

For group leaders to complete

Active Belfast funded Programme name:

Unique ID:



Participant Consent (required for participants aged 12-18 years)

I confirm that I have read the Participant Information Sheet for this survey. This information provides details about the study in writing. I have also noted the researchers' contact information should I wish to ask questions at a later stage.

I confirm I have read the participant information sheet

I understand that my participation is voluntary and that I have taken part in this survey of my own free will. I consent to taking part in this survey

I consent I do NOT consent

I understand that I can withdraw from this research at any stage prior to 30 April 2020 when the information I provide will be fully anonymised.

Yes, I understand

Parental/Guardian Consent (required for participants aged 0-15 years)

I confirm that I have read the Participant Information Sheet for this survey. This information provides details about the study in writing. I have also noted the researchers' contact information should I wish to ask questions at a later stage.

I confirm I have read the participant information sheet

I understand that my child's participation is voluntary and that he/she has taken part in this survey of his/her own free will. I consent to my child taking part in this survey

I consent I do NOT consent

I understand that I can withdraw my child from this research at any stage prior to 30 April 2020 when the information he/she provides will be fully anonymised.

Yes, I understand

Active Belfast Baseline Survey

We hope you take some time to complete this questionnaire.

We will use the information you provide to help us find out what is working well in the programme and what can be made better. This will help to improve Active Belfast programmes in the future for others.

All of your responses are treated confidentially.

First, tell us a bit about you...

1. Please tell us if you are:

Boy

Girl

2. How old are you? _____

3. What is your home postcode? _____

4. Do you have a disability or medical condition?

Yes (go to Q5)

No (go to Q6)

Don't know (go to Q6)

5. If so, please tell us what from the following list?

Wheelchair user

Deaf

Health condition

Hearing loss

Mental health condition

Blind

Learning disability

Sight loss

Autism

Don't know

Taking part in sport and physical activity

6. Do you like to play sport or do physical activity?

Yes

No

7. How often do you normally play sport or do physical activity?

- Never Once a week Twice a week Three times a week Four times a week Five or more times a week

8. How many minutes of physical activity should we do?

- per day OR per week Don' know

9. Which sports or physical activities do you take part in (if any)?

- | | | | | | |
|---|-----------------------|--|-----------------------|---|-----------------------|
| Archery  | <input type="radio"/> | Fitness class  | <input type="radio"/> | Playground games  | <input type="radio"/> |
| Athletics  | <input type="radio"/> | Football  | <input type="radio"/> | Playing outdoors  | <input type="radio"/> |
| Badminton  | <input type="radio"/> | Futsal  | <input type="radio"/> | Rugby  | <input type="radio"/> |
| Basketball  | <input type="radio"/> | Gaelic football  | <input type="radio"/> | Running/jogging  | <input type="radio"/> |
| Boccia  | <input type="radio"/> | Golf  | <input type="radio"/> | Squash  | <input type="radio"/> |
| Boxing  | <input type="radio"/> | Gym session  | <input type="radio"/> | Swimming  | <input type="radio"/> |
| Camogie  | <input type="radio"/> | Gymnastics  | <input type="radio"/> | Table tennis  | <input type="radio"/> |
| Circuits  | <input type="radio"/> | Hockey  | <input type="radio"/> | Tennis  | <input type="radio"/> |
| Cricket  | <input type="radio"/> | Hurling  | <input type="radio"/> | Trampolining  | <input type="radio"/> |
| Cycling  | <input type="radio"/> | Martial arts  | <input type="radio"/> | Volleyball  | <input type="radio"/> |
| Dance  | <input type="radio"/> | Netball  | <input type="radio"/> | Walking  | <input type="radio"/> |
| Dodgeball  | <input type="radio"/> | New age kurling  | <input type="radio"/> | Wheelchair basketball  | <input type="radio"/> |
| Fishing  | <input type="radio"/> | Olympic handball  | <input type="radio"/> | Yoga/pilates  | <input type="radio"/> |
| Other <input type="radio"/> | <input type="radio"/> | Outdoor bowls  | <input type="radio"/> | | |

If other please state: _____

10. Are you a member of a sports club or team at school?

- Yes No

11. Are you a member of a sports club or team outside of school?

- Yes No

12. What are the main things that prevent you from playing more sport and/or doing more physical activity? (please tick all that apply)

- Not having enough time
 - Homework
 - Having to help at home
 - No facilities near to where I live
 - I would rather watch TV, play computer games, use social media etc
 - Other
 - It costs too much
 - I don't feel fit enough
 - I don't know what is available
 - I am not interested in sport and physical activity
 - Nothing prevents me
- Please state:

Health and Wellbeing

13. Thinking about the last week....

	Not at all	Slightly	Moderately	Very	Extremely
Have you felt fit and well?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you felt full of energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you felt sad?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you felt lonely?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you had enough time for yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you been able to do the things that you want to do in your free time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have your parent(s) treated you fairly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you had fun with your friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you got on well at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you been able to pay attention?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Healthy eating

14. How would you describe your current eating habits?

- Very healthy Quite healthy Neither healthy nor unhealthy Quite unhealthy Very unhealthy Don't know
-








15. How many portions of fruit and vegetables should we eat every day?

Per day Don't know

16. The following statements are about healthy eating. Please tell us how much you agree with each of these statements (please tick one response per row)

	Strongly agree	Agree	No strong opinion	Disagree	Strongly disagree
Eating a healthy diet can help prevent some illnesses and can help us keep healthy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating a variety of fruit and vegetables every day is an important part of healthy eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is important to keep hydrated and drink 6-8 glasses of fluid per day (e.g. water or lower fat milk)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. In a normal week, how often do you eat the following (please tick one response for each row)?

	Every day	Most days	2 or 3 times a week	Once a week	Less often/ never
Eat breakfast 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat regular meals 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat crisps, savoury snacks (e.g. tortilla chips) 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat sweets or chocolate 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat biscuits, buns, cakes, pastries 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat fast food/ carry out meals 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat chips, roast potatoes, waffles, wedges 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Eat fried foods, e.g. battered fish,
eggs, sausages



Drink fizzy drinks, e.g. Coke,
Fanta, Lucozade



Eat processed meat or chicken
products, e.g. meat pies,
sausage rolls, sausages, chicken
nuggets



Eat wholemeal or wheaten bread



Eat cereals such as Weetabix,
porridge, Shredded wheat



Eat fish (not battered or breaded)



Eat fruit, including fresh, frozen,
fruit tinned in natural juice, and
pure fruit juice.



Eat salad or vegetables,
including fresh, frozen, dried and
tinned vegetables but excluding
potatoes



Thank you for taking the time to complete this questionnaire.

Please return to the group leader.