

SITE DAY MONTH
DATE 1999

SPORT ENGLAND SURVEY OF INDOOR BOWLING FACILITY USERS

We would greatly appreciate it if you could complete this questionnaire about your use of the indoor bowls facility today. The findings will contribute towards the development of indoor bowls in the future.

The questionnaire is quick and easy to complete and your answers will be treated confidentially. You should only complete this questionnaire if you are aged **16 or above and are participating in indoor bowls at this facility today.**

Please complete the questionnaire by **MARKING THE BOX** corresponding to your answer or by **WRITING YOUR ANSWER** in the space provided. Please complete **ALL** the questions.

Q1 Have you already completed one of these questionnaires at this facility within the last seven days?
 Yes **PLEASE HAND QUESTIONNAIRE BACK TO INTERVIEWER**
 No **PLEASE GO TO Q2a**

Q2a Which one of these best describes how you are taking part in bowls today?
PLEASE MARK ONE BOX ONLY

- As a member of a club based at this facility
 As a member of a club based at another facility
 As a guest of a member of a club
 As a member of the public – pre-booked
 As a member of the public – not pre-booked
 Other (**PLEASE WRITE IN AND MARK BOX**)

Q2b Are you playing in a league match or competition today, in an informal match or neither?

- LEAGUE MATCH/COMPETITION**
- playing against bowlers from your club/facility
 - playing against bowlers from another club/facility
- INFORMAL MATCH**
- On a training course or session run by a coach
 Other (**PLEASE WRITE IN AND MARK BOX**)

Q3 Is this the nearest facility to your home at which you can take part in indoor bowls?

- No **PLEASE ANSWER Q4**

 Yes **PLEASE GO**
 Don't know **TO Q5a**

Q4 What is the main reason that you did not use the indoor bowls facility nearest to your home today?
 (Please give **ONE** main reason only)

Q5a Do you ever use other local facilities to take part in indoor bowls? Please include occasions when you take part in leagues or competitions at other facilities.

Yes **PLEASE ANSWER Q5b**

No **PLEASE GO TO Q6a**

Q5b How often do you use other local facilities to take part in indoor bowls?

	<u>IN WINTER</u>	<u>IN SUMMER</u>
More than 3 times a week	<input type="checkbox"/>	<input type="checkbox"/>
2 or 3 times a week	<input type="checkbox"/>	<input type="checkbox"/>
Once a week	<input type="checkbox"/>	<input type="checkbox"/>
Once or twice a month	<input type="checkbox"/>	<input type="checkbox"/>
Once every 2 or 3 months	<input type="checkbox"/>	<input type="checkbox"/>
Once every 6 months	<input type="checkbox"/>	<input type="checkbox"/>
Less than once every 6 months	<input type="checkbox"/>	<input type="checkbox"/>
Never	<input type="checkbox"/>	<input type="checkbox"/>

Q6a Do you ever use local facilities to play outdoor bowls?

Yes – flat green bowls **PLEASE ANSWER**

Yes - crown green bowls **Q6b**

No **PLEASE GO TO Q7**

Q6b How often do you use local facilities to play outdoor bowls?

	<u>IN WINTER</u>	<u>IN SUMMER</u>
More than 3 times a week	<input type="checkbox"/>	<input type="checkbox"/>
2 or 3 times a week	<input type="checkbox"/>	<input type="checkbox"/>
Once a week	<input type="checkbox"/>	<input type="checkbox"/>
Once or twice a month	<input type="checkbox"/>	<input type="checkbox"/>
Once every 2 or 3 months	<input type="checkbox"/>	<input type="checkbox"/>
Once every 6 months	<input type="checkbox"/>	<input type="checkbox"/>
Less than once every 6 months	<input type="checkbox"/>	<input type="checkbox"/>
Never	<input type="checkbox"/>	<input type="checkbox"/>

Q7 Is today your first visit to this indoor bowls facility?

Yes **PLEASE GO TO Q9**

No **PLEASE ANSWER Q8a/b**

Q8a How many times (including this visit) have you visited this indoor bowls facility to take part in bowls?
ANSWER (a) AND (b)

	(a) In the last 7 Days (including today)	(b) In the last 4 Weeks (including today)
One	<input type="checkbox"/>	<input type="checkbox"/>
Two	<input type="checkbox"/>	<input type="checkbox"/>
Three	<input type="checkbox"/>	<input type="checkbox"/>
Four	<input type="checkbox"/>	<input type="checkbox"/>
Five	<input type="checkbox"/>	<input type="checkbox"/>
Six	<input type="checkbox"/>	<input type="checkbox"/>
Seven	<input type="checkbox"/>	<input type="checkbox"/>
Eight or more (please mark box and write number below)	<input type="checkbox"/>	<input type="checkbox"/>

Q8b How often, if at all, do you use this indoor bowls facility to take part in indoor bowls during the summer?

More than 3 times a week	<input type="checkbox"/>
2 or 3 times a week	<input type="checkbox"/>
Once a week	<input type="checkbox"/>
Once or twice a month	<input type="checkbox"/>
Once every 2 or 3 months	<input type="checkbox"/>
Once every 6 months	<input type="checkbox"/>
Less than once every 6 months	<input type="checkbox"/>

Never

Q9 When does the bowls session in which you are taking part today, begin and end?
Please use the 24 hour clock (eg. 8.30pm = 20.30)

START TIME: hrs **FINISH TIME:** hrs

Q10a What was the **main** method of transport you used to get here today (i.e the method by which you travelled the **LONGEST DISTANCE**)?

- | | | | |
|-------------------------|--------------------------|------------------------------------|--------------------------|
| Car/van (driver) | <input type="checkbox"/> | Walked | <input type="checkbox"/> |
| Car/van (passenger) | <input type="checkbox"/> | Bicycle | <input type="checkbox"/> |
| Motor cycle (driver) | <input type="checkbox"/> | Train | <input type="checkbox"/> |
| Motor cycle (passenger) | <input type="checkbox"/> | Taxi | <input type="checkbox"/> |
| Public bus | <input type="checkbox"/> | Other (PLEASE WRITE IN & MARK BOX) | <input type="checkbox"/> |
| | | _____ | <input type="checkbox"/> |

Q10b Please mark the box to indicate the number of cars and vans normally available for use by you or members of your household.

- | | |
|-----------|--------------------------|
| 0 | <input type="checkbox"/> |
| 1 | <input type="checkbox"/> |
| 2 | <input type="checkbox"/> |
| 3 or more | <input type="checkbox"/> |

Q11 Did you come here today:

- | | | | |
|--|--------------------------|-------------------------------------|--------------------------|
| Straight from home | <input type="checkbox"/> | Straight from shopping | <input type="checkbox"/> |
| Straight from work | <input type="checkbox"/> | Straight from holiday accommodation | <input type="checkbox"/> |
| Straight from school/college | <input type="checkbox"/> | Other (PLEASE WRITE IN & MARK BOX) | <input type="checkbox"/> |
| Straight from a relative/friend's home | <input type="checkbox"/> | _____ | <input type="checkbox"/> |

Q12 How far was this journey here today?

- | | | | |
|---------------------------|--------------------------|----------------------------|--------------------------|
| Under 1/2 mile | <input type="checkbox"/> | 4 miles but under 5 miles | <input type="checkbox"/> |
| 1/2 mile but under 1 mile | <input type="checkbox"/> | 5 miles but under 10 miles | <input type="checkbox"/> |
| 1 mile but under 2 miles | <input type="checkbox"/> | 10 miles or over | <input type="checkbox"/> |
| 2 miles but under 3 miles | <input type="checkbox"/> | No idea | <input type="checkbox"/> |
| 3 miles but under 4 miles | <input type="checkbox"/> | | |

Q13a How long did this journey take today?

PLEASE WRITE IN: hrs mins

Q13b When you leave here today, are you going:

- | | | | |
|--------------------------------------|--------------------------|------------------------------------|--------------------------|
| Straight home | <input type="checkbox"/> | Straight to shopping | <input type="checkbox"/> |
| Straight to work | <input type="checkbox"/> | Straight to holiday accommodation | <input type="checkbox"/> |
| Straight to school/college | <input type="checkbox"/> | Other (PLEASE WRITE IN & MARK BOX) | <input type="checkbox"/> |
| Straight to a relative/friend's home | <input type="checkbox"/> | _____ | <input type="checkbox"/> |

Q14 Which of these **best** describes your membership of this club/facility?

- | | | | |
|----------------|--------------------------|---|--------------------------|
| Adult | <input type="checkbox"/> | Family member | <input type="checkbox"/> |
| Junior | <input type="checkbox"/> | Other type of member | <input type="checkbox"/> |
| Student | <input type="checkbox"/> | (PLEASE WRITE IN & MARK BOX) | <input type="checkbox"/> |
| Senior citizen | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| | | I AM NOT A MEMBER OF THIS CLUB/FACILITY | <input type="checkbox"/> |

The last few questions are about yourself and will help us analyse and use the information we have collected. Please be assured that your individual answers will remain confidential. Please answer **ALL** of these questions.

Q15 Are you....? Male

Female

Q16 In order to help us monitor equal opportunities policy, please indicate to which of the following groups you consider that you belong.

- | | | | |
|-------------------|--------------------------|--|--------------------------|
| White | <input type="checkbox"/> | Indian | <input type="checkbox"/> |
| Black – British | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> |
| Black – Caribbean | <input type="checkbox"/> | Bangladeshi | <input type="checkbox"/> |
| Black – African | <input type="checkbox"/> | Chinese | <input type="checkbox"/> |
| Black –Other | <input type="checkbox"/> | Another ethnic group (PLEASE WRITE IN & MARK BOX) | <input type="checkbox"/> |
| | | _____ | <input type="checkbox"/> |

Q17 Do you have any long term illness, health problem or disability which limits your daily activities or work you can do?

- Yes
No

Q18 What age are you? (write in years):

Q19 At what age did you finish your full-time education?

- | | | | |
|------------------------------|--------------------------|------------------|--------------------------|
| Still in full-time education | <input type="checkbox"/> | 16 to 18 years | <input type="checkbox"/> |
| 14 years or under | <input type="checkbox"/> | 19 years or over | <input type="checkbox"/> |
| 15 years | <input type="checkbox"/> | | |

Q20 Which of the following best describes your current situation? **MARK ONE BOX ONLY**

- | | | | |
|--|--------------------------|---|--------------------------|
| Still at school | <input type="checkbox"/> | Unemployed | <input type="checkbox"/> |
| Full time student (college/university) | <input type="checkbox"/> | Looking after home/family | <input type="checkbox"/> |
| Working full-time (30+ hrs) | <input type="checkbox"/> | Temporarily unable to work (eg ill) | <input type="checkbox"/> |
| Working part time (less than 30 hrs) | <input type="checkbox"/> | Permanently unable to work
(due to illness/disability) | <input type="checkbox"/> |
| On government work training programme | <input type="checkbox"/> | Other (PLEASE WRITE IN & MARK BOX) | <input type="checkbox"/> |
| Retired | <input type="checkbox"/> | _____ | <input type="checkbox"/> |

Q21 Who is the chief income earner in your household?
(**IF RETIRED**, who was the chief income earner before retirement?)

- Yourself **PLEASE**
Yourself and other/s **ANSWER**
Someone other than yourself **Q22**
-
- No wage earner in household **PLEASE GO**
Don't know **TO Q23**

Q22 Which of these best describes the chief income earner's job? If both yourself and someone else are the chief income earners mark the box that best describes your job.
(**IF RETIRED**, mark the box describing the chief income earner's job before retirement)

- | | | | |
|--|--------------------------|------------------------|--------------------------|
| Higher professional and senior management | <input type="checkbox"/> | Semi-skilled manual | <input type="checkbox"/> |
| Manager or technical and intermediate professional | <input type="checkbox"/> | Unskilled manual | <input type="checkbox"/> |
| Other non-manual | <input type="checkbox"/> | Don't know, but manual | <input type="checkbox"/> |
| Don't know, but non-manual | <input type="checkbox"/> | Don't know | <input type="checkbox"/> |
| Skilled manual | <input type="checkbox"/> | | |

Q23 What is your postcode?

THANK YOU FOR YOUR HELP

PLEASE HAND THE QUESTIONNAIRE BACK TO THE INTERVIEWER

OR PLACE IT IN THE BOX PROVIDED

OFFICE USE