

**Q18. Which of the following best describes your current situation?** PLEASE MARK ONE BOX ONLY e.g.

- |   |   |
|---|---|
| <input type="checkbox"/> Working full-time (30+ hours a week)                   | <input type="checkbox"/> In full-time education (school)        |
| <input type="checkbox"/> Working part time (less than 30 hours a week)          | <input type="checkbox"/> Full-time student (college/university) |
| <input type="checkbox"/> On government work training programme                  | <input type="checkbox"/> Never worked                           |
| <input type="checkbox"/> Housewife/husband full-time in the home                | <input type="checkbox"/> None of these                          |
| <input type="checkbox"/> Retired – company/personal pension                     | <input type="checkbox"/> Refuse to say                          |
| <input type="checkbox"/> Retired – state pension only                           |   |
| <input type="checkbox"/> Temporarily unable to work (e.g. ill)                  |   |
| <input type="checkbox"/> Permanently unable to work (due to illness/disability) |   |
| <input type="checkbox"/> Unemployed – 6 months or more                          |   |
| <input type="checkbox"/> Unemployed – less than 6 months                        |   |

**FOR AN ANSWER ON THE LEFT, NOW GO TO Q19      FOR AN ANSWER ON THE RIGHT, NOW GO TO Q23**

**In relation to your current main job or (if you are not working now) to your last main job, please answer the following questions:**

**Q19. Do (did) you work as an employee or are (were) you self-employed?**

- |  |                         |
|--|-------------------------|
| <input type="checkbox"/> Employee                                    | <b>PLEASE GO TO Q20</b> |
| <input type="checkbox"/> Self-employed with employees                | <b>PLEASE GO TO Q20</b> |
| <input type="checkbox"/> Self-employed / freelance without employees | <b>PLEASE GO TO Q22</b> |

**Q20. For employees: please indicate how many people work (or worked) for your employer at the place where you work (worked). THEN GO TO Q21**  
**For self-employed: please state how many people you employ (employed). THEN GO TO Q22**

- 1 to 24       25 or more

**Q21. Do (did) you supervise any other employees?**

*(A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis)*

- Yes       No

**Q22. Please cross one box to show which best describes the sort of work you do (or, if you are not working now, the sort of work you did in your last job)**

- Modern professional occupation  
*(i.e. teacher, nurse, physiotherapist, social worker, welfare officer, artist, musician, police sergeant or above, software designer)*
- Clerical and intermediate occupation  
*(i.e. secretary, personal assistant, clerical worker, office clerk, call centre agent, nursing auxiliary, nursery nurse)*
- Senior manager or administrator  
*(i.e. usually responsible for planning, organising and co-ordinating work and for finance, such as finance manager, chief executive)*
- Technical and craft occupation  
*(i.e. motor mechanic, fitter, inspector, plumber, printer, tool maker, electrician, gardener, train driver)*
- Semi-routine manual and service occupation  
*(i.e. postal worker, machine operative, security guard, caretaker, farm worker, catering assistant, receptionist, sales assistant)*
- Routine manual and service occupation  
*(i.e. HGV / van driver, cleaner, porter, packer, sewing machinist, messenger, labourer, waiter / waitress, bar staff)*
- Middle or junior manager  
*(i.e. office manager, retail manager, bank manager, restaurant manager, warehouse manager, publican)*
- Traditional professional occupation  
*(i.e. accountant, solicitor, medical practitioner, scientist, civil / mechanical engineer)*

**Q23. What is your postcode?**

-

Interviewer administered?

OFFICE USE:

INTERVIEWER:

    

Centre Name

Time (Please use the 24 hour clock)

Day

Month

Year

:

/

/

## SPORT ENGLAND SURVEY OF SPORTS FACILITY USERS

If you mark a box in error, please shade the whole box and then cross the correct box

**Q1. What type of activity was your main activity at the facility today?** PLEASE MARK ONE BOX ONLY e.g.

- |  |   |
|--|---|
| <input type="checkbox"/> Badminton                         | <input type="checkbox"/> Basketball or volleyball   |
| <input type="checkbox"/> Keep fit / aerobics / etc.        | <input type="checkbox"/> Another physical activity  |
| <input type="checkbox"/> Fitness equipment / machines etc. | <input type="checkbox"/> Swimming, or aqua fit  |
| <input type="checkbox"/> Martial arts                      |   |
| <input type="checkbox"/> Five-a-side football              | <input type="checkbox"/> A spectator  |
| <input type="checkbox"/> Gymnastics                        | <input type="checkbox"/> Another type of activity<br><small>e.g. non-sport activity, meeting, exhibition, party</small> |

**Q2. For how long did you participate in this activity today?**

hour(s)        min(s)

**Q3. Where did you do your main activity?** PLEASE MARK ONE BOX ONLY e.g.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Swimming pool | <input type="checkbox"/> Gym / fitness centre | <input type="checkbox"/> Outside facility             |
| <input type="checkbox"/> Main hall     | <input type="checkbox"/> Smaller hall         | <input type="checkbox"/> Another part of the facility |

**Q4. Which one of these best describes how you are taking part in your main activity today?**

PLEASE MARK ONE BOX ONLY e.g.

- |   |  |
|---|--|
| <input type="checkbox"/> An <u>organised</u> class / session / course led by an instructor or coach | <input type="checkbox"/> As a member of a club or team |
| <input type="checkbox"/> As an <u>individual</u> user (not led by an instructor)                    | <input type="checkbox"/> Other                         |

**Q5. Is this your first visit to this facility?**

- Yes **PLEASE GO TO Q5b**       No **PLEASE GO TO Q5a**

**Q5a. How many times (including this visit) have you visited this facility...**

in the last 7 days?        in the last 4 weeks?

**Q5b. In the past week (including this visit) on how many days have you done a total of 30 min. or more of physical activity, which was enough to raise your breathing rate?**

*This may include sport, exercise & brisk walking or cycling for recreation or to get to and from places, but should not include housework or physical activity that may be part of your job.*

- None       One       Two       Three       Four       Five       Six       Seven

**Q6. Have you used a leisure card or membership of a similar scheme to get reduced price admission to this facility today?**

- Yes **PLEASE GO TO Q7**       No **PLEASE GO TO Q8**

**Q7. On what basis are you eligible for this card or scheme?** PLEASE MARK ONE BOX ONLY e.g.

- One of the following: junior, student, student nurse, jobseeker, senior citizen, disabled, single parent, unemployed, income support/family credit, widow / widower's pensioner, GP referral, elite performer
- One of the following: adult, family membership, local resident, corporate membership, work discount, council employee, other reasons

**Q8. Did you come here today?**

- Straight from home       Straight from work, school or college       Other (i.e. from shopping)

**Q9. What was the main method of transport you used to get here today?**  
(The main method is that by which you travelled the longest distance)

- Car or motorcycle       Walked all the way  
 Public transport       Other, including cycle

**Q10. How long did this journey take today?**  
(Approximate time in minutes for the one-way, single journey)

- 0-5 minutes       21-30 minutes  
 6-10 minutes       31-45 minutes  
 11-15 minutes       Over 45 minutes  
 16-20 minutes

**Q11. How satisfied are you with each of these aspects of your visit to this facility today?**  
e.g. If you are very satisfied with 'ease of booking' at this facility, mark the 'very satisfied' box in row (b)  
PLEASE MARK ONE BOX FOR EACH ITEM. ☒

|   | Very satisfied           | Fairly satisfied         | Neither satisfied nor dissatisfied | Fairly dissatisfied      | Very dissatisfied        | Not used / not applicable |
|---|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|---------------------------|
| <b>Accessibility</b>                      |                          |                          |                                    |                          |                          |                           |
| a. Activity available at convenient times | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| b. Ease of booking                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| c. The range of activities available      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| <b>Quality of facilities / services</b>   |                          |                          |                                    |                          |                          |                           |
| d. Quality of equipment                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| e. Availability of car parking on site    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| <b>Cleanliness</b>                        |                          |                          |                                    |                          |                          |                           |
| f. Cleanliness of changing areas          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| g. Cleanliness of activity spaces         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| <b>Staff</b>                              |                          |                          |                                    |                          |                          |                           |
| h. Service provided by reception staff    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| i. Service provided by other staff        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| j. Standard of coaching / instruction     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| <b>Value for money</b>                    |                          |                          |                                    |                          |                          |                           |
| k. Value for money of activities          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| l. Value for money of food / drink        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| <b>Overall satisfaction</b>               |                          |                          |                                    |                          |                          |                           |
| m. Overall swimming experience            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| n. Overall satisfaction with visit        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |

**Q12. How likely are you to recommend this centre to a colleague or friend?**

- 0      1      2      3      4      5      6      7      8      9      10  
                                                              
Not at all likely      Neutral      Extremely likely

**Q13. When you have visited sports facilities, how IMPORTANT are each of the following aspects to the overall experience of your visit?**

e.g. If you think 'quality of equipment' is fairly important to your experience, mark the 'fairly important' box in row (d)  
PLEASE MARK ONE BOX FOR EACH ITEM. ☒

|   | Very important           | Fairly important         | Neither important nor unimportant | Fairly unimportant       | Very unimportant         | Not used / not applicable |
|---|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|---------------------------|
| <b>Accessibility</b>                      |                          |                          |                                   |                          |                          |                           |
| a. Activity available at convenient times | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| b. Ease of booking                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| c. The range of activities available      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| <b>Quality of facilities / services</b>   |                          |                          |                                   |                          |                          |                           |
| d. Quality of equipment                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| e. Availability of car parking on site    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| <b>Cleanliness</b>                        |                          |                          |                                   |                          |                          |                           |
| f. Cleanliness of changing areas          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| g. Cleanliness of activity spaces         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| <b>Staff</b>                              |                          |                          |                                   |                          |                          |                           |
| h. Service provided by reception staff    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| i. Service provided by other staff        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| j. Standard of coaching / instruction     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| <b>Value for money</b>                    |                          |                          |                                   |                          |                          |                           |
| k. Value for money of activities          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| l. Value for money of food / drink        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |

The last few questions are about you and will help us to analyse the data we have collected.  
Please be assured that your individual answers will remain confidential.

**Q14. Gender: Are you... ?**

- Male       Female

**Q15. To help us monitor our equal opportunities policy, please indicate to which of these groups you consider that you belong.** PLEASE MARK ONE BOX ONLY e.g. ☒

- White (British, Irish or any other white background)  
 Mixed (White and Black Caribbean, white and Black African, white and Asian)  
 Asian or Asian British (Indian, Pakistani, Bangladeshi, any other Asian background)  
 Black or Black British (Caribbean, African, any other Black background)  
 Chinese or any other ethnic group

**Q16. Do you have any long term illness, health problem or disability which limits your daily activities or the work you can do?** Please include problems which are due to old age.

- Yes       No

**Q17. How old are you?** PLEASE WRITE IN YEARS