

Satellite Club Participant Feedback Form

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

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

Participant name	Date:
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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)*

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2. Tell us about yourself

How long have you been involved in this Satellite Club? *(Please tick)*

Never

3 weeks or less

1-3 months

4-6 months

7 months – 1 year

More than a year

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)

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3. Sport and Physical Activity

Aside from this Satellite 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?

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<p>1) During the last 7 days, 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 one of those days?</p> <p>_____ hours per day _____ minutes per day</p>
<p>3) In total, 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. 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>None of the time</i>	<i>Rarely</i>	<i>Some of the time</i>	<i>Often</i>	<i>All the time</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, The University of Warwick and University of Edinburgh, 2006, all rights reserved.

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)

Please return completed form to Satellite Club Co-ordinator