

ONE YOU COMMUNITY BASED FITNESS REGISTRATION FORM

Centre Class.....
 Your name..... Your postcode.....
 Your gender Male Female I'd prefer to use my own term

Contact mobile or email* *(if class changes/cancelled/accident)
 Can Hackney Council contact you about other health and fitness activities? Yes No (no response = Yes)
 Your date of birth (dd/mm/yyyy).....

Please complete this form as accurately as you can. All information will be treated confidentially for the purpose of evaluating the programme.

1. WHAT IS YOUR BROAD ETHNIC GROUP? PLEASE TICK.

- White Mixed Asian/Asian British Black/African/Caribbean/Black British
 Other Ethnic Group (please specify).....

2. DO YOU LIVE ON AN ESTATE? Yes No

If yes: who is your housing provider (eg Hackney Housing).....

3. HOW MUCH MODERATE INTENSITY EXERCISE DO YOU DO IN AN AVERAGE WEEK?

This is activity that raises your heart rate and makes you feel warmer it can include brisk walking, swimming or cycling – please state to the nearest 30 mins

- Under 30 mins 30-60 mins 60-90 minutes 90+ mins

4. HOW MUCH VIGOROUS INTENSITY EXERCISE DO YOU DO IN AN AVERAGE WEEK?

This is activity that raises your heart rate and makes you sweat it can include fast running, resistance/body weight, intense team sports – please state to the nearest 30 mins

- Under 30 mins 30-60 mins 60-90 minutes 90+ mins

5. DO YOU CURRENTLY SMOKE?

- Yes No / Never smoked Used to smoke

If yes roughly how many per week

For free support in giving up smoking inc free medication (usual prescription charges may apply).

Please contact our FREEPHONE NUMBER 0800 0469945 or 020 33161085 www.smokefreehackney.org

6. YESTERDAY HOW MANY PORTIONS OF FRUIT AND VEGETABLES DID YOU EAT – EITHER FRESH, FROZEN, TINNED OR DRIED?

Examples of a portion of fruit/ vegetables include 1 medium piece of fruit (apple or banana), or 1 tablespoon of berries (e.g. blueberries), or 3 heaped tablespoons of vegetables, or 1 cereal bowl of mixed salad, or 1 small glass of fruit juice.

	Start	End
Sept – Dec	<input type="checkbox"/>	<input type="checkbox"/>
Jan – Apr	<input type="checkbox"/>	<input type="checkbox"/>
May – July	<input type="checkbox"/>	<input type="checkbox"/>