



# Active for Life Year 5 Parent/Guardian Questionnaire



As you are aware your child who is in Year 5 is taking part in a study called Active for Life Year 5. As part of this study we are trying to find out whether the intervention has costs to parents and society in terms of time and money. This questionnaire we will ask you some questions about costs of activities and food and use of NHS services all of which may be affected by children being involved in this study. There are no right or wrong answers in this questionnaire. Please answer every question to the best of your ability and if the answer is no please tick the No box

Name of Parent/Guardian:.....

Name of Year 5 Child:.....

Date of Birth of Year 5 Child:.....

Name of School:.....

**1a.** Since last October has your child received homework in relation to topics related to Health, Well Being and exercise?

No  <sub>1</sub>      If **No** then go to **Q2a**

Yes  <sub>2</sub>

If **yes**

**1b.** Approximately how many pieces of homework have been set?

pieces of homework

**1c.** On average how long did your child spend completing a piece of homework?

minutes

**1d.** On average how long did you or another parental figure spend helping your child?

minutes

**2a.** How many people are in your household?

adults (16 years and over)

children (under 16 years)

**2b.** Last week approximately how much did your household spend on food?

£

**3a.** Does your Year 5 child participate in out of school activities?

No <sub>1</sub> If **No** then go to **Q4a**

Yes <sub>2</sub>

If **yes** approximately how much do you spend per week/per term on your Year 5 child's out of school activities?

**3bi.** I/We spend £  per week **OR**

**3bii.** I/We spend £  per term

**3c.** Approximately how much of your and any other parental figures time is spent per week on taking and attending your Year 5 child's out of school activities?

I/We spend   hours per week

**4a.** Since last October have you used any Health Services (NHS or private) because of an **exercise or physical activity related injury** to your Year 5 child?

No <sub>1</sub> If **No** then you have completed this questionnaire. Please return the questionnaire in the envelope provided and thank-you for your help.

Yes <sub>2</sub>

**4b.** If **yes** please complete the following.

Type of service	Have you used this service? Please tick either yes or no for <b>each</b> type of service  (a)	If <b>yes</b> please record total number of visits/contacts since last October  (b)
i. GP at the GP practice	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub>	<input type="text"/> <input type="text"/>

ii. GP Practice nurse at the GP practice	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <input type="checkbox"/>
iii. Community Physiotherapist at the GP surgery	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <input type="checkbox"/>
iv. Private Physiotherapist	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <input type="checkbox"/>
v. Private Osteopath	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <input type="checkbox"/>
vi. Attendance at a Walk in Centre	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <input type="checkbox"/>
vii. Attendance at a minor injury unit	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <input type="checkbox"/>
viii. Attendance at an Accident and Emergency Department	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <input type="checkbox"/>
ix. Attendance at a Physiotherapy Outpatient Department	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <input type="checkbox"/>
x. Attendance at a fracture clinic	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <input type="checkbox"/>
xi. Attendance at other NHS Hospital Outpatient Departments (please specify)	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <input type="checkbox"/>
xii. ....		
xiii. Other (please specify):	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <input type="checkbox"/>
.....		
xiv.		

5a. Since last October has your child in Year 5 been an inpatient in hospital because of an **exercise or physical activity related injury**

No  <sub>1</sub> If **No** go to question **6a**

Yes  <sub>2</sub>

5b. If **Yes**, please give details for each inpatient stay

	Name of hospital	Name of ward	Number of night hospital
i. Inpatient stay 1			
ii. Inpatient stay 2			
iii. Inpatient stay 3			
iv. Inpatient stay 4			

6a Since last October have you or any other parent/carer had to take time off work because of exercise or physical activity related injuries to your Year 5 child

No  <sub>1</sub>

Yes  <sub>2</sub>

6b. If **yes** please record here an estimate of time off work

Paid time off work (do not include using paid holidays)	Using Paid Holidays	Unpaid time off work
<input type="text"/> <input type="text"/> Days	<input type="text"/> <input type="text"/> Days	<input type="text"/> <input type="text"/> Days