



PARTICIPANT BASELINE Questionnaire

These activity sessions are supported by StreetGames – who in turn ask us to collect some information about the people that take part. However, **please be assured we will not be analysing or identifying any individual responses & you do not need to write your name on this questionnaire.**

We would be really grateful if you could take a few minutes to fill out the questions and return it to your project leader as soon as possible.

www.streetgames.org



ABOUT YOU

01 How old are you?

- 10 - 13 14 - 15 16 - 19 20+

02 Are you?

- Male Female Prefer not to say

03 Which of the following best describes your ethnic origin:

- White Black or Black British Asian or Asian British Mixed Other ethnic group including Chinese Prefer not to say

04 Do you have any physical or mental health conditions or illness that have lasted or are expected to last 12 months or more?

- Yes No Prefer not to say

05 On a scale of 0-10 where 0 is 'not at all' and 10 is 'completely'. Please circle one number on the scale:

Overall how happy did you feel yesterday:

Not at all											Completely
0	1	2	3	4	5	6	7	8	9	10	

Overall to what extent do you feel the things you do in your life are worthwhile:

Not at all											Completely
0	1	2	3	4	5	6	7	8	9	10	

Overall how satisfied are you with your life nowadays:

Not at all											Completely
0	1	2	3	4	5	6	7	8	9	10	

06 To what extent do you agree or disagree with the statement: 'I can achieve most of the goals I set myself'

Strongly Agree

Agree

Disagree

Strongly Disagree

Can't say

07 To what extent do you agree or disagree with the statement: 'If I find something difficult I keep trying until I can do it'

Strongly Agree

Agree

Disagree

Strongly Disagree

Can't say

08 To what extent do you agree or disagree with the statement: 'I feel confident at having a go at things that are new to me'

Strongly Agree

Agree

Disagree

Strongly Disagree

Can't say

09 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

10 How strongly do you feel you belong to your immediate neighbourhood?
(Please think of the area within a few minutes walking distance from your home).

Very strongly

Fairly strongly

Not very strongly

Not at all strongly



SPORT AND YOU

11 In the past week, on how many days have you done a total of 30 minutes or more of physical activity, which was enough to raise your breathing rate?

This may include sport, exercise, and brisk walking or cycling for recreation or to get to and from places, but should not include housework or physical activity that may be part of your job. **DO NOT INCLUDE ACTIVITIES IN SCHOOL PE LESSONS**

Please circle the relevant number:

0 1 2 3 4 5 6 7

12 Why did you decide to take part in this sports session/ project? Please tick all that apply to you

- | | |
|---|--|
| <input type="radio"/> I was told to come by another adult (e.g. support worker) | <input type="radio"/> My friends come to this session |
| <input type="radio"/> I was told to come by my family | <input type="radio"/> To be healthier |
| <input type="radio"/> I like to do new things | <input type="radio"/> To keep out of trouble |
| <input type="radio"/> Nothing else to do | <input type="radio"/> Because I like sport |
| <input type="radio"/> To stay safe | <input type="radio"/> The location suits me |
| <input type="radio"/> To be active | <input type="radio"/> New things happen here |
| <input type="radio"/> To learn new things | <input type="radio"/> To volunteer |
| <input type="radio"/> To meet new people | <input type="radio"/> To take part in training and get a qualification |
| <input type="radio"/> To have fun | <input type="radio"/> To prepare me for getting a job |
| <input type="radio"/> Other please specify: | |
-
-
-

SOME YOUNG PEOPLE

13 Below are some statements about how some young people think about different things in their lives. Please read the statement and then choose how much the statement is like you.

	NOT like me	A BIT like me	QUITE like me	JUST like me
Love to do sport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have lots of things to do in their spare time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enjoy school/college	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do well at school/college	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feel valued by adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Live in places where there is lots of crime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have choices about what to do in life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack confidence in themselves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feel good about themselves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Often get angry/lose temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Often get involved in conflicts & violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do things that are bad for their health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do things they feel are wrong because friends do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Often get into trouble with adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Think they will get good jobs later in life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have the skills that will help them get good jobs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

THANK YOU

FOR COMPLETING THIS SURVEY

(To be completed by project Staff before returning to StreetGames)

URN:

Name and location of your Project:

Date that the young person completed this survey:

Please tick the route of engagement into session by Young Person:

- 1. Referred (as a Participant)
- 2. Formally Referred (as a Volunteer)
- 3. Informally Referred (as a Volunteer)
- 4. Via open access (as a Participant)
- 5. Via open Access (as a Volunteer)