



# WHAT DO YOU WANT TO DO?

Do you get bored after-school? Don't have much to do at weekends?  
Would you like to try new things during your holidays?

We want to help you do more of the activities you enjoy – but we need you to tell us what you would like to do – where you want to do it – and when!

Are you...(tick)

Male?

Female?

How old are you? (tick)

4	5	6	7	8	9	10	11	12	13	14	15	16	17	18

1. Do you **ALREADY** do any of the following activities in your spare time? (tick all that you **ALREADY** do)

<input type="checkbox"/>	Football	<input type="checkbox"/>	Fishing
<input type="checkbox"/>	Basketball	<input type="checkbox"/>	Bike Riding
<input type="checkbox"/>	Netball	<input type="checkbox"/>	Swimming
<input type="checkbox"/>	Rugby	<input type="checkbox"/>	Diving
<input type="checkbox"/>	Tennis/Badminton/Squash	<input type="checkbox"/>	Canoeing/Kayaking
<input type="checkbox"/>	Horse riding	<input type="checkbox"/>	Climbing/Abseiling
<input type="checkbox"/>	Athletics	<input type="checkbox"/>	Gymnastics
<input type="checkbox"/>	Golf	<input type="checkbox"/>	Martial Arts (Karate/Judo/other)
<input type="checkbox"/>	Skating (Ice/Roller/Blades)	<input type="checkbox"/>	Dance (Ballet/Tap/Disco/Jazz/Other)

2. Do you **ALREADY** do an activity that is not on the list? Write any other activities you do in the space below

3. Where do you **USUALLY** go to take part in activities? (tick one)

<input type="checkbox"/>	School	<input type="checkbox"/>	Leisure Centre
<input type="checkbox"/>	Youth Club	<input type="checkbox"/>	Private Club, Centre or Course
<input type="checkbox"/>	Park	<input type="checkbox"/>	Other

4. When do you usually take part in activities? (tick one)

<input type="checkbox"/>	During lunchtime	<input type="checkbox"/>	Weekends
<input type="checkbox"/>	After-school	<input type="checkbox"/>	During Holidays

5. Do you prefer to do activities...(tick one)

<input type="checkbox"/>	With school friends?	<input type="checkbox"/>	With your family?
<input type="checkbox"/>	With other friends?	<input type="checkbox"/>	On your own?



**6. Which 3 activities would you like to do in your spare time that you can't do at the moment?** (number them 1, 2 and 3)

Football	Fishing *
Basketball	Bike Riding
Netball	Swimming
Rugby	Diving
Tennis/Badminton/Squash	Canoeing/Kayaking
Athletics	Climbing/Abseiling
Golf	Gymnastics
Skating (Ice/Roller/Blades)	Martial Arts (Karate/Judo/other)
Arts & Crafts	Dance (Ballet/Tap/Disco/Jazz/Other)
Bowling	Board Games (e.g. Chess)
Model Making/Flying/Sailing/Driving	Computer Games
Cookery	Reading/Storytelling/Book Club
Environment (e.g. gardening, recycling, nature conservation)	French/Spanish/German
Writing (e.g. articles, stories)	Sewing/Knitting
Music (playing an instrument/singing)	Films (watching/discussing/reviewing)

**If you would like to try a new activity that's not on the list, write it in the space provided below**

**If these activities were offered, is there anything that might stop you doing them?** (tick)

YES  NO

**If you have ticked 'YES' please write below what might stop you from doing more activities**

**FINALLY...2 quick questions...**

**Would you like any extra help with your school work before, during or after school?** (tick)

YES  NO

**Would you like any extra help with your school work during holidays or at weekends?** (tick)

YES  NO

**Thanks for taking part!**