

Under 5's Physical Activity Survey 2025

Southampton City Council are looking for feedback from parents and carers about the physical activity of all babies, toddlers and children who have not yet reached school age.

The closing date to complete this survey is 09 November 2025.

This questionnaire can also be completed online at: www.southampton.gov.uk/consultations

Background

Southampton City Council are looking for feedback from parents and carers about the physical activity of all babies, toddlers and children who have not yet reached school age.

What do we mean by physical activity:

- Babies under 1 Encouraging them to be physically active by reaching, grasping, pulling and pushing, moving their head, body and limbs, including tummy time (time lying on their tummy while they are awake), during daily routines and supervised play.
- -Toddlers 1-2 –This should be spread throughout the day, including outdoor play. The 180 minutes can include light activity such as standing up, moving around, rolling and playing, as well as more energetic activity like skipping, hopping, running and jumping.
- Pre-schoolers 3-4 This should include a variety of physical activities spread throughout the day including active and outdoor play. The 180 minutes should include at least 60 minutes of moderate to vigorous intensity activity. This means increase in heart rate, faster breathing, and a potential increase in body temperature.

Here are the Physical activity Guidlines for children (under 5): https://www.nhs.uk/live-well/exercise/physical-activity-guidelines-children-under-five-years/

Are you aware of the UK Nati	onal Physical Act	ivity Guidel	ines for chi	Idren?		
Yes N	lo					
Please tell us the age(s) of ch	nildren in your car	e:				
	Less than a	l				
	year	1 year	2 years	3 years	4 years	5 years
Child 1						
Child 2						
Child 3						
Child 4						
Child 5						

What is the sex of your child/chil	dren?			
	Male		Female	Prefer not to say
Child 1				
Child 2				
Child 3				
Child 4				
Child 5				
Does your child/children have se		needs that n		
	Yes		No	Prefer not to say
Child 1				
Child 2				
Child 3				
Child 4				
Child 5				
If your child/children are non mo	s placing an awal	ke and super	vised baby on	
periods to strengthen their neck	, <i>back, and snould</i> 0-15 minutes	•	30 + minutes	My My
		minutes		child/children child/children are mobile are non mobile due to disability
Child 1				
Child 2				
Child 3				
Child 4				
Child 5				
Over the last week, on average, lper day?	now much physic	al activity has	s your child/cl	nildren been involved in
	0-30 30-			0-150 150-180 I'm not
Child 1	minutes minu	utes minutes	minutes mi	inutes minutes sure
Child 2				
Child 3				
Child 4				
Child 5				
Offilia 0				

Would you say your child/children are nursery?	physically	active when t	hey are at pres	school/c	child-minder or	
nursery:	Yes	No	l'm no	ot sure	My child does no attend preschool/child- minder or nursery	
Child 1			Γ	\neg		
Child 2						
Child 3				<u></u>		
Child 4			Γ			
Child 5						
Please tell us which of these activities (Please tick all that apply) Organis Jumpin Walking Cycling, ed g, scooting activity skipping running such as , rugby hopping tots and play groups and soft play Child 1	Throwin Sw g, catching			gPhysica activity is limited due to child/	alPhysical Other y activity physica is activity d limited o due to parent d n isability	al
The other physical activity pieuse specific	iy iloro.					
Child 1 How many hours does your child spend			•			
	0	Less than an hour	1-2 hours	3-4 hou	rs 5+ hours	
Organised activity such as rugby tots and play groups and soft play						
Jumping, skipping, hopping						
Walking, running						
Cycling, scooting						
Throwing, catching						
Swimming						
Messy play						
Football						
Dancing						
Other physical activity						

Child 2

Other physical activity

How many hours does your child spe	nd in the	se activities duri	ng the week	?	
	0	Less than an hour	1-2 hours	3-4 hours	5+ hours
Organised activity such as rugby tots and play groups and soft play					
Jumping, skipping, hopping					
Walking, running					
Cycling, scooting					
Throwing, catching					
Swimming					
Messy play					
Football					
Dancing					
Other physical activity					
Child 3					
How many hours does your child spe	nd in the	se activities duri	ng the week	?	
	0	Less than an hour	1-2 hours	3-4 hours	5+ hours
Organised activity such as rugby tots and play groups and soft play					
Jumping, skipping, hopping					
Walking, running					
Cycling, scooting					
Throwing, catching					
Swimming					
Messy play					
Football					
Dancing					

Child 4

Other physical activity

How many hours does your child spe	nd in the	se activities duri	ng the week	?	
	0	Less than an hour	1-2 hours	3-4 hours	5+ hours
Organised activity such as rugby tots and play groups and soft play					
Jumping, skipping, hopping					
Walking, running					
Cycling, scooting					
Throwing, catching					
Swimming					
Messy play					
Football					
Dancing					
Other physical activity					
Child 5					
How many hours does your child spe	nd in the	se activities duri	ng the week	?	
	0	Less than an hour	1-2 hours	3-4 hours	5+ hours
Organised activity such as rugby tots and play groups and soft play					
Jumping, skipping, hopping					
Walking, running					
Cycling, scooting					
Throwing, catching					
Swimming					
Messy play					
Football					
Dancing					

Child 1

How often does your child use the following in a typical week?							
	Daily	Once/twice a week	Once/twice a month	Rarely			
Park facilities/ public playgrounds to play							
Open areas such as beaches, riverside, woodland or hills							
Child 2							
How often does your child use the fo	llowing in a ty	pical week?					
•	Daily	Once/twice a week	Once/twice a month	Rarely			
Park facilities/ public playgrounds to play							
Open areas such as beaches, riverside, woodland or hills							
Child 3							
How often does your child use the fo	llowing in a ty	pical week?					
•	Daily	Once/twice a week	Once/twice a month	Rarely			
Park facilities/ public playgrounds to play							
Open areas such as beaches, riverside, woodland or hills							
Child 4							
How often does your child use the fo	llowing in a ty	pical week?					
	Daily	Once/twice a week	Once/twice a month	Rarely			
Park facilities/ public playgrounds to play							
Open areas such as beaches, riverside, woodland or hills							
Child 5							
How often does your child use the fo	llowing in a ty	pical week?					
•	Daily	Once/twice a week	Once/twice a month	Rarely			
Park facilities/ public playgrounds to play							
Open areas such as beaches, riverside, woodland or hills							

How much do you agree or disagree with the following statements:							
	Strongly agree	Agree	Neither	Disagree	Strongly disagree		
"My child/children enjoys being physically active"							
"I am physically active with my child/children"							
"I feel confident when I am physically active with my child/children"							
"I understand why being physically active is good for me and my child/children"							
"I know how to get involved and improve my skills in lots of different types of physical activity"							
"It is safe for my child/children to play outdoors in my neighbourhood (if supervised)"							
"There are accessible footpaths on most of the streets in my local area"							
"There are sufficient traffic lights or pedestrian crossings to make it safe to walk with my child/children in my neighbourhood"							
"The local shop (s) are within easy walking distance of my home" (Half to one mile)							
"The local park is within easy walking distance of my home" (Half to one mile)							
If you have any other comments, sughere:	ggestions or	feedback you	u'd like to mal	ke, please pro	vide details		

About you

How confident are you in supporting your child/children's physical development to reach the National Physical Activity Guidelines?

	Very	Fairly	Neither	Fairly	Very	
	confident	confident		unconfident	unconfident	
Child 1						
Child 2						
Child 3						
Child 4						
Child 5						
Yes			. l'm	n not sure		
If yes, do you attend any services	ran by Family I	Hubs?				
Yes	No		. I'm	not sure		
What is your postcode? (This is to understand opinions across the city and will not be used to contact you or identify you in any way)						

Thank you for your time. Please return completed surveys to: Consultations, First Floor, West Wing, Civic Centre, Southampton, SO14 7LY.

The information collected about you during this survey will only be used for the purposes of research. We may use it to contact you about this. We will only share your information with other organisations or council departments if we need to. The survey responses will be analysed by Southampton City Council. We may also share it to prevent, investigate or prosecute criminal offences, or as the law otherwise allows. Please be aware that any comments given on this form may be published in reports. However, the council will endeavour to remove any references that could identify individuals or organisations. Our Privacy Policy (https://www.southampton.gov.uk/contact-us/privacy-cookies/privacy-policy/) explains how we handle your personal data, and we can provide a copy if you are unable to access the Internet.