



2024 Hockey For All Participant Survey

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Demographics & Background

1. What is the age of the participant? (Please tick ONE option)

Under 10

10-15

16-20

21-30

31-40

41-50

51-60

61 and above

2. What is the gender of the participant? (Please tick ONE option)

Male

Female

Non-binary

Other

Prefer not to say

3. Does the participant belong to any low participation groups? (Please tick ONE option)

e.g., minority ethnic groups, low-income households, people with disabilities

Yes

No

4. If yes, please specify:

Social Skill Development

5. On a scale of 1 to 5, how would you rate the participant's overall social skills before participating in this program? (Please tick ONE option)

1 (Very Poor) to 5 (Excellent)

1

2

3

4

5

6. On a scale of 1 to 5, how would you rate the participant's overall social skills after participating in this program? (Please tick ONE option)

1 (Very Poor) to 5 (Excellent)

1

2

3

4

5

7. How often does the participant find it easy to start and maintain conversations with new people now compared to before the program? (Please tick ONE option)

Much less often

Less often

About the same

More often

Much more often

Sense of Community

8. On a scale of 1 to 5, how connected did the participant feel to their community before participating in this program? (Please tick ONE option)

1 (Not at all connected) to 5 (Very connected)

1

2

3

4

5

9. On a scale of 1 to 5, how connected does the participant feel to their community after participating in this program? (Please tick ONE option)

1 (Not at all connected) to 5 (Very connected)

1

2

3

4

5

10. How strongly do you agree with the statement: "The participant feels like an important part of their community"? (Please tick ONE option)

Strongly disagree

Disagree

Neutral

Agree

Strongly agree

Sense of Belonging

11. How strongly do you agree with the statement: "The participant feels like they belong in this group/program"? (Please tick ONE option)

Strongly disagree

Disagree

Neutral

Agree

Strongly agree

12. Since participating in the program, has the participant felt an increased sense of belonging in their community? (Please tick ONE option)

Yes

No

Unsure

Development of Friendships & Networks

13. Has the participant made new friends as a result of participating in this program? (Please tick ONE option)

Yes

No

Unsure

14. How often does the participant interact with the new friends or networks they've developed through this program? (Please tick ONE option)

Never

Rarely

Sometimes

Often

Very often

Inclusivity & Off-Field Engagement

15. How inclusive do you feel the program environment has been? (Please tick ONE option)

Not at all inclusive

Slightly inclusive

Moderately inclusive

Very inclusive

Extremely inclusive

16. Has the participant been involved in any off-field activities or roles at the club (e.g., volunteering, event planning, leadership roles)? (Please tick ONE option)

Yes

No

17. If yes, please specify the type and frequency of off-field activities or roles the participant has been involved in:

Open-Ended Question

18. Can you describe a specific instance where you felt the participant's social skills, sense of community, or friendships improved as a result of this program?

