

# Children and Young People Club Participant Feedback Progression Form

**Please take a few minutes to complete this feedback form – this is to help us make the Children and Young People Club programme better for you in the future.**

(Only complete this form if a parent has said you can)

<b>Participant name</b>	<b>Date:</b>
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**1. What has stopped you from taking part in physical activity before?**

*(Put a circle around all the headings that you think stop you from taking part in physical activity)*

- |                     |                   |            |
|---------------------|-------------------|------------|
| Forgetfulness       | Low mood          | Too busy   |
| Knowing where to go | Family            | Transport  |
| Injury              | Cost              | Skills     |
| Time                | No-one to go with | Confidence |

Other *(Please tell us what else might be stopping you from taking part)*

.....

.....

**2. Tell us about yourself**

**How long have you been involved in this Children and Young People Club? *(Please tick)***

Never <input type="checkbox"/>	3 weeks or less <input type="checkbox"/>	1-3 months <input type="checkbox"/>
4-6 months <input type="checkbox"/>	7 months – 1 year <input type="checkbox"/>	More than a year <input type="checkbox"/>

Why have you chosen to take part? Rank the statements from 1-8, 1 being the most important reason and 8 being the least important reason.

Enjoyment	<input type="checkbox"/>	Personal achievement	<input type="checkbox"/>
Become fitter	<input type="checkbox"/>	Improve relaxation	<input type="checkbox"/>
Try something new	<input type="checkbox"/>	Reduce low mood	<input type="checkbox"/>
Make new friends	<input type="checkbox"/>	Lose weight	<input type="checkbox"/>

Other (please tell us any other reasons why you have chosen to take part)  
.....

### 3. Sport and Physical Activity

Aside from this Children and Young People Club do you attend any other sports and physical activity sessions? (Please tick)

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

If yes, please tell us what sessions you attend: .....

Would you be interested in joining a local sports club

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

(please tick)

If yes, what sports would you like to take part in?  
.....

<p>1) During the <b>last 7 days</b>, on how many days did you take part in any sport or physical activity?</p> <p>0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/></p>
<p>2) How much time did you spend doing sport on <b>one</b> of those days?</p> <p>_____ hours per day                      _____ minutes per day</p>
<p>3) In <b>total</b>, how much time did you spend taking part in sport and physical activity in the last 7 days?</p> <p>_____ minutes in the last 7 days.</p>

### 4. Safety of sessions

<p>1. Do you think the venue is suitable for the activity and sessions?</p> <p>Yes <input type="checkbox"/>                      No <input type="checkbox"/></p>
<p>2. Do you know who to go to if you have a concern or are worried about anything?</p> <p>Yes <input type="checkbox"/>                      No <input type="checkbox"/></p>
<p>3. How do you feel the sessions are organised for your individual ability? <i>(think about how the coaches communicate with you, explain the session and adapt the drills to suit your needs)</i></p> <p>.....</p> <p>.....</p>

### 5. Wellbeing

**Below are seven statements about thoughts and feelings.** Please mark a cross in the box that best describes how you have been feeling over the last **two weeks**.  
*(Please put an answer for every statement)*

	<i><b>None of the time</b></i>	<i><b>Rarely</b></i>	<i><b>Some of the time</b></i>	<i><b>Often</b></i>	<i><b>All the time</b></i>
I've been feeling optimistic about the future	1	2	3	4	5
I've been feeling useful	1	2	3	4	5
I've been feeling relaxed	1	2	3	4	5
I've been dealing with my problems well	1	2	3	4	5
I've been thinking clearly	1	2	3	4	5
I've been feeling close to other people	1	2	3	4	5
I've been able to make up my own mind about things	1	2	3	4	5

Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) © NHS Health Scotland,  
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Finally, please answer the following four questions about your feelings on aspects of your life. There are no right or wrong answers. **For each question please give an answer on a scale of 0-10, where '0' is "not at all" and '10' is "completely."**

Question	Answer (please circle)
Overall how satisfied are you with your life nowadays?	0 1 2 3 4 5 6 7 8 9 10
Overall, to what extent do you feel that the things you do in your life are worthwhile?	0 1 2 3 4 5 6 7 8 9 10
Overall how happy did you feel yesterday?	0 1 2 3 4 5 6 7 8 9 10
On a scale where 0 is "not at all anxious" and 10 is "completely anxious," overall how anxious did you feel yesterday?	0 1 2 3 4 5 6 7 8 9 10

Office for National Statistics (ONS)

## 6. Feedback and Future Opportunities

**What did you enjoy about this physical activity session?**

.....  
 .....

**What has stopped you from taking part in this session in the past?**

.....  
 .....

**What do you think we can do better for next time?**

.....  
 .....

7. What would encourage you to take part in sport and physical activity sessions in the future? (Please Tick)		
Family session:	Session at the same time with family member at same venue:	Female coach:
Discounts for future sessions:	Recognition or awards at the end:	Male coach:
Free session:	Competition with other participants or other groups:	Mixed sessions:
Female/male only sessions:	Other: (Please state)	

**\*Please return completed form to Children and Young People Club Co-ordinator\***