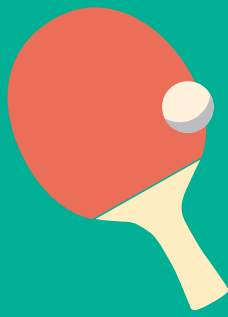


# PING PONG PARLOUR

## Parlour sessions sign-up form



Thank you for joining our project. So we can evaluate the project and ensure we have therelevant details about you in case of an emergency, please complete the information below. Please be assured that personal details will not be shared with anyone.

### 1. Your details

Parlour attended

Your name

Your postcode

Email

### 2. Are you ...

Male  Female  prefer not to say

### 3. Your age ...

Under 16  16-34  35-54  55+  prefer not to say

### 4. Your ethnicity...

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> White/British                    | <input type="checkbox"/> Asian or Asian British/Bangladeshi | <input type="checkbox"/> Mixed/White & Black Caribbean |
| <input type="checkbox"/> White/Irish                      | <input type="checkbox"/> Asian or Asian British/other Asian | <input type="checkbox"/> Mixed/White & Asian           |
| <input type="checkbox"/> White/Other                      | <input type="checkbox"/> Black or Black British/Caribbean   | <input type="checkbox"/> Mixed/Other Mixed             |
| <input type="checkbox"/> Chinese                          | <input type="checkbox"/> Black or Black British/African     | <input type="checkbox"/> Prefer not to say             |
| <input type="checkbox"/> Asian or Asian British/Indian    | <input type="checkbox"/> Black or Black British/Other Black | <input type="checkbox"/> Other (please specify below)  |
| <input type="checkbox"/> Asian or Asian British/Pakistani | <input type="checkbox"/> Mixed/White & Black African        | <input type="text"/>                                   |

### 5. Do you have any long-term illness, health problem or anything which limits your daily activities?

- |  |                                  |                                   |  |  |
|--|----------------------------------|-----------------------------------|--|--|
| <input type="checkbox"/> No                    | <input type="checkbox"/> Hearing | <input type="checkbox"/> Learning | <input type="checkbox"/> Mental Health     | <input type="checkbox"/> Other<br>(please specify below) |
| <input type="checkbox"/> Social or behavioural | <input type="checkbox"/> Vision  | <input type="checkbox"/> Physical | <input type="checkbox"/> Prefer not to say | <input type="text"/>                                     |

### 6. How would you describe your activity levels over the past month?

- Under 30 minutes  30-60 minutes  60+ minutes

### 7. How would you describe your approach to physical activity over the past month?

- |   |   |
|---|---|
| <input type="checkbox"/> Physical activity isn't on my radar          | <input type="checkbox"/> I have done some physical activity, but for less than 3 months |
| <input type="checkbox"/> I thought about physical activity a bit      | <input type="checkbox"/> I have done physical activity for over 3 months                |
| <input type="checkbox"/> I'm planning on doing some physical activity |   |

### 8. How did you hear about this session?