

# Disability Sport and Fitness Questionnaire

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# Disability Sport and Fitness Questionnaire

Thanet District Council is committed to ensuring disabled people have the opportunity to take part in sports and leisure activities.

This questionnaire is to help us find out what access disabled residents have to sports and leisure activities and what barriers exist.

We are keen to hear about the sports and activities you currently participate in and what others you would like to do. This information will be used to help develop our sports and leisure provision and to improve existing facilities.

## Confidentiality

All the information given on this questionnaire will be treated in accordance with the Data Protection Act 2002 and will not be disclosed to any third parties other than where we are requested to do so under statutory provision or are permitted by law.

<b>Your Name:</b>								
<b>Address:</b>								
<b>Post code:</b>								
<b>Home telephone number:</b>								
<b>Mobile telephone number:</b>								
<b>Email:</b>								
<b>Your date of birth:</b>								
<b>Age:</b>								
<b>Gender:</b>	Male <input type="checkbox"/>			Female <input type="checkbox"/>				
<b>Nature of your Disability:</b> <small>(Please tick all relevant boxes)</small>	<b>Developmental Delay (under 5's)</b>	<input type="checkbox"/>	<b>Speech Impairment</b>	<input type="checkbox"/>	<b>Hearing impairment</b>	<input type="checkbox"/>	<b>Visual Impairment</b>	<input type="checkbox"/>
	<b>Physical Impairment</b>	<input type="checkbox"/>	<b>Learning Disability</b>	<input type="checkbox"/>	<b>Other, please detail:</b>			

<b>Level of disability:</b>  (Please tick how you would rate the level of your disability)	<b>Minor</b>		<input type="checkbox"/>	
	<b>Moderate</b>		<input type="checkbox"/>	
	<b>Severe</b>		<input type="checkbox"/>	
<b>Which of the following disabilities apply?</b>  (Please tick all relevant boxes)	<b>ADHD/ADD</b>	<input type="checkbox"/>	<b>Autism</b>	<input type="checkbox"/>
	<b>Cerebral Palsy</b>	<input type="checkbox"/>	<b>Downs Syndrome</b>	<input type="checkbox"/>
	<b>Spina Bifida</b>	<input type="checkbox"/>	<b>Dyslexia</b>	<input type="checkbox"/>
	<b>Dyspraxia</b>	<input type="checkbox"/>	<b>Head Injury</b>	<input type="checkbox"/>
	<b>Hydrocephalus</b>	<input type="checkbox"/>	<b>Muscular Dystrophy</b>	<input type="checkbox"/>
	<b>Spinal Injury</b>	<input type="checkbox"/>	<b>Epilepsy</b>	<input type="checkbox"/>
	<b>Other, please detail:</b>			
<b>Are you in a wheelchair?</b>	<b>Yes <input type="checkbox"/></b>		<b>No <input type="checkbox"/></b>	
<b>Which of the following activities if any, do you take part in at the moment?</b>  (Please tick all relevant boxes)	<b>Archery</b>	<input type="checkbox"/>	<b>Aerobics</b>	<input type="checkbox"/>
	<b>Sailing</b>	<input type="checkbox"/>	<b>Basketball</b>	<input type="checkbox"/>
	<b>Table Tennis</b>	<input type="checkbox"/>	<b>Boccia</b>	<input type="checkbox"/>
	<b>Tenpin Bowling</b>	<input type="checkbox"/>	<b>Cricket</b>	<input type="checkbox"/>
	<b>Athletics</b>	<input type="checkbox"/>	<b>Cycling</b>	<input type="checkbox"/>
	<b>Badminton</b>	<input type="checkbox"/>	<b>Fitness Training</b>	<input type="checkbox"/>
	<b>Bowls</b>	<input type="checkbox"/>	<b>Golf</b>	<input type="checkbox"/>
	<b>Canoeing</b>	<input type="checkbox"/>	<b>Gymnastics</b>	<input type="checkbox"/>
	<b>Fencing</b>	<input type="checkbox"/>	<b>Horse Riding</b>	<input type="checkbox"/>
	<b>Football</b>	<input type="checkbox"/>	<b>New Age Curling</b>	<input type="checkbox"/>

<b>Continued...</b>	<b>Goalball</b>	<input type="checkbox"/>	<b>Rugby</b>	<input type="checkbox"/>
	<b>Hockey</b>	<input type="checkbox"/>	<b>Swimming</b>	<input type="checkbox"/>
	<b>Martial Arts</b>	<input type="checkbox"/>	<b>Tennis</b>	<input type="checkbox"/>
	<b>Netball</b>	<input type="checkbox"/>	<b>Weight Training</b>	<input type="checkbox"/>
	<b>Other, please detail:</b>			
<b>At which venues do you take part in these sports?</b>	<b>School</b>	<input type="checkbox"/>	<b>After School Club</b>	<input type="checkbox"/>
	<b>Leisure Centre</b>	<input type="checkbox"/>	<b>Sports Club</b>	<input type="checkbox"/>
	<b>Other, please detail:</b>			
<b>Please supply the name of the venues:</b>  <b>For example:</b> <b>Ramsgate sports centre</b>				
<b>How often do you take part in this sport?</b>	<b>Daily</b>	<input type="checkbox"/>	<b>Weekly</b>	<input type="checkbox"/>
	<b>More than once a week</b>	<input type="checkbox"/>	<b>Monthly</b>	<input type="checkbox"/>
<b>How do you travel to the sports facility?</b>	<b>Family Car</b>	<input type="checkbox"/>	<b>Public Transport</b>	<input type="checkbox"/>
	<b>Taxi</b>	<input type="checkbox"/>	<b>Mini-Bus</b>	<input type="checkbox"/>
	<b>Walk/Push</b>	<input type="checkbox"/>	<b>Other</b>	<input type="checkbox"/>

If you do not currently take part in a sporting or fitness activity, why not?	Unable to get there	<input type="checkbox"/>	No access to the venue	<input type="checkbox"/>
	Cost	<input type="checkbox"/>	Not interested in sport	<input type="checkbox"/>
	Not made to feel welcome	<input type="checkbox"/>	*Health reasons	<input type="checkbox"/>
Other, *please detail:				
Which of the following activities would you like to take part in or know more about?  (Please tick all relevant boxes)	Archery	<input type="checkbox"/>	Aerobics	<input type="checkbox"/>
	Athletics	<input type="checkbox"/>	Basketball	<input type="checkbox"/>
	Badminton	<input type="checkbox"/>	Boccia	<input type="checkbox"/>
	Bowls	<input type="checkbox"/>	Cricket	<input type="checkbox"/>
	Canoeing	<input type="checkbox"/>	Cycling	<input type="checkbox"/>
	Fencing	<input type="checkbox"/>	Fitness Training	<input type="checkbox"/>
	Football	<input type="checkbox"/>	Golf	<input type="checkbox"/>
	Goalball	<input type="checkbox"/>	Gymnastics	<input type="checkbox"/>
	Hockey	<input type="checkbox"/>	Horse Riding	<input type="checkbox"/>
	Martial Arts	<input type="checkbox"/>	New Age Curling	<input type="checkbox"/>
	Netball	<input type="checkbox"/>	Rugby	<input type="checkbox"/>
	Sailing	<input type="checkbox"/>	Swimming	<input type="checkbox"/>
	Table Tennis	<input type="checkbox"/>	Tennis	<input type="checkbox"/>
	Tenpin Bowling	<input type="checkbox"/>	Weight Training	<input type="checkbox"/>
Other, please detail:				

<p><b>How strongly do you agree or disagree with the following statement?</b></p> <p><b>“The council, as a service provider is good at enabling disabled people to take part in leisure activities within the district”</b></p>	<b>Strongly agree</b>	[ ]
	<b>Agree</b>	[ ]
	<b>Neither agree nor disagree</b>	[ ]
	<b>Disagree</b>	[ ]
	<b>Strongly disagree</b>	[ ]

**What could the council do to improve disabled people’s access to leisure and sport facilities? (Your examples of any specific problems and/or solutions are very welcome)**

**Do you have any ideas on how the council could encourage disabled people to take part in leisure and sport activities?**

<p><b>If you are a parent/guardian or carer and have filled this form out on someone else's behalf please put your details in the box provided:</b></p>	<p><b>Parent/guardian/carer/other</b> (Delete as appropriate)</p>		
	<p><b>Name:</b></p>		
	<p><b>Address:</b></p>		
	<p><b>Postcode:</b></p>		
	<p><b>Telephone number:</b></p>		
	<p><b>Email:</b></p>		
<p><b>If you are the parent, guardian or carer would you be interested in helping or becoming involved in the coaching of disabled people?</b></p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>	<p>Possibly <input type="checkbox"/></p>
	<p><b>If yes, please state your preferred sport:</b></p>		
<p><b>If you are the disabled person would you be interested in helping or becoming involved in the coaching of other disabled people?</b></p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>	<p>Possibly <input type="checkbox"/></p>
	<p><b>If yes, please state your preferred sport:</b></p>		

**Thank you for taking the time to complete this questionnaire, we aim to use your views to help set up a disability sports database in the future.**

**If you have any comments about disability sport in Thanet, which are not covered by this questionnaire then please call Chris Gunn, Disability Sportslink Project officer. He can be contacted by calling 01843 577032 or by emailing [chris.gunn@thanet.gov.uk](mailto:chris.gunn@thanet.gov.uk)**

**If you do not wish to receive further information or be contacted about other services please tick this box:**



01843 577000

[www.thanet.gov.uk](http://www.thanet.gov.uk)

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