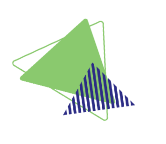
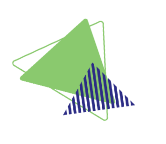
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SNAPSHOT SURVEY - Your views count!

These activity sessions are supported by Active Essex Foundation who want to collect some information about the people that take part.

Your participation in this survey is voluntary and you do not have to take part if you don't want to. You can request to have your data deleted at any time by emailing aefsportsandyouthcrimeprevention@activeessex.org The information you provide is confidential and subject to the requirements of the Data Protection Act 2018. More information on how your data will be used is available on request.



**The survey**

**What is the name of the session, activity, or project you are at?**

(if you don’t know what it is, please speak to the session leader/coach)

……………………………………………………………………………………………………………

What is the date you attend: ………………………………………………………………

Is this a **school holiday** provision/ activity/ session? (i.e. half term or summer session)

YES  NO

Your home address postcode……………………………………………………………

**What is your education, employment, or training status?**

I am at school/college.

I am completing an apprenticeship.

I am employed.

None of the above

**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)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** |

**About you…**

**To what extent do you agree or disagree with the following statements:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly agree** | **Agree** | **Disagree** | **Strongly disagree** | **Can’t say** |
| I can achieve most goals I set myself |  |  |  |  |  |
| If I find something difficult I keep trying until I can do it |  |  |  |  |  |
| I feel confident at having a go at things that are new to me |  |  |  |  |  |

**On a scale of 0-10 where 0 is 'not at all' and 10 is 'completely', please mark one number on the scale:**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| Overall, how happy did you feel yesterday: |  |  |  |  |  |  |  |  |  |  |  |
| Overall, to what extent do you feel the things you do in your life are worthwhile: |  |  |  |  |  |  |  |  |  |  |  |
| Overall, how satisfied are you with your life nowadays: |  |  |  |  |  |  |  |  |  |  |  |

**Do you think that the score you gave in your responses to the above questions have been positively impacted by being involved with this session or project?**

Yes

No

Maybe

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**Some Young People...**

**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** | **A LOT like me** |
| Enjoy Sports |  |  |  |  |
| Feel valued by adults |  |  |  |  |
| Trust others their own age |  |  |  |  |
| Feel good about themselves |  |  |  |  |
| Feel safe in their community |  |  |  |  |
| Often get angry/loss temper |  |  |  |  |
| Often get involved in conflicts |  |  |  |  |
| Do things that are bad for themselves |  |  |  |  |
| Do things that are wrong as their friends do |  |  |  |  |
| Often get into trouble with adults |  |  |  |  |
| Have the skills that will help them get a good job |  |  |  |  |

**The session or project and you...**

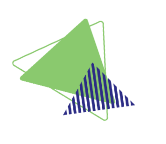
**Thinking about your involvement at this session or project, how much do you agree with the following statements?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Strongly agree** | **Agree** | **Neither agree nor disagree** | **Disagree** |
| I am getting on better at school/college because of this activity/session or project |  |  |  |  |
| I feel heathier now |  |  |  |  |
| I am more motivated to take part in activities now |  |  |  |  |
| I am able to communicate better now |  |  |  |  |
| I get on better with other young people now |  |  |  |  |
| I get on better with adults now |  |  |  |  |
| I can be relied on more now |  |  |  |  |

**Thinking about this sports session / project, please tell us what you think was the best thing about taking part.**

**Thinking about this sports session / project, please tell us about anything that you didn't enjoy or that you think should be changed.**

**Please tell us what you would like your next steps to be.**

Thank you for completing the survey. Please hand this form back to your coach.