

Date administered: _____ Participant IDNO _____

1) Why did you join the FFIT Programme? (interviewer - please tick all that apply)

To get fitter	<input type="checkbox"/>	
To lose weight	<input type="checkbox"/>	
To get fitter for a specific reason	<input type="checkbox"/>	What reason? (e.g. to do more with children) _____
To lose weight for a specific reason	<input type="checkbox"/>	What reason? (e.g. family wedding) _____
To improve lifestyle	<input type="checkbox"/>	
Health reasons	<input type="checkbox"/>	What health reasons? (personal or family history) _____
Someone recommended it to me	<input type="checkbox"/>	Who? (e.g. former participant) _____
Someone told me I needed to go on it	<input type="checkbox"/>	Who? (e.g. wife) _____
Because it was at the club	<input type="checkbox"/>	
Because it was with men like me	<input type="checkbox"/>	
Other		Please specify _____

2) Why did you stop attending FFIT? (interviewer - please tick all that apply)

Changes to work commitments	<input type="checkbox"/>	What work commitments? _____
Changes to family commitments	<input type="checkbox"/>	What family commitments? _____
Health reasons	<input type="checkbox"/>	What health reasons? _____
Injury	<input type="checkbox"/>	What happened? _____
Didn't like classroom sessions	<input type="checkbox"/>	Please say why _____
Didn't like exercise sessions	<input type="checkbox"/>	Please say why _____
Couldn't devote the time needed	<input type="checkbox"/>	
Other		Please specify _____

3) Has your involvement with FFIT changed you in any way? (interviewer - please tick all that apply)

No	<input type="checkbox"/>
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Lost weight	<input type="checkbox"/>	
Better eating habits	<input type="checkbox"/>	What in particular? _____
Taking more exercise	<input type="checkbox"/>	What sort of exercise? _____
Drink less alcohol	<input type="checkbox"/>	_____
Have more energy	<input type="checkbox"/>	_____
Feel better in myself	<input type="checkbox"/>	Please say how (e.g. more confident, not depressed) _____
Injury	<input type="checkbox"/>	
Other not covered here	Please specify	_____

4) How could the programme have been done differently?

5) Would this have encouraged you to stay?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

6) Is there anything else you would like to add?

Thank the man very much for answering the questions

and say we really value his feedback