

CONFIDENTIAL

FINCH

Forest school INterventions for Children's Health (FINCH): a feasibility
cluster randomised control trial

Participant Week 24 Questionnaire – Child/Young Person Version



For office use only

Participant ID Number:

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PLEASE READ ALL THE INSTRUCTIONS BEFORE COMPLETING THE QUESTIONNAIRE

Thank you for agreeing to take part in this study. The answers you give in this questionnaire will help us see if forest schools improve the well-being of children and young people aged seven to eleven years old.

THIS QUESTIONNAIRE IS TO BE COMPLETED BY THE CHILD / YOUNG PERSON WHO IS TAKING PART IN THE STUDY.

Please try to answer ALL the questions. Although some of the questions may not seem important or may appear similar, they do give us very useful information.

If you find it difficult to answer a question, then please ask your parent/legal guardian for help if you need it and give the best answer you can.

Please follow the instructions for each section carefully.

If you are asked to put a tick in the box, please use a tick rather than a cross.

Example: if your answer to the question here is 'yes', place a tick in the box next to yes.

Do you ride a bicycle?

Yes

☒

No

☐

If you are asked to write your answer using numbers, please enter your answer in the box provided.

Example: How old are you?

1	0
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 years

Do not worry if you make a mistake. Cross out your mistake and write the answer you meant to put in next to it.

Please use a black or blue pen. Please do not use a pencil or any other coloured pen.

If you have any queries or problems completing this questionnaire, please contact the FINCH Study Team:

Telephone number 01482 301726

or

email HNF-TR.ResearchTeam@nhs.net

SECTION 1: Describing your health TODAY (CHU9D)

Instructions

These questions ask about how you are **today**. For each question, read all the choices and decide which one is most like you **today**. Then put a tick in the box next to it like this ☒. Only tick one box for each question.

Example

Today I feel quite upset so I will tick this box.

Upset

- ☐ I don't feel upset today
- ☐ I feel a little bit upset today
- ☐ I feel a bit upset today
- ☒ I feel quite upset today
- ☐ I feel very upset today

Now think about and answer the rest of the questions below

1. Worried

- ☐ I don't feel worried today
- ☐ I feel a little bit worried today
- ☐ I feel a bit worried today
- ☐ I feel quite worried today
- ☐ I feel very worried today

2. Sad

- ☐ I don't feel sad today
- ☐ I feel a little bit sad today
- ☐ I feel a bit sad today
- ☐ I feel quite sad today
- ☐ I feel very sad today

3. Pain

- ☐ I don't have any pain today
- ☐ I have a little bit of pain today
- ☐ I have a bit of pain today
- ☐ I have quite a lot of pain today
- ☐ I have a lot of pain today

4. Tired

- ☐ I don't feel tired today
- ☐ I feel a little bit tired today
- ☐ I feel a bit tired today
- ☐ I feel quite tired today
- ☐ I feel very tired today

5. Annoyed

- ☐ I don't feel annoyed today
- ☐ I feel a little bit annoyed today
- ☐ I feel a bit annoyed today
- ☐ I feel quite annoyed today
- ☐ I feel very annoyed today

6. School Work/Homework (such as reading, writing, doing lessons)

- ☐ I have no problems with my schoolwork/homework today
- ☐ I have a few problems with my schoolwork/homework today
- ☐ I have some problems with my schoolwork/homework today
- ☐ I have many problems with my schoolwork/homework today
- ☐ I can't do my schoolwork/homework today

7. Sleep

- ☐ Last night I had no problems sleeping
- ☐ Last night I had a few problems sleeping
- ☐ Last night I had some problems sleeping
- ☐ Last night I had many problems sleeping
- ☐ Last night I couldn't sleep at all

8. Daily routine (things like eating, having a bath/shower, getting dressed)

- ☐ I have no problems with my daily routine today
- ☐ I have a few problems with my daily routine today
- ☐ I have some problems with my daily routine today
- ☐ I have many problems with my daily routine today
- ☐ I can't do my daily routine today

9. Able to join in activities (things like playing out with your friends, doing sports, joining in things)

- ☐ I can join in with any activities today
- ☐ I can join in with most activities today
- ☐ I can join in with some activities today
- ☐ I can join in with a few activities today
- ☐ I can join in with no activities today

SECTION 2: How you feel about nature (NCI & INS)

The following questions are about you and nature. By nature, we mean all types of natural environment and all the plants and animals living in them. Nature can be close to where you live in towns, the countryside, or wilderness areas further away.

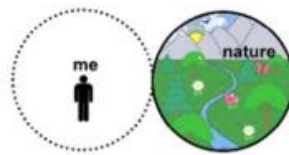
How much do you agree or disagree with the following:

1	2	3	4	5	6	7
Completely Disagree						Completely Agree

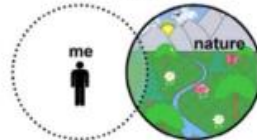
- _____ 1. I always find beauty in nature.
- _____ 2. I always treat nature with respect.
- _____ 3. Being in nature makes me very happy.
- _____ 4. Spending time in nature is very important to me.
- _____ 5. I find being in nature really amazing.
- _____ 6. I feel part of nature

How connected do you feel to nature? Please choose the picture that best describes your relationship to nature

Please select one answer only



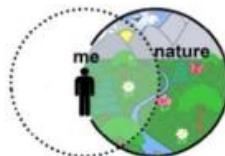
(A)



(B)



(C)



(D)



(E)



(F)



(G)

- Don't know
- Prefer not to say

Please enter the date you completed this questionnaire:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>
<i>Day</i>			<i>Month</i>			<i>Year</i>			

<END>

Thank you for taking the time to complete this questionnaire.

Please pass this on to your teacher.

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