

Lagoon Foreshore Fitness Trail Questionnaire



Name (Optional): _____

Address: _____

Contact No. (Optional): _____

Return Date: **Must be back to LHIB by 3 February 2019**

Q1. What is your age group?

- Under 20 yrs. 21-30 yrs. 31-40 yrs. 41-50 yrs. 51-60 yrs. above 60

Q2. What is your current fitness goal?

(tick the boxes that meet your goals)

- Improve my flexibility/mobility. Improve my cardio level. Improve my strength.

Q3. What do you think is your fitness level?

- Very Good. Good. Average. Below Average.

Q4. How many minutes of weekly exercise do you currently do?

- None. Under 50min. 50-100min. 100-150min. Over 150min.

Q5. How often would you use the fitness trail equipment when it is installed?

- More than once a day. Daily. Weekly.
 Fortnightly. Monthly. Less than monthly.

Q6. What type of fitness equipment would you prefer to see?

(tick the boxes that you prefer)

- Flexibility & Mobility. Cardio. Strength.

Q7. There are two options with the fitness equipment to have them along the Lagoon foreshore trail or all the equipment in one single location, what would you prefer?

- Along the foreshore trail. Equipment in one single location.

Q8. If you answered along the foreshore trail in Q7 above then, would you prefer the fitness equipment to be?

- One piece at each station. A group of pieces at each station. A combination of both.

Q9. If you answered equipment at one single location in Q7, then which location would you prefer to see the fitness equipment?

- In at the Playground. Near the Aquatic Club. Other.....

Q10. Are there any other comments you wish to make in regards to the fitness trail?
