

## THE HAPPEN SURVEY

\* Required



## Consent Form

Before you start please click this link to read the information sheet -> <https://happen-wales.co.uk/wp-content/uploads/2019/02/Child-Consent-2019.pdf>

1. I have read the child information sheet -> <https://happen-wales.co.uk/wp-content/uploads/2019/02/Child-Consent-2019.pdf> (click the link if you haven't read it) and understand that if I take part I can change my mind at any time, and this will not be a problem at all. \*



Mark only one oval.

- Yes  
 No

2. I am happy for you to use my questionnaire for research. Only the researchers in the team will know my name and will not tell anyone else my answers \*



Mark only one oval.

- Yes  
 No do not use my questionnaire

3. I am happy for you to look at my school and health records to see how my school is doing (as a group). This is anonymous which means I cannot be identified \*



Mark only one oval.

- Yes  
 No

If you do not wish to take part in the questionnaire please do not continue.

Please click next to start the questionnaire!



## About You



4. First Name \*

5. Last Name \*

6. Home Post Code \*

7. What school do you go to? \*

8. What year are you in? \*

Mark only one oval.

- Year 4  
 Year 5  
 Year 6  
 Year 7

9. Gender \*

Mark only one oval.

- Boy  
 Girl  
 Prefer not to say

## Date of Birth

10. Year \*

Mark only one oval.

- 2007  
 2008  
 2009  
 2010  
 2011  
 2012

## 11. Month \*

Mark only one oval.

- January  
 February  
 March  
 April  
 May  
 June  
 July  
 August  
 September  
 October  
 November  
 December

## 12. Day \*

Mark only one oval.

- 1  
 2  
 3  
 4  
 5  
 6  
 7  
 8  
 9  
 10  
 11  
 12  
 13  
 14  
 15  
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 31

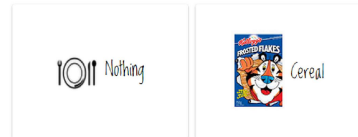
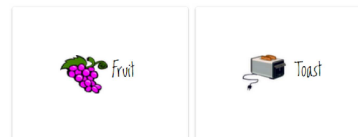
YESTERDAY



Firstly, think carefully about what you did YESTERDAY  
and then answer the following questions....

## 13. 1. What did you eat for breakfast YESTERDAY? \*

Check all that apply.

 Nothing Sugary cereal e.g. cocopops, frosties, sugar puffs, chocolate cereals Healthy cereal e.g. porridge, weetabix, readybrek, muesli, branflakes, cornflakes Snacks Fruit Toast Cooked breakfast YoghurtOther:  \_\_\_\_\_

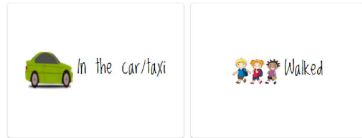
14. 2. How did you get to school YESTERDAY morning? \*

Mark only one oval.



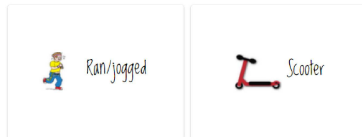
On the bus

On bike



In the car/taxi

Walked



Ran/jogged

Scooter



Skateboarded/Rollerbladed



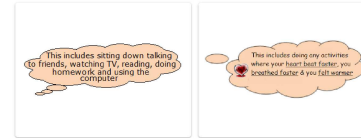
15. 3. What did you have to eat for lunch YESTERDAY? \*

Mark only one oval.

- School dinner
- Packed lunch
- Nothing

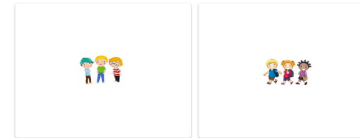
16. 4. What did you do for MOST of your break-times YESTERDAY? (This includes lunchtime) \*

Mark only one oval.



Sat around inside or outside

Ran around



Stood around

Walked around



17. 5. Do you have an afternoon break at school? \*

Mark only one oval.


- YES
- NO


18. 6. How did you get home YESTERDAY? \*


Mark only one oval.


 On the bus  
 On the bus

 On bike  
 On bike

 In the car/taxi  
 In the car/taxi

 Walked  
 Walked

 Ran/jogged  
 Ran/jogged

 Scooter  
 Scooter

 Skateboarded/Rollerbladed  
 Skateboarded/Rollerbladed

AFTER SCHOOL



19. 7. How many portions of fruit and vegetables did you eat YESTERDAY? \*





Mark only one oval.


- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8


20. 8. How many times did you brush your teeth YESTERDAY? \*

Mark only one oval.

 0  
 0

 1  
 1

 2  
 2

 More Than 2  
 3

21. 9. What time did you fall asleep YESTERDAY (to the nearest half hour)? \*



Mark only one oval.

- 7:00pm
- 7:30pm
- 8:00pm
- 8:30pm
- 9:00pm
- 9:30pm
- 10:00pm
- 10:30pm
- 11:00pm
- 11:30pm
- 12:00am
- 12:30am
- 1:00am
- 1:30am
- 2:00am
- 3:00am
- 3:30am
- 4:00am

22. 10. What time did you wake up TODAY (to the nearest half hour)? \*



Mark only one oval.

- 5:00am
- 5:30am
- 6:00am
- 6:30am
- 7:00am
- 7:30am
- 8:00am
- 8:30am
- 9:00am

**THE LAST WEEK**

NOW think about what you did in the last 7 days...



23. 11a. In the last 7 days, how many days did you do sports or exercise for at least 1 hour in total (This includes doing any activities or playing sports where your heart beat faster, you breathed faster and you felt warmer)? \*

Mark only one oval.

- 0 days
- 1-2 days
- 3-4 days
- 5-6 days
- 7 days

24. 11b. In the last 7 days, how many days did you watch TV/play online games/use the internet etc. for 2 or more hours a day (in total)? \*

Mark only one oval.

- 0 days
- 1-2 days
- 3-4 days
- 5-6 days
- 7 days

25. 11c. In the last 7 days, how many days did you feel tired? \*

Mark only one oval.

- 0 days
- 1-2 days
- 3-4 days
- 5-6 days
- 7 days

26. 11d. In the last 7 days, how many days did you feel like you could concentrate/pay attention well in class? \*

Mark only one oval.

- 0 days
- 1-2 days
- 3-4 days
- 5-6 days
- 7 days

27. 11e. In the last 7 days, how many days did you drink at least one fizzy drink (e.g. coke, fanta, sprite) \*

Mark only one oval.

- 0 days
- 1-2 days
- 3-4 days
- 5-6 days
- 7 days

28. 11f. In the last 7 days, how many days did you eat at least one sugary snack (e.g. chocolate bar, sweets) \*

Mark only one oval.

- 0 days
- 1-2 days
- 3-4 days
- 5-6 days
- 7 days

29. 11g. In the last 7 days, how many days did you eat take away foods (e.g. McDonalds, KFC, chinese) \*

Mark only one oval.

- 0 days
- 1-2 days
- 3-4 days
- 5-6 days
- 7 days

**Sport and Activity**



30. 12. These questions are going to ask you how you feel about physical activity (This includes any activity where your heart beats faster, you breathe faster and you feel warmer) \*

Strongly agree ✓ Agree ✓ Disagree X Strongly disagree X

Mark only one oval per row.

	Strongly agree	Agree	Disagree	Strongly disagree
I want to take part in physical activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident to take part in lots of different physical activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am good at lots of different physical activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I understand why taking part in physical activity is good for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. 13a. How many times do you take part in a sports club OUTSIDE OF SCHOOL each week?

Mark only one oval.

0 1 2 3 4 5 6 7 8 9 10

32. 13b. If you take part in a sports club OUTSIDE of school, what is the name of the sports club? (For example Swansea Rugby Club Under 11's)

\_\_\_\_\_












33. 14. Are you a member of cubs, brownies, scouts or guides? \*

Mark only one oval.

 Yes	 No
<input type="radio"/> Yes	<input type="radio"/> No


34. 15. Which of these sports or physical activities would you MOST like to try? (That you haven't tried before) \*

Mark only one oval.


	
<input type="radio"/> Athletics	<input type="radio"/> Basketball
	
<input type="radio"/> Cricket	<input type="radio"/> Dance
	
<input type="radio"/> Gymnastics	<input type="radio"/> Hockey
	
<input type="radio"/> Multi Skills	<input type="radio"/> Netball
	
<input type="radio"/> Rugby	<input type="radio"/> Tennis
	<input type="radio"/> I do not want to try anything-I don't like sport or activity
<input type="radio"/> Swimming	
<input type="radio"/> Other: _____	

35. 16. Can you ride a bike WITHOUT STABILISERS? \*

Mark only one oval.



Yes




No

Yes


No

36. 17. Can you swim 25 metres WITHOUT A FLOAT OR ARMBANDS? (This is 1 length of a standard swimming pool) \*

Mark only one oval.



Yes



No

Yes

No

You and your feelings



This part of the survey is going to ask you how you feel. There are no right or wrong answers. You should just pick the answer which is best for you.

37. 18. Tell us if you agree or disagree with the following: \*

Strongly agree ✓ Agree ✓ Don't agree or disagree Disagree X Strongly disagree X

Mark only one oval per row.

	Strongly agree	Agree	Don't agree or disagree	Disagree	Strongly disagree
I am doing well at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have lots of choice over things that are important to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are lots of things I'm good at	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

38. 19. On a scale of 0 to 10 (0 being very unhappy and 10 being very happy, how do you feel about:

\*Based on the Good Childhood Index by the Children's Society

38. Your Health \*



Mark only one oval.

0 1 2 3 4 5 6 7 8 9 10

Very unhappy            Very happy

39. Your School \*



Mark only one oval.

0 1 2 3 4 5 6 7 8 9 10

Very unhappy            Very happy

40. Your Family \*



Mark only one oval.

0 1 2 3 4 5 6 7 8 9 10

Very unhappy            Very happy

41. Your Friends \*



Mark only one oval.

0 1 2 3 4 5 6 7 8 9 10

Very unhappy            Very happy

42. Your Appearance (how you look) \*



Mark only one oval.

0 1 2 3 4 5 6 7 8 9 10

Very unhappy            Very happy

43. Your Life \*



Mark only one oval.

0 1 2 3 4 5 6 7 8 9 10

Very unhappy            Very happy

You and your Feelings

Based on the Me and My Feelings Questionnaire ( Deighton, Tymms, Voisanis, Belaky, Fonsgy, Brown, Martin, Patalay, & Wolpert, 2012)



44. 20. Remember, there are no right or wrong answers, just pick which is right for you. \*



Mark only one oval per row.

	Never	Sometimes	Always
I feel lonely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I cry a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am unhappy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel nobody likes me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have problems sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I wake up in the night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am shy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry when I am at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get very angry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I lose my temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I hit out when I am angry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do things to hurt people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am calm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I break things on purpose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Local Area



45. 21. On a scale of 0 to 10 (0 being not very safe and 10 being very safe), how safe do you feel playing in your area? \*



Mark only one oval.

	0	1	2	3	4	5	6	7	8	9	10	
Not very safe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very safe

46. 22a. From your house, can you walk to school?



Mark only one oval.

Yes  
 No

47. 22b. From your house, can you easily walk to a park?



Mark only one oval.

Yes  
 No

48. 22c. From your house, can you easily walk to a leisure centre/sports centre?



Mark only one oval.

Yes  
 No

49. 23. Are you happy with the area that you live in?



Mark only one oval.

Yes  
 No

24. If you could change something to make you and your friends healthier and happier, what would you change...

50. IN SCHOOL? \*

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51. OUT OF SCHOOL? \*

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Well done, you've completed the questionnaire.  
Thank you!



Don't forget to press submit below!

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