**Seated and Standing Exercise Classes Questionnaire**

1. **What was the primary reason for your referral into treatment for physiotherapy?**
2. **Were the wider benefits of attending the free seated/standing exercise classes explained to you when you were referred by the physiotherapy team? e.g long term improvements to health and wellbeing.**
3. Yes [ ]
4. No [ ]

3. Were you offered a referral to any other services to address these wider issues, e.g. weight loss, mood, stress, sleep etc.

Yes [ ]

No [ ]

If yes, which services where you signposted to?

If no, would this have been beneficial?

1. **Did you attend the exercise classes you were offered?**

|  |  |
| --- | --- |
| Yes [ ]  | Most [ ]  |
| No [ ]  | Some [ ]  |

1. **Which exercise class where you referred to attend?**

|  |  |
| --- | --- |
| Seated exercise [ ]  | Standing exercise [ ]  |

1. **How would you normally travel to the venue to attend the class**

|  |  |
| --- | --- |
| Car (I would drive myself) [ ]  | Bus [ ]  |
| Car (I would be driven by friend/family) [ ]  | Taxi [ ]  |
| Walk [ ]  | Other [ ]  |

1. **Do you experience any of the following barriers that prevented you from attending classes?**

|  |  |
| --- | --- |
| Work [ ]  | Fear of making the pain worsen [ ]  |
| Day of the week [ ]  | No motivation [ ]  |
| Time of the class [ ]  | I am unfit [ ]  |
| Childcare [ ]  | I am overweight [ ]  |
| Illness/Injury [ ]  | I am anxious attending groups [ ]  |
| Language/communication barrier [ ]  | I have other fitness classes to attend instead [ ]  |
| Travel to the venue [ ]  | I have no barriers [ ]  |
| The venue [ ]  | Other [ ]  |

1. **Which venue(s) have you attended exercise classes at?**
2. **How easy do you find this journey? e.g. distance from home, length of time of journey, transport cost, parking availability and costs.**

**9. Have you taken part in any other exercise classes, if Yes where?**

1. **What did you enjoy the most about attending the exercise classes?**
2. **What did you enjoy the least about attending the exercise classes?**
3. **Did you feel appropriately supported by the fitness instructors running the classes? (1 being the least and 5 being the most)**

Very Poor Poor Fair Good Very Good

5 [ ]  4 [ ]  3 [ ]  2 [ ]  1 [ ]

1. **Do you think the venue(s) you have attended are accessible and suitable for the exercise classes?**
2. **Did you experience any difficulties communicating effectively with the instructors? e.g language barriers, hearing, sight**
3. Would it be useful to include some health education into the session?

Yes [ ]

No [ ]

If yes, which of the following topics would be useful?

|  |  |
| --- | --- |
| Weight loss [ ]  | Pacing [ ]  |
| Healthy eating [ ]  | Pain [ ]  |
| Importance of exercise [ ]  | Relaxation and mindfulness [ ]  |
| Sleep [ ]  | Medication [ ]  |
| Goal setting [ ]  | Long term support options [ ]  |
| Other [ ]  |  |

1. **What is your ethnic origin?**

1. **What is your age range**

16/17 [ ]  18-29 [ ]  30-39 [ ]  40-49 [ ]  50-59 [ ]  60-69 [ ]  70-79 [ ]  80 plus [ ]

1. **What is your postcode**

Please tell us if you have any communication support needs. If you need help to complete this questionnaire or would you like it in large format, or translating into another language then please let us know. You can help us make sure we get things right for you!