

## Availability

1. Realistically, how many times a week would you like to take part in an activity or exercise programme? \_\_\_\_\_
  
2. Realistically, how much time would you like to spend during each exercise session?  
\_\_\_\_\_
  
3. What days and times are best for you? (please tick)

	MON	TUES	WEDS	THURS	FRI	SAT	SUN
Morning							
Afternoon							
Evening							

4. What are the reasons for you taking part in an exercise programme and what do you hope to achieve? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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