



Active Lives Children and Young People

Parent Questionnaire Summary 2019-20

Introduction

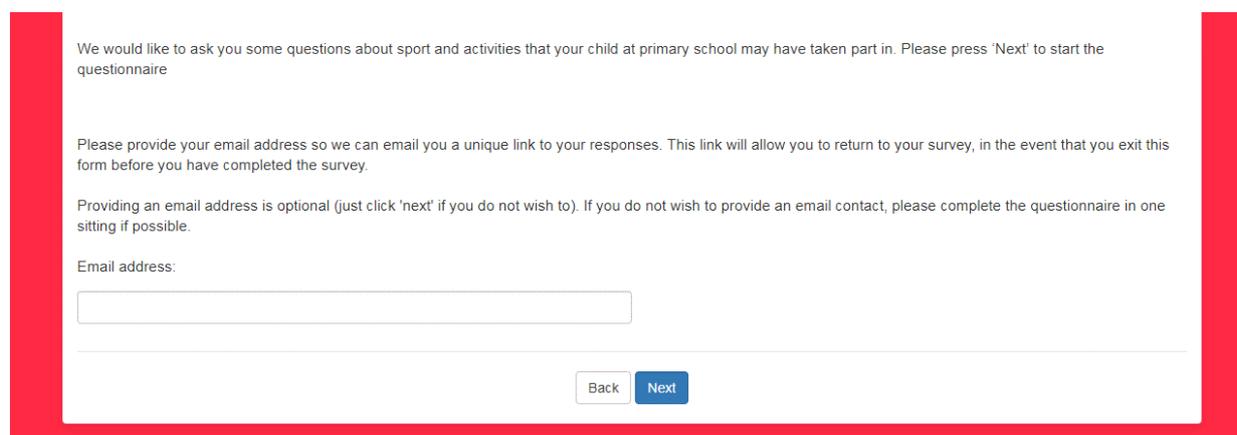
This document has been created to summarise the content of the Active Lives Children and Young People questionnaire for parents of children in Years 1 to 2.

Additional information is highlighted in *green text*.

Homepage

On entering the URL, parents will see the following screen. Parents are given the option of providing an email address to enable them to return to the survey at a later date. This is not mandatory and in this case parents should leave the email box blank.

They should select 'Next' to continue.

A screenshot of a survey homepage. The page has a white background with a red border. At the top, it says: "We would like to ask you some questions about sport and activities that your child at primary school may have taken part in. Please press 'Next' to start the questionnaire". Below this, it says: "Please provide your email address so we can email you a unique link to your responses. This link will allow you to return to your survey, in the event that you exit this form before you have completed the survey." Then, it says: "Providing an email address is optional (just click 'next' if you do not wish to). If you do not wish to provide an email contact, please complete the questionnaire in one sitting if possible." There is a text input field for the email address. At the bottom, there are two buttons: "Back" and "Next".

Question 1

Is your child a...

If you have more than one child in Year 1 or 2 please complete this survey about the child who is taking part in the survey with their class.

If you have more than one child completing the survey with their class:

- We would like you to complete this survey once for **each child**
- If you are only able to complete the survey once, please complete the questionnaire about the child whose name starts with the letter earliest in the alphabet, or the second letter if they share the same initial

- Boy
- Girl

Question 2

Which school year is your child in?

- Year 1

Year 2

Question 3

Which of these has your child done in the last seven days, since last [current day of the week]?

- Please choose all the exercise, sport and fitness activities they did.
- The list includes things like running around, dancing, walking and cycling as well as sports.
- Include things they did at school (including in PE lessons), at home, at clubs, or somewhere else.

Please select all that apply

- Walking to get to school or other places
- Going on a walk (includes walking a dog)
- Riding a scooter
- Cycling to get to school or other places
- Cycling/riding a bike for fun or fitness
- Dancing
- Kicking a ball about
- Skateboarding, roller skating/blading
- Trampolining (including in a garden, at a trampoline centre, or as part of a club)
- Frisbee, throwing and catching (including piggy in the middle) or skipping
- Playing it, tag, chase, sardines or other running games
- Climbing or swinging in the playground, garden or park
- Swimming
- Football
- Netball
- Hockey
- Cricket
- Rugby
- Baseball, softball
- Rounders
- Basketball
- Dodgeball, benchball
- Table tennis/ping pong
- Badminton
- Tennis
- Gymnastics
- Acrobatics including aerial, aerial hoop and acro
- Cheerleading
- Running, jogging, cross-country
- The daily mile, active mile, or other regular run done with her/his class at school
- Sports day events

- Horse riding
- Judo, karate, taekwondo and other martial arts
- Boxing
- Climbing (including indoors)
- Ice skating
- Water sports (canoeing, kayaking, sailing, rowing, surfing)

If your child did any other sports or exercise, please tell us what they did in the boxes below

- _____
- _____
- _____
- _____
- None of these

Question 4

Asked only if 'None of these' was selected at Question 4.

Your child hasn't done any of these activities in the last week.

Has your child done any of these activities in the last 4 weeks?

Select all that apply

- Walking to get to school or other places
- Going on a walk (includes walking a dog)
- Riding a scooter
- Cycling to get to school or other places
- Cycling/riding a bike for fun or fitness
- Dancing
- Kicking a ball about
- Skateboarding, roller skating/blading
- Trampolining (including in a garden, at a trampoline centre, or as part of a club)
- Other games (Frisbee, skipping, hopscotch, throwing and catching)
- Playing it, tag, chase, sardines or other running games
- Climbing or swinging in the playground, garden or park
- Swimming
- Football
- Netball
- Hockey
- Cricket
- Rugby
- Baseball, softball
- Rounders
- Basketball
- Dodgeball, benchball
- Table tennis/ping pong

- Badminton
- Tennis
- Gymnastics
- Acrobatics including aerial, aerial hoop and acro
- Cheerleading
- Running, jogging, cross-country
- The daily mile, active mile, or other regular run done with her/his class at school
- Sports day events
- Horse riding
- Judo, karate, taekwondo and other martial arts
- Boxing
- Climbing (including indoors)
- Ice skating
- Water sports (canoeing, kayaking, sailing, rowing, surfing)
- Other sports and fitness activities and energetic games not listed above
- None of these

Question 5

Asked only if 'None of these' was selected at Question 4 and only one or two activities selected at Question 5.

How many times in the last 4 weeks has your child done any of these activities?

- Once
- Twice
- Three times or more

Question 6

*Parents who selected at least one activity at Question 4 are now shown a grid with the activities they selected on the left-hand side and **school weekdays** across the top. For example:*

	This week at school				Last week at school
	Thursday (Yesterday)	Wednesday (2 days ago)	Tuesday (3 days ago)	Monday (4 days ago)	Friday (7 days ago)
Kicking a ball about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running games e.g. tag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Football	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Thursday (Yesterday)	Wednesday (2 days ago)	Tuesday (3 days ago)	Monday (4 days ago)	Friday (7 days ago)
	This week at school				Last week at school

If parents select a large number of activities, they may see separate grids showing groups of activities.

Please tell us on which days they did each of these activities while they were at school, during normal school hours.

- Include activities in PE lessons and breaktimes
- Do not include activities at before and after school clubs, even if these took place at school

If they did not do one of the activities at school, during normal school hours, in the last seven days, just leave the row blank. We will ask you about what they did outside school at the next question.

Question 7

Parents who selected at least one activity at Question 4 are now shown a second grid with the activities they selected on the left-hand side and **all 7 days of the week** across the top. For example:

	This week				Last week		
	Thursday (Yesterday)	Wednesday (2 days ago)	Tuesday (3 days ago)	Monday (4 days ago)	Sunday (5 days ago)	Saturday (6 days ago)	Friday (7 days ago)
Kicking a ball about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running games e.g. tag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Football	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Thursday (Yesterday)	Wednesday (2 days ago)	Tuesday (3 days ago)	Monday (4 days ago)	Sunday (5 days ago)	Saturday (6 days ago)	Friday (7 days ago)
	This week				Last week		

Now please tell us on which days they did these activities outside school hours.

Please include activities they did:

- Before you got to school and after you left school
- At the weekend
- On holiday days
- At before and after school clubs, even if these took place at school

If they did not do one of the activities outside school hours in the last seven days, just leave the row blank.

Question 8

Parents who choose one activity in Question 3 but did not enter it on the grid

You told us that your child [activity] in the last seven days, but you did not tell us when.

Is this because...

- Your child [activity], but you are not sure when in the last 7 days
- Your child did not actually [activity] in the last 7 days

Question 9

Parents who choose more than one activity in Question 3 but did not enter it on the grid

You told us that your child did the following activities in the last seven days, but you did not tell us when.

For each activity, please tell us whether this is because your child did the activity, but you are not sure when, or because your child did not actually do the activity.

Grid provided

Question 10

Parents who say that they did any activities outside school hours, will be asked this question once for each activity.

You told us that on [day of the week], [X days ago], your child [activity] outside normal school hours.

How long did your child [activity] for?

- Less than 10 minutes
- Less than half an hour
- About half an hour
- About three-quarters of an hour
- One hour
- More than an hour
- Cannot give an estimate

Question 11

Parents who said that their child walked to or from school on any day will be asked this question.

How long does it usually take your child to walk to school?

- Less than 10 minutes
- Less than half an hour
- About half an hour
- About three-quarters of an hour
- One hour
- More than an hour
- Cannot give an estimate

Question 12

Parents who said that their child cycled to or from school on any day will be asked this question.

How long does it usually take your child to cycle to school?

- Less than 10 minutes
- Less than half an hour
- About half an hour
- About three-quarters of an hour
- One hour
- More than an hour
- Cannot give an estimate

Question 13

How did your child get to school today? Please choose all the ways your child came to school today.

- Walked
- Rode a bike
- Scooter
- Car
- Bus
- Train or tram or tube
- None of these, please type in how your child came to school

Question 14

We now have some questions about swimming.

Can your child swim?

- Yes
- No

Question 15

Asked if parent answered 'Yes' to Question 14.

Can your child swim a length of a swimming pool (25 metres) without stopping?

- Yes
- No

Question 16

Can your child tread water? This means staying in one place in the pool and keep their head above the water without holding onto the side or a float, and without touching the bottom of the pool and without being held by someone.

- Yes
- No

Question 17

We now have some final questions about your child.

How old is your child?

- 5
- 6
- 7

Question 18

When is your child's birthday? Please tell us the day and the month.

This question is asked so that your answers can be linked with answers your child has given in the survey using date of birth and gender. Your answers provide information on the activities your child does and your child's answers tell us about their attitudes to activity.

Day	Month
<input type="text" value="Select"/>	<input type="text" value="Select"/>

Question 19

What is your child's ethnic group?

White

- English/Welsh/Scottish/Northern Irish/British
- Irish
- Gypsy or Irish Traveller
- Any other White background

Mixed/Multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed/Multiple ethnic background

Asian/Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background

Black/African/Caribbean/Black British

- African
- Caribbean
- Any other Black/African/Caribbean background

Other ethnic group

- Arab
- Any other ethnic group

- Prefer not to say

Question 20

Does your child have a disability, special need or illness (e.g. autism, dyslexia, or asthma), which makes it difficult for them to do any of these things?

- Yes
- No
- Don't know
- Prefer not to say

- Concentrating and paying attention (includes ADHD)
- How they behave in a way which makes life difficult (includes anger problems)

- Reading or writing (includes dyslexia)
- Using numbers (e.g. putting numbers the wrong way around)
- Difficulty learning or understanding new things (includes finding it hard to remember things)
- How they feel (including feeling anxious or depressed)
- Co-ordination (includes balance problems)
- Moving around including walking and running
- Using their hands for writing or to pick things up (includes difficulty holding a pen)
- Seeing and using their eyes (includes colour blindness)
- Hearing and using their ears
- Speaking and communicating
- Breathing (includes asthma)
- Gives them pain (e.g. hypermobility)
- Affects their health for a long time (includes conditions such as diabetes)
- Something else they have difficulty with because of their disability, special need or illness

Question 21

Asked if parent answered 'Yes' to Question 20.

Which of these do they have difficulty with because of their disability, special need or illness?

Please tick all the boxes that apply

- Concentrating and paying attention (includes ADHD)
- How they behave in a way which makes life difficult (includes anger problems)
- Reading or writing (includes dyslexia)
- Using numbers (e.g. putting numbers the wrong way around)
- Difficulty learning or understanding new things (includes finding it hard to remember things)
- How they feel (including feeling anxious or depressed)
- Co-ordination (includes balance problems)
- Moving around including walking and running
- Using their hands for writing or to pick things up (includes difficulty holding a pen)
- Seeing and using their eyes (includes colour blindness)
- Hearing and using their ears
- Speaking and communicating
- Breathing (includes asthma)
- Gives them pain (e.g. hypermobility)
- Affects their health for a long time (includes conditions such as diabetes)
- Something else they have difficulty with because of their disability, special need or illness
- None of these
- Don't know
- Prefer not to say

Question 22

Asked if parent answered any response bar 'None' to Question 21.

Does this disability, special need or illness have a big effect on their life?

- Yes
- No
- Don't know
- Prefer not to say

Question 23

Asked if parent answered any response bar 'None' to Question 21.

Do you think this disability, special need or illness will last for a year or more?

- Yes
- No
- Don't know
- Prefer not to say

These questions are not related to sport or physical activity but help us understand how wider factors might impact on children and young people's engagement in sport and physical activity. Questions are designed to be answered by all age groups: parents, children and young people.

Question 24

Does your family own a car, van or truck?

- No
- Yes, one
- Yes, two or more
- Prefer not to say *(only shown if respondent tries to skip past the question initially)*

Question 25

Does your child have their own bedroom for themselves?

- Yes
- No
- Prefer not to say *(only shown if respondent tries to skip past the question initially)*

Question 26

How many computers does your family own (including laptops and tablets/iPads, but NOT including game consoles and smartphones)?

- None
- One
- Two
- More than two
- Prefer not to say *(only shown if respondent tries to skip past the question initially)*

Question 27

How many times did you and your family travel out of England for a holiday last year?

- None
- Once
- Twice
- More than twice
- Prefer not to say *(only shown if respondent tries to skip past the question initially)*

Question 28

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

- None
- One
- Two
- More than two
- Prefer not to say *(only shown if respondent tries to skip past the question initially)*

Question 29

Does your family have a dishwasher at home?

- Yes
- No
- Prefer not to say *(only shown if respondent tries to skip past the question initially)*

Final screen

Thank you! That is the end of the survey.

Answers are automatically submitted. Once parents reach this screen they can close the browser.