



small steps 4 life

Questionnaire



This Questionnaire has been created in order to gather information about students in order to be used later in other documents, such as Challenge Cards, to help up find out about you, your lifestyle and fitness routine.

Full Name: _____ Gender: M F
 Age: 10 11 12 13 14 15 16 17
 Year Group (Circle as applicable): 7 8 9 10 11

Q1: Rate the indicated options out of 3, 1 being the best:

Eat Well Feel Good Get Active

Q2: Would you like to participate in these challenges...

Alone OR With Friends

Q3: Do you understand the concept of "Healthy Eating"?

Yes Not Really Kind Of ...What?

Q4: What activities are you currently participating in?

General Sport Gym Routine Team/Club Sport N/A

Q5: Please elaborate on what Sports/Activites you take part in?

Please Separate with Commas

Q6: Rate these food groups in preference from 1 – 7:

Fruit	Vegetable	Meat	Fish	Cereals & Grains	Dairy	Beans & Pulses

 **small steps 4 life** 
Questionnaire

Q7: What things do you do to improve your well-being?

Play an Instrument Listen to Music Hang out with your friends
Reading Play Games

Q8: Would you say that exercise and a healthy diet makes you feel good?

Yes *Not Really* *Definitely Not*

Q9: How would you like to change your lifestyle?

Lose Weight *Gain Weight* *Exercise More* *Relax More*

Q10: How often do you participate in Exercise/Sport?

Daily *Every Odd Day* *Weekly* *Monthly*

Q11: During this time, How long would you normally spend exercising? – Choose the closest time

30 Mins *1-2 Hours* *3-4 Hours* *5-6 Hours* *7+ Hours*

When you have finished completing the Questionnaire, Please return it to George Cocks when convenient.

Thanks for participating in this Survey

