

# Sports and physical activities survey

## Overview

This survey is part of an ongoing review into women's participation in sport and physical activity in Leicester. As part of the review, we would like to hear from Leicester residents, particularly women, about their physical activity levels, opportunities and opinions on relevant facilities that are currently available within the city.

The responses gathered will help inform the current Scrutiny Review Task Groups work around 'Encouraging women into sports and physical activities in Leicester'.

## About you

What is your postcode?

Please note: we collect postcode data to gain a better understanding of which parts of the city / county respond to our consultations. We cannot identify individual properties or addresses from this information.

## The survey

How important do you think sport and physical activity is in leading a happy and healthy life?

*Please select only one item*

- Very important
- Important
- No opinion either way
- Not very important
- Not important at all

How often do you participate in paid for physical activities at these locations?

	Never	1-3 times a week	4-6 times a week	5-7 times a week
Community facility (community centre, school, place of worship, etc) <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leicester City Council Leisure Centre <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private Gym <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sports Club <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If Other, please specify

How often do you participate in recreational, non paid for physical activity per week?

	Never	1-3 times a week	4-6 times a week	5-7 times a week
Cycle to work or school <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Free organised activities (Parkrun, informal sports groups, etc) <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home workout (on your own) <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home workout (online) <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local park / recreational ground workout <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walk to work or school <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If Other, please specify

Do you prefer participating in physical activity:

*Please select all that apply*

- On your own
- With others
- With an instructor

Have you been inspired by seeing more women's sport, and women's sporting success, on TV? (e.g. The Lionesses, The Commonwealth Games, The Hundred)

*Please select only one item*

- Yes
- No
- No opinion either way

What (if any) barriers stop you participating in sport and physical activity? (please tick all that apply)

Please select all that apply

- Cost / finances
- Lack of confidence
- Lack of knowledge / understanding
- Lack of opportunities
- Lack of / poor facilities
- Lack of time
- No one to attend with
- Transport issues
- Other

If Other, please specify

Would you consider taking up a physical activity if it was integrated with another hobby or interest?

	On my own	With family / friends
Afternoon tea	<input type="checkbox"/>	<input type="checkbox"/>
A quiz	<input type="checkbox"/>	<input type="checkbox"/>
Beauty treatment	<input type="checkbox"/>	<input type="checkbox"/>
Charity walk or jog	<input type="checkbox"/>	<input type="checkbox"/>
Karaoke	<input type="checkbox"/>	<input type="checkbox"/>
Lunch	<input type="checkbox"/>	<input type="checkbox"/>
Mindfulness	<input type="checkbox"/>	<input type="checkbox"/>
Something else	<input type="checkbox"/>	<input type="checkbox"/>

Is Something else, please specify

Would you consider taking up a physical activity if...

Please select all that apply

- It was prescribed by a doctor
- You could easily track your progress against personal targets
- You were able to attend with a group of people of a similar age to yourself
- Other

If Other, please specify

Do you have any final comments on sports and physical activities in Leicester?

### Further advice / information

The information you provide here will be kept in accordance with terms of current Data Protection legislation and will only be used to contact you to provide advice / information about physical activities.

Your details will not be passed on to any other individual, organisation or group. Leicester City Council is the data controller for the information on this form for the purposes of current Data Protection legislation.

Would you like to receive information / talk to someone about sports / leisure activities that would benefit you and fit in with your lifestyle?

*Please select only one item*

- I'd like to be added to a mailing list (you can unsubscribe at any time)
- I'd like an informal chat with someone about what activities are available
- I'd like to be added to a mailing list and chat with someone
- No thanks, I'm ok

Your contact details (if you would like more information)

Name

Email

Contact number

### Equality monitoring

The information you provide in this final section of the questionnaire will only be used for the purpose of monitoring.

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## Ethnic background:

Please select only one item

- Asian or Asian British: Bangladeshi
- Asian or Asian British: Indian
- Asian or Asian British: Pakistani
- Asian or Asian British: Any other Asian background
- Black or Black British: African
- Black or Black British: Caribbean
- Black or Black British: Somali
- Black or Black British: Any other Black background
- Chinese
- Chinese: Any other Chinese background
- Dual/Multiple Heritage: White & Asian
- Dual/Multiple Heritage: White & Black African
- Dual/Multiple Heritage: White & Black Caribbean
- Dual/Multiple Heritage: Any other heritage background
- White: British
- White: European
- White: Irish
- White: Any other White background
- Other ethnic group: Gypsy/Romany/Irish Traveller
- Other ethnic group: Any other ethnic group
- Prefer not to say

If you said your ethnic group was one of the 'Other' categories, please tell us what this is:

## Age:

Please select only one item

- under 18
- 18 - 25
- 26 - 35
- 36 - 45
- 46 - 55
- 56 - 65
- 66+
- Prefer not to say

## Sexual orientation. Do you consider yourself to be ...

Please select only one item

- Bisexual
- Gay / lesbian
- Heterosexual / straight
- Prefer not to say
- Other (please specify)

## Disability

The Equality Act 2010 defines a person as disabled if they have a physical or mental impairment which has a substantial and long-term effect on their ability to carry out normal day-to-day activities and has lasted or is likely to last for at least 12 months. People with HIV, cancer, multiple sclerosis (MS) and severe disfigurement are also covered by the Equality Act.

Do you consider yourself to be a disabled person?

*Please select only one item*

- Yes  
 No  
 Prefer not to say

If you have answered **'Yes'** to the above, please state the type of impairment that applies to you. People may experience more than one type of impairment, in which case you may need to tick more than one box. If none of the categories apply, please tick 'Other' and state the type of impairment.

*Please select all that apply*

- A long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy  
 A mental health difficulty, such as depression, schizophrenia or anxiety disorder  
 A physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches  
 A social / communication impairment such as a speech and language impairment or Asperger's syndrome / other autistic spectrum disorder  
 A specific learning difficulty or disability such as Down's syndrome, dyslexia, dyspraxia or AD(H)D  
 Blind or have a visual impairment uncorrected by glasses  
 Deaf or have a hearing impairment  
 An impairment, health condition or learning difference that is not listed above (specify if you wish)  
 Prefer not to say  
 Other

If Other, please say

## How would you define your religion or belief?

*Please select only one item*

- Atheist  
 Bahai  
 Buddhist  
 Christian  
 Hindu  
 Jain  
 Jewish  
 Muslim  
 Sikh  
 No religion  
 Prefer not to say  
 Other

If Other, please specify

## What is your sex?

*Please select only one item*

Female

Male

Prefer not to say

Is your gender identity the same as your sex registered at birth?

*Please select only one item*

Yes

No

Prefer not to say

If No, what term do you use to identify your gender? (leave blank if prefer not to say)