**<College or project name> survey – Part 2**

Congratulations on completing your <College or project name>project! Tell us how you feel now you have finished the project. This will help us to improve it. Your answers will be kept private.

We are only asking your name so we can compare your responses at the start and end of the project. We will not use your personal details for any other reason without your permission.

If you have any questions about how we keep information from this survey private, please contact <TIC Project Lead Name>.

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| 1. **Today’s date: Day / Month / Year** |
| 1. **Your full name:** |
| 1. **Your student number:** |
| Physical activity includes sport, exercise and fast walking, swimming or cycling. It should make you breathe faster.   1. **In the last week, how many days did you do physical activity?** (Put amarkin one box)  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | |  |  |  |  |  |  |  |  | |
| 1. **How did you feel yesterday?** (Put a mark in one box)  |  |  |  |  | | --- | --- | --- | --- | | **Happy**  http://cdn.makeuseof.com/wp-content/uploads/2015/06/2_emoji.png?6f25c7 | **Mixed**  Image result for emoji straight face | **Unhappy**  http://www.hey.fr/tools/emoji/ios_emoji_worried_face.png | **Unsure**  http://emojipedia-us.s3.amazonaws.com/cache/db/d5/dbd57bcbb3fff7245025a39061012200.png | |  |  |  |  |  1. **Use the space below to tell us more about how you feel since finishing the project, for example physically or mentally healthier, or more tired:** |
| 1. **How do you feel about the following things since being on the project?** (Put a mark in one box per line)  |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Got better**  http://cdn.makeuseof.com/wp-content/uploads/2015/06/2_emoji.png?6f25c7 | **No change**  Image result for emoji straight face | **Got worse**  http://www.hey.fr/tools/emoji/ios_emoji_worried_face.png | **Unsure**  http://emojipedia-us.s3.amazonaws.com/cache/db/d5/dbd57bcbb3fff7245025a39061012200.png | | My confidence - feeling good about myself and what I can do |  |  |  |  | | Skills which will help me in the future, like how to be healthy |  |  |  |  | | Feeling part of my local area |  |  |  |  | |
| 1. **Use the space below to tell us anything else about the project, for example something good or bad:** |
| 1. **We might want to use your comments to tell others about how we support people to be healthy. Do we have permission to use your comments and name?** (Put a mark in one box per line)  |  |  |  | | --- | --- | --- | |  | **Yes**  Image result for thumbs up icon | **No**  Image result for thumbs up icon | | Comments |  |  | | First name |  |  | |

Thank you for completing our survey. Your answers are very important to us and will help us to support people better.