



Ipsos MORI



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**ARTS COUNCIL
ENGLAND**



Public Health
England

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 **i** 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

Yes



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

If you haven't please leave the box blank

Yes



'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?

Days
(in past 4 weeks)

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

Hours
(per day)

Mins
(per day)

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

... raise your breathing rate

Yes

No

...make you out of breath or sweat

Yes

No

Team Sports

Football



0 | 8



0 | 1



3 | 0



Cricket



|



|



|



Q1 Have you done any of these activities in the past 12 months?

Please ✓ all that apply

i Spent time doing a creative, artistic, theatrical or music activity or craft ☐

i Attended an event, performance or festival involving creative, artistic, dance, theatrical or music activity ☐

i Used a public library service ☐

Attended a museum or gallery ☐

None of these ☐

i Spent time doing 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.

i Attended arts: Include indoor or outdoor events, performances or festivals connected with painting, sculpture, crafts, music, literature, dance, drama and the theatre, carnivals and circus. Include photography exhibitions. Include professional, amateur and faith based events in your local area and elsewhere. Include attending a live cinema screening of an arts or creative event or performance. Do not include attending the cinema to watch a film.

i Used a public library service: Include public library services used in your local area and elsewhere during visits to library buildings and mobile libraries as well as library services accessed online. Include book borrowing, e-book borrowing, accessing information, or attending meetings, events, courses, or clubs.

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

Q2 Have you attended a live sports event in the past 12 months? **i**

Please ✓ one box only

Yes ☐ Go to Q3

No ☐ Go to Q5

i 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

Once ☐

Twice ☐

Three or more times ☐

Q4 Have you attended a live sports event in the past 4 weeks?

Please ✓ one box only

Yes ☐

No ☐

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

	Have you done this activity in the past 12 months? <i>If you haven't please leave the box blank</i>		Have you done this activity in the past 4 weeks? <i>If you haven't please leave the box blank</i>		If you have done this activity during the past 4 weeks could you tell us...									
	Yes ✓		Yes ✓		...on how many days you did it? Days (in past 4 weeks)	...the time you usually spent on the activity per day Hours (per day)	Mins (per day)	...if the effort you usually put into the activity was enough to... ...raise your breathing rate	Yes	No	...make you out of breath or sweat	Yes	No	
Walking i														
Walking for travel	<input type="checkbox"/>	→	<input type="checkbox"/>	→	<input type="text"/>	→	<input type="text"/>	<input type="text"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
Walking for leisure (incl. dog walking and rambling)	<input type="checkbox"/>	→	<input type="checkbox"/>	→	<input type="text"/>	→	<input type="text"/>	<input type="text"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
Cycling														
Cycling for travel (including commuting)	<input type="checkbox"/>	→	<input type="checkbox"/>	→	<input type="text"/>	→	<input type="text"/>	<input type="text"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
Cycling for leisure and all other cycling	<input type="checkbox"/>	→	<input type="checkbox"/>	→	<input type="text"/>	→	<input type="text"/>	<input type="text"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
Gardening														
Gardening	<input type="checkbox"/>	→	<input type="checkbox"/>	→	<input type="text"/>	→	<input type="text"/>	<input type="text"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
Dancing														
Creative or artistic dance i	<input type="checkbox"/>	→	<input type="checkbox"/>	→	<input type="text"/>	→	<input type="text"/>	<input type="text"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
Other types of dance i	<input type="checkbox"/>	→	<input type="checkbox"/>	→	<input type="text"/>	→	<input type="text"/>	<input type="text"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>

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

i **Walking:** 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.

i **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.

i **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

	Have you done this activity in the past 12 months? <i>If you haven't please leave the box blank</i>	Have you done this activity in the past 4 weeks? <i>If you haven't please leave the box blank</i>	If you have done this activity during the past 4 weeks could you tell us...										
	Yes ✓	Yes ✓	...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...		...make you out of breath or sweat					
			Days (in past 4 weeks)	Hours (per day)	Mins (per day)	Yes	No	Yes	No				
Team sports													
Football (includes small sided football)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cricket (includes nets practice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rugby union (includes touch and sevens)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rugby league (includes touch)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Netball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Basketball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hockey (field)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Racket sports													
Tennis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Badminton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Squash or racketball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Table tennis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

	Have you done this activity in the past 12 months? <i>If you haven't please leave the box blank</i>		Have you done this activity in the past 4 weeks? <i>If you haven't please leave the box blank</i>		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...					
	Yes ✓		Yes ✓		Days (in past 4 weeks)		Hours (per day)		Mins (per day)		Yes	No	Yes	No	
Adventure and water sports															
Hill and mountain walking, hiking, mountaineering	<input type="checkbox"/>	→	<input type="checkbox"/>	→	<input type="text"/>	→	<input type="text"/>		<input type="text"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
Climbing or bouldering (including rock and wall)	<input type="checkbox"/>	→	<input type="checkbox"/>	→	<input type="text"/>	→	<input type="text"/>		<input type="text"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
Rowing	<input type="checkbox"/>	→	<input type="checkbox"/>	→	<input type="text"/>	→	<input type="text"/>		<input type="text"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
Sailing or windsurfing	<input type="checkbox"/>	→	<input type="checkbox"/>	→	<input type="text"/>	→	<input type="text"/>		<input type="text"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
Canoeing, kayaking or rafting	<input type="checkbox"/>	→	<input type="checkbox"/>	→	<input type="text"/>	→	<input type="text"/>		<input type="text"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
Running or athletics															
Track and field athletics	<input type="checkbox"/>	→	<input type="checkbox"/>	→	<input type="text"/>	→	<input type="text"/>		<input type="text"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
Running or jogging	<input type="checkbox"/>	→	<input type="checkbox"/>	→	<input type="text"/>	→	<input type="text"/>		<input type="text"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
Other sports															
Swimming	<input type="checkbox"/>	→	<input type="checkbox"/>	→	<input type="text"/>	→	<input type="text"/>		<input type="text"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
Golf (includes pitch & putt)	<input type="checkbox"/>	→	<input type="checkbox"/>	→	<input type="text"/>	→	<input type="text"/>		<input type="text"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
Horse riding	<input type="checkbox"/>	→	<input type="checkbox"/>	→	<input type="text"/>	→	<input type="text"/>		<input type="text"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
Bowls	<input type="checkbox"/>	→	<input type="checkbox"/>	→	<input type="text"/>	→	<input type="text"/>		<input type="text"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>


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

	Have you done this activity in the past 12 months? <i>If you haven't please leave the box blank</i>	Have you done this activity in the past 4 weeks? <i>If you haven't please leave the box blank</i>	If you have done this activity during the past 4 weeks could you tell us...							
	Yes ✓	Yes ✓	...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...		...make you out of breath or sweat		
Fitness activities			Days (in past 4 weeks)	Hours (per day)	Mins (per day)	Yes	No	Yes	No	
Mixed fitness or gym session 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exercise bike	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Treadmill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rowing machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other exercise machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Body weight exercises (e.g. pull ups, press ups, sit ups)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Free weights (includes kettlebells and dumb bells)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Weightlifting or powerlifting (using a barbell)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

 **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.

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

	Have you done this activity in the past 12 months? <i>If you haven't please leave the box blank</i>	Have you done this activity in the past 4 weeks? <i>If you haven't please leave the box blank</i>	If you have done this activity during the past 4 weeks could you tell us...							
	Yes ✓	Yes ✓	...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			
Fitness activities continued			Days (in past 4 weeks)	Hours (per day)	Mins (per day)	Yes	No	Yes	No	
Boxing class (e.g. Boxercise, body combat)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cardio class (e.g. aerobics, step aerobics, body attack)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cycle class (e.g. spinning, RPM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dance based class (e.g. Zumba, fitsteps, raverise or body jam)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Water-based classes (e.g. aquaerobics, aquafit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Circuit or cross training, cross fit, HIT or boot camp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pilates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Yoga	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tai Chi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other fitness or exercise class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

	Have you done this activity in the past 12 months? <i>If you haven't please leave the box blank</i>	Have you done this activity in the past 4 weeks? <i>If you haven't please leave the box blank</i>	If you have done this activity during the past 4 weeks could you tell us...								
	Yes ✓	Yes ✓	...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...					
			Days (in past 4 weeks)	Hours (per day)	Mins (per day)		...raise your breathing rate			...make you out of breath or sweat	
							Yes	No		Yes	No
Other sports											
Boxing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Martial arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angling or fishing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shooting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skiing or snowboarding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gymnastics or trampolining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garden trampolining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Other sports or fitness activities you have done in the **past 12 months** Please write in capitals

<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q6 Thinking about exercise in general, to what extent do you agree or disagree with the following statements?

Please ✓ one box for each statement

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
a) I find exercise enjoyable and satisfying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) It's important to me to exercise regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I feel guilty when I don't exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I exercise because I don't want to disappoint other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q7 Thinking about physical activity generally, to what extent do you agree or disagree with these statements?

Please ✓ one box for each statement

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
a) I feel that I have the ability to be physically active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I feel that I have the opportunity to be physically active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q8 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 <input type="checkbox"/>	Perform an administrative or committee role for a sports organisation, activity or event (e.g. chairman, treasurer, social secretary, first aider, welfare officer) <input type="checkbox"/>
Provide transport which helps people take part in sport (other than for family members) <input type="checkbox"/>	Act as a steward or marshal at a sports activity or event (this may include helping with registration, marking the route etc) <input type="checkbox"/>
Coaching or instructing an individual or team(s) in a sport or recreational physical activity (other than solely for family members) <input type="checkbox"/>	Other: provide any other help for a sport or recreational physical activity (such as welcoming people, helping with refreshments, setting out equipment, marketing) <input type="checkbox"/>
Referee, umpire, or officiate at a sports match, competition or event <input type="checkbox"/>	No, have not participated in any of these activities in the last 12 months <input type="checkbox"/> <i>Go to Q10</i>

i Please think about this in relation to sports, fitness and recreational activities and NOT other times outside of this when you are physically active i.e. at work or doing housework.

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

Q9 Thinking about all those sport and fitness activities you have given your time to support. Generally, how often have you done so over the last 12 months? Please ✓ one box only

Once a month or more ☐ Once/one-off activity ☐
Every few months ☐ Don't know ☐

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

Q10 Which of the following describes how you think of yourself? Please ✓ one box only

Male ☐ Female ☐ In another way ☐

Q11 What is your age?

years old

Q12 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

Q13 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

+ If there are children aged 0-15 in the household...

Q14 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

Child 1 years old Child 3 years old
Child 2 years old Child 4 years old

Q15 Please tell us how members of your household are related to you. Please ✓ all the boxes that apply

i Partner or spouse ☐

i Son(s) or daughter(s) (including step-children) who live with me **full time** ☐

i 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 ☐

i Sister(s) or brother(s) ☐

Other relation ☐

Friend(s) or house shares ☐

Lodger(s) or someone else renting a room ☐

i **Partner or spouse:**
Include husband or wife, civil partners, partners

i **Sons or daughters:**
include fostered and adopted children and sons/daughters-in-law

i **Full time:** Live with you all week
i **Part of the time:** Live with you for part of the week

i **Sister(s) or brother(s):**
include brothers/sisters-in-law and step-brothers/sisters

Q16

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

Please ✓ one box only

Yes ☐ No ☐

Q17

How is your health in general? Is it.....

Please ✓ one box only

Very good ☐ Good ☐ Fair ☐ Bad ☐ Very bad ☐

Q18

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

Yes ☐ Go to Q19

No ☐ Go to Q21

Prefer not to say ☐ Go to Q21

- 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

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 ☐

Q20

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

Please ✓ all the boxes that apply to you

Long term pain ☐ Visual ☐ Speech ☐

Chronic health condition ☐ Breathing ☐ Behavioural ☐

Mobility ☐ Memory ☐ Other ☐

Dexterity ☐ Hearing ☐ None of these ☐

Mental health ☐ Learning ☐ Prefer not to say ☐

Q21 How many portions of fruit did you eat yesterday?

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

Portions

Don't Know

i **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.

Q22 How many portions of vegetables did you eat yesterday?

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

Portions

Don't Know

i **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.

Q23 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

Q24 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...

Q25 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 ☐

Q26 Which one of the following best describes your ethnic group or background?

Please ✓ one box only

White British ☐ Chinese ☐

Other White background ☐ Black or Black British ☐

Mixed ☐ Other ethnic group ☐

Asian or Asian British ☐ Prefer not to say ☐

Q27 How often do you feel lonely? ⁱ

Please ✓ one box only

Often/Always ☐ Don't know ☐

Sometimes ☐ Prefer not to say ☐

Occasionally ☐

Hardly ever ☐

Never ☐

ⁱ **Why do we ask this?** This question aims to understand how people feel about their lives as it is important to us. There is no right or wrong answer.

Q28 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 ☐

ⁱ A levels, NVQ level 3 and equivalents ☐

ⁱ GCSE/O level grade A*-C or 4-9, NVQ level 2 and equivalents ☐

ⁱ Qualifications at level 1 and below ☐

Another type of qualification (includes other vocational or professional or foreign qualifications) ☐

No qualification ☐

Prefer not to say ☐

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

ⁱ **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

ⁱ **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

Q29 What is your current working status?

Please ✓ one box only

Working full-time ☐ Go to Q32

Working part-time ☐ Go to Q32

Unemployed – less than 12 months ☐ Go to Q31

Unemployed (long term) – more than 12 months ☐ Go to Q31

Not working – retired ☐ Go to Q30

Not working – looking after house/children ☐ Go to Q31

Not working – long term sick or disabled ☐ Go to Q31

Student – in full-time education studying for a recognised qualification ☐ Go to Q31

Student – in part-time education studying for a recognised qualification ☐ Go to Q31

Other ☐ Go to Q31

If you are retired...

Q30 Which year did you leave your last paid job?

Year (YYYY) Go to Q32

Q31 Have you ever worked?

Please ✓ one box only

Yes ☐ Go to Q32

No ☐ Go to Q38

Q32

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 Q33 Self-Employed ☐ Go to Q35

Q33

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 ☐

Q34

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 Q37

No ☐ Go to Q37

i What do I include as supervising?

INCLUDE supervising employees

DO NOT include supervising children, animals or buildings

Q35

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 Q37

With employees ☐ Go to Q36

Q36

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 ☐

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*

7

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

7

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

9

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

7

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*

7

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


7

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

11

Q38

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 £5 gift voucher?  *Please ✓ one box only*

Yes ☐ Go to Q39

5

Go to Q39

No ☐ Go to Q42

□

Go to Q42

Q39

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

7

Go to Q41

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

7

Go to Q40

Q40

What is your new address?

Please write in block capitals

[illegible]

Postcode

--	--	--	--	--	--	--	--

i 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.

Q41

What is your name (forename and surname)?

Please write in block capitals

Forename

Surname

Prefer not to say

☐

Q42

This study was commissioned by Sport England with funding from Public Health England, Arts Council England and the Department for Transport. These organisations along with Sport England Recognised National Governing Bodies, Sport England's national partners, Local authorities, Active Partnerships or approved academic partners 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 email address to these organisations so they can invite you to take part in follow up research. These government agencies may share these details with research agencies appointed to carry out this follow up research on their behalf. For a full list of organisations please see the privacy policy on www.activelivessurvey.org or by requesting a copy from the active lives helpline.

Would you be willing for Ipsos MORI to share your name, email address and your survey responses to allow these organisations and their agents to contact you again for follow up research? 

Yes


☐

Go to Q43

No

☐

Go to Q44

 **Who will see my information and what will it include?** If you agree to be recontacted by Sport England or their partners, Ipsos MORI will forward your name and email addresses, alongside any relevant Active Lives survey responses. 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. Please be assured that your name, email address and survey responses will be held securely by the above organisations and will only be used for research purposes if follow up research is done. This information will not be used for commercial purposes, and will be destroyed after two years.

Q43

What is your email address?

Please write in block capitals

Prefer not to say

☐

Q44

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 RUAY-KECS-CUKU
Active Lives Survey
Restore Digital
1 Dewar Square
Deans Industrial Estate
Livingston
EH54 8SA