|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. What is your date of birth? Day \_\_\_\_\_ Month \_\_\_\_\_\_ Year \_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. What is your sex? □ Female □ Male □ I’d prefer not to say | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. What is your postcode of residence? \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Which of the following best describes your current employment status? **(select one)** | | | | | | | | | | | | | | | | | | | | | | | | |
| □ Employed full-time (35+ hrs/wk)  □ Employed part-time (below 35 hrs/wk)  □ Self-employed  □ Unemployed looking for full-time work  □ Unemployed looking for part-time work  □ Not employed, and not looking for work | | | | | | | | | | | □ Student  □ Pension, beneficiary or welfare recipient  □ Retired  □ Domestic duties  □ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| 5. Which of the following best represents your household structure? **(select one)** | | | | | | | | | | | | | | | | | | | | | | | | |
| □ Living alone  □ Family with a child under 15 yrs  □ Family with all children 15 yrs or older | | | | | | | | | | | □ Couple with no children at home  □ Adult shared house  □ I’d prefer not to say | | | | | | | | | | | | | |
| 6. Are you of Aboriginal or Torres Strait Islander origin? **(select one)** | | | | | | | | | | | | | | | | | | | | | | | | |
| □ No  □ Yes, Aboriginal  □ Yes, Torres Strait Islander | | | | | | | | | | | □ Yes, Aboriginal and Torres Strait Islander  □ I’d prefer not to say | | | | | | | | | | | | | |
| 7. In which country were your parents born? (write in space provided) | | | | | | | | | | | | | | | | | | | | | | | | |
| Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Or, □ Don’t know | | | | | | | | | | | Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Or, □Don’t know | | | | | | | | | | | | | |
| 8. What language do you mainly speak at home? **(select the one you speak most of the time)**  □ English □ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | |
| 9(a). Do you have any health or other conditions that have lasted, or are likely to last, for 6 months or more?  □ Yes □ No □ I’d prefer not to say | | | | | | | | | | | | | | | | | | | | | | | | |
| 9(b). If yes, which one/s? **(select all that apply)** | | | | | | | | | | | | | | | | | | | | | | | | |
| □ Shortness of breath  □ Blackouts, fits or loss of consciousness  □ Chronic or recurring pain  □ A nervous or emotional condition  □ Limited use of arms or fingers  □ Long term effects as a result of a head injury, stroke or other brain damage  □ Difficulty gripping things  □ Limited use of legs or feet | | | | | | | | | | | □ Any other long term condition such as arthritis, asthma, heart disease, Alzheimer's disease, dementia etc.  □ Any condition that restricts physical activity or physical work (e.g. back problems, migraines)  □ Sight problems not corrected by glasses/contact lenses  □ Hearing problems  □ Any mental illness for which help or supervision is required  □ Speech problems  □ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| 10. In the past week, on how many days have you done a total of 30 mins or more of physical activity, which was enough to raise your breathing rate? (may include sport, exercise and brisk walking or cycling for recreation or to get to and from places but should not include housework or physical activity that is part of your job). **(select one)**  □ 0 days □ 1 day □ 2 days □ 3 days □ 4 days □ 5 days □ 6 days □ 7 days | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. In the last 12 months, approximately how many times in total have you participated in organised sport and physical activity (including any practice or training)?  \_\_\_\_times per week **OR**, \_\_\_\_times per month **OR**, \_\_\_\_times per year | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. To what extent do you agree with the statement ‘I can achieve most of the goals I set myself ‘? **(select one)** | | | | | | | | | | | | | | | | | | | | | | | | |
| □ | | | | □ | | | | | □ | | | | | □ | | | | | □ | | | □ | | |
| Strongly agree | | | | Neither agree nor disagree | | | | | Disagree | | | | | Agree | | | | | Strongly disagree | | | Prefer not to say | | |
| 13. Compared to this time 12 months ago, how would you rate your current physical activity levels? **(select one)** | | | | | | | | | | | | | | | | | | | | | | | | |
| □ | | | | | | □ | | | | | | □ | | | | | □ | | | | | | □ | |
| Far more active | | | | | | More active | | | | | | About the same | | | | | Less active | | | | | | Far less active | |
| 14. On the scale, which statement best describes you now? **(select one)** | | | | | | | | | | | | | | | | | | | | | | | | |
| □ | □ | | □ | | | | □ | | □ | | | □ | □ | | | □ | | | | □ | □ | | | □ |
| 0 | 1 | | 2 | | | | 3 | | 4 | | | 5 | 6 | | | 7 | | | | 8 | 9 | | | 10 |
| Currently do not exercise and do not intend to in the next 6 mths | | Currently do not exercise but thinking about starting in the next 6 mth | | | | | |  | | Currently exercise a little but not  regularly | | | | |  | | | Currently exercise regularly but have begun in the last 6 mths | | | | | Currently exercise regularly and have been for over 6 mths | |
| 15. Some activities are designed to increase muscle strength or tone, such as lifting weights, resistance training, pull-ups, push-ups, or sit-ups. Including any activities already mentioned, on how many days last week did you do any strength or toning activities? **(select one)**  □ 0 days □ 1 day □ 2 days □ 3 days □ 4 days □ 5 days □ 6 days □ 7 days | | | | | | | | | | | | | | | | | | | | | | | | |
| 16. Do you feel your balance is: **(select one)** | | | | | | | | | | | | | | | | | | | | | | | | |
| □ | | | | | □ | | | | | □ | | | | | | □ | | | | | □ | | | |
| Excellent | | | | | Very good | | | | | Good | | | | | | Fair | | | | | Poor | | | |
| 17. There are national recommendations for how adults aged 65 years and over should be active in a typical day. How many minutes of physical activity do you think is recommended for adults 65+ on  most days? | | | | | | | | | | | | | | | | | | | | | | | | |
| \_\_\_\_\_\_ minutes | | | | | | | | | | | | | | | | | | | | | | | | |

***Thank you for completing this survey***

A close up of a logo

Description automatically generated