

Thank you for participating in the research!

Welcome to start the survey. Filling the survey will take around 30-45 minutes.

Instructions:

- **Answer the questions as honestly and carefully as possible.**
- **There are no right or wrong answers, so answer based on your own feeling.**
- **If something is unclear, ask the research assistant for help and he/she will give you additional instructions.**
- **Choose the most applicable option based on how much you agree with the statement or how well it describes you.**

I have read the information form and signed the consent (note that you can continue filling the survey only by choosing the option 'yes').

☐ Yes

☐ No

Background information

Your first name

Your last name

Year of birth

Your gender

☐ Boy

☐ Girl

In which country were you born?

☐ In Finland

☐ Somewhere else, where?

Your parents' countries of birth:

☐ Both of my parents have been born in Finland

☐ One/both of my parents have been born somewhere else than Finland

Your parents' countries of birth in case it is not Finland:

Mother:

Father:

The following questions are regarded to your Finnish language skills. How well do you...

Not at all A little Some
what Quite
well Very
well

Understand
Finnish?

☐☐☐☐☐

Speak
Finnish?

☐☐☐☐☐

The identification code of your study group:

If you were not born in Finland, in which year have you moved to live in Finland?

Which study year are you currently in?

☐

1st year

☐

2nd year

☐

3rd year

☐

4th year

☐

5th year

☐

Something else, specify

What degree are you pursuing?

☐

Basic Degree in Information and Communications Technology

☐

Basic Degree in Business and Administration

☐

Basic Degree in Leisure Management

☐

Basic Degree Social and Health Services, practical nurse

☐

Something else, what?

Do you work alongside with your studies?

☐

Yes

☐

No

If you answered yes, what is your title/profession?

What is the highest educational degree that your mother holds?

- ☐ Basic education
- ☐ Vocational upper secondary education
- ☐ General upper secondary education
- ☐ General and vocational upper secondary education
- ☐ University of Applied Sciences degree
- ☐ University degree or higher education
- ☐ I do not know

What is the highest educational degree that your father holds?

- ☐ Basic education
- ☐ Vocational upper secondary education
- ☐ General upper secondary education
- ☐ General and vocational upper secondary education
- ☐ University of Applied Sciences degree
- ☐ University degree or higher education
- ☐ I do not know

How many minutes in total do you walk or bike to school and work on a daily basis?

- ☐ I use a motor vehicle for the entire transportation
- ☐ Less than 15 minutes a day
- ☐ 15 – 29 minutes a day
- ☐ 30 – 60 minutes a day
- ☐ more than an hour a day

How physically consuming are your school and work days? (Choose the option most applicable to your current situation.)

- ☐ Mainly sedentary, I do not walk much.
- ☐ I walk quite a lot but I do not have to lift or carry heavy objects.
- ☐ I have to walk and carry objects a lot or climb stairs or go uphill.
- ☐ I engage in physically tough work where i have to lift or carry heavy objects, dig, shovel or chop etc.

Next, a couple of questions regarding your health

Currently, I find my overall health to be...

- ☐ Very good
- ☐ Quite good
- ☐ Average
- ☐ Quite poor
- ☐ Very poor

I find my current physical fitness to be...

- ☐ Very good
- ☐ Quite good
- ☐ Average
- ☐ Quite poor
- ☐ Very poor

Do you have a health condition or disability that restricts your physical activity?

- ☐ No
- ☐ Yes, infection (e.g. flu, etc.)
- ☐ Yes, disability (e.g. sprain, repetitive strain injury, etc.)
- ☐ Yes, a long-term or permanent disease or disability (e.g. asthma)

You can specify here:

Have you had any of the following symptoms **during the past half a year,** and for how long?

	Rarely or not at all	Around once a month	Around once a week	Almost daily
Neck or shoulder pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lower back pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stomach ache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tension or nervousness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irritability or bursts of anger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulties to fall asleep or waking up at night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tiredness or faintness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Stress

Stress refers to a situation where a person feels oneself agitated, restless or distressed, or has difficulties in sleeping because of all the things that bother him/her.

Do you feel this kind of stress nowadays?

- ☐ Not at all
- ☐ Just a little
- ☐ Somewhat
- ☐ Quite a lot
- ☐ Very much

Do you smoke?

- ☐ I have never smoked
- ☐ Yes, occasionally
- ☐ Yes, regularly, 1-10 cigarettes a day
- ☐ Yes, regularly, over 10 cigarettes a day
- ☐ No, I quit

years ago

How often do you eat breakfast at home during the school week?

- ☐ Every day
- ☐ 3-4 times a week
- ☐ 2-3 times a week
- ☐ Rarely or never

How do you usually eat? I think I eat...

- ☐ Very unhealthy
- ☐ Quite unhealthy
- ☐ Not healthy but not unhealthy either
- ☐ Quite healthy
- ☐ Very healthy

How many **hours** on average do you sleep **during the night**? Think about the **past couple of weeks.**

hours on average per night

Next, some questions regarding your physical activity

In this questionnaire we refer to all activity during your **FREE TIME** that makes you catch your breath or increases your heart rate as physical activity. This includes for example brisk walking, biking to school, ball games, running, skateboarding, snowboarding, dancing, gym training and group training.

We ask you to answer these questions as accurately and carefully as possible, too.

During the past 7 days, on how many days were you physically active in a way that the intensity level was moderate or more, and the overall physically active time was at least 30 minutes during one day.

Choose the right alternative.

0 (none) 1 2 3 4 5 6 7

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

... days a week

During the past 7 days, how many hours of this kind of physical activity did you get during your free time (give your answer with an accuracy of 30 minutes).

Hours: Minutes:

In total

On your free time, how often do you engage in physical activity for at least 30 minutes in a way that you are at least slightly catching your breath and sweating?

I cannot be
physically
active due

to an illness or injury	Less than once a week	1-2 times a week	3 times a week	4 times a week	5 times a week or more
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☐☐☐☐☐☐

How many hours a week are you usually physically active in a way that you are catching your breath and sweating?

Not at all	About half an hour	About an hour	About 1,5 hours	About 2-3 hours	About 4-6 hours	About 7 hours or more
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☐☐☐☐☐☐☐

How much are you physically active or physically strain yourself on your free-time? (If this varies seasonally, mark down the option that best describes your average situation.)

- ☐ On my free-time, I read, watch TV and do chores where I am not especially physically active or that do not physically strain me.
- ☐ On my free-time, I walk, bike or am otherwise physically active at least 4 hours per week.
- ☐ On my free-time, I engage in actual fitness training on average at least for 3 hours per week.
- ☐ On my free-time, I engage in competitive training regularly multiple times a week.

What forms of physical activity did you regularly (or more than once) engage in during the last month?

Choose all that apply:

- ☐ ball games on a team, e.g. football, floorball
- ☐ other ball games, e.g. tennis, badminton, golf, baseball
- ☐ gym training
- ☐ combat sports
- ☐ instructed PA, e.g. body pump or group training
- ☐ home workout, e.g. using an online video
- ☐ cycling
- ☐ swimming
- ☐ walking
- ☐ running
- ☐ skiing, downhill skiing
- ☐ roller skiing or roller skating
- ☐ horseback riding
- ☐ other type of physical activity, what?

Do you do sports in a sports club currently?

- ☐ Yes
- ☐ No

Do you do sports on a competitive level?

- ☐ Yes
- ☐ No

Next, we will ask about your perceptions on physical activity

While answering the questions, think about your FREE TIME physical activity that increases your heart rate and makes you catch your breath and in which you engage at least for 1.5 hours a week.

The weekly amount can accumulate in various ways, for example

- from three separate half-an-hour, or
- from six separate 15-minute, or
- from two 45-minute physical activity sessions.

Physical activity that increases your heart rate and makes you catch your breath includes for example brisk walking, biking to school, ball games, running, skateboarding, snowboarding, dancing, gym training or group training.

What kind of consequences do you expect there to be, if you were physically active weekly at least 1.5 hours in a way that increases your heart rate and makes you catch your breath?

[illegible]

	Completely disagree			Neither disagree nor agree			Completely agree
	1	2	3	4	5	6	7
It would help me to have energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It would help me gain new experiences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It would be stressful and mentally consuming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It would be physically consuming in a negative way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It would help me to sleep better	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It would help me to get experiences of success	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It would support my self-esteem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

People have many different reasons to be physically active.
Why are you physically active during your free time?

I exercise because...

	Not true for me		Sometimes true for me		Very true for me
	1	2	3	4	5
... other people say I should.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... others will not be pleased with me if I don't.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Not true for me			Sometime true for me		Very true for me
1	2	3	4	5	

I can't see why I
should bother
exercising on my
free time

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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...I feel under
pressure from my
friends/family to
exercise.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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... I feel guilty when I
don't exercise

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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... I feel like a failure
when I haven't
exercised in a while.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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I don't see why
I should have
to exercise.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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... I think it is
important to make
the effort to
exercise regularly.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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... I value the
benefits of
exercise.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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I exercise because...

	Not true for me 1	2	Sometimes true for me 3	4	Very true for me 5
... it is consistent with my life goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... It is important to me to exercise regularly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...I get pleasure and satisfaction from participating in exercise.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...I consider exercise consistent with my values.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...It is fun.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...exercise is a fundamental part of what I am	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... I enjoy my exercise sessions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't see the point in exercising.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think exercising is a waste of time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Think about your own life situation and choose the option that describes it the best.

	Strongly disagree			Neither agree nor disagree			Strongly agree
	1	2	3	4	5	6	7
I have enough money to be physically active	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are good bikeways and running tracks in my environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't have the sports equipment I need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are a lot of good exercise facilities near me (e.g. swimming halls, gyms, sports centers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lacking sports equipment does not keep me from doing PA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am very busy because of school, hobbies and/or friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a lot of opportunities to do PA at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My or my family's religion restricts my physical activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

You are half-way through, great!

While answering the questions, think about your **FREE TIME** physical activity that increases your heart rate and makes you catch your breath and in which you engage at least for 1.5 hours a week.

The weekly amount can accumulate in various ways, for example

- from three separate half-an-hour, or
- from six separate 15-minute, or
- from two 45-minute physical activity sessions.

Physical activity that increases your heart rate and makes you catch your breath includes for example brisk walking, biking to school, ball games, running, skateboarding, snowboarding, dancing, gym training or group training.

The following statements regard your parents' and friends' attitudes towards physical activity.

Strongly disagree Completely agree
1 2 3 4 5 6 7

Most of my friends are regularly physically active, at least 1.5 hours per week

☐ ☐ ☐ ☐ ☐ ☐ ☐

My parents are regularly physically active, at least 1.5 hours per week

☐ ☐ ☐ ☐ ☐ ☐ ☐

My parents would want me to be regularly physically active, at least 1.5 hours per week

☐ ☐ ☐ ☐ ☐ ☐ ☐

What are your intentions for the next month?

Unlikely

Likely

1

2

3

4

5

6

7

I intend to be
regularly
physically
active, at least
1.5 hours per
week, during
the next month

☐☐☐☐☐☐☐

Definitely
not

Definitely
yes

1

2

3

4

5

6

7

I intend to be
regularly
physically
active, at least
1.5 hours per
week, during
the next month

☐☐☐☐☐☐☐

Currently, I have made a detailed plan regarding...

	Completely disagree 1	Disagree 2	Agree 3	Completely agree 4
... when to exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... where to exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... how to exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... how often to exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... what to do if something interferes with my plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... how to cope with possible setbacks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... what to do in difficult situations in order to act according to my intentions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... which good opportunities for action to take	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

While answering the questions, think about your **FREE TIME** physical activity that increases your heart rate and makes you catch your breath and in which you engage at least for 1.5 hours a week.

The weekly amount can accumulate in various ways, for example

- from three separate half-an-hour, or
- from six separate 15-minute, or
- from two 45-minute physical activity sessions.

Physical activity that increases your heart rate and makes you catch your breath includes for example brisk walking, biking to school, ball games, running, skateboarding, snowboarding, dancing, gym training or group training.

How confident are you about being able to be physically active in a way that increases your heart rate and makes you catch your breath regularly at least 1.5 hours a week if you wanted to?

Strongly disagree Strongly agree
1 2 3 4 5 6 7

If I wanted, I could be regularly physically active.

☐ ☐ ☐ ☐ ☐ ☐ ☐

Easy Difficult
1 2 3 4 5 6 7
For me being regularly physically active is

☐ ☐ ☐ ☐ ☐ ☐ ☐

Strongly
disagree
1

2

3

4

5

6

Strongly
agree
7

I have full
control over
whether or not
to be regularly
physically
active.

☐☐☐☐☐☐☐

Being physically
active is not
entirely up to me.

☐☐☐☐☐☐☐

I am confident
that I can
overcome
difficulties that
prevent me
from being
regularly
physically active

☐☐☐☐☐☐☐

Have you done the following during THE LAST THREE WEEKS?

Not at all true						Completely true
0	1	2	3	4	5	

I have set PA goals for myself.

☐ ☐ ☐ ☐ ☐ ☐

I have personally made a specific plan ("what, where, how") to implement my PA.

☐ ☐ ☐ ☐ ☐ ☐

I have a way by which I

I have a PA plan, which has been made by someone else, e.g. my sports club (e.g. a workout schedule).

☐ ☐ ☐ ☐ ☐ ☐

remind myself of my PA plan, e.g. I write down in the calendar.

☐ ☐ ☐ ☐ ☐ ☐

I have cut larger PA goals to smaller subgoals..

☐ ☐ ☐ ☐ ☐ ☐

I have tried out new ways for me to be physically active.

☐ ☐ ☐ ☐ ☐ ☐

I have pondered, what kind of difficult situations or barriers prevent me from implementing my PA plan.

☐ ☐ ☐ ☐ ☐ ☐

I have planned for ways to overcome barriers to doing PA.

☐ ☐ ☐ ☐ ☐ ☐

I have thought about how PA fits my identity (self

☐ ☐ ☐ ☐ ☐ ☐

I have attempted to find ways to exercise so, that it won't obstruct but instead helps actualise my other life values.

☐ ☐ ☐ ☐ ☐ ☐

Have you done the following during THE LAST THREE WEEKS?

[illegible]

	Not once	Once	Twice	Weekly	About every second day	Daily
	0	1	2	3	4	5
I have asked my friends or family for support to reach my PA goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not once	Once	Twice	Weekly	About every second day	Daily	I achieved my goal
	0	1	2	3	4	5	6
If I haven't reached my PA goal, I have evaluated, what went wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you currently have a PA goal?

- ☐ No
- ☐ Yes (Tell briefly what your current PA goal is)

You are doing well, you have gotten far in the survey!

I see myself as...

	Disagree strongly	1	2	3	Neither agree nor disagree	4	5	6	Agree strongly	7
... Extraverted, enthusiastic	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
... Critical, quarrelsome	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
... Dependable, self-disciplined	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
... Anxious, easily upset.	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
... Open to new experiences, complex.	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
... Reserved (cautious around new people), quiet.	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
... Sympathetic, warm.	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
... Disorganized, careless.	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	

[illegible]

The following questions are regarded to sitting and lying down

In this questionnaire, sitting refers to sitting or lying still, e.g. at home on the computer, in class, in cafes or on transportation vehicles.

During the last 7 days, how many hours did you spend sitting down, e.g. while visiting friends, reading, sitting on vehicles, watching TV or being on computer?

On a typical school day during the past week (fill in hours and minutes below)

N.B. on average on one day!

Hours

Minutes

On a typical day on the weekend during the past week (fill in hours and minutes below)

N.B. on average on one day!

Hours

Minutes

Please estimate, how long do you sit still during a lesson (45 min).

Think about the past week and the total time you spent sitting still.

How often did you take a break from sitting e.g. by standing up, stretching or moving around?

	less than after every hour	after every hour	after every half- hour	after every 10 minutes	after every 5 minutes
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...during
lessons

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

...at home
watching
TV or
DVDs.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

... at home on
computer.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

... while
hanging out
with friends.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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...during the
learning-on-the-
job

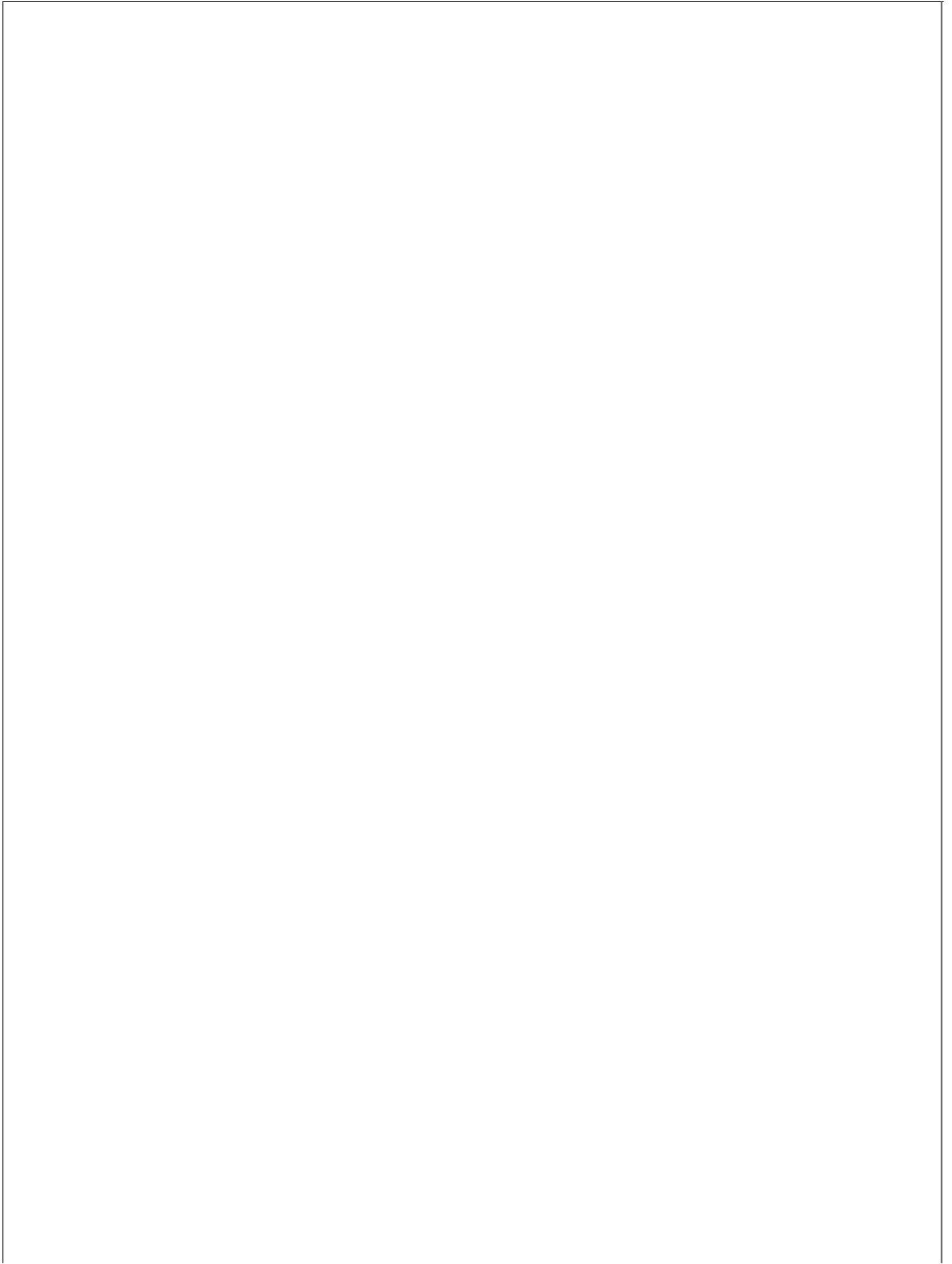
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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☐ OR I didn't sit still more than 30 minutes at a time during the day

What do you find a too long of a time to sit still in at a time?

- ☐ Mielestäni rajaa liian pitkälle istumiselle ei ole
- ☐ 15 min at a time
- ☐ 30 min at a time
- ☐ 45 min at a time
- ☐ 1 h at a time
- ☐ 2 h at a time
- ☐ 3 h at a time
- ☐ 4 h at a time or more
- ☐ I cannot say

Awesome, you are reaching the finish line!



Here, sitting reduction refers to

- taking a break from continuous sitting or lying down at least after every half an hour and
- avoiding sitting and lying down in general.

E.g. on your *free time* sitting reduction can be occasional stretching in front of the TV or computer, *on commute* standing on the vehicle, and *in school* following the lesson sitting on a gym ball or standing.

If I restricted my sitting, as a result...

Strongly disagree				Neither agree nor disagree			Completely agree
1	2	3	4	5	6	7	

... I would feel uncomfortable.

☐☐☐☐☐☐☐

... I would be refreshed and gain energy.

☐☐☐☐☐☐☐

... I would be able to better concentrate.

☐☐☐☐☐☐☐

... neck and back pains and headaches would be reduced.

☐☐☐☐☐☐☐

... my muscles would not degenerate.

☐☐☐☐☐☐☐

... my brain would function better

☐☐☐☐☐☐☐

... it would disturb doing other things.

☐☐☐☐☐☐☐

How do others in your school feel about sitting?

Most of my school mates...

Strongly dsagree			Neither agree nor disagree			Strongly agree
1	2	3	4	5	6	7

...try to restrict
their sitting
during the
SCHOOLDAY

☐☐☐☐☐☐☐

...try to restrict
their sitting
during their
FREE-
TIME.

☐☐☐☐☐☐☐

...sees it as
acceptable that I
try to restrict my
sitting AT
SCHOOL

☐☐☐☐☐☐☐

Strongly disagree			Neither agree nor disagree			Strongly agree
1	2	3	4	5	6	7

Most of my
teachers
would accept
it if I restricted
my sitting AT
SCHOOL.

☐☐☐☐☐☐☐

Answer the following statements regarding sitting restriction.

Strongly disagree				Neither agree nor disagree			Strongly agree
1	2	3	4	5	6	7	

If I want, I can
restrict my
sitting AT
SCHOOL

☐☐☐☐☐☐☐

It is fully up to
me whether I
restrict my
sitting AT
SCHOOL

☐☐☐☐☐☐☐

If I want, I can
restrict my
sitting ON MY
FREE-TIME

☐☐☐☐☐☐☐

It is fully up to
me whether I
restrict
my sitting
ON MY
FREE-
TIME

☐☐☐☐☐☐☐

If I want, I can
restrict my
sitting while
LEARNING
ON THE JOB.

☐☐☐☐☐☐☐

What are your intentions for the next month?

Unlikely
1 2 3 4 5 6 Likely
7

I intend to
restrict my
sitting during
the next
month AT
SCHOOL.

☐ ☐ ☐ ☐ ☐ ☐ ☐

Definitely not
1 2 3 4 5 6 Definitely yes
7

I intend to
restrict my
sitting during
the next
month AT
SCHOOL.

☐ ☐ ☐ ☐ ☐ ☐ ☐

Unlikely
1 2 3 4 5 6 Likely
7

I intend to
restrict my
sitting during
the next
month ON
MY FREE-
TIME

☐ ☐ ☐ ☐ ☐ ☐ ☐

Dedinitely not

1

2

3

4

5

6

Definitely yes

7

I intend to
restrict my
sitting during
the next
month ON
MY FREE-
TIME

☐☐☐☐☐☐☐

What has your school environment been like during the past month, or if you have been learning on the job, prior to that while you were in school:

On my lessons my teachers...

Never	Once a month	Couple of times a month	About once a week	Couple of times a week	Never
1	2	3	4	5	6

...have provided me chances to reduce sitting on the lessons.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

...have given breaks after every 30 minutes from sitting on the lessons.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

On my lessons...

Never	Once a month	Couple of times a month	About once a week	Couple of times a week	Never
-------	-----------------	-------------------------------	-------------------------	---------------------------	-------

1	2	3	4	5	6
---	---	---	---	---	---

...I am provided with chances to reduce sitting.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

...there is a break from sitting after every 30 minutes.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

YOUR STUDENT GROUP

Choose an answer that best describes how you have felt in your student group during the past two weeks:

In this student group, I feel...

	Do not agree at all 1	2	Neither agree nor disagree 3	4	Very strongly agree 5
supported.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
listened to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
valued.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
understood..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
safe..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

THANK YOU FOR PARTICIPATING!