

COMMUNITY SPORT PROGRAMME ADULT PARTICIPANT SURVEY

INTRODUCTION

The Sports Council for Northern Ireland would like to survey the people who take part in the Community Sport Programme to monitor its impact. We would like to get your thoughts on the impact that the Community Sport Programme has had on you in a variety of ways. For example:

- the impact on your participation levels in sport and physical activity;
- the impact on your health and well-being; and
- if the programme has helped to strengthen your local community.

As part of our monitoring process, we would like to interview you now and again in about 6-9 months. This research is being carried out independently for the Sports Council of Northern Ireland by Sheffield Hallam University. The survey will take around 10 minutes to complete.

Please be assured that all the information you provide will be treated in the strictest confidence and you will not be placed at risk by agreeing to take part in this research. Sheffield Hallam University will not identify you in any final report, nor pass your details to any third parties.

Q1.

Are you happy to take part in this survey now and in 6-9 months' time?

Yes <input type="checkbox"/> ₁ Please carry on to Q2.	No <input type="checkbox"/> ₂ Please return this form to the interviewer.
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Q2

Which Community Sport Programme are you involved with? (mark one)

Ballymena ₁	Derry ₂
Disability Sport N.I. ₃	East Belfast ₄
Moyle ₅	Newtownabbey ₆

Q3

Do you know your Community Sport Programme registration number?

Yes <input type="checkbox"/> ₁	Please State _____ Now turn the page and complete the survey
No <input type="checkbox"/> ₂	Please tell us your name in Q4 below

Q4

First Name:

Surname:

Thank you for your help with this research

COMMUNITY SPORT PROGRAMME

Vigorous Physical Activity in the last week

1. During the last week **on how many days** did you do vigorous physical activity for 10 minutes or more?
For example: heavy lifting, digging, running, vigorous swimming, football, aerobics.

 days

2. During the last week **how much time in total** did you spend doing vigorous physical activities?

 hours minutes

Moderate Physical Activity in the last week

3. During the last week **on how many days** did you do moderate physical activity for 10 minutes or more?
For example: carrying light loads, cycling on the flat, moderate swimming, gardening (e.g. mowing lawn).
Do not include ordinary walking.

 days

4. During the last week **how much time in total** did you spend doing moderate physical activities?

 hours minutes

Walking in the last week

5. During the last week **on how many days** did you walk for at least 10 minutes at a time?
Include: walking to work, walking for recreation or leisure.

 days

6. During the last week how much time did you spend walking on one typical day?

 hours minutes

Activity self perceptions

7. In general terms how active would you say you are?

Inactive

☐₁

Fairly inactive

☐₂

Average

☐₃

Fairly active

☐₄

Very active

☐₅

Health and Fitness self perceptions

8. In general terms how fit would you say you are?

Very unfit

☐₁

Fairly unfit

☐₂

Average

☐₃

Fairly fit

☐₄

Very fit

☐₅

9. In general terms how healthy would you say you are?

Very unhealthy

☐ ₁

Fairly unhealthy

☐ ₂

In average health

☐ ₃

Fairly healthy

☐ ₄

Very healthy

☐ ₅

Your height and weight

Please tell us your height and weight in the boxes below. If you don't know your height or weight, please give us your best estimate rather than leaving the boxes empty.

10. How tall are you?

In feet and inches

feet

inches

or in centimetres

cms

11. How much do you weigh?

In stones and pounds

stones

pounds

or in kilograms

kg

12. Which of the following best describes how you feel about your weight?

I am very
overweight

☐ ₁

I am slightly
overweight

☐ ₂

I am about
average weight

☐ ₃

I am slightly
underweight

☐ ₄

I am very
underweight

☐ ₅

Alcohol and smoking

13. On how many days in the last week did you drink alcohol?

days

14. How many units of alcohol did you drink in the last week?

A unit of alcohol is equal to ½ a pint of ordinary beer / lager / cider, 1 single measure of spirits, 1 small glass of wine or 1 measure of fortified wine (sherry, port etc).

units

15. Which of these best describes your smoking habits? *(Tick one box only)*

I smoke daily

☐ ₁

I smoke occasionally but not every day

☐ ₂

I used to smoke daily, but now not at all

☐ ₃

I used to smoke occasionally, but now not at all

☐ ₄

I have never smoked

☐ ₅

Fruit and vegetables eaten yesterday

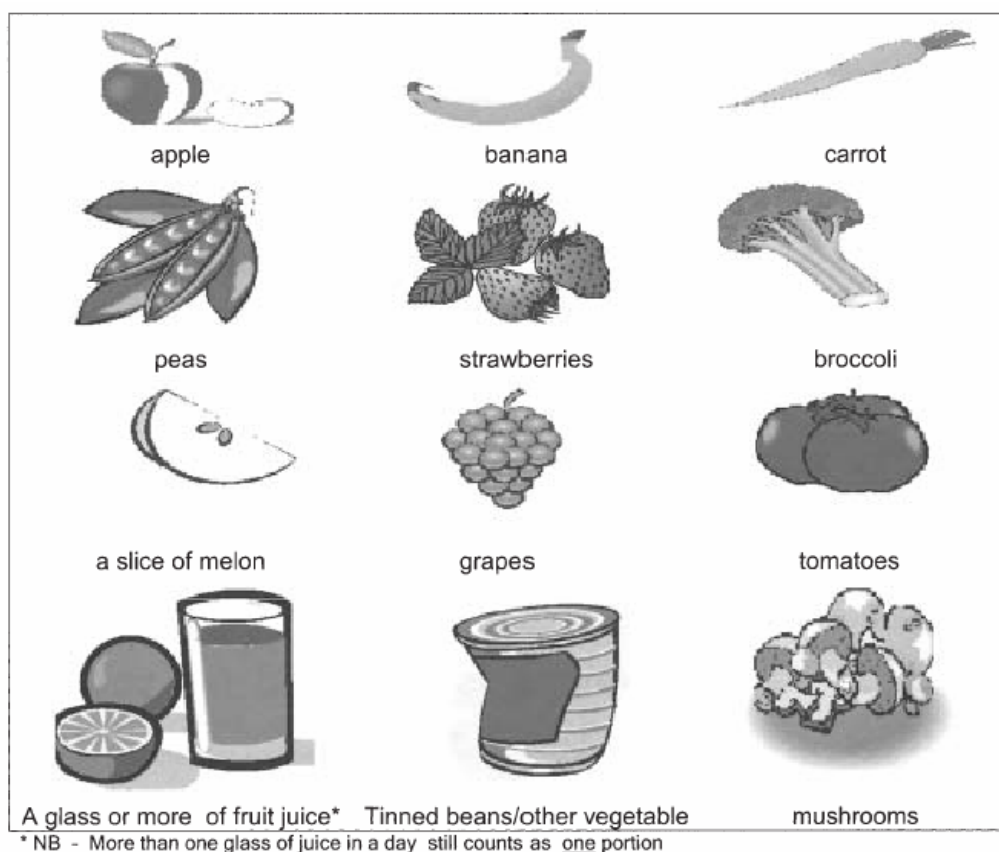
A 'portion' is equivalent to a handful or a cupful of fruit, a glass of fruit juice, a medium sized piece of fruit or two tablespoons of vegetables. Count fruit and vegetables in ready meals if you can estimate the portion.

For example if you had a glass of fruit juice at breakfast, an apple and pear at lunch, and tinned peaches in the evening that would count as 4 portions.

The following do not count as fruit or vegetables:

Potatoes Fruit squash Fruit yoghurt Fruit cake Jam Fruit & nut chocolate

In the picture below are just a few examples of what might count as portions of fruit or vegetables.



16. How many portions of fruit did you eat yesterday?
Include: fresh fruit, tinned fruit, defrosted fruit, dried fruit and fruit juice.

 portions

17. How many portions of vegetables did you eat yesterday?
Include: fresh vegetables, tinned vegetables, defrosted vegetables and dried vegetables.

 portions

18. Was yesterday fairly typical of the amount of fruit that you usually eat? *(Tick one box only)*

- | | |
|--|---------------------------------------|
| No, I usually eat quite a lot more fruit than yesterday | <input type="checkbox"/> ₁ |
| Not really, I usually eat a little more fruit than yesterday | <input type="checkbox"/> ₂ |
| Yes, yesterday was a fairly typical day | <input type="checkbox"/> ₃ |
| Not really, I usually eat a little less fruit than yesterday | <input type="checkbox"/> ₄ |
| No, I usually eat a lot less fruit than yesterday | <input type="checkbox"/> ₅ |

19. Was yesterday fairly typical of the amount of vegetables that you usually eat? *(Tick one box only)*

No, I usually eat quite a lot more vegetables than yesterday ☐₁

Not really, I usually eat a little more vegetables than yesterday ☐₂

Yes, yesterday was a fairly typical day ☐₃

Not really, I usually eat a little less vegetables than yesterday ☐₄

No, I usually eat a lot less vegetables than yesterday ☐₅

Your Local Community

The following questions help us to identify if there are any ways in which participation in sport activities helps to strengthen local communities.

20. Would you say that you know: *(Tick one box only)*

Many of the people in your neighbourhood ☐₁

Some of the people in your neighbourhood ☐₂

A few of the people in your neighbourhood ☐₃

You do not know the people in your neighbourhood ☐₄

21. On a scale of 1 to 5, where 1 represents not belonging at all and 5 represents a strong sense of belonging, how strongly do you feel you belong to each of the following? *(Score 1 – 5)*

a. Your neighbourhood

b. This local area (15-20 minutes walking distance)

c. Local authority area

d. County

e. Northern Ireland

22. Thinking about all the people who live in this neighbourhood, would you say that...

(Tick one box only)

Many of the people in your neighbourhood can be trusted ☐₁

Some can be trusted ☐₂

A few can be trusted ☐₃

None of the people in your neighbourhood can be trusted ☐₄

Just moved here ☐₅

Don't know ☐₆

23. People sometimes belong to different groups or associations. The list below contains examples of different types of group. For each type, please indicate whether you have taken part in the activities of this group in the past 12 months.

	Do not belong to...	Belong to...but not taken part	Taken part once or twice	Taken part more than twice
A neighbourhood association	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
A charitable organisation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
A sports group, hobby or leisure club	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
A church or religious organisation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
A trade union or professional association	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
A political party concern	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Other associations	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

24. How much do you agree or disagree with the following statement?
I can influence decisions affecting my local area (15 – 20 minutes walking distance).

Strongly agree	Tend to agree	Tend to disagree	Strongly disagree	Don't know
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Self Esteem

Below is a list of statements that might describe how you feel about yourself. Take a few moments to read them, and then tell us how strongly you agree or disagree with each statement. *(Tick only one box per statement)*

	Strongly agree	Tend to agree	Tend to disagree	Strongly disagree
25. On the whole, I am satisfied with myself.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
26. At times I think I am no good at all.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
27. I feel that I have a number of good qualities.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
28. I am able to do things as well as most other people.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
29. I feel I do not have much to be proud of.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
30. I feel that I'm a person of worth at least on an equal plane with others.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
31. I wish I could have more respect for myself.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
32. All in all, I am inclined to feel that I am a failure.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
33. I take a positive attitude toward myself.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Thank you for taking the time to help us with this survey.