

Feel Good for Life - Registration (2023)



Supporting people affected by dementia, loneliness and depression, and carers, to be physically active and reduce feelings of social isolation within Bridgend County Borough.

Feel Good for Life runs weekly in several locations:

Mondays at Ogmores Valley Life Centre from 2:15pm to 4pm

Wednesdays at Bridgend Life Centre from 2pm to 4pm

Fridays at North Cornelly Community Centre from 1:30pm to 3pm

Each session includes low-impact exercise and the opportunity to socialise and participate in different activities, such as quizzes, puzzles, scrapbooking, singing, seminars and information sessions. Everything is optional, so you can participate in whatever way you feel comfortable. Free community transport is available.

Please fill in sections relevant to you. Questions with an asterisk are required.

I understand why I am being asked about taking part in the Feel Good for Life Programme and what will happen next.

I know that my name won't be used.

I know I can ask questions about this.

I know that if I become uncomfortable, or don't want to keep going I can stop.

I know that any health details that I provide will be used to make sure activities provided are appropriate for me.

I agree to the Feel Good for Life programme contacting me from time to time with information or questionnaires about the programme.

I understand that I must have a doctors consent before participating in physical activity

I agree to participate in any promotional photographs/ images for Halo Leisure.*

(Please circle)

Yes

No

Section 1

1. Which Feel Good for Life session(s) will you be attending? (Circle all that are applicable)*

- a. Swimming at Bridgend Life Centre
- b. Activities at Ogmore Valley Life Centre
- c. Activities in North Cornelly

2. How did you hear about this program? (Circle all that are applicable) *

- a. BAVO/Community Navigator
- b. Alzheimer's Society
- c. GP
- d. Awen
- e. Bridgend County Borough Council
- f. Bridgend Carers Centre
- g. Tu Vida
- h. Word of Mouth (friend, family member, etc.)
- i. Other (please specify): _____

3. Name of Participant * _____

4. Address _____

5. Postcode * _____

6. Phone Number * _____

7. Email _____

8. Date of Birth * _____

9. Has a GP diagnosed you with dementia? (Please circle) *

- a. Yes
- b. No

10. If yes, what type of dementia were you diagnosed with?

11. Approximately when were you diagnosed with dementia? _____

12. Any Other Disability (Circle all that are applicable)

- a. Hearing Impairment
- b. Learning Disability
- c. Long standing illness or health condition
- d. Mental Health condition
- e. Physical Impairment
- f. Vision Impairment
- g. No Disability

13. Any other medical conditions / medications?

14. Will you attend sessions (Please circle) *

- a. Alone
- b. With a friend/family member who would like to participate
- c. With a carer who would like to participate
- d. With a friend/family member who would not like to participate
- e. With a carer who would not like to participate

15. On a scale of 1-5, with 1 being very low and 5 being very high, how would you rate the following (Please circle):

a. Your physical health?

1 2 3 4 5

b. Your mental health and wellbeing?

1 2 3 4 5

c. Your confidence to enter a leisure centre or community centre and participate in activities?

1 2 3 4 5

d. Your level of connection to others in your community (friends, neighbours, family members, etc.)?

1 2 3 4 5

e. Your connection to support services and activities in your area (ex-support groups, activity groups)?

1 2 3 4 5

16. Over the previous week, how many times were you active for 30 minutes or more? (e.g. walking, manual work, dancing, taking part in sport or leisure activity) (Please circle)

- a. None
- b. 1-2 Times
- c. 2-3 Time
- d. 3-4 Times
- e. 5 Times or More

17. Is there anything else you would like us to know?

Section 2

Fill in this section if you attend Feel Good for Life with someone that you care for.

1. Name of Carer * _____
2. Address (if different than participant) _____
3. Postcode (if different than participant) _____
4. Phone Number (if different than participant) _____
5. Email (if different than participant) _____
6. Date of Birth _____
7. Approximately how long have you been a carer? _____
8. In the last four weeks, I've been feeling close to others who also look after people (Please circle)
 - f. None of the time
 - g. Rarely
 - h. Some of the time
 - i. Often
 - j. Most of the time
9. Over the previous week, how many times were you active for 30 minutes or more? (e.g. walking, manual work, dancing, taking part in sport or leisure activity) (Please circle)
 - k. None
 - l. 1-2 Times
 - m. 2-3 Time
 - n. 3-4 Times
 - o. 5 Times or More

