

# What Activities Do You Want? Questionnaire



## Physical Activity

**1) Do you regularly engage in physical activity sessions?** *(Please tick)*

|     |                          |    |                          |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

**1a) If yes, how long do you spend participating in physical activity sessions per week?**  
*(Answer in minutes i.e., 30 minutes)*

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**1b) If no, what stops you participating in physical activity sessions?** *(Tick all that Apply)*

|                                 |                          |                     |                          |           |                          |                |                          |
|---------------------------------|--------------------------|---------------------|--------------------------|-----------|--------------------------|----------------|--------------------------|
| Forgetfulness                   | <input type="checkbox"/> | Knowing where to go | <input type="checkbox"/> | Transport | <input type="checkbox"/> | Injury         | <input type="checkbox"/> |
| Time                            | <input type="checkbox"/> | Confidence          | <input type="checkbox"/> | Too Busy  | <input type="checkbox"/> | Low Mood       | <input type="checkbox"/> |
| Friends to go with              | <input type="checkbox"/> | Family              | <input type="checkbox"/> | Cost      | <input type="checkbox"/> | Skills/Stamina | <input type="checkbox"/> |
| Other <i>(please Specify)</i> : |                          |                     |                          |           |                          |                |                          |

**2) Do you know/understand why exercise is good for you?** *(Please tick)*

|     |                          |    |                          |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

**2a) If yes, please give 3 examples of why exercise is good for you.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**3) What would encourage you to take part in sport and physical activity sessions in the future?** *(Tick all that apply)*

|                               |                          |   |                          |                           |                          |                          |                          |
|-------------------------------|--------------------------|---|--------------------------|---------------------------|--------------------------|--------------------------|--------------------------|
| Family session                | <input type="checkbox"/> | Session at the same time with family member at same venue | <input type="checkbox"/> | Female/Male only sessions | <input type="checkbox"/> | Mixed sessions           | <input type="checkbox"/> |
| Discounts for future sessions | <input type="checkbox"/> | Recognition or awards at the end                          | <input type="checkbox"/> | Female coach              | <input type="checkbox"/> | Fun session              | <input type="checkbox"/> |
| Free session                  | <input type="checkbox"/> | Competition with other participants or other groups       | <input type="checkbox"/> | Male coach                | <input type="checkbox"/> | Other (Please specific): | <input type="checkbox"/> |

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## 4) What would encourage you to keep attending an exercise session?

(Think about your motivations, friends, rewards, teachers, etc)

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## 4a) What/ Who are your main influences when engaging in physical activity?

(Tick all that apply)

|                         |  |               |  |                 |  |                      |  |
|-------------------------|--|---------------|--|-----------------|--|----------------------|--|
| Social Media            |  | Family        |  | Health Benefits |  | Personal Development |  |
| Friends                 |  | Reality Stars |  | School Teachers |  | Fill Free Time       |  |
| Other (please Specify): |  |               |  |                 |  |                      |  |

## 4b) What are the three main factors or barriers that might stop you engaging in physical activity? (Please specify)

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

## Venue/ Accessibility and Cost

### 5) How important is the choice of venue when participating in an exercise session?

(Think about accessibility, sporting venue, community venue, noise)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 6a) If you were to be offered an hour's physical activity session per week, what is the maximum price you would pay per session? (Please tick)

|      |  |    |  |    |  |    |  |              |  |
|------|--|----|--|----|--|----|--|--------------|--|
| Free |  | £1 |  | £2 |  | £3 |  | More than £3 |  |
|------|--|----|--|----|--|----|--|--------------|--|

### 6b) If you were to be offered an hour's physical activity session per week, what is a convenient time to attend? (Please tick)

|                 |  |           |  |           |  |           |  |           |  |
|-----------------|--|-----------|--|-----------|--|-----------|--|-----------|--|
| 3:15pm - 4:15pm |  | 4pm - 5pm |  | 5pm - 6pm |  | 6pm - 7pm |  | After 7pm |  |
|-----------------|--|-----------|--|-----------|--|-----------|--|-----------|--|

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**6c) In terms of venue location, where would be your ideal location for a physical activity session?** *(Think about transport, walking distance, town centre, local parks, community centres, your school)*

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**6d) If you wanted to attend a physical activity session, are you reliant on your parents/guardians/carers for transport or are you able to make your own way to and from the session?** *(Please tick)*

|                                    |  |
|------------------------------------|--|
| Reliant on parent/ guardian/ carer |  |
| I can make my own way              |  |

## Type of activity

**7) What would your ideal exercise session look like?** *(Think about activities you might like to do, all girls/boys, length of session, clothing)*

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**8) Would you prefer physical activity sessions to be competitive or non-competitive?** *(Please tick and provide a reason for your answer)*

|                 |  |                            |
|-----------------|--|----------------------------|
| Competitive     |  | <b>Why?</b> _____<br>_____ |
| Non-competitive |  |                            |

**9) Which activities would you want to take part in?** *(Please tick more than one if appropriate)*

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Aqua Aerobics                   | <input type="checkbox"/> Dodgeball                       | <input type="checkbox"/> Parkour/ Free                   | <input type="checkbox"/> Wheelchair            |
| <input type="checkbox"/> Athletics                       | <input type="checkbox"/> Clubbercise                     | <input type="checkbox"/> Running                         | <input type="checkbox"/> Sports/Activities     |
| <input type="checkbox"/> Badminton –<br>Recreational     | <input type="checkbox"/> Exercise to Music               | <input type="checkbox"/> Rugby                           | <input type="checkbox"/> Yoga/ Body<br>Balance |
| <input type="checkbox"/> Badminton – Club                | <input type="checkbox"/> Football                        | <input type="checkbox"/> Seated Activities               | <input type="checkbox"/> Zumba                 |
| <input type="checkbox"/> Badminton –<br>Coached Sessions | <input type="checkbox"/> Goalball                        | <input type="checkbox"/> Seated Volleyball               | <input type="checkbox"/> Other                 |
| <input type="checkbox"/> Boccia                          | <input type="checkbox"/> Gymnastics                      | <input type="checkbox"/> Squash                          | _____  |
| <input type="checkbox"/> Bowls                           | <input type="checkbox"/> Martial Arts                    | <input type="checkbox"/> Swimming                        | _____  |
| <input type="checkbox"/> Boxercise                       | <input type="checkbox"/> Multi-Sports                    | <input type="checkbox"/> Taekwondo                       |  |
| <input type="checkbox"/> Circuits                        | <input type="checkbox"/> Netball                         | <input type="checkbox"/> Tennis                          |  |
| <input type="checkbox"/> Cycling                         | <input type="checkbox"/> New Age Bowls                   | <input type="checkbox"/> Triathlon                       |  |
| <input type="checkbox"/> Indoor Cycling/Spinning         | <input type="checkbox"/> New Age Curling                 | <input type="checkbox"/> Walking                         |  |
| <input type="checkbox"/> Dance                           | <input type="checkbox"/> Outdoor Adventure<br>Activities | <input type="checkbox"/> Walking Sports                  |  |
|  | <input type="checkbox"/> Parachute Games                 | <input type="checkbox"/> Water Sports (e.g.<br>kayaking) |  |