Active Lives Survey

This survey asks about healthy lifestyles and leisure, recreational, and cultural activities. It is being conducted on behalf of government agencies including Sport England, Arts Council England and Public Health England by Ipsos MORI, an independent social research organisation.

Example

Below is an example of the type of question you may be asked in the questionnaire...

If you see the symbol it means there is extra information available to help you answer the question.

'I have played football and cricket within the past 12 months. I have played football within the past 4 weeks but not cricket'

Have you done this activity in the **past 12 months**?

If you haven't please leave the box blank.

Have you done this activity in the **past 4 weeks**?

If you haven't please leave the box blank.

'I have played football on 8 days in the past 4 weeks. I have not played cricket in the past 4 weeks so I have left those boxes blank'

If you have done this activity during the **past 4 weeks** could you tell us...

...on how many days you did it?

...the time you usually spent on the activity **per day**

...if the effort you usually put into the activity was enough to...

...raise your breathing rate

...make you out of breath or sweat

Team Sports

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>Checked</th>
<th>Checked</th>
<th>Days (in past 4 weeks)</th>
<th>Hours (per day)</th>
<th>Mins (per day)</th>
<th>Yes</th>
<th>No</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Football</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>08</td>
<td>01</td>
<td>30</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cricket</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>01</td>
<td>01</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Q1 Have you done any of these activities in the past 12 months?  
*Please √ all that apply*

1. **Spent time doing a creative, artistic, theatrical or music activity or craft**
2. **Attended an event, performance or festival involving creative, artistic, dance, theatrical or music activity**
3. **Used a public library service**
4. **Attended a museum or gallery**
5. None of these

### Attended arts: Include any activities connected with painting, artistic photography, sculpture, digital or electronic art/music, crafts, music, literature, drama and the theatre, carnivals, circus and festivals. Include professional, amateur and faith based activities in your local area and elsewhere.

### Q2 Have you attended a live sports event in the past 12 months?  
*Please √ one box only*

1. **Yes**  
   Go to Q3
2. **No**  
   Go to Q5

### Attended live sports event: Include all matches and competitions, including professional sport as well as watching family and friends compete.

### Q3 How many times have you attended a live sports event in the past 12 months?  
*Please √ one box only*

1. **Once**
2. **Twice**
3. **Three or more times**

### Q4 Have you attended a live sports event in the past 4 weeks?  
*Please √ one box only*

1. **Yes**
2. **No**

### Attended a museum or gallery: Include museums and galleries attended in your local area and elsewhere.
Q5

Listed below are types of walking, cycling, gardening and dance which you may have done within the past 12 months

Please √ all activities that you have done within the past 12 months; answering the follow up questions for each activity as appropriate

<table>
<thead>
<tr>
<th>Walking</th>
<th>Yes</th>
<th>Yes</th>
<th>Days (in past 4 weeks)</th>
<th>Hours (per day)</th>
<th>Mins (per day)</th>
<th>Yes</th>
<th>No</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walking for travel</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walking for leisure (incl. dog walking and rambling)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Cycling | | | | | | | | |
|---------|-----|-----|------------------------|----------------|---------------|-----|----|-----|----|
| Cycling for travel (including commuting) | | | | | | | | |
| Cycling for leisure and all other cycling | | | | | | | | |

| Gardening | | | | | | | | |
|-----------|-----|-----|------------------------|----------------|---------------|-----|----|-----|----|

| Dancing | | | | | | | | |
|---------|-----|-----|------------------------|----------------|---------------|-----|----|-----|----|
| Creative or artistic dance | | | | | | | | |
| Other types of dance | | | | | | | | |

I have not done any of these activities in the past 12 months □

Walking: Include all continuous walks of at least 10 minutes without stopping. If you stop for short breaks, such as waiting to cross a road this still counts as continuous. Exclude walking around the shops. Include walking a dog as leisure walking. Mountain/hill walking and hiking should be included at the next question on page 5.

Creative or artistic dance: For example ballet, ballroom, belly dancing, contemporary, contact improvisation, Flamenco, folk, hip hop, historical/period, Irish, jazz, jive, Latin American, line or square dancing, salsa, street dance, South Asian, tango or tap.

Other types of dance: Dance based fitness classes/Zumba should be included under the fitness section later in the questionnaire.
Q5 Listed below are **sport, fitness and recreation activities** which you may have done within the past 12 months. **Please ✔ all** activities that you have done within the past 12 months; answering the follow up questions for each activity as appropriate.

<table>
<thead>
<tr>
<th><strong>Team sports</strong></th>
<th><strong>Have you done this activity in the past 12 months?</strong></th>
<th><strong>Have you done this activity in the past 4 weeks?</strong></th>
<th><strong>If you have done this activity during the past 4 weeks could you tell us...</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes ✔</td>
<td>Yes ✓</td>
<td>Days (in past 4 weeks) Hours (per day) Mins (per day) Yes No Yes No</td>
</tr>
<tr>
<td>Football (includes small sided football)</td>
<td>❄❄❄❄</td>
<td>❄❄❄❄</td>
<td>❄❄❄❄</td>
</tr>
<tr>
<td>Cricket (includes nets practice)</td>
<td>❄❄❄❄</td>
<td>❄❄❄❄</td>
<td>❄❄❄❄</td>
</tr>
<tr>
<td>Rugby union (includes touch and sevens)</td>
<td>❄❄❄❄</td>
<td>❄❄❄❄</td>
<td>❄❄❄❄</td>
</tr>
<tr>
<td>Rugby league (includes touch)</td>
<td>❄❄❄❄</td>
<td>❄❄❄❄</td>
<td>❄❄❄❄</td>
</tr>
<tr>
<td>Netball</td>
<td>❄❄❄❄</td>
<td>❄❄❄❄</td>
<td>❄❄❄❄</td>
</tr>
<tr>
<td>Basketball</td>
<td>❄❄❄❄</td>
<td>❄❄❄❄</td>
<td>❄❄❄❄</td>
</tr>
<tr>
<td>Hockey (field)</td>
<td>❄❄❄❄</td>
<td>❄❄❄❄</td>
<td>❄❄❄❄</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Racket sports</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tennis</td>
</tr>
<tr>
<td>Badminton</td>
</tr>
<tr>
<td>Squash or racketball</td>
</tr>
<tr>
<td>Table tennis</td>
</tr>
</tbody>
</table>

**I have not done any of these activities in the past 12 months** ❄❄❄❄
Listed below are sport, fitness and recreation activities which you may have done within the past 12 months
Please √ all activities that you have done within the past 12 months; answering the follow up questions for each activity as appropriate

<table>
<thead>
<tr>
<th>Activity/Other Sports</th>
<th>Have you done this activity in the past 12 months?</th>
<th>Have you done this activity in the past 4 weeks?</th>
<th>If you have done this activity during the past 4 weeks could you tell us...</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td>Days (in past 4 weeks)</td>
</tr>
<tr>
<td>Adventure and water sports</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hill and mountain walking, hiking, mountaineering</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Climbing or bouldering (including rock and wall)</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Rowing</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Sailing or windsurfing</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Canoeing, kayaking or rafting</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Running or athletics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Track and field athletics</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Running or jogging</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Other sports</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Swimming</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Golf (includes pitch &amp; putt)</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Horse riding</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Bowls</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

I have not done any of these activities in the past 12 months □
**Q5**

Listed below are **sport, fitness and recreation activities** which you may have done within the past 12 months.

Please **✓ all activities** that you have done within the past 12 months; answering the follow up questions for each activity as appropriate.

<table>
<thead>
<tr>
<th>Fitness activities</th>
<th>Have you done this activity in the past 12 months?</th>
<th>Have you done this activity in the past 4 weeks?</th>
<th>If you have done this activity during the past 4 weeks could you tell us...</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes ✓</td>
<td>Yes ✓</td>
<td>Days (in past 4 weeks)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Hours (per day)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Mins (per day)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Mixed fitness or gym session</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Exercise bike</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Treadmill</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Rowing machine</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other exercise machine</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Body weight exercises (e.g. pull ups, press ups, sit ups)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Free weights (includes kettlebells and dumb bells)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Weightlifting or powerlifting (using a barbell)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**I have not done any of these activities in the past 12 months** ☐

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**Mixed fitness or gym session:** A session combining several gym or fitness machine activities. If you tick this box do not tick all the individual machines or activities you do as part of the session.
Listed below are **sport, fitness and recreation activities** which you may have done within the past 12 months

**Q5**

Please ✓ all activities that you have done within the past 12 months; answering the follow up questions for each activity as appropriate

<table>
<thead>
<tr>
<th>Activity</th>
<th>Days (in past 4 weeks)</th>
<th>Hours (per day)</th>
<th>Mins (per day)</th>
<th>Yes</th>
<th>No</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boxing class (e.g. Boxercise, body combat)</td>
<td></td>
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<tr>
<td>Cardio class (e.g. aerobics, step aerobics, body attack)</td>
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<td></td>
</tr>
<tr>
<td>Cycle class (e.g. spinning, RPM)</td>
<td></td>
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</tr>
<tr>
<td>Dance based class (e.g. Zumba, fitsteps, ravirusce or body jam)</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Water-based classes (e.g. aquaerobics, aquafit)</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Circuit or cross training, cross fit, HIT or boot camp</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Pilates</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yoga</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tai Chi</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other fitness or exercise class</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I have not done any of these activities in the past 12 months □
Q5 Listed below are **sport, fitness and recreation activities** which you may have done within the past 12 months

*Please ✔ all activities that you have done within the past 12 months*; answering the follow up questions for each activity as appropriate

<table>
<thead>
<tr>
<th>Activity</th>
<th>Have you done this activity in the <strong>past 12 months?</strong></th>
<th>Have you done this activity in the <strong>past 4 weeks?</strong></th>
<th>If you have done this activity during the <strong>past 4 weeks</strong> could you tell us...</th>
<th>I have not done any of these activities in the past 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes [✓]</td>
<td>Yes [✓]</td>
<td>...on how many days you did it?</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>Days (in past 4 weeks)</td>
<td>Hours (per day)</td>
<td>...the time you usually spent on the activity <strong>per day</strong></td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>Mins (per day)</td>
<td></td>
<td>...if the effort you usually put into the activity was enough to...</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>...raise your breathing rate</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>...make you out of breath or sweat</td>
<td>☐</td>
</tr>
<tr>
<td><strong>Other sports</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boxing</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td>☐</td>
</tr>
<tr>
<td>Martial arts</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td>☐</td>
</tr>
<tr>
<td>Angling or fishing</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td>☐</td>
</tr>
<tr>
<td>Shooting</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td>☐</td>
</tr>
<tr>
<td>Skiing or snowboarding</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td>☐</td>
</tr>
<tr>
<td>Gymnastics or trampolining</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td>☐</td>
</tr>
<tr>
<td>Gardening trampolining</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td>☐</td>
</tr>
</tbody>
</table>

**Please write in capitals**

**Other sports or fitness activities you have done in the **past 12 months****
Q6 Thinking about exercise in general. To what extent do you agree or disagree with the following statements?
Please √ one box for each statement

a) I find exercise enjoyable and satisfying
- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

b) It's important to me to exercise regularly
- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

c) I feel guilty when I don't exercise
- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

d) I exercise because I don't want to disappoint other people
- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Q7 During the last 12 months, have you given any of your time to do any of the following activities?
Only include unpaid activities (payments to cover expenses are allowed)
Please √ all boxes that apply

- Raise funds for a sports club, organisation or event
- Provide transport which helps people take part in sport (other than for family members)
- Coaching or instructing an individual or team(s) in a sport or recreational physical activity (other than solely for family members)
- Referee, umpire, or officiate at a sports match, competition or event
- Perform an administrative or committee role for a sports organisation, activity or event (e.g. chairman, treasurer, social secretary, first aider, welfare officer)
- Act as a steward or marshal at a sports activity or event (this may include helping with registration, marking the route etc)
- Other: provide any other help for a sport or recreational physical activity (such as welcoming people, helping with refreshments, setting out equipment, marketing)

If you have given your time to support sport, fitness or recreation activities in the past 12 months

Q8 Think about all those sport and fitness activities you have given your time to support. Have you volunteered on more than one occasion in the last 12 months?
Please √ one box only

- Yes
- No
You and your household

Please be assured that we are bound by the Market Research Society Code of Conduct and all of your details are held in the strictest confidence.

Q9 Which of the following describes how you think of yourself?

Please ✓ one box only

- Male
- Female
- In another way

Q10 What is your age?

- [ ] years old

Q11 Including yourself how many adults live in your household? (include those aged 16 and over)

If you live by yourself please write 1

- [ ] adults aged 16 and over

Q12 How many children or young people aged 0-15 years live in your household?

If there are no children living here please write 0

- [ ] people aged 0-15 years

Q13 How old are the children or young people in your household? Only include those aged 0-15.

If there are no children living here leave the boxes blank

<table>
<thead>
<tr>
<th>Child 1</th>
<th>Child 2</th>
<th>Child 3</th>
<th>Child 4</th>
<th>Child 5</th>
<th>Child 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] years old</td>
<td>[ ] years old</td>
<td>[ ] years old</td>
<td>[ ] years old</td>
<td>[ ] years old</td>
<td>[ ] years old</td>
</tr>
</tbody>
</table>

Q14 Please tell us how members of your household are related to you.

Please ✓ all the boxes that apply

- Partner or spouse
- Son(s) or daughter(s) (including step-children) who live with me full time
- Son(s) or daughter(s) (including step-children) who only live with me part of the time
- Mother or father (including mothers/fathers-in-law and step-mother or step-father)
- Grandparent(s)
- Grandchild or grandchildren
- Sister(s) or brother(s)
- Other relation
- Friend(s) or house shares
- Lodger(s) or someone else renting a room

Q15 Do you have any children (of any age, including adults) who no longer live with you?

Please ✓ one box only

- Yes
- No

1. Partner or spouse: Include husband or wife, civil partners, partners
2. Full time: Live with you all week.
3. Part of the time: Live with you for part of the week.
4. Sons or daughters: Include fostered and adopted children and sons/daughters-in-law
5. Sister(s) or brother(s): Include brothers/ sisters-in-law and step-brothers/sisters
**Q16** Do you have any physical or mental health conditions or illnesses that have lasted or are expected to last 12 months or more?

*Please ✓ one box only*

<table>
<thead>
<tr>
<th>Yes</th>
<th>Go to Q17</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Go to Q19</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>Go to Q19</td>
</tr>
</tbody>
</table>

**Q17** Do these physical or mental health conditions or illnesses have a substantial effect on your ability to do normal daily activities?

*Please ✓ one box only*

| Yes | |
| No | |
| Prefer not to say | |

---

**Q18** Does this disability or illness affect you in any of the following areas?

*Please ✓ all the boxes that apply to you*

- Long term pain
- Chronic health condition
- Mobility
- Dexterity
- Mental health
- Visual
- Breathing
- Learning
- Speech
- Behavioural
- Other
- None of these

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**Long term pain:** persistent or chronic pain, for example from arthritis

**Chronic health conditions:** examples include diabetes, coronary heart disease, stroke, epilepsy and hypertension

**Mobility:** conditions affecting the ability to move around, for example muscle weakness, joint problems, or neurological conditions

**Dexterity:** impact on fine motor skills or movements, for example maintaining a hold on items.

**Mental Health:** includes anxiety disorders, bipolar disorder, depression, eating disorders, personality disorders, psychosis and schizophrenia

**Visual:** includes total blindness and low vision that cannot be corrected with standard glasses or contact lenses

**Breathing:** conditions that may result in breathlessness, asthma attacks or fatigue. Examples include bronchitis, fibrosis, pulmonary edema, and asbestosis

**Memory:** difficulty consistently remembering information which impacts on daily life

**Hearing:** partially or wholly lacking hearing, in one or both ears.

**Learning:** reduced intellectual ability and difficulty with everyday activities

**Speech:** disruption in normal speaking patterns, for example lisps and dyspraxia

**Behavioural:** behaviour traits that have a negative impact on daily life and/or social interactions or that make certain tasks more difficult
Q19 How many portions of fruit did you eat yesterday?

Please include all fruit, including fresh, frozen, dried or tinned fruit, stewed fruit or fruit juices and smoothies.

<table>
<thead>
<tr>
<th>Portions</th>
<th>Don’t Know</th>
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What should I count as a portion? A portion is half a large fruit such as a grapefruit, avocado, one medium sized fruit such as an apple, orange or pear, 2 small fruits such as plums or satsumas, a handful of grapes or berries, a heaped tablespoon of dried fruit, 3 heaped tablespoons of fruit salad or stewed fruit, 150ml fruit juice. Please do not include more than 150ml of fruit juice (including fruit juice contained within smoothies). This is because only one portion of fruit juice counts towards your 5-a-day.

Q20 How many portions of vegetables did you eat yesterday?

Please include fresh, frozen, raw or tinned vegetables, but do not include any potatoes you ate.

<table>
<thead>
<tr>
<th>Portions</th>
<th>Don’t Know</th>
</tr>
</thead>
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</table>

What should I count as a portion? A portion is 3 heaped tablespoons of vegetables, 3 heaped tablespoons of beans or pulses (such as baked beans, kidney beans or lentils). Beans and pulses only count as one portion no matter how much of them you eat. Potatoes do not count.

Q21 How tall are you without shoes?

If you are unsure please give an estimate. Please answer in either feet and inches or metres and centimetres.

I am □ feet □ inches tall

OR

I am □ metres □ centimetres tall

Cannot give estimate □

Prefer not to say □

Q22 What is your current weight?

If you are unsure please give an estimate. Please answer in either stones and pounds or kilograms.

I weigh □ stone □ pounds

OR

I weigh □ kilograms

Cannot give estimate □

Prefer not to say □
If you are female…

Q23. We have just asked about your height and weight. As being pregnant affects weight, are you pregnant at present?

Please ✗ one box only

Yes ☐ No ☐ Prefer not to say ☐

Q24. Which one of the following best describes your ethnic group or background?

Please ✗ one box only

White British ☐
Other White background ☐
Mixed ☐
Asian or Asian British ☐
Chinese ☐
Black or Black British ☐
Other ethnic group ☐
Prefer not to say ☐

Q25. What is your highest educational qualification? This means any educational, professional, vocational or other work-related qualifications for which you received a certificate?

Please ✗ one box only

Degree level or above ☐
Other Higher Education below degree level ☐
A levels, NVQ level 3 and equivalents ☐
GCSE/O level grade A*-C or 4-9, NVQ level 2 and equivalents ☐
Qualifications at level 1 and below ☐
Another type of qualification (includes other vocational or professional or foreign qualifications) ☐
No qualification ☐
Prefer not to say ☐

*A levels, NVQ level 3 and equivalents includes AS level, SVQ and GNVQ level 3, BTEC National

GCSE/O level grade A*-C or 4-9, NVQ level 2 and equivalents includes SVQ and GNVQ level 2, BTEC first or general diploma

Qualifications at level 1 and below includes GCSE or O level below grade C or 4, CSE below grade 1, NVQ, SVQ and GNVQ level 1, BTEC first or general certificate
Q26 What is your current working status?
   Please ✗ one box only

   Working full-time □ Go to Q29
   Working part-time □ Go to Q29
   Unemployed – less than 12 months □ Go to Q28
   Unemployed (long term) – more than 12 months □ Go to Q28
   Not working – retired □ Go to Q27
   Not working – looking after house/children □ Go to Q28
   Not working – long term sick or disabled □ Go to Q28
   Student – in full-time education studying for a recognized qualification □ Go to Q28
   Student – in part-time education studying for a recognized qualification □ Go to Q28
   Other □ Go to Q28

If you are retired...

Q27 Which year did you leave your last paid job?

   Year (YYYY) □ □ □ □ Go to Q29

Q28 Have you ever worked?
   Please ✗ one box only

   Yes □ Go to Q29
   No □ Go to Q35

Q29 Are you or were you working as an employee or are/were you self-employed?
   If you are not currently working please think about this in relation to your last main job. Please ✗ one box only

   Employed □ Go to Q30
   Self-Employed □ Go to Q32

Q30 How many people work or did work for your employer?
   If you are not currently working please think about this in relation to your last main job. Please ✗ one box only

   1 – 24 □
   25-499 □
   500 or more □

Q31 In your job do you or did you have any formal responsibility for supervising the work of other employees?
   Please ✗ one box only

   Yes □ Go to Q34
   No □ Go to Q34

   What do I include as supervising?
   INCLUDE supervising employees
   DO NOT include supervising children, animals or buildings

Q32 Are you or were you working on your own or do/did you have employees?
   Please ✗ one box only

   On my own/with partner but no employees □ Go to Q34
   With employees □ Go to Q33

Q33 How many people do you or did you employ at the place where you work/worked?
   Please ✗ one box only

   1 – 24 □
   25-499 □
   500 or more □
Q34 Select the one answer which best describes the sort of work that you do or did
If you are not currently working please think about this in relation to your last main job. Please ✓ one box only

Modern professional occupations such as: teacher, nurse, physiotherapist, social worker, welfare officer, artist, musician, police officer (sergeant or above), software designer

Clerical and intermediate occupations such as: secretary, personal assistant, clerical worker, office clerk, call centre agent, nursing auxiliary, nursery nurse

Senior managers or administrators (usually responsible for planning, organising and co-ordinating work, and for finance) such as: finance manager, chief executive

Technical and craft occupations such as: motor mechanic, fitter, inspector, plumber, printer, tool maker, electrician, gardener, train driver

Semi-routine manual and service occupations such as: postal worker, machine operative, security guard, caretaker, farm worker, catering assistant, receptionist, sales assistant

Routine manual and service occupations such as: HGV driver, van driver, cleaner, porter, packer, sewing machinist, messenger, labourer, waiter/waitress, bar staff

Middle or junior managers such as: office manager, retail manager, bank manager, restaurant manager, warehouse manager, publican

Traditional professional occupations such as: accountant, solicitor, medical practitioner, scientist, civil/mechanical engineer

Q35 We would like to give you a £5 gift voucher to thank you for your time. If you wish to receive a voucher your name and address will be passed on to our provider who will post your voucher within 2 weeks of us receiving your questionnaire. Would you be willing for this information to be passed on so that you can receive a gift voucher?
Please ✓ one box only

Yes ✓ Go to Q36
No  Go to Q39

Q36 To receive your gift voucher please confirm your postal address is the address on the letter we sent you
Please ✓ one box only

The address that the questionnaire has been sent to is correct  Go to Q38

I would like to provide another address as I have moved or will move  Go to Q37

Q37 What is your new address?
Please write in block capitals

Postcode

How will our provider use my details? Our provider will only use your name and address to send you your gift voucher. They will not contact you for any other reasons or pass your data to anyone else.
Q38 What is your name (forename and surname)?
*Please write in block capitals*

Title

Forename

Surname

Prefer not to say

Q39 This study was commissioned by Sport England with funding from Public Health England, Arts Council England, and the Department for Transport. One or more of these government agencies may wish to carry out follow up research on this topic sometime within the next two years. If you agree we will pass your name and contact details, together with your responses to this survey to these organisations.

Would you be willing to allow these organisations, or organisations acting on their behalf, to contact you again for this follow up research?

Yes

No

*Who will see my information and what will it include?* The information that we pass on may include the activities that you participate in or some of the classification data such as your age or sex. We would only pass your contact details and interview information onto Sport England, Arts Council England, Public Health England, the Department for Transport or another research company doing legitimate research on behalf of these organisations, if follow up research is done. Your name and contact details would never be passed to anyone else or used for commercial purposes.

Q40 What is your email address?
*Please write in block capitals*


Prefer not to say

Q41 Please write the date you completed the questionnaire in the boxes below

Day

Month

Thank you very much for giving some of your time to take part in this survey. The results will help Sport England, Arts Council England, Public Health England and the Department for Transport make important decisions about how to support local organisations and projects that will benefit you, your family and your community.

Please return your questionnaire in the pre-paid envelope provided.
If you cannot find, or did not receive, the pre-paid envelope (no stamp is needed) please send your completed questionnaire to:

Freepost RTUB-KZXB-JAAH
Active Lives Survey
TNT Business Solutions
Gielgud Way
Cross Point Business Park
Coventry
CV2 2SZ