



THE ROYAL BOROUGH OF  
KENSINGTON  
AND CHELSEA

**CHSS**  
University of Kent

Centre for Health Services Studies

## Go Golborne Pupil Questionnaire for years 2, 3 and 4

Click the play button below each question to hear the questions read aloud as below:

Press next to continue

### First please tell us a bit about yourself

1. Your teacher will give you a four digit number. Please write your own four digit number in the box below.

2. How old are you?

- 6 years
- 7 years
- 8 years
- 9 years

3. Are you a boy or a girl?

Boy

Girl

4. Which primary school do you go to?

- Barlby Primary School
- Bevington Primary School
- St Charles R C Primary School
- St Mary's Catholic Primary School
- St Thomas CE Primary School
- Ark Brunel

Next we are going to ask you some questions about what you do in the morning before school

5. Where did you have breakfast **this morning**?

At home



At school



On the way to school



I didn't have any breakfast

Somewhere else (please tell us):

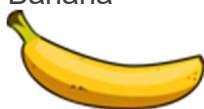
6. Did you eat **fruit** with breakfast **today**?

Yes

No

What did you have?

Banana

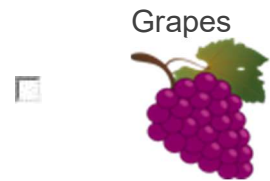
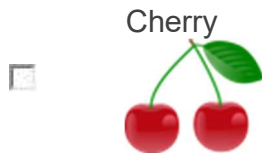
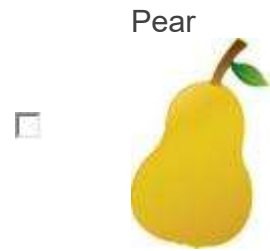
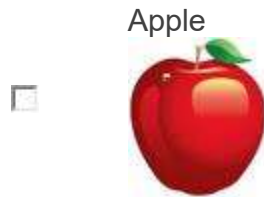


Fruit Salad



Orange or  
clementine

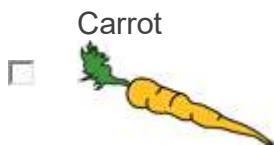


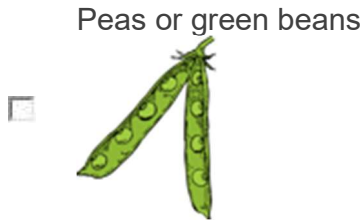
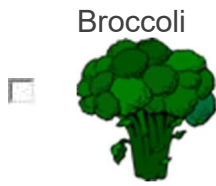


7. Did you eat **vegetables** with breakfast **today**?

- Yes
- No

What did you have?





Another vegetable  
(please tell us)

?

8. On school days, how often do you usually watch TV or play on the computer **before school**?

Never  
(0 days)

Not very often  
(1 or 2 days)

Most days  
(3 or 4 days)

Every day (5 days)

9. How do you **usually** travel to school in the morning?



Walk or Run



Cycle or Scoot

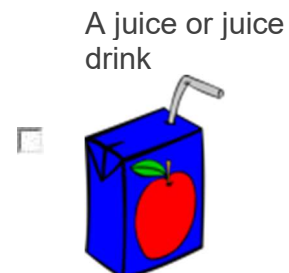


By Bus, train or tube



By Car

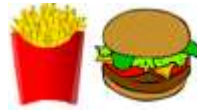
10. Did you have a snack or drink on the way to school **this morning**?



Biscuit, cake or cereal bar



Burger, hot dog, pizza, chips or fried chicken



Milkshake



Sweets or Chocolate



A regular fizzy drink



Milk (not flavoured)



Fruit or Veg



A diet drink



Water



I didn't have anything to eat or drink on the way to school



Something else (please tell us)



Now for some questions about the school day

11. What do you **mostly** do at **morning** playtime?



Sit around



Stand around



Walk around



Run around

12. What do you **mostly** do at lunch time? Do not include the time you spend eating lunch.



Sit around



Stand around



Walk around



Run around

13. Where do you usually get your lunch from?

Packed Lunch



School Dinner



No lunch

Somewhere else (please tell us):

14. Did you eat any **fruit** with lunch **yesterday**?

Yes

No

What did you have?

Banana

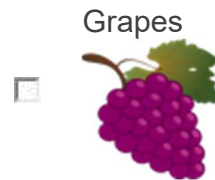
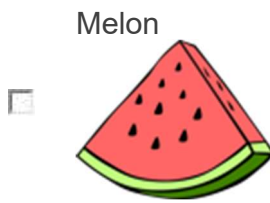
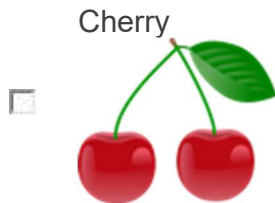
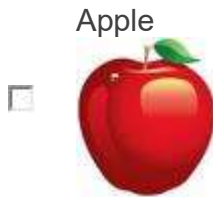


Fruit Salad



Orange or  
clementine

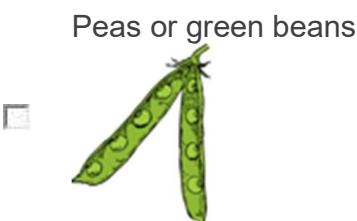




15. Did you eat any **vegetables** with lunch **yesterday**?

- Yes
- No

What did you have?



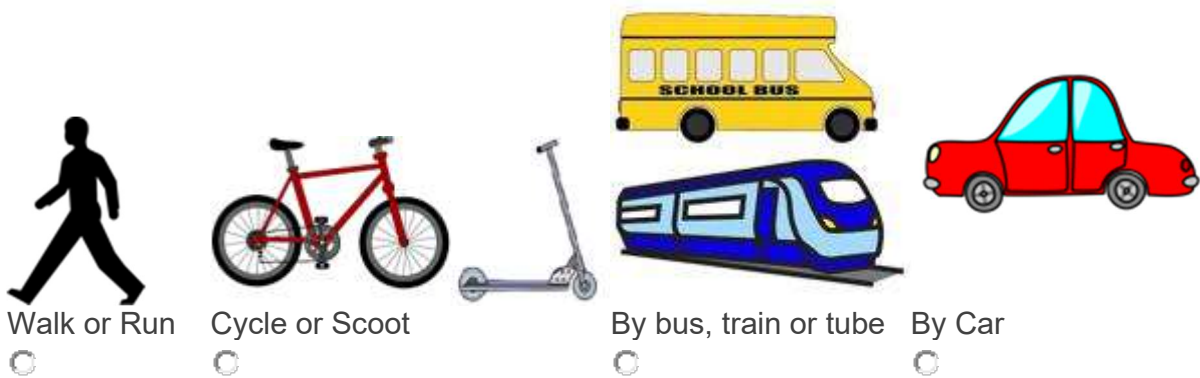


Another vegetable  
(please tell us)

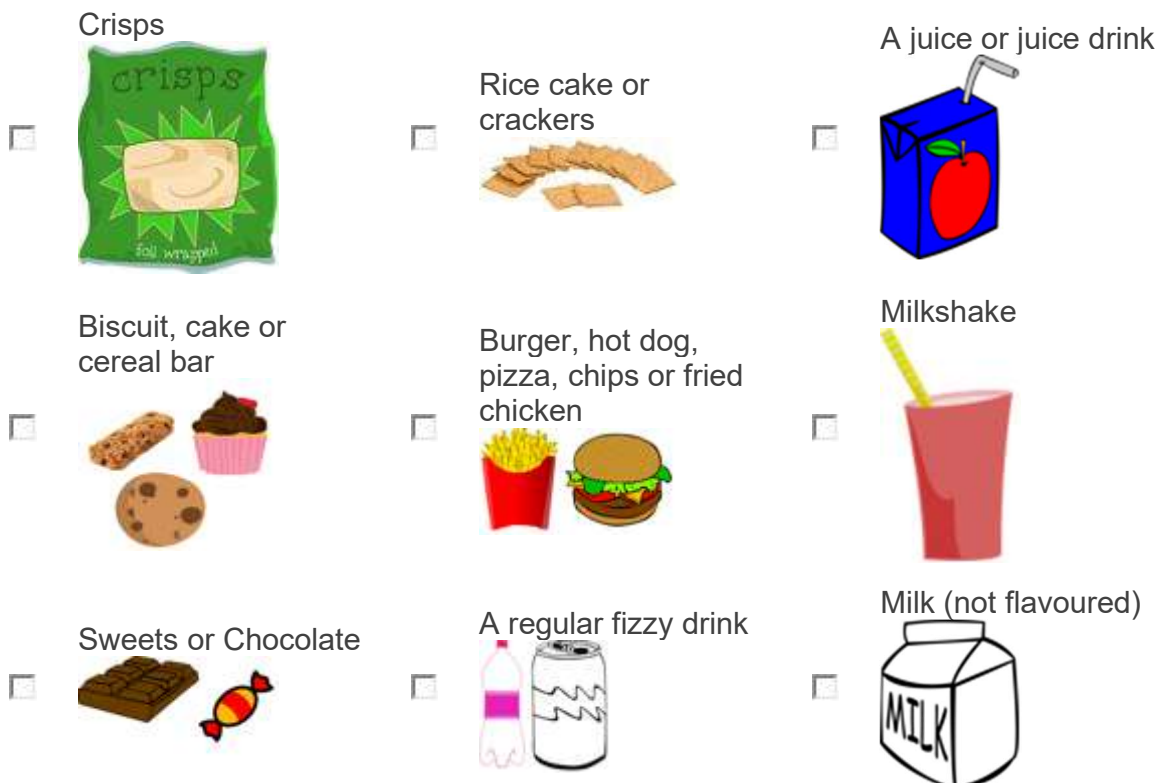


Now we would like to know what you did on the way home from school or after school club

16. How do you **usually** travel home after school?



17. Did you have a snack or drink on the way home from school yesterday?





Fruit or Veg



A diet drink



Water



I didn't have anything to eat or drink on the way home



Something else (please tell us)



**Next we would like to know what you did outside school time**

18. On any day **last week**, did you take part in any individual or team sports, or any other physical activities? Which of these activities did you do?

Swimming



Cycling



Skating or skateboarding



Ball games



Racket or Stick sports



Dance



Athletics



Skippng



Martial Arts



Gymnastics



I do something else  
[please tell us]:



I didn't take part in  
any physical  
activities last week



19. How often do you **usually** run around or play in the garden, playground or park **after school**?

Never  
(0 days)



Not very often  
(1 or 2 days)



Most days  
(3 or 4 days)



Every day (5 days)



20. How often do you **usually** watch TV or play on the computer **after school, but before your evening meal**?

Never  
(0 days)



Not very often  
(1 or 2 days)



Most days  
(3 or 4 days)



Every day (5 days)

21. Did you have a snack or drink after you got home and before your evening meal yesterday?

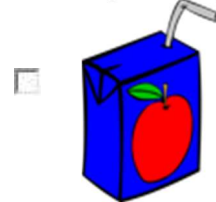
Crisps



Rice cake or  
crackers



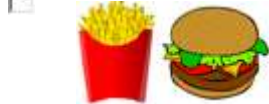
A juice or juice drink



Biscuit, cake or  
cereal bar



Burger, hot dog,  
pizza, chips or fried  
chicken



Milkshake



Sweets or Chocolate



A regular fizzy drink



Milk (not flavoured)



Fruit or Veg



A diet drink



Water



I didn't have anything to eat or drink



Something else (please tell us)



### Now for some questions about your evening meal

22. How often do you usually have your evening meal in a restaurant, cafe or from a takeaway shop?

Once a month or less



2-3 times a month



About once a week



More than once a week

23. Did you eat **vegetables** with your evening meal **yesterday**?

- Yes
- No

What did you have?

Carrot



Cauliflower



Baked beans



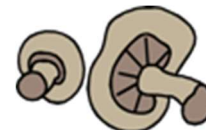
Cabbage



Salad



Mushrooms



Broccoli



Peas or Green beans



Sweetcorn



Another vegetable  
(please tell us)



24. Did you eat **fruit** as pudding/dessert yesterday?

- Yes
- No

What did you have?

Banana



Fruit Salad



Orange or  
clementine



Berries



Apple



Pear



Cherry



Melon



Grapes



Kiwi fruit





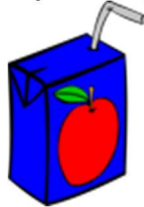









Another fruit (please  
tell us)





26. On a school day, how often do you usually watch TV or play on the computer in the evening, **after your evening meal?**

- Never (0 days)      Not very often (1 or 2 days)      Most days (3 or 4 days)      Every day (5 days)
- 

27. Did you have a snack or drink **after your evening meal and before you went to bed last night?** Do not include your pudding/dessert.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Crisps<br>                        | <input type="checkbox"/> Rice cake or crackers<br>                            | <input type="checkbox"/> A juice or juice drink<br> |
| <input type="checkbox"/> Biscuit, cake or cereal bar<br> | <input type="checkbox"/> Burger, hot dog, pizza, chips or fried chicken<br> | <input type="checkbox"/> Milkshake<br>            |
| <input type="checkbox"/> Sweets or Chocolate<br>         | <input type="checkbox"/> A regular fizzy drink<br>                          | <input type="checkbox"/> Milk (not flavoured)<br> |
| <input type="checkbox"/> Fruit or Veg<br>                | <input type="checkbox"/> A diet drink<br>                                   | <input type="checkbox"/> Water<br>                |

<p>I didn't have anything to eat or drink after dinner</p> <input type="checkbox"/> 	<p>Something else (please tell us)</p> <input type="checkbox"/> 
--	--

**Well done - you've reached the end of the survey!**

**Please click 'next' to finish ->**

**Thank you very much :)**