

Questionnaire

CSPPA

(Primary)



Reference: Woods, C.B., Tannehill D., Quinlan, A., Moyna, N. and Walsh, J. (2010). The Children's Sport Participation and Physical Activity Study (CSPPA). Primary Questionnaire. School of Health and Human Performance, Dublin City University and The Irish Sports Council, Dublin, Ireland. See full report at www.irishsportsCouncil.ie

Please read and tick (✓) ONE box only

1. I gave the permission form to my parents/guardian NO YES
2. My parents/guardian have talked to me about taking part in the research project. NO YES
3. I have been told that being part of this project will involve me filling out a questionnaire and may involve health measurements. NO YES
4. I know that I am free to decide not to take part in this study or change my mind if I wish. NO YES

SIGNED: _____

DATE: _____

Please PRINT all information in CAPITALS

Are you a Boy Girl

Age: _____

Date of Birth: ____/____/____ (dd/mm/year)

Are you in? 5th 6th class

Do you have a physical disability, a learning or sensory disability or a special education need which affects your ability to do physical activity?

NO YES

(If YES, Please specify or describe) _____

Section 1:

Physical activity is any body movement.

It can be done at different levels of effort:

- **Moderate Effort** makes your heart rate and breathing rate faster than normal. You may also sweat a little. Brisk walking and jogging are good examples.
- **Vigorous Effort** makes your heart rate much faster and you have to breathe deeper and faster than normal. You will probably sweat. Playing football or tennis are good examples.
- Physical activity includes:
 - Exercise** Running, dancing, etc.
 - Sports** Basketball, football, athletics, swimming, etc.
 - General** Brisk walking, washing the car, walking or cycling to school, etc.

Please try to think carefully and be as accurate as possible with your answers. For these next two questions, add up all the time you spend in physical activity each day.

Only include activities of either MODERATE or VIGOROUS effort.

Q1. Over the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? Please circle one number.

0 days 1 2 3 4 5 6 7 days

Q2. Over a typical or usual week, on how many days are you physically active for a total of at least 60 minutes per day? Please circle one number.

0 days 1 2 3 4 5 6 7 days



Section 2: In this section we want to know about things you have done in the last seven days that involve sitting down.

For each activity listed, answer three questions:

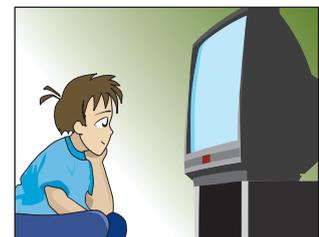
1. Did you do this activity in the past 7 days? Tick **NO** or **YES**
2. If **YES**, on how many days did you do the activity?
3. On average, how many minutes did you do this activity on the days that you did it?

Q1. Please answer this section for the past 7 days.

SITTING DOWN ACTIVITIES	Have you done this activity in the last 7 days?		Number of Days in last 7 days	Minutes per day
	NO	YES		
1. Computer /Internet	<input type="checkbox"/>	<input type="checkbox"/>		
2. Sitting playing video games	<input type="checkbox"/>	<input type="checkbox"/>		
3. Homework, studying	<input type="checkbox"/>	<input type="checkbox"/>		
4. Reading (not for school).....	<input type="checkbox"/>	<input type="checkbox"/>		
5. Sitting during school breaks	<input type="checkbox"/>	<input type="checkbox"/>		
6. Sitting and talking with friends (not on phone),listening to music	<input type="checkbox"/>	<input type="checkbox"/>		
7. Talking on the phone	<input type="checkbox"/>	<input type="checkbox"/>		
8. Television or DVD watching	<input type="checkbox"/>	<input type="checkbox"/>		
9. Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>		

Q2. Do you watch much sport on TV? Please tick (✓) ONE box only

- I never watch sport on TV.....
- I occasionally watch sports programmes.....
- I frequently watch sports programmes.....



Q3. How many hours per week do you spend at music, singing, drama, or dance classes (including time spent practising)?

- I don't attend any such class.....
- About 0-2 hours per week.....
- About 3-4 hours per week.....
- About 5 or more hours per week.....



Q4a. How do you usually travel to school?

Please tick one box only - for the **LONGEST** distance of your usual journey to school.



Walk ₁



Cycle ₂



Car ₃



Bus ₄

Q4b. How long does your journey to school usually take?

_____ Minutes

Q4c. How do you usually travel home from school?

Please tick one box only - for the **LONGEST** distance of your usual journey home from school.



Walk ₁



Cycle ₂



Car ₃



Bus ₄

Q4d. How long does your journey home from school usually take?

_____ Minutes

Q4e. If you travel by car or bus give reasons why you choose not to walk or cycle.

SECTION 3: This section is about what you do in PE/Games class at school

Q1. Please tick (✓) all the sports you have done at school in your P.E. and games classes since the beginning of the school year. This includes indoor and outdoor sports.

Since the beginning of the school year I have...	Participated in
1. Adventure activities*	<input type="checkbox"/>
* This includes orienteering, canoeing, abseiling and mountaineering	
2. Aerobics	<input type="checkbox"/>
3. Athletics	<input type="checkbox"/>
4. Badminton	<input type="checkbox"/>
5. Baseball or Rounders	<input type="checkbox"/>
6. Basketball	<input type="checkbox"/>
7. Camogie	<input type="checkbox"/>
8. Cross country running	<input type="checkbox"/>
9. Dance	<input type="checkbox"/>
10. Gaelic Football	<input type="checkbox"/>
11. Gymnastics	<input type="checkbox"/>
12. Handball	<input type="checkbox"/>
13. Hockey	<input type="checkbox"/>
14. Horse riding	<input type="checkbox"/>
15. Hurling	<input type="checkbox"/>
16. Martial Arts	<input type="checkbox"/>
17. Rugby	<input type="checkbox"/>
18. Soccer	<input type="checkbox"/>
19. Squash	<input type="checkbox"/>
20. Swimming	<input type="checkbox"/>
21. Tennis	<input type="checkbox"/>
22. Weight training	<input type="checkbox"/>
23. Any other sport	<input type="checkbox"/>

Q2a. How many times do you have PE per week?

Please tick (✓) ONE box only

0 1 2 3 4 5 times

Q2b. And on average, how long is each PE class? _____ hours and _____ minutes

SECTION 4: This section is about sports that you might play at lunch time or after school with the help of a teacher

Q1. Please tick (✓) any sports/activities you have played at lunch time, after school since the beginning of this school year in each of the following situations

(a) Played each sport/activity at least once WITH the help of a teacher since the beginning of this school year

(b) Played each sport/activity at least once a week WITH the help of a teacher since the beginning of this school year

Please exclude sports played in PE classes

Since the beginning of the school year I have...	(a) Played at least <u>once</u> with help of <u>teacher</u>	(b) Played at least <u>once a week</u> with the help of <u>teacher</u>
1. Adventure activities*	<input type="checkbox"/>	<input type="checkbox"/>
* This includes orienteering, canoeing, abseiling and mountaineering		
2. Aerobics	<input type="checkbox"/>	<input type="checkbox"/>
3. Athletics	<input type="checkbox"/>	<input type="checkbox"/>
4. Badminton	<input type="checkbox"/>	<input type="checkbox"/>
5. Baseball or Rounders	<input type="checkbox"/>	<input type="checkbox"/>
6. Basketball	<input type="checkbox"/>	<input type="checkbox"/>
7. Camogie	<input type="checkbox"/>	<input type="checkbox"/>
8. Cross country running	<input type="checkbox"/>	<input type="checkbox"/>
9. Dance	<input type="checkbox"/>	<input type="checkbox"/>
10. Gaelic Football	<input type="checkbox"/>	<input type="checkbox"/>
11. Gymnastics	<input type="checkbox"/>	<input type="checkbox"/>
12. Handball	<input type="checkbox"/>	<input type="checkbox"/>
13. Hockey	<input type="checkbox"/>	<input type="checkbox"/>
14. Horse riding	<input type="checkbox"/>	<input type="checkbox"/>
15. Hurling	<input type="checkbox"/>	<input type="checkbox"/>
16. Martial Arts	<input type="checkbox"/>	<input type="checkbox"/>
17. Rugby	<input type="checkbox"/>	<input type="checkbox"/>
18. Soccer	<input type="checkbox"/>	<input type="checkbox"/>
19. Squash	<input type="checkbox"/>	<input type="checkbox"/>
20. Swimming	<input type="checkbox"/>	<input type="checkbox"/>
21. Tennis	<input type="checkbox"/>	<input type="checkbox"/>
22. Weight training	<input type="checkbox"/>	<input type="checkbox"/>
23. Any other sport	<input type="checkbox"/>	<input type="checkbox"/>
24. Did not play any sport with help of teacher	<input type="checkbox"/>	<input type="checkbox"/>

Q2. About how often do you play sports and physical activities at lunch-time or after school with your friends WITHOUT the help of a teacher? Please tick (✓) ONE box only

- 4 or more days a week.....1
- 2-3 days a week.....2
- One day a week.....3
- Less often.....4
- Never5

Q3. About how often do you take part in sports and physical activities at lunch-time or after school WITH the help of a teacher? Please tick (✓) ONE box only

- 4 or more days a week.....1
- 2-3 days a week.....2
- One day a week.....3
- Less often.....4
- Never5

Q4. Why don't you take part in more sports and activities at lunch-time or after school? Please tick (✓) any of the boxes that are a reason for you.

- I already do enough sports outside class time.....1
- I don't like playing sports.....1
- I haven't got enough spare time.....1
- I'm not good enough at sport1
- I've never been asked to take part1
- It's difficult to get home if I stay late after school.....1
- My school doesn't offer any sports outside class time that I like.....1

Q5. Have you had any coaching during lunch-time or after school to help you get better at any of these sports?

Please tick (✓) ONE box only.

- NO1
- YES.....2
- I don't play sports at school outside class time3

Q6. During the past 12 months on how many school sports or dance teams did you play?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7 or more

SECTION 5: This section is about sports which you might play with sports clubs that are not school clubs.

Q1. Please tick (✓) any sports/activities you have played with a club, which is not a school club, since the beginning of this school year in each of the following situations

(a) Played each sport/activity in a club at least once since the beginning of this school year

(b) Played each sport/activity in a club at least once a week since the beginning of this school year

Please exclude sports/activities played in PE classes

Since the beginning of the school year I have...	(a) Played <u>in a club</u> at least <u>once</u>	(b) Played <u>in a club</u> at least <u>once a week</u>
1. Adventure activities*	<input type="checkbox"/>	<input type="checkbox"/>
* This includes orienteering, canoeing, abseiling and mountaineering		
2. Aerobics	<input type="checkbox"/>	<input type="checkbox"/>
3. Athletics.....	<input type="checkbox"/>	<input type="checkbox"/>
4. Badminton.....	<input type="checkbox"/>	<input type="checkbox"/>
5. Baseball or Rounders.....	<input type="checkbox"/>	<input type="checkbox"/>
6. Basketball.....	<input type="checkbox"/>	<input type="checkbox"/>
7. Camogie.....	<input type="checkbox"/>	<input type="checkbox"/>
8. Cross country running	<input type="checkbox"/>	<input type="checkbox"/>
9. Dance.....	<input type="checkbox"/>	<input type="checkbox"/>
10. Gaelic Football	<input type="checkbox"/>	<input type="checkbox"/>
11. Gymnastics	<input type="checkbox"/>	<input type="checkbox"/>
12. Handball.....	<input type="checkbox"/>	<input type="checkbox"/>
13. Hockey	<input type="checkbox"/>	<input type="checkbox"/>
14. Horse riding.....	<input type="checkbox"/>	<input type="checkbox"/>
15. Hurling.....	<input type="checkbox"/>	<input type="checkbox"/>
16. Martial Arts	<input type="checkbox"/>	<input type="checkbox"/>
17. Rugby.....	<input type="checkbox"/>	<input type="checkbox"/>
18. Soccer.....	<input type="checkbox"/>	<input type="checkbox"/>
19. Squash.....	<input type="checkbox"/>	<input type="checkbox"/>
20. Swimming.....	<input type="checkbox"/>	<input type="checkbox"/>
21. Tennis.....	<input type="checkbox"/>	<input type="checkbox"/>
22. Weight training.....	<input type="checkbox"/>	<input type="checkbox"/>
23. Any other sport.....	<input type="checkbox"/>	<input type="checkbox"/>
24. I did not play any sport/activity in a club.....	<input type="checkbox"/>	<input type="checkbox"/>

Q2. How often do you take part in sports and physical activities with a sports club, which is not a school club? Please tick (✓) one box only.

- 4 or more days a week.....1
- 2-3 days a week.....2
- One day a week.....3
- 2-3 days a month.....4
- One day a month.....5
- Less often.....6
- Never.....7

Q3. Have you had any coaching at your club to help you get better at any of these sports?

Please tick (✓) one box only.

- NO.....1
- YES.....2
- I don't play sports in a club.....3

Q4. How often do you go to a sports field/ground or sports/leisure centre to take part in some form of sports or physical activity? Please tick (✓) one box only.

- 4 or more days a week.....1
- 2-3 days a week.....2
- One day a week.....3
- 2-3 days a month.....4
- One day a month.....5
- Less often.....6
- Never.....7

Q5. In the past 7 days, how much physical activity did you do on?

Please tick (✓) one box only.

	None	Up to 30 minutes	Between 30 minutes and 1 hour	Between 1 hour and 1 1/2 hours	Between 1 1/2 hours and 2 hours	Greater than 2 hours
(a) An average weekday Mon-Fri	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
(b) An average weekend day Sat-Sun	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

Section 6:

Q1. SWIMMING ABILITY please mark your swimming level below.

Please tick (✓) ONE box only

Non-Swimmer ₀ Beginner ₁ Intermediate ₂ Competitive ₃

If non-swimmer please go to section 7.

If swimmer please mark your swimming level at the following skills. Please tick (✓) ONE box only

	Beginner	Intermediate	Competitive	Unable to do this stroke
1. Treading water	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
2. Front crawl	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
3. Back stroke	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
4. Butterfly	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
5. Breast stroke	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

What is your favourite swimming stroke? _____

SECTION 7:

Q1. FATHER/GUARDIAN

a. Does your father/male guardian do exercise or play sports regularly?
(For example gym, swimming, golf)
Please tick (✓) one box ONLY

- Yes1
- No2
- Don't Know2
- Don't have or see father4

b. Does your father/male guardian volunteer or help out with any sports clubs?
(For example coaching, refereeing, provide transportation)

- Please tick (✓) one box ONLY
- Yes1
- No2
- Don't Know2
- Don't have or see father4

c. Does your father have a job?

- Yes1
- No2
- Don't know3
- Don't have or see father4

d. If yes, say in what place he works:
(For example hospital, bank, restaurant...)

e. Please write down exactly what job he does
(For example doctor, clerk, manager...)

f. If no, why does your father not have a job?

- He is sick, or retired or a student1
- He is looking for a job.....2
- He takes care of others, or is full time in the home3
- I don't know4

2. MOTHER/GUARDIAN

a. Does your mother/female guardian do exercise or play sports regularly?
(For example gym, swimming, golf)
Please tick (✓) one box ONLY

- Yes1
- No2
- Don't Know2
- Don't have or see mother4

b. Does your mother/female guardian volunteer or help out with any sports clubs?
(For example coaching, refereeing, provide transportation)

- Please tick (✓) one box ONLY
- Yes1
- No2
- Don't Know2
- Don't have or see mother4

c. Does your mother have a job?

- Yes1
- No2
- Don't know3
- Don't have or see mother4

d. If yes, say in what place she works:
(For example hospital, bank, restaurant...)

e. Please write down exactly what job she does
(For example doctor, clerk, manager...)

f. If no, why does your mother not have a job?

- She is sick, or retired or a student1
- She is looking for a job.....2
- She takes care of others, or is full time in the home3
- I don't know4

You're finished! Well done!
Thank you for your time and effort!

