

EXERCISE REFERRAL SCHEME - EVALUATION

INSTRUCTOR TO COMPLETE

Please fill in **all** information requested for each referred client. Do not estimate any of the measurements. * **Compulsory**

Client Measurements	Induction	Completion	OUTCOMES			
Date*	/ /	/ /	Non Starter*	Engager: Induction plus one other session attended*	Completer; Engaged and attended at least 10 sessions*	
Client Ref No	Height (m)*	Weight (kg)*	Reason client dropped out (Non-Starter/Engager) if known:			
Smoker *	Number of sessions attended	*Duration of programme (weeks)	Does the client intend to continue to be physically active? (Please identify one)*	Centre Member	Casual User	Other
Y / N			Please copy this form for your records and send copies as listed tick when actioned.	GP		Referring Health Professional
Referral Source	GP	Other Healthcare Professional e.g Physio	One You Kent Lifestyle Service e.g. Weight Loss programme, Lifestyle Advisor, Stop Smoking		Other	

Physical Activity Levels GPPAQ questionnaire to be completed below.

Results calculated using <https://www.gov.uk/government/publications/general-practice-physical-activity-questionnaire-gppaq>

This will generate the result recorded in POST INTERVENTION OUTCOME

	1. Please tell us the type and amount of physical activity involved in your work. Please tick one box that is closest to your present work from the following five possibilities:	Mark one box	2. During the last week, how many hours did you spend on each of the following activities? (Please answer whether you are in employment or not)	Mark one box only on each row			
				None	Some but less than 1 hour	1 hour but less than 3 hours	3 hours or more
A	I am not in employment (e.g. retired, retired for health reasons, unemployed, full-time carer etc.)	<input type="checkbox"/>	A Physical exercise such as swimming, jogging, aerobics, football, tennis, gym workout etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	I spend most of my time at work sitting (such as in an office)	<input type="checkbox"/>	B Cycling, including cycling to work and during leisure time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	I spend most of my time at work standing or walking. However, my work does not require much intense physical effort (e.g. shop assistant, hairdresser, security guard, childminder, etc.)	<input type="checkbox"/>	C Walking, including walking to work, shopping, for pleasure etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	My work involves definite physical effort including handling of heavy objects and use of tools (e.g. plumber, electrician, carpenter, cleaner, hospital nurse, gardener, postal delivery workers etc.)	<input type="checkbox"/>	D Housework/Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	My work involves vigorous physical activity including handling of very heavy objects (e.g. scaffolder, construction worker, refuse collector, etc.)	<input type="checkbox"/>	E Gardening/DIY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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3. How would you describe your usual walking pace? Please mark one box only.				Slow pace (less than 3mph)		Steady average pace		Brisk pace		Fast pace (over 4mph)				
4. POST INTERVENTION OUTCOME circle one option				Inactive		Moderately Inactive		Moderately Active		Active				
Since starting your exercise programme have you noticed any improvements to your health and wellbeing? If yes, then please tell us how your health has improved. (Please tick all that apply)								Yes		No				
I feel better in myself		<input type="checkbox"/>	I've lost weight		<input type="checkbox"/>	I have made new friends		<input type="checkbox"/>	I have more energy		<input type="checkbox"/>	My blood pressure has gone down		<input type="checkbox"/>
I've increased my levels of physical activity		<input type="checkbox"/>	Other – please tell us about this here											

Instructor Name _____ Signature _____ Centre attended: _____