

Sport Unlimited Evaluation Survey

Full Name

Year Group

School/College

Gender

1. How did you find out about the activity sessions? _____

2. What did you like about the activity sessions? (Cross all that apply)

- | | | | |
|----------------------|---------------------------------------|--------------------------------|---------------------------------------|
| Coach/Instructor | <input type="checkbox"/> ₁ | The Facilities | <input type="checkbox"/> ₅ |
| Being with friends | <input type="checkbox"/> ₂ | Competing against other people | <input type="checkbox"/> ₆ |
| Trying something new | <input type="checkbox"/> ₃ | Nothing | <input type="checkbox"/> ₇ |
| Keeping fit/healthy | <input type="checkbox"/> ₄ | Other: _____ | |

3. What did you not like so much about the activity sessions? (Cross all that apply)

- | | | | |
|-------------------------|---------------------------------------|----------------------------------|---------------------------------------|
| Coach/Instructor | <input type="checkbox"/> ₁ | Activity was boring | <input type="checkbox"/> ₄ |
| None of my friends come | <input type="checkbox"/> ₂ | Too far from home | <input type="checkbox"/> ₅ |
| Time was not convenient | <input type="checkbox"/> ₃ | The activity was too competitive | <input type="checkbox"/> ₆ |
| Other: _____ | | | |

4. How could the activity sessions be made better?

5. How many times do you go to the session? E.g. 1, 2...9 _____

6. If you did not attend all of the sessions, what stopped you from attending? E.g. Cost, travel arrangements, didn't fancy it _____

7. How likely are you to continue with this sport or activity?

- | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Very likely | Likely | Quite likely | Unlikely | Very unlikely |
| <input type="checkbox"/> ₅ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₁ |

8. Have you joined a [sport] club since taking part in this activity?

- Yes ₁ No ₂

9. Would you like to join a [sport] club since taking part in this activity?

- Yes ₁ No ₂

Please turn over

10. If 'Yes', do you require more information on Clubs in your area?

Yes ₁ Please send information to E-Mail: _____

No ₂

11. Are there any other sports or activities that you would like to try?

Yes ₁ No ₂

12. If 'Yes', what sports would you like to do more of? Please tick your top three choices

- | | | | |
|-----------------------------|---------------------------------------|-----------------|---------------------------------------|
| Aerobics | <input type="checkbox"/> ₁ | Mountain Biking | <input type="checkbox"/> ₁ |
| Archery | <input type="checkbox"/> ₁ | Multi-skills | <input type="checkbox"/> ₁ |
| Athletics | <input type="checkbox"/> ₁ | Netball | <input type="checkbox"/> ₁ |
| Badminton | <input type="checkbox"/> ₁ | Pilates | <input type="checkbox"/> ₁ |
| Basketball | <input type="checkbox"/> ₁ | Rounders | <input type="checkbox"/> ₁ |
| Baton Twirling/Cheerleading | <input type="checkbox"/> ₁ | Rowing | <input type="checkbox"/> ₁ |
| Boccia | <input type="checkbox"/> ₁ | Rugby League | <input type="checkbox"/> ₁ |
| Bowls | <input type="checkbox"/> ₁ | Rugby Union | <input type="checkbox"/> ₁ |
| BMX | <input type="checkbox"/> ₁ | Sailing | <input type="checkbox"/> ₁ |
| Canoeing | <input type="checkbox"/> ₁ | Salsa | <input type="checkbox"/> ₁ |
| Climbing | <input type="checkbox"/> ₁ | Skateboarding | <input type="checkbox"/> ₁ |
| Cricket | <input type="checkbox"/> ₁ | Skiing | <input type="checkbox"/> ₁ |
| Cycling | <input type="checkbox"/> ₁ | Softball | <input type="checkbox"/> ₁ |
| Dance | <input type="checkbox"/> ₁ | Squash | <input type="checkbox"/> ₁ |
| Fencing | <input type="checkbox"/> ₁ | Swimming | <input type="checkbox"/> ₁ |
| Football | <input type="checkbox"/> ₁ | Table tennis | <input type="checkbox"/> ₁ |
| Golf | <input type="checkbox"/> ₁ | Tennis | <input type="checkbox"/> ₁ |
| Gymnastics | <input type="checkbox"/> ₁ | Triathlon | <input type="checkbox"/> ₁ |
| Hockey | <input type="checkbox"/> ₁ | Trampolining | <input type="checkbox"/> ₁ |
| Horse Riding | <input type="checkbox"/> ₁ | Volleyball | <input type="checkbox"/> ₁ |
| Korfball | <input type="checkbox"/> ₁ | Yoga | <input type="checkbox"/> ₁ |
| Lacrosse | <input type="checkbox"/> ₁ | | |
| Martial Arts | <input type="checkbox"/> ₁ | None | <input type="checkbox"/> ₁ |

13. Please use this space to suggest any other sports activities that are not listed above