## $\infty$ CLES

Project Name:
Portfolio: $\qquad$

## PRIMARY SCHOOL Questionnaire <br> Big Lottery Fund Evaluation

Here are some questions we would like you to answer. We want to know if the Big Lottery Fund has helped children get healthier and happier. Your answers will help us to find out.

You do not have to answer the questions if you do not want to. If you cannot answer a question just leave it, or ask a grown up to help. And go on to the next question.

We will not show your answers to anyone else. If you need help, just ask a grown up.

Can you tell us when you are filling in the form?

## When is this form being completed?

At the start of the activity/clubDuring the activity/club
At the end of the activity/club
The club/activity finished a few weeks or months ago
If so, please indicate when involvement ended:


When did you first start coming to/ doing this activity?


Today's date:


## Who is filling in this form?

I am filling in the form by myselfA grown up at school/ at the club is helping me fill in the form
A friend or family is helping me fill in the form
$\square \mathrm{I}$ am filling in this form for my child

## SECTION A

## What you eat:

1) Tick, how many helpings of FRUIT do you eat a day?0
1
2
4
5
More than 5
Here are some examples of one helping of fruit:
A handful of grapes
A glass of fruit juice

An apple
An orange
A banana

2) Tick, how many helpings of VEGETABLES do you eat a day?0
1
2
3
4
5
More than 5
Here are some examples of one helping of vegetables:
A side salad
Some carrots
3 heaped tablespoons of peas or beans

3) Do you help grown ups to cook? (please tick one box)OftenSometimes
Never
4) Please indicate how much you agree with the following? (please tick one box)
a) I like eating vegetables?Not at allLotsA bit
b) I like eating fruit?

Not at all
LotsA bit

## What you do:

5) Do you run or dance or ride bikes or play sports? (Tick as many boxes as you like)In PE lessonsAt playtimeAt lunch timeAt After School ClubsAfter school/ at home
6) How often do you run or dance or ride bikes or play sports? (Please tick one box)
$\square$ More than 3 times a day
$\square$ Two or three times a day
$\square$ Once a day
$\square$ Never
7) Which of these things did you do last week? (tick as many boxes as you like)Running
Swimming
Riding a bike
Walking
Dancing
Football
Tennis
Netball
Basketball
Gardening
Dusting
Hoovering
8) How much do you like running and dancing and riding a bike and playing sports?

Here are some stairs. If you like running or dancing or sports a lot, draw a circle round the top stair, number 7. If you don't like them at all, draw a circle round the bottom stair, stair 1. If you feel somewhere in between, draw a circle round the stair that shows how much you like them. (please circle one number only)


## SECTION B

## How you feel:

9) Here is a picture of some faces. The two smiling faces, number 5 , is if you are really happy with life (including school, friends and at home). Two sad faces, 1 , is if you are really not very happy with life. Circle the number that best fits how you feel at the moment.

| 1 | 2 | 3 | 4 | 5 |
| :---: | :---: | :---: | :---: | :---: |
| (); | (2) | ) | () | ();) |

10) How did you feel last week? Circle the number that fits how you felt.

|  |  | Never | On one <br> day | On a <br> few days | Most <br> days | Every day |
| :--- | :--- | :---: | :---: | :---: | :---: | :---: |
| a) | I felt happy | 1 | 2 | 3 | 4 | 5 |
| b) | I felt sad | 1 | 2 | 3 | 4 | 5 |
| c) | I enjoyed my school work | 1 | 2 | 3 | 4 | 5 |
| d) | I had lots of energy | 1 | 2 | 3 | 4 | 5 |
| e) | I had no-one to play with | 1 | 2 | 3 | 4 | 5 |
| f) | I felt tired | 1 | 2 | 3 | 4 | 5 |
| g) | I kept waking up in the night | 1 | 2 | 3 | 4 | 5 |
| h) | I got on with my friends and <br> family | 1 | 2 | 3 | 4 | 5 |
| i) | I felt like I fit in at school | 1 | 2 | 3 | 4 | 5 |
| j) | I felt good about myself | 1 | 2 | 3 | 4 | 5 |

Lastly, we would like to ask you some questions about you:
11) Write in this box the first letter of your first name: $\square$
12) Now write in this box the first letter of your last name: $\square$
13) Are you
A boyA girl?
14) How old are you? $\square$ years old
15) And when is your birthday? Day: $\square$ Month: $\square$
16) Tick the group that best describes you.White British
White Irish
White and Black Caribbean
White and Black African
White and Asian
Indian
Pakistani
Bangladeshi
Black Caribbean
Black African
Chinese
Any Other: $\qquad$ (please write in)

That's all! Thank you very much for taking the time to fill in this form.

This survey was designed for the Big Lottery Fund by nef (the new economics foundation). Use of this survey must be appropriately acknowledged. © The Big Lottery Fund, 2008.

