



PRE SURVEY ORANGE WELLNESS DAY

Integra Health Club 17 Ralston Drive, Orange
Sunday, 24 October 2010

Pre Survey

Thank you for taking time to complete this short Pre Wellness Day Survey. The results will be used to evaluate and enhance the quality of Wellness Days in the future. Follow up surveys will identify the long term benefit.

1. **Full Name:**

2. **Gender:**

Female Male

3. **E-mail address:**

4. **When were you diagnosed with MS?**

5. **How did you find out about the Wellness Day?**

- Intouch Magazine MS Connect Direct Mail
 Community Support Volunteer MS Australia – ACT/NSW/ VIC Exercise Group Other, please specify _____
 Support Group Website

6. **Please indicate the age bracket that applies to you**

<input type="checkbox"/> <20	<input type="checkbox"/> 20 - 29	<input type="checkbox"/> 30 - 39	<input type="checkbox"/> 40 - 49	<input type="checkbox"/> 50 - 59	<input type="checkbox"/> 60 - 69	<input type="checkbox"/> 70+
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7. **How would you rate your current physical activity in comparison to one year ago?**

<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent
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8. **How frequently do you undertake physical/recreational activity?**

(Physical activity is any movement in your daily life, which includes activity you do in your own home, at work, recreational exercise and as part of sporting activities)

<input type="checkbox"/> Daily	<input type="checkbox"/> Few times a week	<input type="checkbox"/> Once a week	<input type="checkbox"/> Once a month	<input type="checkbox"/> Never
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9. **Do you access any physical activities and complementary therapies in your local community – e.g. yoga, pilates, aqua, bowls, Heartmoves classes, Tai Chi, Qi Gong, gardening, sports etc?**

- Yes
 No

Please specify what physical activity you do:

10. **On a scale of 1 to 5, please rate your current level of strength in comparison to one year ago.**

<input type="checkbox"/> Very Poor	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good
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11. Please indicate your level of participation or interest in the following activities:

1. Participate on a regular basis
2. Tried it
3. Haven't tried it but interested
4. Haven't tried it and not interested

	1	2	3	4
Strength maximising (gym/community facility)				
Qi Gong				
Tai Chi				
Yoga/Pilates				
Meditation/Relaxation Techniques				
Massage Therapy				
Healthy Eating Habits				
Balance/Falls Prevention				
Heartmoves Exercise Classes				

12. MS Australia – ACT/NSW/VIC is trying to capture frequently asked questions for people with MS. Is there anything that you would like to ask about healthy eating habits or stress management that could be relevant in our Wellness Day keynote presentations?

13. Are there any additional comments or suggestion you would like to make?

Thank you for taking the time to complete this questionnaire. Follow up surveys will be completed on the Wellness Day and after three months.

Please return via fax **02 9643 1486**, email sharon.valks@msaustralia.org.au

Or by mail with your registration

Sharon Valks

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