|  |  |
| --- | --- |
|  |  |
| **Endpoint survey 2014** | |

**WELCOME TO THE MOVE PROJECT QUESTIONNAIRE**

So we know a little more about you, we would really like you to complete this survey. It should take about 40 minutes at the most. All the answers you give are confidential and will not be shared with your teachers, parents, or fellow students.

There are no ‘right’ or ‘wrong’ answers, so don’t worry about answering the questions. You don’t need to spend too much time thinking about the questions – just click the box that best describes what you think/feel.

Thank you,

The MOVE project team

**What is today’s date?: …………………………………………………………………………………………….**

**Questions about You**

What year group are you currently in?

Year 7

Year 9

What is your full first name?

………………………………………………………………………………………………………………………….

What is your full surname?

………………………………………………………………………………………………………………………….

What is your pupil identification number? (this should be on the information sheet given to you)

………………………………………………………………………………………………………………………….

**Opting Out**

If you have ‘Opted-Out’ from the project and do not want to complete this questionnaire please tick NO below and tell your teacher that you will not be completing the survey.

If you DO want to complete this questionnaire, please tick YES and continue to answer the questions.

Yes

No

Are you male or female?

Male

Female

What is your home postcode? (e.g. DH1 1TA)

………………………………………………………………………………………………………………………….

What is the number of the house where you live?

………………………………………………………………………………………………………………………….

What is your date of birth (e.g. 05/04/00).

………………………………………………………………………………………………………………………….

How old are you?

10

11

12

13

14

15

Which school do you currently go to?

………………………………………………………………………………………………………………………….

What was the name of your primary school?

………………………………………………………………………………………………………………………….

Which school do you currently go to?

………………………………………………………………………………………………………………………….

**Strengths and Difficulties Questionnaire**

1. For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of how things have been for you over the last six months.

**For each statement below please only tick one answer e.g. Not True, Somewhat True OR Certainly True.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | *Not True* | *Somewhat True* | *Certainly True* |
| I try to be nice to people. I care about their feelings |  |  |  |
| I am restless, I cannot stay still for long |  |  |  |
| I get a lot of headaches, stomach-aches or sickness |  |  |  |
| I usually share with others (food, games, pens, etc.) |  |  |  |
| I get very angry and often lose my temper |  |  |  |
| I am usually on my own. I generally play alone or keep to myself |  |  |  |
| I usually do as I am told |  |  |  |
| I worry a lot |  |  |  |
| I am helpful if someone is hurt, upset or feeling ill |  |  |  |
| I am constantly fidgeting or squirming |  |  |  |
| I have one good friend or more |  |  |  |
| I fight a lot. I can make other people do what I want |  |  |  |

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1. Please give your answers for how things have been for you over the last six months. For each statement below please only tick one answer e.g. Not True, Somewhat True OR Certainly True.

|  |  |  |  |
| --- | --- | --- | --- |
|  | *Not True* | *Somewhat True* | *Certainly True* |
| I am often unhappy, down-hearted or tearful |  |  |  |
| Other people my age generally like me |  |  |  |
| I am easily distracted, I find it difficult to concentrate |  |  |  |
| I am nervous in new situations. I easily lose confidence |  |  |  |
| I am kind to younger children |  |  |  |
| I am often accused of lying or cheating |  |  |  |
| Other children or young people pick on me or bully me |  |  |  |
| I often volunteer to help others (parents, teachers, children) |  |  |  |
| I think before I do things |  |  |  |
| I take things that are not mine from home, school or elsewhere |  |  |  |
| I get on better with adults than with people my own age |  |  |  |
| I have many fears, I am easily scared |  |  |  |
| I finish the work I'm doing. My attention is good |  |  |  |

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**Physical Activities and Health**

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

Please tick the answer that best suits you from the list below:

Every day

4-6 days a week

2-3 days a week

One day a week

Not every week, but at least once every 14th day

Not every 14th day, but at least once a month

Less than once a month

Never

1. Outside of school hours: How many hours do you usually exercise in your free time so much that you get out of breath or sweat?

Please tick the answer that best suits you from the list below:

7 hours per week or more

About 4-6 hours a week

About 2-3 hours per week

About one hour per week

About half an hour per week

None

1. In general, how would you say your health is? Please only tick one box.

Excellent

Very good

Good

Fair

Poor

1. Thinking about last week*… For each statement below please only tick one answer.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | *Not at all* | *Slightly* | *Moderately* | *Very* | *Extremely* |
| Have you felt fit and well? |  |  |  |  |  |
| Have you been physically active (e.g. running, climbing, biking)? |  |  |  |  |  |
| Have you been able to run well? |  |  |  |  |  |

1. Thinking about last week*… For each statement below please only tick one answer.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | *Never* | *Seldom* | *Quite Often* | *Very Often* | *Always* |
| Have you felt full of energy? |  |  |  |  |  |

**General Mood and Feelings about Yourself**

1. Thinking about last week*… For each statement below please only tick one answer.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | *Not at all* | *Slightly* | *Moderately* | *Very* | *Extremely* |
| Has your life been enjoyable? |  |  |  |  |  |

1. Thinking about last week*… For each statement below please only tick one answer.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | *Never* | *Rarely* | *Quite Often* | *Very Often* | *Always* |
| Have you been in a good mood? |  |  |  |  |  |
| Have you had fun? |  |  |  |  |  |

1. Thinking about last week*… For each statement below please only tick one answer.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | *Never* | *Rarely* | *Quite Often* | *Very Often* | *Always* |
| Have you felt sad? |  |  |  |  |  |
| Have you felt so bad that you didn’t want to do anything? |  |  |  |  |  |
| Have you felt lonely? |  |  |  |  |  |
| Have you been happy with the way you are? |  |  |  |  |  |

**Family and Free Time**

1. Thinking about last week*… For each statement below please only tick one answer.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | *Never* | *Rarely* | *Quite Often* | *Very Often* | *Always* |
| Have you had enough time for yourself? |  |  |  |  |  |
| Have you been able to do the things that you want to do in your free time? |  |  |  |  |  |
| Have your parent(s) had enough time for you? |  |  |  |  |  |
| Have your parent(s) treated you fairly? |  |  |  |  |  |
| Have you been able to talk to your parent(s) when you wanted to? |  |  |  |  |  |
| Have you had enough money to do the same things as your friends? |  |  |  |  |  |
| Have you had enough money for your expenses? |  |  |  |  |  |

**You and Your Friends**

1. Thinking about last week*… For each statement below please only tick one answer.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | *Never* | *Rarely* | *Quite Often* | *Very Often* | *Always* |
| Have you spent time with your friends? |  |  |  |  |  |
| Have you had fun with your friends? |  |  |  |  |  |
| Have you and your friends helped each other? |  |  |  |  |  |
| Have you been able to rely on your friends? |  |  |  |  |  |

**School and Learning**

1. Thinking about last week*… For each statement below please only tick one answer.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | *Not at all* | *Slightly* | *Moderately* | *Very* | *Extremely* |
| Have you been happy at school? |  |  |  |  |  |
| Have you got on well at school? |  |  |  |  |  |

1. Thinking about last week*… For each statement below please only tick one answer.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | *Never* | *Rarely* | *Quite Often* | *Very Often* | *Always* |
| Have you been able to pay attention? |  |  |  |  |  |
| Have you got along well with your teachers? |  |  |  |  |  |

**Physical Abilities**

This is a chance for you to look at how you think and feel about yourself. It is important that you:

* Are honest
* Give your own views about yourself, without talking to others
* Report how you feel NOW (not how you felt at another time in your life, or how you might feel tomorrow

1. Use the six-point scale to indicate how true (like you) or how false (unlike you) each statement below is a description of you.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | *False* | *Mostly false* | *More false than true* | *More true than false* | *Mostly true* | *True* |
| I enjoy things like sports, gym and dance |  |  |  |  |  |  |
| I am lazy when it comes to things like sports and hard physical exercise |  |  |  |  |  |  |
| I am good at things like sports, gym, and dance |  |  |  |  |  |  |
| I am awkward (uncoordinated) at things like sports, gym, and dance |  |  |  |  |  |  |
| I am better than most of my friends at things like sports, gym, and dance |  |  |  |  |  |  |
| I try to get out of sports and physical education classes whenever I can |  |  |  |  |  |  |
| I can run a long way without stopping |  |  |  |  |  |  |
| I hate things like sports, gym, and dance |  |  |  |  |  |  |

Physical activity is any bodily movement that increases your breathing and heart rate. REGULAR physical activity involves participating in a total of **60 MINUTES** of at least **MODERATE INTENSITY** activity on **ALL OR MOST** days of the week. Examples of at least moderate intensity activities includes brisk walking, bike riding, skateboarding, dancing, running, playing netball or football, swimming laps or training for sports etc.

The following statements are about how **CONFIDENT** you are to participate in **REGULAR** physical activity in the next **THREE MONTHS**.

1. Choose ONE option to indicate how much you agree or disagree with each statement.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | *Strongly disagree* | *Disagree* | *Slightly disagree* | *Agree slightly* | *Agree* | *Strongly agree* |
| When I’m physically active (e.g. during PE or school sport) I get embarrassed about my fitness or skill level |  |  |  |  |  |  |
| I can still find the time to be physically active even when I’ve had a busy day. |  |  |  |  |  |  |
| I find it DIFFICULT to be physically active when the weather is poor (e.g. too hot, too cold or raining) |  |  |  |  |  |  |
| I find it DIFFICULT to be physically active when I have no one to be active with |  |  |  |  |  |  |
| I do not feel comfortable using local facilities to be physical active (e.g. the gym, beach, skate parks, bike paths) |  |  |  |  |  |  |

**My Physical Activity Environment**

The following questions relate to participating in **REGULAR PHYSICAL ACTIVITY** in your home, school and neighbourhood environment.

Remember, regular physical activity = 60 minutes of at least moderate intensity activity on all or most days of the week. Examples include brisk walking, bike riding, skateboarding, swimming laps, playing football or netball.

1. *Choose ONE option to indicate how much you agree or disagree with each statement about your* ***HOME/NEIGHBOURHOOD*** *environment:*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | *Strongly disagree* | *Disagree* | *Slightly disagree* | *Agree slightly* | *Agree* | *Strongly agree* |
| At home I have access to equipment that encourages me to be physically active (e.g. bikes, balls, skateboards, dance mats, weights) |  |  |  |  |  |  |
| It is DIFFICULT to be physically active in my neighbourhood because of lots of traffic |  |  |  |  |  |  |
| I have a place at home where I can be physically active (e.g. gym, back garden, garage) |  |  |  |  |  |  |

1. *Choose ONE option to indicate how much you agree or disagree with each statement about your* ***SCHOOL*** *environment:*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | *Strongly disagree* | *Disagree* | *Slightly disagree* | *Agree slightly* | *Agree* | *Strongly agree* |
| My school has good facilities for physical activity (e.g. gyms, pitches, dance studio, courts) |  |  |  |  |  |  |
| At school there are facilities available during BREAK/LUNCH where I can be physically active (e.g. the gym, dance studio, courts or pitches) |  |  |  |  |  |  |
| At school there are facilities available for me to use AFTER SCHOOL HOURS where I can be physically active (e.g. the gym, dance studio, courts or pitches) |  |  |  |  |  |  |

**Physical Activity Support from your Friends and Family**

The following are questions about support you've received in the PAST THREE MONTHS from your friends and family to be involved in REGULAR PHYSICAL ACTIVITY. Members of your family can include parents or carers, brothers/sisters, grandparents for example.

Choose ONE option for each question.

1. **FRIEND SUPPORT**- In the past THREE MONTHS how often...

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | *Never* | *Rarely* | *Sometimes* | *Often* | *Always* |
| Did your friends participate in physical activities or sports with you during break time, lunch or after school? |  |  |  |  |  |
| Did your friends watch you participate in physical activity or sport (e.g. watch you swimming or playing netball) |  |  |  |  |  |
| Did your friends participate in physical activities/sports WITH YOU? |  |  |  |  |  |
| Did you and your friends make plans to be physically active together (e.g. to go skateboarding, walking or kick a football around together)? |  |  |  |  |  |

1. **FAMILY SUPPORT**- In the past THREE MONTHS how often...

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | *Never* | *Rarely* | *Sometimes* | *Often* | *Always* |
| Did members of your family participate in physical activities/sport with you? |  |  |  |  |  |
| Did members of your family take you to places where you could be physically active (e.g. to the beach, sports training or weekend sport)? |  |  |  |  |  |
| Did members of your family take you to places where you could be physically active (e.g. to the beach, sports training or weekend sport)? |  |  |  |  |  |
| Did members of your family watch you participate in physical activities or sports? |  |  |  |  |  |
| Did your parents buy you equipment that encouraged you to be physically active (e.g. sports clothes, trainers, a bike, an i-pod for listening to music while being physically active)? |  |  |  |  |  |

1. Please tell us the main way in which you usually get to school

Walk

Cycle

Car

Bus or Train

1. Please tell us the main way in which you usually get home from school.

Walk

Cycle

Car

Bus or Train

1. How long does it usually take you to get to school from home?

Less than 5 minutes

5 to 15 minutes

16 to 30 minutes

31 to 60 minutes

More than 60 minutes

1. How long does it usually take you to get home from school?

Less than 5 minutes

5 to 15 minutes

16 to 30 minutes

31 to 60 minutes

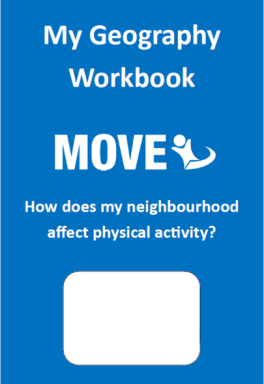
More than 60 minutes

1. How often are you allowed to go to the following places on your own or with friends (without an adult)? *For each statement below please only tick one answer.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | *Never* | *Sometimes* | *Often* | *Always* |
| Local shops |  |  |  |  |
| Big shopping centre |  |  |  |  |
| Park or playground |  |  |  |  |
| Sports centre |  |  |  |  |
| Swimming pool |  |  |  |  |
| Library |  |  |  |  |
| School |  |  |  |  |
| Cinema |  |  |  |  |
| Friends/relatives house |  |  |  |  |
| Amusement arcade |  |  |  |  |
| Bus stop or train station |  |  |  |  |
| After school clubs (e.g. Scouts, Karate) |  |  |  |  |

**MOVE lessons**

1. Did you take part in the MOVE Geography lessons and use this workbook?



Yes

No (go to question 31)

**Geography lessons**

1. Were you able to view a map of your route to school on a computer?

Yes

No

Can’t remember

1. Did you carry out the investigation into ‘barriers to physical activity in your neighbourhood’ during Lesson 4 (page 30).

Yes

No

Can’t remember

If you answered No, please tell us why e.g. I was ill or the computers didn’t work.

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………...

1. Please choose **ONE** of the following statements that best describes how you felt when participating in the MOVE Geography lessons.

I really enjoyed the lessons

I quite enjoyed the lessons

I neither liked or disliked the lessons

I quite disliked the lessons

I really disliked the lessons

Please choose **ONE** option below to tell us whether you agree or disagree with the following statement.

1. The MOVE Geography lessons made me think about changing the amount of physical activity I do.

Strongly agree

Agree

Neither agree or disagree

Disagree

Strongly disagree

If you have any other comments about the MOVE work you did in Geography, please add these below:

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………...

**MOVE mentees**

The following question is for Year 7 Students only. If you are a Year 9 pupil please go to Question X.

1. Did you take part in the MOVE peer mentoring sessions and use this workbook?

|  |  |
| --- | --- |
| **Mentee questions** |  |

1. Were you able to meet your mentor each week to take part in the MOVE mentoring sessions?

Always

Mostly

Sometimes

Rarely

Never

1. Did you manage to set some weekly physical activity goals, use your log book and review your weekly goals with your mentor?

Always

Mostly

Sometimes

Rarely

Never

1. Please choose ONE of the following statements that best describes how you felt when participating in the MOVE peer mentoring sessions?

I really enjoyed the sessions

I quite enjoyed the sessions

I neither liked or disliked the lessons

I quite disliked the sessions

I really disliked the sessions

Please choose ONE option below to tell us whether you agree or disagree with the following statements.

1. The MOVE peer mentoring sessions made me think about changing the amount of physical activity I do.

Strongly agree

Agree

Neither agree or disagree

Disagree

Strongly disagree

If you have any comments about the MOVE peer mentoring sessions, please add these below.

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………...

|  |  |
| --- | --- |
| **MOVE Mentors** |  |

**The following question is for Year 9 students only**. If you are a Year 7 pupil you have completed this survey and do not need to complete this section.

1. Did you take part in the MOVE mentor training sessions and use this mentoring guide?

Yes

No

**Mentor Questions**

1. Did you take part in the MOVE mentoring sessions, and help your mentee complete their activity workbook?

Yes

No

1. Were you able to meet your mentee each week to take part in the MOVE mentoring sessions?

Always

Mostly

Sometimes

Rarely

Never

1. Did you manage to help your mentee set weekly physical activity goals, use their activity log book, and review their weekly activity goals?

Always

Mostly

Sometimes

Rarely

Never

1. Please choose ONE of the following statements that best describes how you felt when participating in the MOVE mentoring sessions.

I really enjoyed the sessions

I quite enjoyed the sessions

I neither liked or disliked the lessons

I quite disliked the sessions

I really disliked the sessions

Please choose ONE option below to tell us whether you agree or disagree with the following statement.

1. The MOVE peer mentoring sessions made me think about changing the amount of physical activity I do.

Strongly agree

Agree

Neither agree or disagree

Disagree

Strongly disagree

If you have any comments about the MOVE peer mentoring sessions, please add these below:

**COMMENTS:**

**The End**

You have now completed the survey.