

CSPPA Primary 2022-ROI

Survey Flow

Block: Introduction (3 Questions)
Standard: Demographics (4 Questions)
Standard: Physical Activity (12 Questions)
Standard: Physical Education (3 Questions)
Standard: Extra curriculum Sport (6 Questions)
Standard: Community Sport (8 Questions)
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Standard: Screen time, Hobbies, School & Work (2 Questions)
Standard: Personal Information (11 Questions)
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Standard: Role Models (3 Questions)
Standard: Social Support (2 Questions)
Standard: Physical literacy (5 Questions)
Standard: Enjoyment (2 Questions)
Standard: Health Questions (7 Questions)

Page Break

Start of Block: Introduction

C22.1.1

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

Page Break



Q183 Enter the number given to you by your teacher.

Page Break



C22.1.2

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 (1)

No (1)

Skip To: End of Survey If C22.1.2 = 1

End of Block: Introduction

Start of Block: Demographics



C22.2.1 I identify myself as...

Female (1)

Male (2)

Non-binary (3)

Other (4)

I rather not say (5)

C22.2.2 How old were you on your last birthday?

9 10 11 12 13

Age in years ()





C22.2.3 What year are you in school?

4th class (1)

5th class (2)

6th class (3)

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C22.2.5 Do you receive extra support for special educational needs?

No (1)

Yes (2)

End of Block: Demographics

Start of Block: Physical Activity

C22.3.1

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

Please read carefully the information on the next page.

Page Break

C22.3.2

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.

C22.3.3

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.



C22.3.4

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 (0)
 - 1 day (1)
 - 2 days (2)
 - 3 days (3)
 - 4 days (4)
 - 5 days (5)
 - 6 days (6)
 - 7 days (7)
-



C22.3.5 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 (0)
 - 1 days (1)
 - 2 days (2)
 - 3 days (3)
 - 4 days (4)
 - 5 days (5)
 - 6 days (6)
 - 7 days (7)
-

Page Break



C22.3.6

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 (0)
- 1 day (1)
- 2 days (2)
- 3 days (3)
- 4 days (4)
- 5 days (5)
- 6 days (6)
- 7 days (7)

C22.3.7 **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,
select 60

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

minutes ()	
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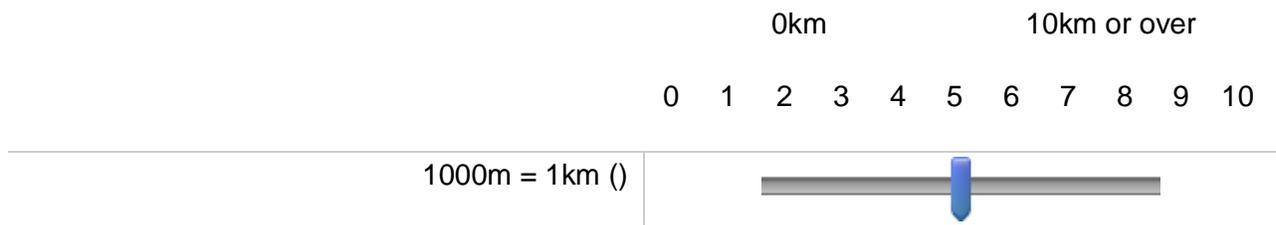
Page Break

C22.3.8

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

C22.3.10 What distance is your journey TO or FROM school? (answer in km)

1km = 1000 metres



C22.3.12 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 (1)	Scooter (2)	Bicycle (3)	Car (4)	Bus (5)	Train (6)
Travel TO school (1)	<input type="radio"/>					
Travel FROM school (2)	<input type="radio"/>					

Page Break



C22.3.14 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) PLAYED AT YOUR SCHOOL **BEFORE SCHOOL**, AT **LUNCH TIME**, 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 at your school before school, at lunchtime or afterschool at least once with help of a teacher (1)	Played in a club (not school club) at least once (1)	Played in timetabled P.E. or Games Classes (1)

Adventure activities (e.g. orienteering, canoeing) (C22.3.14_1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aerobics (C22.3.14_2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Athletics (C22.3.14_3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Badminton (C22.3.14_4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baseball or rounders (C22.3.14_5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basketball (C22.3.14_6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boxing (C22.3.14_7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cross country running (C22.3.14_9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cycling (C22.3.14_30)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dance (C22.3.14_10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gaelic football (C22.3.14_11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Golf (C22.3.14_8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gymnastics (C22.3.14_12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handball (C22.3.14_13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hockey (C22.3.14_14)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horse riding (C22.3.14_15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hurling or Camogie (C22.3.14_16)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Martial arts (e.g. Judo, Karate, Tae Kwon Do) (C22.3.14_17)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Triathlon (C22.3.14_25)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Netball (C22.3.14_18)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rugby (C22.3.14_19)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soccer (C22.3.14_20)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming (C22.3.14_22)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tennis (C22.3.14_24)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volleyball (C22.3.14_26)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other not listed (C22.3.14_28)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No sport or physical activities (C22.3.14_29)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C22.3.15

Please mark your swimming level from the options

- Non-swimmer (1)
- Beginner (2)
- Intermediate (3)
- Competitive (4)

End of Block: Physical Activity

Start of Block: Physical Education

C22.4.1

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

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

C22.4.2 How many minutes of P.E. did you do in the last week?

(1 hour = 60 minutes)

If no P.E. select 0 mins	(1 hr)	(2 hr)	(3 hr)	(4 hr)	If more than 5h, select 300
-----------------------------------	--------	--------	--------	--------	---

0 30 60 90 120 150 180 210 240 270 300

minutes ()



C22.4.3 How many times per week do you have the following?

	0 (1)	1 (2)	2 (3)	3 (4)	4 (5)	5 times (6)
Single PE class per week (1)	<input type="radio"/>					
Double PE class per week (2)	<input type="radio"/>					
Triple PE class per week (3)	<input type="radio"/>					

End of Block: Physical Education

Start of Block: Extra curriculum Sport

C22.5.1

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

C22.5.3

How often do you play sports and physical activities before school, at lunch time or after school (exclude P.E. or Games class)?

- 4 or more days a week (1)
 - 2-3 days a week (2)
 - One day a week (3)
 - 2-3 days a month (4)
 - One day a month (5)
 - Never (6)
-

C22.5.5 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 ()	
--------------------	--

Page Break



C22.5.7 Have you had any coaching during lunch time or after school to help you get better at any of these sports?

- Yes (2)
- No (1)
- I do not play sports at school outside of class time (9)

Skip To: End of Block If C22.5.7 = 1

Skip To: End of Block If C22.5.7 = 9

Page Break

C22.5.8

Who provided the coaching?

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

- teacher (1)
- coach from a local club (2)
- other person (3)
- Do not know (4)

Page Break

C22.5.9 Was $\{C22.5.8/ChoiceGroup/SelectedChoices\}$... ?

- Male (1)
- Female (2)
- Non-binary (3)
- I do not know (4)

End of Block: Extra curriculum Sport

Start of Block: Community Sport

C22.6.1

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.

C22.6.3

How often do you take part in sports and physical activities in a sports clubs, which is not a school club?

- Never (1)
- Less often (2)
- One day a month (3)
- 2-3 days a month (4)
- One day a week (5)
- 2-3 days a week (6)
- 4-6 days a week (7)
- Every day (8)

Page Break



C22.6.6 Are you a member of a sports club (outside of any school or youth clubs).

Yes (1)

No (0)

Skip To: C22.6.17 If C22.6.6 = 0

Page Break

C22.6.13 How many clubs are your a member of, in total (exclude school or youth clubs).

If not member, select 0 If more than 7, select 7 I am not a member of any clubs

0 1 2 3 4 4 5 6 7

I am not a member of any clubs ()



C22.6.14 Have you had any coaching at your club to help you get better at any of these sports?

- Yes (1)
- No (0)
- I do not play sports in a club (9)

Skip To: C22.6.17 If C22.6.14 = 0

Skip To: C22.6.17 If C22.6.14 = 9

Page Break

C22.6.15 Who provided the coaching?

- A coach from the club (1)
 - Other (2)
 - I do not know (3)
-

C22.6.16 Was that person ... ?

- Male (1)
 - Female (2)
 - Non-binary (3)
 - I do not know (4)
-

Page Break



C22.6.17 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 (7)
- 4 to 6 times a week (6)
- 3 times a week (5)
- 2 times a week (4)
- Once a week (3)
- Once a month (2)
- Less than once a month (1)
- Never (0)

End of Block: Community Sport

Start of Block: Spectating



C22.11.1 Have you attended sports matches as a **spectator or supporter**?

Do not include activities where you were an active participant.

	Spectated or Supported	Spectated or Supported
	In the last 7 days (1)	Not in the last 7 days but in the past 12 months (1)

Athletics (1)	<input type="checkbox"/>	<input type="checkbox"/>
Badminton (2)	<input type="checkbox"/>	<input type="checkbox"/>
Basketball (3)	<input type="checkbox"/>	<input type="checkbox"/>
Boxing (4)	<input type="checkbox"/>	<input type="checkbox"/>
Camogie (5)	<input type="checkbox"/>	<input type="checkbox"/>
Cross country running (6)	<input type="checkbox"/>	<input type="checkbox"/>
Dance (7)	<input type="checkbox"/>	<input type="checkbox"/>
Gaelic football (8)	<input type="checkbox"/>	<input type="checkbox"/>
Gymnastics (9)	<input type="checkbox"/>	<input type="checkbox"/>
Handball (10)	<input type="checkbox"/>	<input type="checkbox"/>
Hockey (11)	<input type="checkbox"/>	<input type="checkbox"/>
Horse riding (12)	<input type="checkbox"/>	<input type="checkbox"/>
Hurling (13)	<input type="checkbox"/>	<input type="checkbox"/>
Martial arts (14)	<input type="checkbox"/>	<input type="checkbox"/>
Netball (15)	<input type="checkbox"/>	<input type="checkbox"/>

Rugby (16)	<input type="checkbox"/>	<input type="checkbox"/>
Soccer (17)	<input type="checkbox"/>	<input type="checkbox"/>
Swimming (19)	<input type="checkbox"/>	<input type="checkbox"/>
Tennis (20)	<input type="checkbox"/>	<input type="checkbox"/>
Triathlon (21)	<input type="checkbox"/>	<input type="checkbox"/>
Volleyball (22)	<input type="checkbox"/>	<input type="checkbox"/>
Other not listed (23)	<input type="checkbox"/>	<input type="checkbox"/>
No sport or physical activities (24)	<input type="checkbox"/>	<input type="checkbox"/>

End of Block: Spectating

Start of Block: Screen time, Hobbies, School & Work

C22.7.1

The following questions will ask you about the time you spend doing a number of activities.

Please try to estimate time spent in each activity using the multiple choice options as best as you can, but do not spend too long thinking about any one answer.



C22.7.2 On an average day, how many hours per day do you spend...

	I don't do this activity (0)	less than 1 hour (1)	1-2 hours (2)	2-3 hours (3)	3-4 hours (4)	4-5 hours (5)	5 or more hours (6)
... playing video games (e.g. Playstation, Xbox, Nintendo, phone games, computer games, etc). (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... using your phone for communication purposes ONLY (e.g. actively posting or commenting on social media sites, sending messages, video calls) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...using your phone for social media scrolling ONLY (e.g., scrolling through Instagram, Twitter, Facebook, TikTok, etc, without engaging) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... watching TV, movies, using streaming sites such as Netflix/Amazon Prime or watching videos on YouTube (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... using your computer, laptop or tablet for fun (e.g., internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

browsing)? (5)

... do you spend listening to music? (6)

... reading (outside of school work)

using an electronic device (e.g., Kindle, eReader, or on phone/tablet)? (7)

... reading (outside of school work) **using a book?** (8)

... doing homework **with** a computer, laptop or tablet? (9)

... doing homework **without** a computer, laptop or tablet? (10)

... sitting (class labs, study, etc.)? (11)

<input type="radio"/>						
<input type="radio"/>						
<input type="radio"/>						
<input type="radio"/>						
<input type="radio"/>						
<input type="radio"/>						

End of Block: Screen time, Hobbies, School & Work

Start of Block: Personal Information

C22.8.1 In this section we would like to ask you some questions about you.

Page Break

X→

C22.8.2 Please read each of the following statements and pick the most appropriate answer for each statement.

	No Difficulties (0)	Some Difficulties (1)	A lot of Difficulties (2)	Cannot do at all (3)
Do you have difficulty seeing, even if wearing your glasses or contact lenses? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have difficulty hearing sounds like people's voices, even if using a hearing aid? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have difficulty walking 500 meters 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). (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have any difficulty with self-care, such as changing clothes by yourself? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When you speak, do you have difficulty being understood by people outside of your home? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break



C22.8.3 Please read each of the following statements and pick the most appropriate answer for each statement.

	No Difficulties (0)	Some Difficulties (1)	A lot of Difficulties (2)	Cannot do at all (3)
Compared with students of the same age, do you have difficulty learning things? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Compared with students of the same age, do you have difficulty remembering things? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have any difficulty concentrating on an activity that you enjoy doing? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have any difficulty accepting changes in your routine? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Compared with students of the same age, do you have difficulty controlling your behaviour? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have difficulty making friends? (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



C22.8.4 In the past 6 months: how often have you had the following...

	Rarely or never (0)	About every month (1)	About every week (2)	More than once a week (3)	About every day (4)
Feeling low (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irritability or bad temper (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling nervous (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulties in getting to sleep (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

C22.8.12 What is your nationality?

- Irish (1)
- Northern Irish (2)
- American (3)
- Brazilian (4)
- British (5)
- Chinese (6)
- French (7)
- German (8)
- Indian (9)
- Italian (10)
- Latvian (11)
- Lithuanian (12)
- Polish (13)
- Romanian (14)
- Slovakian (15)
- Spanish (16)
- Other (17) _____

Page Break



C22.8.5 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 (1)
- Yes, one (2)
- Yes, two or more (3)

Page Break



C22.8.6 Do you have your own bedroom for yourself?

No (1)

Yes (2)

Page Break



C22.8.7 How many computers do your family own (including laptops and tablets, **not** including game consoles or smartphones)?

- None (1)
- One (2)
- Two (3)
- More than two (4)

Page Break



C22.8.8 How many bathrooms (room with a bath/shower or both) are in your home?

- None (1)
- One (2)
- Two (3)
- More than two (4)

Page Break



C22.8.9 Does your family have a dishwasher at home?

No (1)

Yes (2)

Page Break



C22.8.10 How many times did you and your family travel out of the island of Ireland for a holiday/vacation last year?

- Not at all (1)
- Once (2)
- Twice (3)
- More than twice (4)

End of Block: Personal Information

Start of Block: Trackers

C22.9.1

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:



C22.9.2 On an average week, how often do you use the following Physical Activity tracking devices?

	Never use (0)	Once a week (1)	A few times a week (2)	Daily (3)	A few times a day (4)	I do not have (9)
Mobile Phone App (App)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smart watch (Watch)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart rate monitor (HRM)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pedometer (Ped)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Trackers

Start of Block: Role Models

C22.13.1 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 (1)	Somewhat likely (2)	Very likely (3)
Mum (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dad (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Male Coach (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Female Coach (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Family (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friend (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teacher (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sports Star (e.g. elite athlete) (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C22.13.2 Note: Elite athletes are considered to have reached county or nationally recognized standard.

Page Break

Display This Question:

If C22.13.1 = 8 [3]

Or C22.13.1 = 8 [2]

C22.13.3 If it is relevant to you, can you write the name of the 'sports star' who most inspires you to play sport?

End of Block: Role Models

Start of Block: Social Support

C22.14.1

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

C22.14.2 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 (1)	Once (2)	Sometimes (3)	Almost every day (4)	Every day (5)
Your friends encourage you to do physical activities or play sports? (1)	<input type="radio"/>				
Member of your household encouraged you to do physical activities or play sports? (2)	<input type="radio"/>				
Teacher in your school encouraged you to do physical activities or play sports? (3)	<input type="radio"/>				

End of Block: Social Support

Start of Block: Physical literacy

C22.15.1

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.



C22.15.2 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 (1)
- Somewhat difficult (2)
- Neither easy nor difficult (3)
- Somewhat easy (4)
- Extremely easy (5)

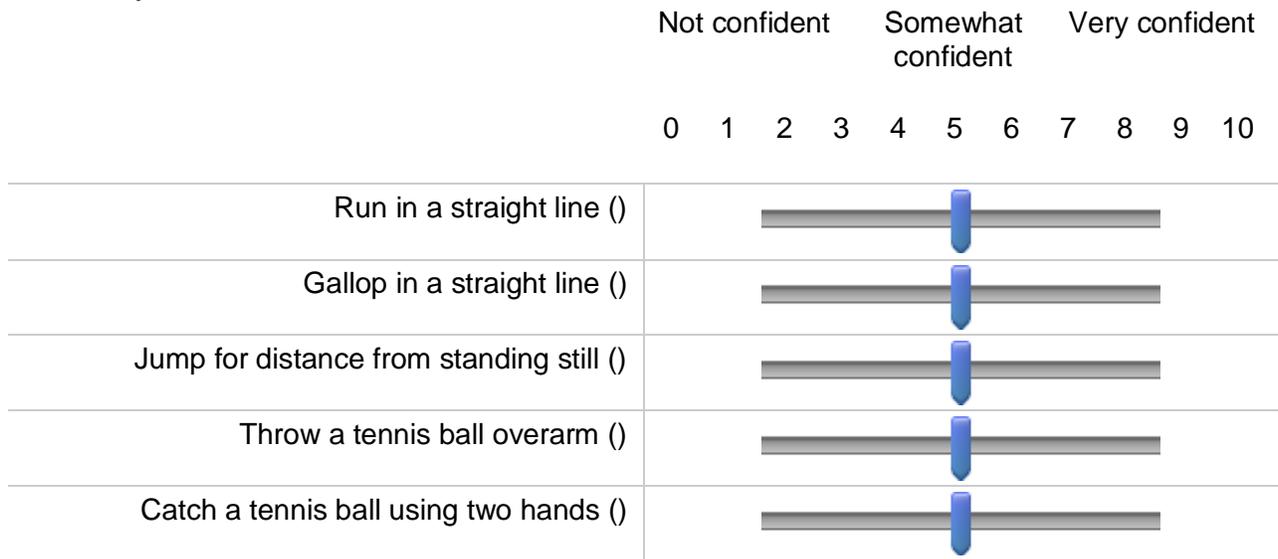
Page Break

C22.15.6 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



Page Break

C22.15.7 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

	Not confident	Somewhat confident	Very confident								
	0	1	2	3	4	5	6	7	8	9	10
Kick a ball placed in front of you on the floor ()											
Strike a non-moving ball placed in front of you at hip height with a bat ()											
Bounce a ball with your hand five times in a row while standing ()											
Hop 3 times on your right and left foot. ()											

Page Break

C22.15.10 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.

minutes

0 10 20 30 40 50 60 70 80 90 100

What is the average number of minutes per day? ()



End of Block: Physical literacy

Start of Block: Enjoyment

C22.16.1 Think about how it feels when you are doing physical activities.
Please select one option for each question.

WHEN I AM ACTIVE, ...

	Disagree a lot (1)	Disagree (2)	Neither Agree or Disagree (3)	Agree (4)	Agree a lot (5)
I enjoy it (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel bored (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I dislike it (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find it pleasurable (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
it is no fun at all (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
it gives me energy (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
it makes me depressed (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
it is very pleasant (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

C22.16.2 Think about how it feels when you are doing physical activities.
Please select one option for each question.

WHEN I AM ACTIVE, ...

	Disagree a lot (1)	Disagree (2)	Neither Agree or Disagree (3)	Agree (4)	Agree a lot (5)
my body feels good (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get something out of it (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
it is very exciting (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
it frustrates me (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
it is not all interesting (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
it gives me a strong feeling of success (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
it feels good (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel as though I would rather be doing something else (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Enjoyment

Start of Block: Health Questions

C22.17.1

This is the final section! Keep going!

In this section, we ask you about your health.

Please read through the questions carefully and don't spend too much time to answer the questions.

There are no right or wrong answers.

C22.17.2 In general, would you say your health is?

- Poor (1)
- Fair (2)
- Good (3)
- Very good (4)
- Excellent (5)

Page Break



C22.17.6 Please indicate for each of the five statements which is closest to how you have been feeling over the last two weeks.

Over the last two weeks...

	All the time (6)	Most of the time (5)	More than half of the time (4)	Less than half of the time (3)	Some of the time (2)	At no time (1)
I have felt cheerful and in good spirits (C22.17.6_1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have felt calm and relaxed (C22.17.6_2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have felt active and vigorous (C22.17.6_3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I woke up feeling fresh and rested (C22.17.6_4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My daily life has been filled with things that interest me (C22.17.6_5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

C22.17.7 When do you usually go to bed if you have to go to **school the next morning**?

- No later than 21:00 (1)
 - 21:30 (2)
 - 22:00 (3)
 - 22:30 (4)
 - 23:00 (5)
 - 23:30 (6)
 - 0:00 (7)
 - 0:30 (8)
 - 1:00 (9)
 - 1:30 (10)
 - 2:00 or later (11)
-

C22.17.8 When do you usually go to bed on **weekends or during holidays**?

- No later than 21:00 (1)
- 21:30 (2)
- 22:00 (3)
- 22:30 (4)
- 23:00 (5)
- 23:30 (6)
- 0:00 (7)
- 0:30 (8)
- 1:00 (9)
- 1:30 (10)
- 2:00 or later (11)

Page Break

C22.17.9 When do you usually wake up on **school mornings**?

No later than 5:00 (1)

5:30 (2)

6:00 (3)

6:30 (4)

7:00 (5)

7:30 (6)

8:00 (7)

8:30 (8)

9:00 (9)

9:30 or later (10)

C22.17.10 When do you usually wake up on **weekends or during holidays**?

- No later than 7:00 (1)
- 7:30 (2)
- 8:00 (3)
- 8:30 (4)
- 9:00 (5)
- 9:30 (6)
- 10:00 (7)
- 10:30 (8)
- 11:00 (9)
- 11:30 (10)
- 12:00 (11)
- 12:30 (12)
- 13:00 (13)
- 13:30 (14)
- 14:00 or later (15)

End of Block: Health Questions
