



Thank you for agreeing to participate in the GoActive evaluation study.

In this booklet, we will be asking short questions about your experience with the GoActive programme.

Please complete all of the questions in this booklet.

- ✓ Please answer the questions as honestly and accurately as you can.
- ✓ Remember, this is not a test – there are no right or wrong answers!
- ✓ We will not tell anyone your answers unless we consider you or someone else to be at risk from harm, then we will tell one member of staff at your school.

1. Is the GoActive physical activity programme running at your school?

Tick the box to show whether you took part in the GoActive physical activity programme running at your school.

<input type="checkbox"/>	No
<input type="checkbox"/>	Yes

3. Please tell us whether you agree with the following statements

(Please tick one box for each item)

The GoActive study...	Strongly agree	Slightly agree	Slightly disagree	Strongly disagree	Did not take part
a. ...is fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ...encourages me to do more physical activity					
<i>This statement refers to whether you felt encouraged to do more physical activity, not whether you actually did!</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ...allows me to try new activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. ...allows me to do physical activity with more people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. ...takes/took up too much time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. ...is boring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. ...helps me make friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. ...gives me more confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. ...introduces me to new activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How often do the following things happen since January?

(Please tick one box for each item)

	Never or hardly ever	Once or twice a week	Nearly every day	Every day
a. I tried new physical activities on my own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I asked friends at school to do physical activity with me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Friends at school asked me to do physical activity with them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I asked a parent/guardian to do physical activity with me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I asked a friend outside of school to do physical activity with me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I did the activity goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I talked to friends about GoActive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I talked to my family about GoActive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I looked on the internet for activity ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please let us know what you think of the different parts of the GoActive programme on a scale of 1 (did not like it) to 5 (liked it a lot).

Please circle the number that best describes what you think.

	Did not take part	Did not like it	Neither	Liked it a lot		
a. Working with mentors	1	2	3	4	5	6
b. Having year 9 leaders	1	2	3	4	5	6
c. Gaining individual points	1	2	3	4	5	6
d. The class competition	1	2	3	4	5	6
e. Suggesting new activities ourselves	1	2	3	4	5	6
f. Trying new activities	1	2	3	4	5	6
g. Individual prizes	1	2	3	4	5	6
h. T-shirts	1	2	3	4	5	6
i. Using tutor time	1	2	3	4	5	6
j. Choosing new activities	1	2	3	4	5	6
k. Working with form tutors	1	2	3	4	5	6
l. Trophies	1	2	3	4	5	6
m. Other (please state)_____	1	2	3	4	5	6

5. How likely are you to do the following on a scale of 1 (not likely) to 5 (very likely)?

Please circle the number that best describes what you think.

	Did not take part	Not likely		Fairly likely	Very likely	
a. Continue to do an activity I tried during GoActive	1	2	3	4	5	6
b. Join a new club or team relating to an activity I tried during GoActive	1	2	3	4	5	6
c. Encourage friends to do more physical activity	1	2	3	4	5	6
d. Encourage family members to do more physical activity	1	2	3	4	5	6

6. Would you be willing to be contacted about participating in a focus group (a group discussion) to discuss your GoActive experience?

These focus groups would be recorded and recordings would be made anonymous so that no participants can be identified from them. Unfortunately we will not be able to invite all students to a focus group.

☐ No

☐ Yes

7. Do you have any suggestions about how we could improve the GoActive programme?

8. Are/were you a Year 9 Leader during GoActive?

☐ Did not take part in GoActive

☐ No

☐ Yes

☐ If yes, please write how many times you were a Year 9 leader during GoActive.

9. If you are/were a Year 9 leader, please answer the following question.

Only answer this question if you ticked 'yes' to the question above.

Being a Year 9 Leader for <u>GoActive</u> ...	Strongly agree	Slightly agree	Slightly disagree	Strongly disagree
a. ...is fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ...improves my leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ...takes up a lot of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. ...is boring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. ...gives me more confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. ...is a lot of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. ...is easy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Do you have any comments about being a leader?

**Thank you for completing the questionnaire – we really
appreciate your time!**