

**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**?

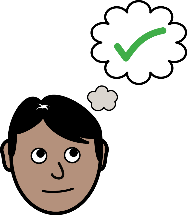
|  |  |  |
| --- | --- | --- |
|  | Yes. I find everyday activities very difficult. I find life hard. |  |
|  | Yes. I find everyday activities quite difficult. I find life hard sometimes. |  |
|  | No |  |
|  | I do not want to say |  |

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

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

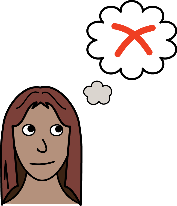
1. **Before Covid-19, did you take part in physical activity?**

|  |
| --- |
|  |



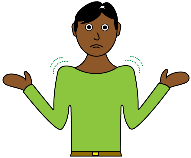
Yes

|  |
| --- |
|  |



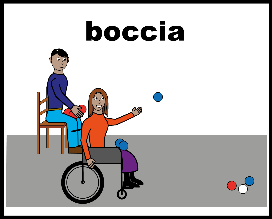
No

|  |
| --- |
|  |



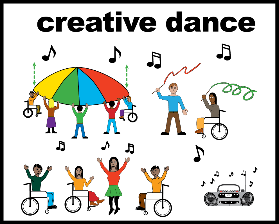
Not sure

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



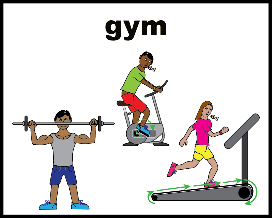
|  |  |
| --- | --- |
| |  | | --- | |  | |

At a club



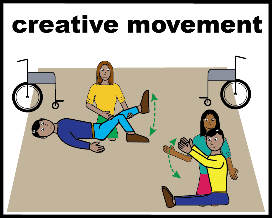
With friends

|  |
| --- |
|  |

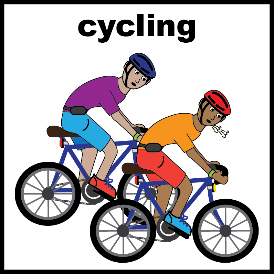


On my own

|  |
| --- |
|  |



At home



|  |
| --- |
|  |

Outdoor activities



|  |
| --- |
|  |

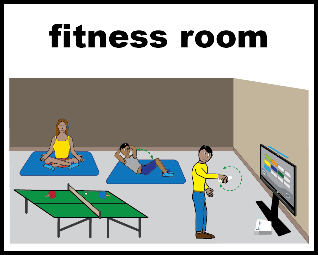
None

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

|  |
| --- |
|  |

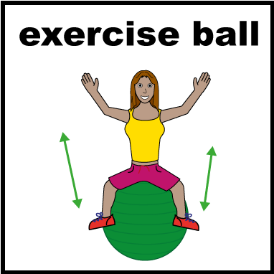


Video exercises



|  |
| --- |
|  |

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



|  |
| --- |
|  |

At home exercise

|  |
| --- |
|  |

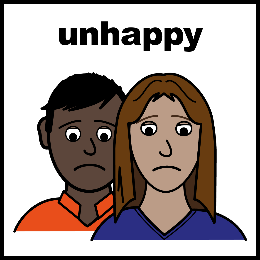


Outdoor activities



|  |
| --- |
|  |

None

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

|  |
| --- |
|  |

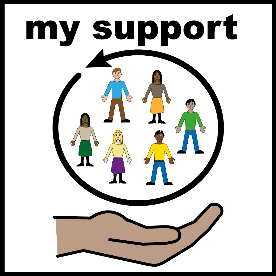
Not interested



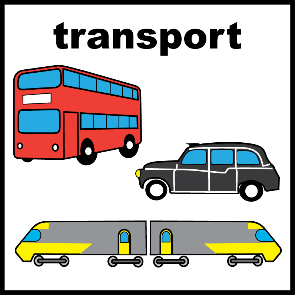
|  |
| --- |
|  |

No activities suitable for my disability or impairment

|  |
| --- |
|  |



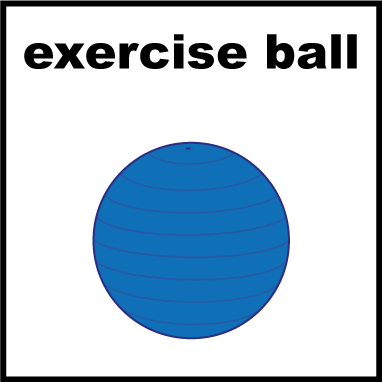
No support available



|  |
| --- |
|  |

No transport

|  |
| --- |
|  |



No equipment

|  |
| --- |
|  |



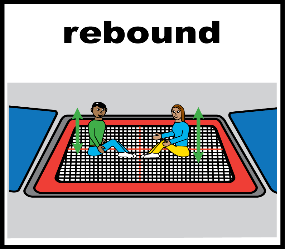
Cost

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

|  |
| --- |
|  |



Activities I am interested in



|  |
| --- |
|  |

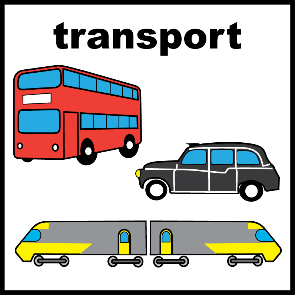
More activities suitable for my disability or impairment



|  |
| --- |
|  |

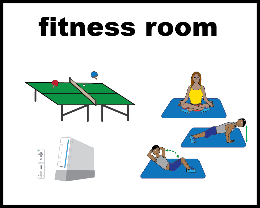
Access to a computer

|  |
| --- |
|  |

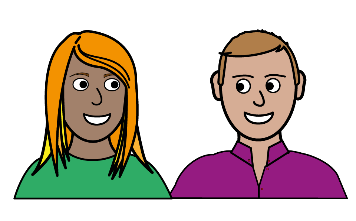


Transport made available

|  |
| --- |
|  |



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](mailto:office@disabilitysportwales.com)