



## The Healthy Lifestyles Programme PARENTS/CARERS QUESTIONNAIRE

The Healthy Lifestyles Programme (HeLP) would like to hear about your personal experience of the Programme as a parent/carer and family. It is crucial in helping us to understand how HeLP affected you and your family. We would be grateful, therefore, if you can spare the time to complete the simple questionnaire below. Please return it in the envelope provided and it will be entered in the prize draw to win a £50 high street voucher!

**1. How did you become aware of your child's involvement in the Healthy Lifestyles Programme?**

**2. Did you and your child talk about the Healthy Lifestyles Programme at all?**

- A lot
- A little
- Not at all

**3. What do you think the Programme was trying to do?**

**4. Part of the Programme was to encourage the children to make changes to some of their lifestyle behaviours and state what they were going to do differently. We called these their HeLP goals.**

\* Were you aware of these goals?  Yes  No

\* How easy do you think it was for your child to make these changes?

- Easy
- Quite Easy
- Quite Difficult
- Difficult

**5. Did you notice any change in your child's:**

\*Choice of snacks  Yes  No

\*Choice of drinks  Yes  No

\*Time spent doing screen based activities (e.g. computer, iPod, phone, iPad, TV )  Yes  No

\*Time spent doing physical activity?  Yes  No

\*Other (please specify below)

**6. If you have said yes to any of the above, please could you write a little about the changes you noticed below:**

**7. If your child made some changes, have they managed to stick to any of them?**

- Yes
- No
- Unsure

**8. Have you or the rest of your family made any changes because of your child taking part in HeLP?**

- No changes
- A few
- Lots

**9. If any changes have been made (by you or the rest of the family) , please could you write what these are below:**

**10. If there is anything else you would like to add, please write it below:**

**11. If you are happy to talk and give more detail to you HeLP Coordinator we would love to hear your thoughts. Please provide your details below and we will be in touch shortly.**

\*Name

\*Telephone number

\*Email

\*Child's name

\*Child's school and class

\*Best time for us to call you