

Dear participant,

This anonymous survey. Please answer the questions as follows:

- Select your answer with an "X"
- _____ Fill underlined space by writing your answer
- If there is a scale, let the example below, please indicate how strongly you agree or disagree to a statement:

I strongly disagree I disagree I am not sure I agree I strongly agree

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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If you have any questions, feel free to ask someone of the team!

1) My personal code number is _____.

1) I am _____ years-old.

2) I am female male .

3) I work in a (*you can choose more than one answer*)

Sportclub

School

If "school" selected please describe what kind? (e.g. primary, secondary, university) _____

NGO

Other

If "other", please describe what kind: _____

4) What is the highest level of education you have reached?

Primary School

Secondary School

Vocational School

University

Other

If "other" please describe what your level of education is below.

5) What does **your experiences** concerning physical activity/sports look like?

I am interested in:

My teaching/training experience (e.g. fitness coach, head coach football etc.):

How many years experience do you have concerning physical activity/sport?

6) **Where** do you teach physical activities/sports?

(You can choose more than one answer, if applicable)

In the classroom

Schoolyard

Sports field (Outdoor)

Gymnasium

Other _____

7) I mainly work with:

Girls

Boys

Both

The ages of boys/girls I work with are (select all that apply):

6 to 10 years old

11 to 14 years old

Older than 14 years

8) Are some of the following topics related to your work? Which ones?

(Select all that apply)

High performance sport

Gender equality

Health

HIV/AIDS prevention

Violence Prevention

Environmental Protection

Life skills

Others

If "other" please describe the topic? _____

9) Do the children tell you about their personal problems or search advices beyond sport?

Yes

No

If yes, please describe the personal problems or topics for advice?

10) Are you in contact with the parents of the children attended?

Never

Less than once a month

Once or more times a month

11) What are the main challenges in your daily trainings?

12) In your opinion, are there generally special challenges when working with mixed gendered groups?

Yes No

If yes, what are these special challenges?

13) How strongly do you agree/disagree with the following statements?

	I strongly disagree	I disagree	I am not sure	I agree	I strongly agree
I know how to plan and lead age appropriate grassroots soccer training.	<input type="checkbox"/>				
I know how to design and lead soccer tournaments for children/youth.	<input type="checkbox"/>				
Soccer is about competition and winning.	<input type="checkbox"/>				
I know how to teach life skills through soccer.	<input type="checkbox"/>				
Soccer is an appropriate tool to develop youth's personality.	<input type="checkbox"/>				
Soccer is an appropriate tool to teach competencies, which are relevant for youth's career.	<input type="checkbox"/>				
Soccer makes formal education more attractive.	<input type="checkbox"/>				
I think boys and girls can be trained together.	<input type="checkbox"/>				
I think it is important to integrate girls and gender aspects into training sessions.	<input type="checkbox"/>				
As a coach, I am a role model for the children/youth.	<input type="checkbox"/>				
When I do not have equipment, I can improvise.	<input type="checkbox"/>				

14) State your three most important expectations towards the workshop?

1. _____

2. _____

3. _____
