

Older and Active September 2009

*Developing Physical Activity Opportunities for
Isolated Older People, Creating Strong and Caring
Communities and Combating Social Exclusion*

Name:

D.O.B:

Address:

Post code:

Contact telephone number:

Gender:

Male

Female

Medical conditions:

Are you currently on medication:

YES

NO

Give Details: _____

Have you taken part in any sport or physical activity in the past 12 months?

YES NO

Do you spend any time on the activities below?
If so please indicate how many days a week?

Activity	Number of Days a week, spent doing at least 30 minutes of the following activities.
Sport and active recreation	
Active travel	
Manual active style Job	
Domestic activities	
Total	

Are you a member of a Club or Group in your area?

YES NO

If so please give details:

P.T.O

Would you like to receive information about local groups in your area?

YES NO

Would you like to be added to our mailing list?

YES NO

Please circle any interests:

Computers / IT Skills Culture / Local History

Arts / Crafts Physical Activity

Social Outings Healthy Living Courses

Games / Recreation

Other? Please list:

Do you require **transport** to your Older & Active programme?

YES NO

Return to:

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