Active Lives
Children and Young People

Year 3-6
Questionnaire Summary
Summer term 2019-20
Introduction

This document has been designed to summarise the content of the Active Lives Children and Young People questionnaire for children in Years 3 to 6. Please note that the online questionnaire has been designed to be engaging for children to complete and therefore questions are not displayed in the same format as shown below.

Some questions will be displayed only to children in Year 5 and 6 classes. These are flagged in red text. Other additional information is highlighted in green text.

Homepage

On entering the URL, Year 3 to 6 children will see the following screen.

Question 1

In the last seven days, since last [current day of the week], have you been to school?

- No – I have not been to school
- Yes – I have been to school every week day
- Yes – I have been to school on some week days, but not all

If you are not going to school and are staying at home at the moment, the activities you do may be different from normal. It is very important for Sport England to understand what pupils are doing if they are staying at home so please answer the questions for how things are now, not what you usually do.
Question 2
Which school year are you in?
- Year 3
- Year 4
- Year 5
- Year 6

Question 3
Year 5 and 6 only – if Year 3 and 4 pupils are shown this question, they may have answered Question 2 incorrectly.

Since [current month] last year, have you been to see any live sporting events?

Please include all matches, races and competitions, including professional sport and watching friends and family compete.

Please do not include any events that you took part in yourself, or events you watched on TV.
- Yes
- No
- Can’t remember

Question 4
Year 5 and 6 only. Asked if ‘yes’ was selected at Question 3.

How many live sporting events have you been to see since [current month] last year?
- One
- Two
- Three or more

Question 5
Children should be encouraged only to think about the last week for this question. Some children might be tempted to select everything they have ever done but this would be incorrect and may also make subsequent questions more complex for them to answer.

Which of these have you done in the last seven days, since last [current day of the week]?
- Please choose all the exercise, sport and fitness activities you did.
• The list includes things like running around, dancing, walking and cycling as well as sports. Some of the sports and activities may not be possible at the moment. Please just select those which you have done in the last seven days. Please include any activities you are doing in a different way from usual e.g. online PE or any isolation sports challenges
• Include things you did at school (including in PE lessons), at home, at clubs, or somewhere else.

Please choose everything you did
Make sure you scroll down the screen so you see all of the activities

☐ 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 (include online or TV led dance)
☐ Gym or fitness (fitness class e.g. yoga, or using exercise machines e.g. rowing machine, exercise bike, running machine) Include online or TV led activities such as PE with Joe Wicks
☐ Running, jogging, cross-country
☐ The daily mile, active mile, or other regular run
☐ 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
☐ Gymnastics
☐ Acrobatics including aerial, aerial hoop and acro
☐ Cheerleading
☐ Swimming
☐ Football
☐ Netball
☐ Hockey
☐ Cricket
☐ Rugby
☐ Baseball, softball
☐ Rounders
☐ Basketball
☐ Dodgeball, benchball
☐ Table tennis/ping pong
☐ Badminton
☐ Tennis
☐ 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 you did any other sports or exercise, please tell us what you did in the boxes below
☐ ____________________
☐ ____________________
☐ ____________________
☐ ____________________
☐ None of these
**Question 6**

Children who selected at least one activity at Question 5 are now shown a grid with the activities they selected on the left-hand side and *school weekdays* across the top. For example:

<table>
<thead>
<tr>
<th></th>
<th>Friday (3 days ago)</th>
<th>Thursday (4 days ago)</th>
<th>Wednesday (5 days ago)</th>
<th>Tuesday (6 days ago)</th>
<th>Monday (7 days ago)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kickin a ball about</td>
<td>[]</td>
<td>[]</td>
<td>[]</td>
<td>[]</td>
<td>[]</td>
</tr>
<tr>
<td>Running games e.g. tag</td>
<td>[]</td>
<td>[]</td>
<td>[]</td>
<td>[]</td>
<td>[]</td>
</tr>
<tr>
<td>Swimming</td>
<td>[]</td>
<td>[]</td>
<td>[]</td>
<td>[]</td>
<td>[]</td>
</tr>
<tr>
<td>Football</td>
<td>[]</td>
<td>[]</td>
<td>[]</td>
<td>[]</td>
<td>[]</td>
</tr>
</tbody>
</table>

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

**Please tell us on which days you did each of these activities during normal school hours.**

- Include activities done during the time you would usually be at school, including virtual PE lessons and activity during breaks
- Do not include activities done after the normal school day ends

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

If you are completing this on a mobile, please scroll across to enter your answers in the grid.
Question 7
Children who selected at least one activity at Question 5 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:

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

Please include activities you did:
- At times before you usually get to school and after you usually leave school
- At the weekend
- On holiday days

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

If you are completing this on a mobile, please scroll across to enter your answers in the grid.

Question 8
Children 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], you [activity] outside normal school hours.

How long did you [activity] for?

As an example, if a child fills in the grid to show they played rugby on Friday, seven days ago, this question will ask “You told us that on Friday, 7 days ago, you played rugby outside normal school hours. How long did you play rugby for?”

☐ Less than 10 minutes
☐ Less than half an hour
☐ About half an hour
☐ About three-quarters of an hour
Question 9
Year 5 and 6 only

And did you do [activity], indoors or outdoors?

- Indoors
- Outdoors

The indoors/ outdoors question will not be asked in relation to:
- Walking to get to school or other places
- Going on a walk
- Riding a scooter
- Cycling to get to school or other places
- Climbing or swinging in the playground, garden or park
- Cycling for fun
- Sports day
- Field athletics
- Rounders

Question 10
Children who said that they walked to or from school on any day will be asked this question.

How long does it usually take you 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
- Don’t know

Question 11
Children who said that they cycled to or from school on any day will be asked this question.

How long does it usually take you to cycle to school?

- Less than 10 minutes
- Less than half an hour
Questions 12 & 13

Children who selected at least one activity at Question 5 will be asked the following questions for each activity they selected. Both questions appear on the same screen.

When you [activity], did it make you breathe faster than sitting down reading?

☐ Yes
☐ No

When you [activity], did it make you hot or tired?

☐ Yes
☐ No

Questions 14 to 16

These questions are asked to all children and appear on the same screen. Children should be encouraged to think about all types of physical activity rather than a specific sport or type of exercise when answering these questions.

We would now like you to think about all types of exercise and sport.

How much do you agree or disagree with the following statements?

I enjoy taking part in exercise and sports.

☐ Strongly agree
☐ Agree
☐ Disagree
☐ Strongly disagree
☐ Can’t say

I feel confident when I exercise and play sports.

☐ Strongly agree
☐ Agree
☐ Disagree
☐ Strongly disagree
☐ Can’t say
I find exercise and sports easy.

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Can't say

I understand why exercise and sports are good for me.

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Can't say

**Question 17**

*We now have some questions about swimming.*

*Even though it may not be possible to swim at the moment it is still important to ask some questions about swimming.*

Can you swim?

- Yes
- No

**Question 18**

*Asked if pupil answered ‘Yes’ to Question 17.*

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

- Yes
- No

**Question 19**

*An icon is shown alongside this question to help illustrate treading water.*

Can you stay in one place in the pool and keep your head above the water without holding onto the side or a float, and without touching the bottom of the pool? This is sometimes called treading water.

- Yes
- No
Question 20

Imagine that you fall into a large lake. The lake is deep and you can’t touch the bottom. You have all your clothes on, and you are about five metres away from the land (this is the length of a large car). Could you get back to the land without someone helping you?

☐ Yes
☐ No

Question 21

Year 5 and 6 only.

Since [current month] last year, have you volunteered, or given your time to do any of the following activities? Think only about when you do them to help with sports, exercise or dance.

Please choose everything you have done

☐ Raised money for sports or dance at school or a club
☐ Been a ‘sports leader’ or ‘sports ambassador’
☐ Helped with setting up or clearing away
☐ Helped with refreshments (food or drink)
☐ Given any other help. Please tell us what you did: ____________________

☐ No, have not done any of these activities since [current month] last year

Question 22

Year 5 and 6 only. Asked if one or more volunteering activity was selected at Question 21.

If just one activity was selected at Question 21:

And have you [activity from Question 21] more than once since [current month] last year?

If more than one activity was selected at Question 21:

Think about all those sport, dance and fitness activities you have given your time to support. Have you given your time more than once since [current month] last year?

☐ Yes
☐ No
Question 23

Overall, how happy did you feel yesterday?

Please give an answer between 0 and 10.

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 Not at all happy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Question 24

Is this how you usually feel?

☐ Yes
☐ No

Question 25

For this question children should be encouraged to think about all activities, not just sport and physical activity. Icons are shown to help illustrate this.

Thinking about all the things you do at school and at home, how much do you agree or disagree with the following statement:

If I find something difficult, I keep trying until I can do it.

☐ Strongly agree
☐ Agree
☐ Disagree
☐ Strongly disagree
☐ Can’t say

Question 26

How much do you feel you can trust people who are a similar age to you?

☐ I can trust them a lot
☐ I can trust them a bit
☐ I can’t trust them very much
☐ I can’t trust them at all
Question 27

We now have some final questions about you.

Are you a…

☐ Girl
☐ Boy
☐ Other
☐ Prefer not to say

Question 28

How old are you?

☐ 7
☐ 8
☐ 9
☐ 10
☐ 11

Question 29

Which one of these best describes your background or race?

☐ White (British or English)
☐ White (not British or English)
☐ Mixed race
☐ Asian or British Asian
☐ Black or Black British
☐ Other
☐ Prefer not to say

Question 30

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

☐ Yes
☐ No
☐ Don’t know
☐ Prefer not to say

- Concentrating and paying attention (includes ADHD)
- How you 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 you feel (including feeling anxious or depressed)
• Co-ordination (includes balance problems)
• Moving around including walking and running
• Using your hands for writing or to pick things up (includes difficulty holding a pen)
• Seeing and using your eyes (includes colour blindness)
• Hearing and using your ears
• Speaking and communicating
• Breathing (includes asthma)
• Gives you pain (e.g. hypermobility)
• Affects your health for a long time (includes conditions such as diabetes)
• Something else you have difficulty with because of your disability, special need or illness

**Question 31**
*Asked if answered ‘Yes’ to Question 30.*

**Which of these do you have difficulty with because of your disability, special need or illness?**

*Please tick all the boxes that apply*

- Concentrating and paying attention (includes ADHD)
- How you 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 you feel (including feeling anxious or depressed)
- Co-ordination (includes balance problems)
- Moving around including walking and running
- Using your hands for writing or to pick things up (includes difficulty holding a pen)
- Seeing and using your eyes (includes colour blindness)
- Hearing and using your ears
- Speaking and communicating
- Breathing (includes asthma)
- Gives you pain (e.g. hypermobility)
- Affects your health for a long time (includes conditions such as diabetes)
- Something else you have difficulty with because of your disability, special need or illness
- None of these
- Don’t know
- Prefer not to say
**Question 32**
*Asked if you answered any response bar ‘None’ to Question 30.*

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

- [ ] Yes
- [ ] No
- [ ] Don’t know
- [ ] Prefer not to say

**Question 33**
*Asked if you answered any response bar ‘None’ to Question 30.*

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 will help us find out more about what affects how much sport and exercise children and young people do.*

**Question 34**

*We would now like to ask you some questions to understand more about your home and your family.*

*If a child spends their time living in different homes with different parents or carers, they should answer these questions thinking about the home they will stay at tonight.*

Does your family own a car, van or truck?

- [ ] No
- [ ] Yes, one
- [ ] Yes, two or more

**Question 35**

Do you have your own bedroom for yourself?

- [ ] Yes
- [ ] No
**Question 36**

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

**Question 37**

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

- None
- Once
- Twice
- More than twice

**Question 38**

How many bathrooms are in your home?

- None
- One
- Two
- More than two

**Question 39**

Does your family have a dishwasher at home?

- Yes
- No

**Question 40**

Which of these outdoor places can you go to at the moment for exercise or play?

*Please choose all that apply*

- A balcony
- A garden or backyard
- A park or field near your home
- A wood or countryside
☐ School playground or playing field *(only shown if child is attending school)*
☐ Other green place outside your house or flat (e.g. cycle way, path along river)
☐ None of these

**Final screen**

Thank you! That is the end of the survey.

*Children’s answers are automatically submitted. Once they reach this screen they can close the browser.*

If you have questions or are worried about anything in the survey, or anything else in your life the first person to talk to is a parent, other family member or someone else you trust, if you feel able to.

If you want more information or someone else to talk to there are some ideas below.

It is absolutely fine if you don’t need or want to talk to someone – we are providing this to everyone who takes part. None of the organisations listed will know that you took part in the survey, nor will they get in touch with you.

NHS: www.nhs.uk

This site helps you make choices about your health, exercise and healthy eating and has information on finding and using NHS services.

For advice and information on being physically active please visit:

**CHILDLINE: 0800 11 11**

A confidential and free helpline which will not appear on a phone bill. You can also go online for a 1-2-1 instant messenger chat with someone who is there to listen and support you at www.childline.org.uk.