Do you have diabetes? Want free advice about how and where to get more active?

Please complete and send this form to **ljavadi@oxford.gov.uk**

Alternatively visit **www.getoxfordshireactive.org** for further information.

Name: Gender: ☐ Male ☐ Female

Age: ☐ 16–19 ☐ 20–34 ☐ 35–54 ☐ 55-64 ☐ 65-74 ☐ 75+

Telephone: Postcode:

Email:

Ethnicity: ☐ White ☐ Mixed ☐ Asian/Asian British ☐ Black/Black British ☐ Chinese ☐ Other

In the **past week**, on how many days have you done **a total of 30 min or more** of physical activity which was enough to raise your breathing rate? (This may include sport, exercise and a brisk walk or cycling for recreation or to get to and from places, but should not include housework or physical activity that may be part of your job).

☐ None ☐ One ☐ Two ☐ Three ☐ Four ☐ Five ☐ Six ☐ Seven

Do you have any other long term illness, health problem or disability? ☐ Yes ☐ No

Which of the following best describes how your impairment or illness affects you? (Please select all that apply)

☐ Vision ☐ Hearing ☐ Mobility ☐ Fatigue ☐ Pain ☐ Speaking or making yourself understood

☐ Learning or remembering ☐ Mental Health problems ☐ Type 1 Diabetes ☐ Type 2 Diabetes

☐ Pre-diabetes ☐ Other

How did you find out about *GO Active, Get Healthy*?

When is the best time to contact you by telephone?
(please be as specific as you can e.g. Mondays 7-8pm, Weekdays 12-2pm)

☐ We would like to send you details of local activities in our monthly emails. *GO Active, Get Healthy* will use your information in accordance with the Data Protection Act 1998. Please tick here if you are **not happy** for *GO Active, Get Healthy* to contact you in this way.

☐ Please tick here if you **do not** want *GO Active, Get Healthy* to use the information you have provided as part of the long term monitoring and evaluation of the *GO Active, Get Healthy* programme, or to contact you for monitoring and evaluation purposes.