





Project Name:

Portfolio:

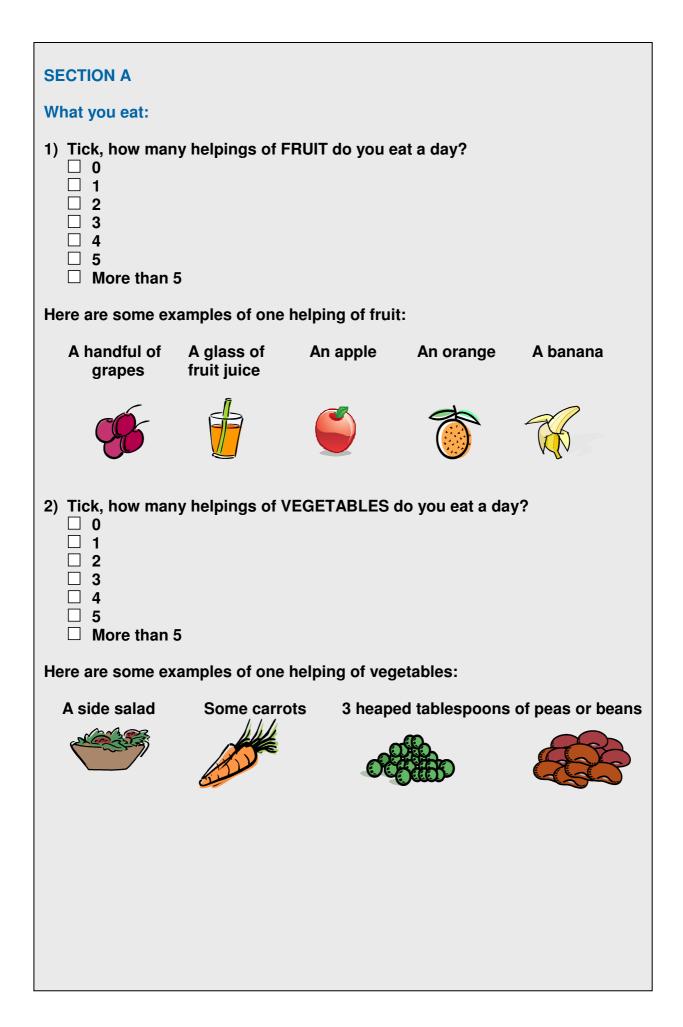
# **PRIMARY SCHOOL Questionnaire** Big Lottery Fund Evaluation

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?   | Confused?  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| When is this form being completed?  | <i>If this part is difficult, ask a grown up to help you</i> |  |  |  |  |  |  |
| <ul> <li>During the activity/club</li> <li>At the end of the activity/club</li> <li>The club/activity finished a few weeks or months</li> </ul>   |  |  |  |  |  |  |  |
| 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?  |  |  |  |  |  |  |  |
| <ul> <li>I am filling in the form by myself</li> <li>A grown up at school/ at the club is helping me fill</li> <li>A friend or family is helping me fill in the form</li> <li>I am filling in this form for my child</li> </ul> | ill in the form  |  |  |  |  |  |  |



3) Do you help grown ups to cook? (please tick one box)

- Often
- □ Sometimes
- □ Never

| 4) Please indicate how much you agree with the following? | (please | tick one b | oox) |
|---|---------|------------|------|
|---|---------|------------|------|

- a) I like eating vegetables?
  - □ Not at all
  - Lots
  - □ A bit
- b) I like eating fruit?
  - □ Not at all
  - Lots
  - A bit

#### What you do:

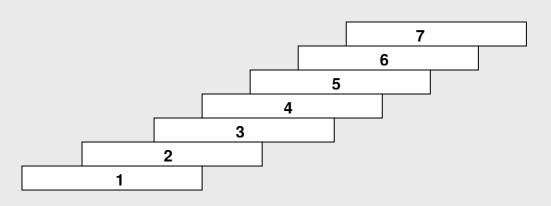
- 5) Do you run or dance or ride bikes or play sports? (*Tick as many boxes as you like*)
  - □ In PE lessons
  - □ At playtime
  - □ At lunch time
  - □ At After School Clubs
  - □ After school/ at home
- 6) How often do you run or dance or ride bikes or play sports? (*Please tick one box*)
  - □ More than 3 times a day
  - □ Two or three times a day
  - □ Once a day
  - □ 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?

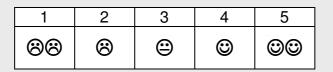
Here are some stairs. If you like running or dancing or sports a lot, draw a circle round the top stair, number 7. If you don't like them at all, draw a circle round the bottom stair, stair 1. If you feel somewhere in between, draw a circle round the stair that shows how much you like them. *(please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



## 10) How did you feel <u>last week</u>? 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 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         |