



Sport and Fitness Questionnaire

Confidentiality: All the information given on this questionnaire will be treated in accordance with the Data Protection Act 2002 and will not be disclosed to any third parties other than where we are requested to do so under statutory provision or are permitted by law.

All the information will be used for the setting up of Manx Disability Database

Name of Parent/Guardian/ Carer (if applicable):	
Name of Disabled Person (if different from above)	
Address:	
Contact Tel. No (home)	
Contact Tel. No (mobile)	
E-mail:	

Date of Birth	
Age	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Nature of Persons Disability (Please tick all relevant boxes)	Developmental Delay (under 5's)	<input type="checkbox"/>
	Physical Impairment	<input type="checkbox"/>
	Learning Disability	<input type="checkbox"/>
	Hearing impairment	<input type="checkbox"/>
	Visual Impairment	<input type="checkbox"/>
	Speech Impairment	<input type="checkbox"/>
Level of Disability (Please tick how you would rate the level of disability)	Minor	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>

Which of the Following Apply? (Please tick all relevant boxes)	ADHD/ADD	<input type="checkbox"/>	Autism	<input type="checkbox"/>
	Cerebral Palsy	<input type="checkbox"/>	Downs Syndrome	<input type="checkbox"/>
	Epilepsy	<input type="checkbox"/>	Dyslexia	<input type="checkbox"/>
	Dyspraxia	<input type="checkbox"/>	Head Injury	<input type="checkbox"/>
	Hydrocephalus	<input type="checkbox"/>	Muscular Dystrophy	<input type="checkbox"/>
	Spina Bifida	<input type="checkbox"/>	Spinal Injury	<input type="checkbox"/>
	Other	<input type="checkbox"/>		

Is the disabled person a wheelchair user?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Which of the following activities if any, DOES the disabled person take part in at the moment? <i>(Please tick all relevant boxes)</i>	Archery	<input type="checkbox"/>	Aerobics	<input type="checkbox"/>
	Athletics	<input type="checkbox"/>	Basketball	<input type="checkbox"/>
	Badminton	<input type="checkbox"/>	Boccia	<input type="checkbox"/>
	Bowls	<input type="checkbox"/>	Cricket	<input type="checkbox"/>
	Canoeing	<input type="checkbox"/>	Cycling	<input type="checkbox"/>
	Fencing	<input type="checkbox"/>	Fitness Training	<input type="checkbox"/>
	Football	<input type="checkbox"/>	Golf	<input type="checkbox"/>
	Goalball	<input type="checkbox"/>	Gymnastics	<input type="checkbox"/>
	Hockey	<input type="checkbox"/>	Horse Riding	<input type="checkbox"/>
	Martial Arts	<input type="checkbox"/>	New Age Curling	<input type="checkbox"/>
	Netball	<input type="checkbox"/>	Rugby	<input type="checkbox"/>
	Sailing	<input type="checkbox"/>	Swimming	<input type="checkbox"/>
	Table Tennis	<input type="checkbox"/>	Tennis	<input type="checkbox"/>
	Tenpin Bowling	<input type="checkbox"/>	Weight Training	<input type="checkbox"/>
	Other			

At which venue do you take part in this sport?	School	<input type="checkbox"/>	After School Club	<input type="checkbox"/>
	Leisure Centre	<input type="checkbox"/>	Sports Club	<input type="checkbox"/>
	Other			

How often do you take part in this sport?	Daily	<input type="checkbox"/>	Weekly	<input type="checkbox"/>
	More than once a week	<input type="checkbox"/>	Monthly	<input type="checkbox"/>

How do you travel to the sports facility?	Family Car	<input type="checkbox"/>	Public Transport	<input type="checkbox"/>
	Taxi	<input type="checkbox"/>	Mini-Bus	<input type="checkbox"/>
	Walk/Push	<input type="checkbox"/>		

If you do not currently take part in a sporting / fitness activity, why not?	Cannot get there	<input type="checkbox"/>	No access	<input type="checkbox"/>
	Cost	<input type="checkbox"/>	Not interested in sport	<input type="checkbox"/>
	Not made to feel welcome	<input type="checkbox"/>		
	Other			

Which of the following activities WOULD the disabled person like to take part in or know more about? <i>(Please tick all relevant boxes)</i>	Archery	<input type="checkbox"/>	Aerobics	<input type="checkbox"/>
	Athletics	<input type="checkbox"/>	Basketball	<input type="checkbox"/>
	Badminton	<input type="checkbox"/>	Boccia	<input type="checkbox"/>
	Bowls	<input type="checkbox"/>	Cricket	<input type="checkbox"/>
	Canoeing	<input type="checkbox"/>	Cycling	<input type="checkbox"/>
	Fencing	<input type="checkbox"/>	Fitness Training	<input type="checkbox"/>
	Football	<input type="checkbox"/>	Golf	<input type="checkbox"/>
	Goalball	<input type="checkbox"/>	Gymnastics	<input type="checkbox"/>
	Hockey	<input type="checkbox"/>	Horse Riding	<input type="checkbox"/>
	Martial Arts	<input type="checkbox"/>	New Age Curling	<input type="checkbox"/>
	Netball	<input type="checkbox"/>	Rugby	<input type="checkbox"/>

	Sailing	<input type="checkbox"/>	Swimming	<input type="checkbox"/>
	Table Tennis	<input type="checkbox"/>	Tennis	<input type="checkbox"/>
	Tenpin Bowling	<input type="checkbox"/>	Weight Training	<input type="checkbox"/>
	Other			

If you are the parent/guardian/carer would you be interested in helping or becoming involved in the coaching of disabled people?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Possibly <input type="checkbox"/>
	If yes please state which?		
If you are the disabled person would you be interested in helping or becoming involved in the coaching of other disabled people?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Possibly <input type="checkbox"/>
	If yes please state which		

Thank you for taking the time to complete this questionnaire. Please return this form in the envelope provided to: Dave Callaghan, Disability Sports Development Officer, Sports Development Unit, NSC, Groves Road, Douglas IM2 1RB

Dave Callaghan can also be contacted on: Tel: 688559 or at dave.callaghan@msr.dtl.gov.im

Additional copies of this form can be downloaded from: www.gov.im/sport