

Bi-Annual Confidential Participant Survey

As part of your healthy living program with SHARE we need you to fill out this form please. Your feedback is important as it helps us develop, enhance and amend programs to suit the communities changing needs. It also gives us an opportunity to know that our exercise classes are making a difference and you are achieving your desired results.

PERSONAL DETAILS

Surname Name	
First Name	
Address	
Mobile Number	
Email	
Date of Birth and Gender	
Age group: <input type="checkbox"/> 50-60 <input type="checkbox"/> 61-70 <input type="checkbox"/> 71-80 <input type="checkbox"/> 81+ and Nationality	

CLASS RELATED QUESTIONS

1. What Classes do you currently attend		2. Previous Classes	3. If you have changed classes please indicate reason	
Active and Fit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Class cancelled	<input type="checkbox"/> Illness/injury
Aqua Aerobics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Class time didn't suit	<input type="checkbox"/> New class
Fitter & Stronger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Class Leader changed	<input type="checkbox"/> Joined a friend in another class
Feldenkrais	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other	
Gentle Aqua	<input type="checkbox"/>	<input type="checkbox"/>	4. Have you attended a Falls Prevention Program	
Gentle Exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Will you <input type="checkbox"/> Yes <input type="checkbox"/> No
Gentle Yoga	<input type="checkbox"/>	<input type="checkbox"/>	5. By what means of transport do you attend classes	
Line Dancing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Walk <input type="checkbox"/> Public Transport <input type="checkbox"/> Drive myself <input type="checkbox"/> Friend drives me	
Relax and Unwind	<input type="checkbox"/>	<input type="checkbox"/>	6. Would you like assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Specialised	<input type="checkbox"/>	<input type="checkbox"/>	7. How often do you visit GP	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Strength Stretch & Relax	<input type="checkbox"/>	<input type="checkbox"/>	8. Have GP visits decreased	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Same
Strong & Active	<input type="checkbox"/>	<input type="checkbox"/>	9. Do you suffer from	Yes No Comments
Tai Chi	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/> <input type="checkbox"/>
Zumba	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis	<input type="checkbox"/> <input type="checkbox"/>
Zoom Class - COVID	<input type="checkbox"/>	<input type="checkbox"/>	Anxiety & Depression	<input type="checkbox"/> <input type="checkbox"/>
Art As Therapy	<input type="checkbox"/>	<input type="checkbox"/>	Chronic Pain	<input type="checkbox"/> <input type="checkbox"/>
On Line Seminars	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/> <input type="checkbox"/>
Seniors On the Net	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/> <input type="checkbox"/>
IT Savvy	<input type="checkbox"/>	<input type="checkbox"/>	Muscular Dystrophy	<input type="checkbox"/> <input type="checkbox"/>
Tea & Talk	<input type="checkbox"/>	<input type="checkbox"/>	Wheelchair confinement	<input type="checkbox"/> <input type="checkbox"/>
Walking Buddies	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/> <input type="checkbox"/>
Mental Health Programs	<input type="checkbox"/>	<input type="checkbox"/>	Comments	
Feedback re programs during the pandemic – Zoom Classes, Check In calls, Food Hamper and Mental Health Pathways				

CLASS FEEDBACK

10. Please indicate if you are happy with				11. Have SHARE classes helped your overall fitness levels			
The Following	Very Happy	Not Happy	Some what	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Same	Comments:
Contact with Head Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Which of the following benefits have you gained			
SHARE Instructors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Increased Fitness	<input type="checkbox"/> More relaxed and calm		
SHARE Venues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Cope with Depression	<input type="checkbox"/> Social and New friends		
Enrolment Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Weight Loss	<input type="checkbox"/> Fun and Friendly		
Health Improvements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Better Muscle Tone	<input type="checkbox"/> Increased Energy		
13. I will recommend SHARE to my friends and family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Improved Flexibility	<input type="checkbox"/> Manage Chronic Illness		
				<input type="checkbox"/> Better Balance	<input type="checkbox"/> Lower Blood Pressure		
				<input type="checkbox"/> Health & Wellbeing	<input type="checkbox"/> Lower Cholesterol		
If No Please indicate reason				<input type="checkbox"/> Improved Sleep		<input type="checkbox"/> Less Back and Joint Pain	
				<input type="checkbox"/> Other:			
How did you hear about SHARE i.e. GP, Friend, Flyer etc							
What can we do to make your exercise journey better or any suggestions for improvements							
If you haven't gained any benefits do you know why please explain							

VALUE OF EXERCISE

14. Importance of Exercise to my Health				
<input type="checkbox"/> Exercise is the best thing I can do for my health	<input type="checkbox"/> Exercise is important for my health, but other things are more important	<input type="checkbox"/> Exercise is not very important for my health	<input type="checkbox"/> Don't Know	
15. If Exercise is vital to good health, what specific forms of exercise do you think are most important				
<input type="checkbox"/> Moderate – Small to moderate increase in breathing or heart rate such as a brisk walk	<input type="checkbox"/> Vigorous Intensity - Large amount of effort with a substantially higher heart rate and rapid breathing	<input type="checkbox"/> Strength - Use of resistance to induce muscular contraction which builds strength, anaerobic endurance, and size of skeletal muscles	<input type="checkbox"/> Balance - Helps prevent falls incorporated into many types of exercises	<input type="checkbox"/> Flexibility - Range of motion in a muscle/ joint that can help improve movement and performance
16. How often do you exercise weekly				
<input type="checkbox"/> Once	<input type="checkbox"/> Three times	<input type="checkbox"/> Five times	<input type="checkbox"/> Seven times	
17. How do you rate your health, relative to your peers				
<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> don't Know

Any further comments - it will help us help you live a healthy life and positive health outcome through our classes.

Thank you for completing this form, your feedback will assist us further with our delivery of services to some of the most vulnerable people in our community.
Please email to info@share.org.au, drop it at the office or mail