

# Artificial White Water Course - Market Survey

## YOU AND CANOEING

### Question 1

How regularly do you go canoeing? (Please tick one box)

- Daily
- 3 times a week
- 2 times a week
- Once a week
- Once a month
- Once every 6 months
- Once a year

### Question 2

For how long have you been canoeing? (Please tick one box)

- Less that 6 months
- between 6 - 12 months
- Between 1-5 years
- Between 5-10 years
- More than 10years

### Question 3

Where did you learn to canoe? (Please tick one box)

- At a club
- At School
- At College/University
- On Holiday
- At a Youth Club or Uniform Organisation e.g  
Scouts
- Self Taught
- Private Tuition
- Other

Where? \_\_\_\_\_

### Question 4

Where do you go to canoe? (Please tick one or more)

- Sea
- River - Flatwater
- River - Whitewater
- Canal
- Loch
- Indoor Swimming Pool
- Outdoor Water Sport Centre
- Other

Where? \_\_\_\_\_

Where? \_\_\_\_\_

Where? \_\_\_\_\_

**Question 5**

When do you canoe? (Please tick one or more)

- All Seasons
- Spring
- Summer
- Autumn
- Winter


**Question 6**

On average, how far do you usually travel to canoe? (Please tick one box)

- Under 5 miles
- Between 5-10 miles
- Between 10-20 miles
- Between 20-50 miles
- 50 - 100 miles
- 100+ miles


**Question 7**

When you go canoeing, what is the usual mode of transport you use to get there? (Please tick one box)

- Car
- Bus
- Group Mini Bus
- Bicycle
- On Foot
- Other


Specify: \_\_\_\_\_

**YOU AND OTHER WATERSPORTS**

**Question 8**

Do you participate in other Watersports? (Please tick yes or no)

YES

--

NO

--

If YES, which of the following? (Please tick one or more)

- Sailing
- White Water Rafting
- Wind Surfing
- Surfing
- Other (please see below)


If NO, which would you like to try?


Please state OTHER \_\_\_\_\_

**Question 9**

Have you heard of the Scottish Canoe Association's plans to establish a National White Water Canoeing Centre in Strathclyde Park (N. Lanarkshire) - similar to those already in Teeside and Nottingham? *(Please tick yes or no)*

YES  NO

**Question 10**

Would you visit such a facility? *(Please tick yes or no)*

YES  NO

Why (Yes and No)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IF NO, PLEASE NOW GO TO QUESTION 16

**Question 11**

With who would you visit such a facility? *(Please tick one or more)*

On your own	<input type="checkbox"/>
With Friends	<input type="checkbox"/>
As part of a Group	<input type="checkbox"/>
With Family	<input type="checkbox"/>
With your Canoe Club	<input type="checkbox"/>
Other <i>(please state)</i>	<input type="checkbox"/> ? _____

**Question 12**

How often would you visit such a facility? *(Pease tick one box)*

Weekly	<input type="checkbox"/>
Monthly	<input type="checkbox"/>
6-10 times a year	<input type="checkbox"/>
2-5 times a year	<input type="checkbox"/>
Annually	<input type="checkbox"/>

**Question 13**

How much would you expect to pay for watersport sessions at such a facility?  
 (Please tick once in each column accordingly)

£	As an Individual?			As a Group Leader?	
	1hr	Half Day	Full Day	Half Day	Full Day
1-5					
5-10					
10-15					
15-20					
20-30					
30-40					
40-50					
50+					

**Question 14**

How would you use such a facility? (Please tick one or more)

Recreation	<input type="checkbox"/>
Training	<input type="checkbox"/>
Coaching	<input type="checkbox"/>
Competition	<input type="checkbox"/>
Corporate Events	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/> ? _____

**Question 15**

Which equipment would you require to hire for the following? (Please tick those that apply)

	Canoeing	White Water Rafting
Craft	<input type="checkbox"/>	<input type="checkbox"/>
Paddle	<input type="checkbox"/>	<input type="checkbox"/>
Wet Suit	<input type="checkbox"/>	<input type="checkbox"/>
Safety Equipment	<input type="checkbox"/>	<input type="checkbox"/>
Buoyancy Aids	<input type="checkbox"/>	<input type="checkbox"/>
Footwear	<input type="checkbox"/>	<input type="checkbox"/>
Other (please see below)	<input type="checkbox"/>	<input type="checkbox"/>
No Equipment Required	<input type="checkbox"/>	<input type="checkbox"/>

Please list OTHER

\_\_\_\_\_

\_\_\_\_\_

**NOT TOO PERSONAL STUFF**

**Question 16**

Are you? (Please tick)

Male  Female

**Question 17**

How old are you? (Please tick one box)

Under 20	<input type="checkbox"/>
20-25	<input type="checkbox"/>
26-30	<input type="checkbox"/>
31-35	<input type="checkbox"/>
36-40	<input type="checkbox"/>
41-45	<input type="checkbox"/>
46-50	<input type="checkbox"/>
Over 50	<input type="checkbox"/>

**Question 18**

Your Employment status?

Retired	<input type="checkbox"/>
Full Time Education	<input type="checkbox"/>
Part Time Education	<input type="checkbox"/>
Full Time Work	<input type="checkbox"/>
Part Time Work	<input type="checkbox"/>
House Wife/Husband	<input type="checkbox"/>
Unemployed	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>

\_\_\_\_\_?

**Question 18**

Where do you live? (Please tick one box)

Borders	<input type="checkbox"/>
Central	<input type="checkbox"/>
Dumfries and Galloway	<input type="checkbox"/>
Fife	<input type="checkbox"/>
Grampian and Speyside	<input type="checkbox"/>
Highlands and Islands	<input type="checkbox"/>
Lothians	<input type="checkbox"/>
Strathclyde East	<input type="checkbox"/>
Strathclyde West	<input type="checkbox"/>
Tayside	<input type="checkbox"/>
Outside Scotland (please state)	<input type="checkbox"/>

\_\_\_\_\_?

**Question 19**

Do you own your own Canoe or Kayak? (Please tick yes or no)

YES  NO

If YES, what kind and how many? (Please tick and give number for those that apply)

	Canoe	No.	Kayak	No.
Sea	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Inland Flatwater	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
General Purpose White Water	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Playboat	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
River Competition	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

**Question 20**

Are you a member of the Scottish Canoe Association? *(Please tick yes or no)*

YES

NO

If NO, would you be interested in becoming a member?

YES

NO

If YES, please contact the Scottish Canoe Association's Membership Administrator for an information pack and joining instructions at the Scottish Canoe Association Office on 0131 317 7314. Alternatively visit their website at [www.scotcanoe.org](http://www.scotcanoe.org) and download a form. You can also join over the phone when you pay by Credit Card: ask the SCA Membership Administrator if you want to join like this.