire. School of Health and Human Performance, Dublin City University and The Irish Sports Council, Dublin, Ireland. See full report at [www.irishsportsCouncil.ie](http://www.irishsportsCouncil.ie)

# ASSENT FORM FOR CHILDREN

Please tick (✓) **ONE** box only

- |                                                                                                                                               |                                          |                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------|
| 1. I have given the informed consent form to my parents/guardian                                                                              | No <sub>1</sub> <input type="checkbox"/> | Yes <sub>2</sub> <input type="checkbox"/> |
| 2. My parents/guardian have talked to me about being part of a research study.                                                                | No <sub>1</sub> <input type="checkbox"/> | Yes <sub>2</sub> <input type="checkbox"/> |
| 3. It has been explained to me that the study will involve me completing a physical activity questionnaire and may involve physical measures. | No <sub>1</sub> <input type="checkbox"/> | Yes <sub>2</sub> <input type="checkbox"/> |
| 4. I know that I am free to decide not to take part in this study or change my mind if I wish.                                                | No <sub>1</sub> <input type="checkbox"/> | Yes <sub>2</sub> <input type="checkbox"/> |

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

## Demographics

Please **PRINT** all information in **CAPITALS**

Gender (please tick one):      Male <sub>1</sub>       Female <sub>2</sub>

Age: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/year)    6. Nationality: \_\_\_\_\_

**Area of Residence: This question refers to the permanent area of residence you live in. Would you describe the place that you live in as?**

- <sub>1</sub>       A big city (more than than 70, 000 inhabitants)
- <sub>2</sub>       Suburbs, large town or outskirts of city (less than 70, 000 inhabitants.)
- <sub>3</sub>       Town (less than 20, 000 inhabitants)
- <sub>4</sub>       Village / Rural area (less than 3,000 inhabitants)

Are you in?      1<sup>st</sup>     2<sup>nd</sup>     3<sup>rd</sup>     4<sup>th</sup>     5<sup>th</sup>     6<sup>th</sup>     year

**Do you have a physical disability, a learning or sensory disability or a special education need which affects your capacity to participate in certain physical activities?**

No <sub>1</sub>       Yes <sub>2</sub>

(If **YES**, Please specify or describe) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This information will be treated with the strictest confidence; it will be anonymous, that means your name will not be associated with it in any way.

OFFICE USE ONLY: Actigraph  
ID CODE

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## Section 1:

### **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 and jogging 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. Playing football or tennis 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.**

**Q1. Over the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? Please circle one number.**

0 days    1    2    3    4    5    6    7 days

**Q2. 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 circle one number.**

0 days    1    2    3    4    5    6    7 days

**Q3a. What distance is your journey to school and how long does it usually take?**

\_\_\_\_\_ km\*                      \_\_\_\_\_ Minutes

\* 1 km = 1000 metres

**Q3b. How do you usually travel to school?**

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

By foot <sub>1</sub>     Bicycle <sub>2</sub>     Car <sub>3</sub>     Bus <sub>4</sub>     Train <sub>5</sub>

**Q3c. How do you usually travel home from school?**

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

By foot <sub>1</sub>     Bicycle <sub>2</sub>     Car <sub>3</sub>     Bus <sub>4</sub>     Train <sub>5</sub>

**Q3d. If you travel by car, bus or train give reasons why you choose not to walk or cycle.**

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**Q4. Outside of school P.E. classes,**

Please read through all games/activities and tick either the NO or YES box for each activity you have taken part in during the **past 7 days**.

There are no right or wrong answers. No one does all these activities.  
Please be as accurate and honest as possible.

For each activity listed:

1. Did you do this activity in the **past 7 days**? Tick NO  or YES  for each activity.

ACTIVITY	Have you done this activity in the past 7 days?	
	NO	YES
<b>Sports &amp; Dance</b>		
1. Athletics	1 <input type="checkbox"/>	2 <input type="checkbox"/>
2. Badminton	1 <input type="checkbox"/>	2 <input type="checkbox"/>
3. Basketball	1 <input type="checkbox"/>	2 <input type="checkbox"/>
4. Boxing	1 <input type="checkbox"/>	2 <input type="checkbox"/>
5. Cricket	1 <input type="checkbox"/>	2 <input type="checkbox"/>
6. Cue games (pool and snooker)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
7. Cycling (Mountain Biking, Road Racing)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
8. Dance (Irish, ballet, jazz, modern, tap)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
9. Dancing (social, recreational)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
10. Gaelic Football	1 <input type="checkbox"/>	2 <input type="checkbox"/>
11. Golf/Pitch 'n' putt	1 <input type="checkbox"/>	2 <input type="checkbox"/>
12. Gymnastics, trampoline	1 <input type="checkbox"/>	2 <input type="checkbox"/>
13. Hockey (field, ice, or roller)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
14. Hurling/Camogie	1 <input type="checkbox"/>	2 <input type="checkbox"/>
15. Judo	1 <input type="checkbox"/>	2 <input type="checkbox"/>
16. Karate	1 <input type="checkbox"/>	2 <input type="checkbox"/>
17. Skating (ice, roller, in-line, skate boarding)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
18. Skiing (downhill, cross-country, water)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
19. Soccer	1 <input type="checkbox"/>	2 <input type="checkbox"/>
20. Softball/rounders	1 <input type="checkbox"/>	2 <input type="checkbox"/>
21. Squash	1 <input type="checkbox"/>	2 <input type="checkbox"/>
22. Swimming	1 <input type="checkbox"/>	2 <input type="checkbox"/>
23. Tennis	1 <input type="checkbox"/>	2 <input type="checkbox"/>
24. Rugby	1 <input type="checkbox"/>	2 <input type="checkbox"/>
25. Volleyball	1 <input type="checkbox"/>	2 <input type="checkbox"/>
26. Water sports: sailing, rowing, canoeing	1 <input type="checkbox"/>	2 <input type="checkbox"/>
27. Other (specify):	1 <input type="checkbox"/>	2 <input type="checkbox"/>

Exercise	NO	YES
28. Aerobics/aerobic dancing/step aerobics	1 <input type="checkbox"/>	2 <input type="checkbox"/>
29. Push-ups, sit-ups, jumping jacks	1 <input type="checkbox"/>	2 <input type="checkbox"/>
30. Jogging	1 <input type="checkbox"/>	2 <input type="checkbox"/>
31. Skipping	1 <input type="checkbox"/>	2 <input type="checkbox"/>
32. Swimming laps	1 <input type="checkbox"/>	2 <input type="checkbox"/>
33. Walking for exercise	1 <input type="checkbox"/>	2 <input type="checkbox"/>
34. Weight lifting/weight training	1 <input type="checkbox"/>	2 <input type="checkbox"/>
35. Exercise machine: cycle, treadmill, rower, climber	1 <input type="checkbox"/>	2 <input type="checkbox"/>
36. Other (specify):	1 <input type="checkbox"/>	2 <input type="checkbox"/>

General Physical Activities	NO	YES
37. Bicycling	1 <input type="checkbox"/>	2 <input type="checkbox"/>
38. Hiking	1 <input type="checkbox"/>	2 <input type="checkbox"/>
39. Walking to get places	1 <input type="checkbox"/>	2 <input type="checkbox"/>
40. Water play: in pool, lake, or ocean	1 <input type="checkbox"/>	2 <input type="checkbox"/>
41. Outdoor chores: mowing, raking, gardening	1 <input type="checkbox"/>	2 <input type="checkbox"/>
42. Indoor chores: mopping, vacuuming, sweeping	1 <input type="checkbox"/>	2 <input type="checkbox"/>
43. Physically demanding part-time work: stacking shelves, newspaper round	1 <input type="checkbox"/>	2 <input type="checkbox"/>
44. Play guitar/drums etc:	1 <input type="checkbox"/>	2 <input type="checkbox"/>
45. Free running/ Parkours:	1 <input type="checkbox"/>	2 <input type="checkbox"/>
46. Other (specify):	1 <input type="checkbox"/>	2 <input type="checkbox"/>

**Q5. In the last 7 days, how much physical activity did you do on?** Please tick (✓) one box only.

	None	Up to 30 minutes	Between 30 minutes and 1 hour	Between 1 hour and 1 1/2 hours	Between 1 1/2 hours and 2 hours	Greater than 2 hours
(a) An average weekday Mon-Fri	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
(b) An average weekend day Sat-Sun	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

**Q6. A.** Looking back on all your answers, was the amount of physical activity you did in the last 7 days **typical** of the amount that you would **normally** do? Please tick one box

Yes 1  No, I usually do more 2  No, I usually do less 3

**B.** If no, why was this week unusual?

## Section 2:

There are no right or wrong answers. No one does all these activities. Please be as accurate and honest as possible.

For each activity listed, answer three questions:

1. Did you do this activity in the past 7 days? Tick NO  or YES
2. **If yes**, on how many days did you do the activity?
3. On average, how many minutes did you do this activity on the days that you did it?

**Q1. Please answer this section relating to sitting activities for the past 7 days.**

ACTIVITY	Have you done this activity in the last 7 days?		Number of Days in last 7 days	Minutes per day
	NO	YES		
1. Computer /Internet.....1	<input type="checkbox"/>	<input type="checkbox"/>		
2. Sitting playing video games.....1	<input type="checkbox"/>	<input type="checkbox"/>		
3. Homework, studying.....1	<input type="checkbox"/>	<input type="checkbox"/>		
4. Reading (not for school).....1	<input type="checkbox"/>	<input type="checkbox"/>		
5. Sitting during school breaks.....1	<input type="checkbox"/>	<input type="checkbox"/>		
6. Sitting and talking with friends.....1 (not on phone),listening to music	<input type="checkbox"/>	<input type="checkbox"/>		
7. Talking on the phone.....1	<input type="checkbox"/>	<input type="checkbox"/>		
8. Television or dvd watching.....1	<input type="checkbox"/>	<input type="checkbox"/>		
9. Other (specify):.....1	<input type="checkbox"/>	<input type="checkbox"/>		

**Q2. Do you watch much sport on TV?** Please tick (✓) ONE box only

- I never watch sport on TV.....1
- I occasionally watch sports programmes.....2
- I frequently watch sports programmes.....3

**Q3. How many hours per week do you spend at music, singing, drama, or dance classes (including time spent practising)?** Please tick (✓) ONE box only

- I don't attend any such class.....1
- About 0-2 hours per week.....2
- About 3-4 hours per week.....3
- About 5 or more hours per week.....4

**Good effort, keep it going**

### Section 3:

**Q1. PLEASE TICK (✓) ANY SPORT/ACTIVITY THAT YOU MIGHT**

**[1] HAVE DONE AT SCHOOL IN YOUR TIMETABLED P.E. OR GAMES CLASSES**

**[2] PLAY AT YOUR SCHOOL AT LUNCH TIME OR AFTER SCHOOL WITH THE HELP OF A TEACHER**

**[3] PLAY WITH SPORTS OR ACTIVITY CLUBS**

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

1. Adventure activities\* .....1
- \*e.g. orienteering, canoeing, abseiling and mountaineering
2. Aerobics .....1
3. Athletics .....1
4. Badminton .....1
5. Baseball or Rounders .....1
6. Basketball .....1
7. Camogie .....1
8. Cross country running .....1
9. Dance .....1
10. Gaelic Football .....1
11. Gymnastics .....1
12. Handball .....1
13. Hockey .....1
14. Horse riding .....1
15. Hurling .....1
16. Martial Arts .....1
17. Rugby .....1
18. Soccer .....1
19. Squash .....1
20. Swimming .....1
21. Tennis .....1
22. Weight training .....1
23. Any other sport (specify) .....1

.....1  
.....1

	In School			In a Club	
	P.E. or Games Classes [1]	Lunch time and after school [2]		Not School Club [3]	
	(a)	(b)	(c)	(d)	(e)
	Participated in	Played <b>at least once</b> with help of teacher	Played <b>once a week</b> with help of teacher	Played in club <b>at least once</b>	Played in club <b>once a week</b>
1. Adventure activities* .....1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Aerobics .....1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Athletics .....1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Badminton .....1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Baseball or Rounders .....1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Basketball .....1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Camogie .....1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Cross country running .....1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Dance .....1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Gaelic Football .....1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Gymnastics .....1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Handball .....1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Hockey .....1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Horse riding .....1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Hurling .....1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Martial Arts .....1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Rugby .....1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Soccer .....1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Squash .....1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Swimming .....1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Tennis .....1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Weight training .....1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Any other sport (specify) .....1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**In School**

**In a Club**

## Section 4:

**Q1a. How many times do you have a Single PE class per week?** Please tick (✓) ONE box only

0  1  2  3  4  5 times

**Q1b. How many times do you have a Double PE class per week?**

0  1  2  3  4  5 times

**Q1c. How many times do you have a Triple PE class per week?**

0  1  2  3  4  5 times

**Q1d. And on average, how long is a single PE class?** \_\_\_\_\_ hours and \_\_\_\_\_ minutes

**Q2a. How many times do you have Games\* Classes per week?** Please tick (✓) ONE box only

0  1  2  3  4  5 times

\*Games classes means sport or activity classes that are not part of PE

**Q2b. And on average, how long is each Games Class?** \_\_\_\_\_ hours and \_\_\_\_\_ minutes

## Section 5:

**Q1. About how often do you take part in sports and physical activities at school lunch-time and after school (exclude PE class)?** Please tick (✓) ONE box only

4 or more days a week <sub>1</sub>  2-3 days a week <sub>3</sub>  One day a week <sub>5</sub>   
2-3 days a month <sub>2</sub>  One day a month <sub>4</sub>  Less often <sub>6</sub>  Never <sub>7</sub>

**Q2. During the past 12 months on how many school sports or dance teams did you play?**

0  1  2  3  4  5  6  7 or more

**Q3. In your opinion, how adequate are the sports facilities (courts, fields, equipment) for the pupils in your school?**

Please tick (✓) the box that best describes the sports facilities at your school

very adequate.....<sub>1</sub>  Not at all adequate.....<sub>3</sub>

Fairly adequate.....<sub>2</sub>  Not sure/don't know .....<sub>4</sub>

## Section 6:

**Q1. Are you currently participating in a club that is organised for a purpose of doing one particular sport or activity?**

*Exclude youth club which may sometimes offer a number of sports*

**NO** <sub>1</sub>  If **NO** go to question 8.

**YES** <sub>2</sub>  If **YES** please list: (i) \_\_\_\_\_ (ii) \_\_\_\_\_ (iii) \_\_\_\_\_

**Q2. At what age did you try sport or activity for the first time?** Please tick (✓) ONE box only

4 or under <sub>1</sub>  5-7 years <sub>2</sub>  8-9 years <sub>3</sub>  10-11 years <sub>4</sub>  12 or Older <sub>5</sub>



**Q3a. What is your current involvement?** Please tick (✓) all that apply

Active participant  Administrator  Coach  Official (e.g. referee, judge)

**Q3b. If active participant, what is the highest standard that you achieved?**

Please tick (✓) ONE box only

1. Basic (family recreation; play; school clubs open to all).....
2. Competitive (Competitive club level, selected school team) .....
3. Elite (country; regional and nationally recognised standard) .....

**Q4. If active participant, what is the most important reason for continuing to participate?**

Please tick (✓) ONE box only

- |                                                               |                                                   |
|---------------------------------------------------------------|---------------------------------------------------|
| Something to do..... <input type="checkbox"/>                 | Because of school ..... <input type="checkbox"/>  |
| Because of my friends ..... <input type="checkbox"/>          | Seemed interesting ..... <input type="checkbox"/> |
| Because of my father..... <input type="checkbox"/>            | Seemed challenging ..... <input type="checkbox"/> |
| Because of my mother..... <input type="checkbox"/>            | To practise skills..... <input type="checkbox"/>  |
| Because of elder brother/sister..... <input type="checkbox"/> | To learn new skills..... <input type="checkbox"/> |
| To keep fit..... <input type="checkbox"/>                     | Other _____ <input type="checkbox"/>              |

**Q5. 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

NO..... YES..... Don't Know .....

**Q6. About how often do you take part in sports and physical activities in non-school sports clubs?** Please tick (✓) ONE box only

- |                                                      |                                                 |
|------------------------------------------------------|-------------------------------------------------|
| 4 or more days a week ..... <input type="checkbox"/> | 2-3 days a week..... <input type="checkbox"/>   |
| One day a week ..... <input type="checkbox"/>        | 2-3 days a month ..... <input type="checkbox"/> |
| One day a month ..... <input type="checkbox"/>       | Less often ..... <input type="checkbox"/>       |
| Never..... <input type="checkbox"/>                  |                                                 |

**Q7. Thinking about sports and activities that might be offered by local clubs or organised by your school outside of class time. Why don't you take part in more of this type of activity?**

Please tick (✓) any of the boxes that are a reason for you.

- I don't like playing sports .....
- I haven't got enough spare time .....
- I'm not good enough at sport.....
- I've never been asked to take part.....
- Transport difficulties prevent me playing/exercising more.....
- No suitable sports/activities that I like.....
- I already do enough sports/exercise .....
- It's too expensive.....
- I don't know about local clubs.....
- No particular reason .....

## Section 7:

**Q1. DURING A TYPICAL WEEK, how often:** Please tick (✓) ONE box only

	None	Once	Sometimes	Almost every day	Every day
1. <b>Do you</b> encourage your friends to do physical activities or play sports?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
2. Do your <b>friends encourage</b> you to do physical activities or play sports?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3. Do your <b>friends do physical activities</b> or play sports with you?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4. <b>Do</b> other kids tease you for not being good at physical activity or sports?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
5. <b>Do friends</b> tell you that you are doing well in physical activities or sports?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**Q2. DURING A TYPICAL WEEK, how often has a member of your household:**  
(For example, your father, mother, guardian, brother, sister, grandparent, or other relative)  
Please tick (✓) ONE box only

	None	Once	Sometimes	Almost every day	Every day
1. <b>Encouraged you</b> to do physical activities or play sports?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
2. Done a physical activity or played sports <b>with you?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3. <b>Provided transportation</b> to a place where you can do physical activities or play sports?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4. <b>Watched you</b> participate in physical activities or sports?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
5. <b>Told you</b> that you are doing well in physical activities or sports?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**Q3. DURING A TYPICAL WEEK, how often has a teacher in your school:**  
Please tick (✓) ONE box only

	None	Once	Sometimes	Almost every day	Every day
1. <b>Encouraged you</b> to do physical activities or play sports?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
2. Done a physical activity or played sports <b>with you?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3. <b>Provided transportation</b> to a place where you can do physical activities or play sports?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4. <b>Watched you</b> participate in physical activities or sports (not including supervision)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
5. <b>Told you</b> that you are doing well in physical activities or sports?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

#### Q4. What keeps you from being more active?

Directions: 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 are you to say?	Very Likely	Somewhat Likely	Somewhat Unlikely	Very Unlikely
1. My day is so busy now, I just don't think I can make the time to include physical activity in my regular schedule.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. None of my family members or friends like to do anything active, so I don't have a chance to be physically active .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I'm just too tired after school/work to be active .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I've been thinking about becoming more physically active, but I just can't seem to get started.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Participating in physical activities can be risky .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I don't get enough exercise because I have never learned the skills for any one sport.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I don't have access to jogging trails, swimming pools, bike paths, etc. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Physical activity takes too much time away from other commitments - like work, family, etc. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I'm embarrassed about how I will look when I participate in physical activity with others .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I don't get enough sleep as it is. I just couldn't get up early or stay up late to be physically active .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. It's easier for me to find excuses not to be physically active than to go out and do something.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I know of too many people who have hurt themselves by overdoing it when they are physically active.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I really can't see myself learning a new sport .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. It's just too expensive. You have to take a class or join a club or buy the right equipment .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. My free times during the day are too short to include physical activity.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. My usual social activities with family or friends do not include physical activity.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I'm too tired during the week and I need the weekend to catch up on my rest.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I want to be more physically active, but I just can't seem to make myself stick to anything .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I'm afraid I might injure myself.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I'm not good enough at any physical activity to make it fun .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. If we had exercise facilities and showers at school, then I would be more likely to be physically active .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q5. SWIMMING ABILITY** please mark your swimming level below.

Please tick (✓) ONE box only

Non-Swimmer <sub>0</sub>

Beginner <sub>1</sub>

Intermediate <sub>2</sub>

Competitive <sub>3</sub>

**If non-swimmer please go to section 9.**

If swimmer please mark your swimming level at the following skills. Please tick (✓) ONE box only

	Beginner	Intermediate	Competitive	Unable to do this stroke
1. Treading water	<sub>1</sub> <input type="checkbox"/>	<sub>2</sub> <input type="checkbox"/>	<sub>3</sub> <input type="checkbox"/>	<sub>4</sub> <input type="checkbox"/>
2. Front crawl	<sub>1</sub> <input type="checkbox"/>	<sub>2</sub> <input type="checkbox"/>	<sub>3</sub> <input type="checkbox"/>	<sub>4</sub> <input type="checkbox"/>
3. Back stroke	<sub>1</sub> <input type="checkbox"/>	<sub>2</sub> <input type="checkbox"/>	<sub>3</sub> <input type="checkbox"/>	<sub>4</sub> <input type="checkbox"/>
4. Butterfly	<sub>1</sub> <input type="checkbox"/>	<sub>2</sub> <input type="checkbox"/>	<sub>3</sub> <input type="checkbox"/>	<sub>4</sub> <input type="checkbox"/>
5. Breast stroke	<sub>1</sub> <input type="checkbox"/>	<sub>2</sub> <input type="checkbox"/>	<sub>3</sub> <input type="checkbox"/>	<sub>4</sub> <input type="checkbox"/>

What is your favourite swimming stroke? \_\_\_\_\_

**Section 8:**

**Q1. FATHER/GUARDIAN**

**a. Does your father have a job?**

- No <sub>1</sub>
- Yes <sub>2</sub>
- Don't know <sub>3</sub>
- Don't have or see father <sub>4</sub>

**b. If yes, say in what place he works:**

(For example hospital, bank, restaurant...)

\_\_\_\_\_

**c. Please write down exactly what job he does**

(For example doctor, clerk, manager...)

\_\_\_\_\_

**d. If no, why does your father not have a job?**

- He is sick, or retired or a student <sub>1</sub>
- He is looking for a job <sub>2</sub>
- He takes care of others, or is full time in the home <sub>3</sub>
- I don't know <sub>4</sub>

**2. MOTHER/GUARDIAN**

**a. Does your mother have a job?**

- No <sub>1</sub>
- Yes <sub>2</sub>
- Don't know <sub>3</sub>
- Don't have or see mother <sub>4</sub>

**b. If yes, say in what place she works:**

(For example hospital, bank, restaurant...)

\_\_\_\_\_

**c. Please write down exactly what job she does**

(For example doctor, clerk, manager...)

\_\_\_\_\_

**d. If no, why does your mother not have a job?**

- She is sick, or retired or a student <sub>1</sub>
- She is looking for a job <sub>2</sub>
- She takes care of others, or is full time in the home <sub>3</sub>
- I don't know <sub>4</sub>

**You're finished! Well done!**  
**Thank you for your time and effort!**

