

**Easy Read Survey**

# Involvement in Physical Activity Survey

|  |  |
| --- | --- |
| Disability Sport Wales | We are **Disability Sport Wales**.  |
|  | We want to know about your experiences of physical activity. |
|  | When we ask people to tell us about their experiences, we also ask them about themselves. |
|  | We do this to make sure **all** types of people are getting the chance to tell us about their experiences.  |
|  | To help us with this we would like you to fill out this form. And give us information about yourself. |
|  | We will keep your information private.  |
|  | We will not show anyone your information without asking you first. |
|  | We will not give your information to other organisations. |
|  | If you would like to know more you can read our **Equity Policy**.  |
|  | You can call us on **0300 3003115** and we will send you a copy. Or you can read it on our website: **www.disabilitysportwales.com** |

**Thank you.**

## Questions

1. **How do you describe yourself?**

|  |  |
| --- | --- |
|  | Female |[ ]
|  | Male |[ ]
|  | Trans - people who feel different inside in some way to the gender they were born as. |[ ]
|  | I do not want to say |[ ]
|  | Other |[ ]
|  | If you said other, please tell us how you describe yourself: |

1. **Do you find every day activities difficult because of a:**
* **health condition**
* **illness**
* **or disability**

**that has lasted or will last for 1 year or more**?

|  |  |
| --- | --- |
|  | Yes. I find everyday activities very difficult. I find life hard. |[ ]
|  | Yes. I find everyday activities quite difficult. I find life hard sometimes. |[ ]
|  | No |[ ]
|  | I do not want to say |[ ]

1. **What date is your birthday?**

|  |  |
| --- | --- |
|  |  |

1. **Before Covid-19, did you take part in physical activity?**

|[ ]
|  |



Yes

|[ ]
|  |



 No

|[ ]
|  |



Not sure

1. **Before Covid-19, what type of physical activity did you do? Select as many as you like.**



|  |
| --- |
|

|[ ]
|  |

[ ]  |

At a club



With friends

|[ ]
|  |



On my own

|[ ]
|  |



At home



|[ ]
|  |

Outdoor activities



|[ ]
|  |

None

1. **Recently, what physical activity have you been able to do? Select as many as you like.**

|[ ]
|  |



Video exercises



|[ ]
|  |

Online activities. Via Zoom, Skype, or YouTube etc.



|[ ]
|  |

At home exercise

|[ ]
|  |



Outdoor activities



|[ ]
|  |

None

1. **What challenges have you experienced when trying to do physical activity? Select as many as you like.**

|[ ]
|  |

Not interested



|[ ]
|  |

No activities suitable for my disability or impairment

|[ ]
|  |



No support available



|[ ]
|  |

No transport

|[ ]
|  |



No equipment

|[ ]
|  |



Cost

1. **How could your physical activity experience be improved? Select as many as you like.**

|[ ]
|  |



Activities I am interested in



|[ ]
|  |

More activities suitable for my disability or impairment



|[ ]
|  |

Access to a computer

|[ ]
|  |



Transport made available

|[ ]
|  |



Equipment



|[ ]
|  |

Being able to take part with friends



Thank you for completing the survey if you

would like to speak to us please

Phone: 0300 3003115 or

Email: office@disabilitysportwales.com