

# **THE REASONS SENIORS LEAVE WA LIVING LONGER LIVING STRONGER PROGRAMS**

**Report written by**

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## EXECUTIVE SUMMARY

Curtin University with partners Council on the Ageing Western Australia (COTAWA) and Silver Chain received a research grant from Healthway to explore reasons why older people participate or do not participate in resistance training. A questionnaire was posted to 293 Living Longer Living Stronger (LLLS) participants who had attended a program during the last year but no longer did so. LLLS is an evidence based resistance training program delivered to approximately 3,000 participants in over 60 locations across Western Australia. It is a 12-week program that is run for people aged 50 years and over, most sessions last 45 minutes and there is usually a social aspect, such as morning tea at the completion of the session. The results of the questionnaire are outlined in this report.

Fifty-six questionnaires were returned, a response rate of 19%. Overall, the results were positive given this group no longer participate in a LLLS program. Many respondents self-reported that their physical and mental health was good or better than good, and they were also more physically active compared to other people of their age. Initially they joined LLLS to improve their fitness, strength and to actively participate in structured exercise.

### Key findings

- Over half the respondents had participated in LLLS for at least four months, but 43% were lost to LLLS in the first four months. The initial contact and settling in period appears important for retention.
- In general, the levels of satisfaction for the different aspects of the LLLS program were high, with most satisfied that the equipment was appropriate and the condition of the amenities was at a satisfactory level. Only a few were dissatisfied with staff support, the 'welcoming atmosphere' and social activities.
- The cost of the LLLS program was not viewed as a reason for discontinuing participation by many. However, these respondents were contacted prior to the recent price increases and cost may be an issue contributing to participants ceasing participation more recently.
- The majority of respondents felt they received good support from staff supervising the classes, liked smaller class sizes (around 10 participants), felt help was available if they needed it and liked having a personalised (individual) program.
- A third of respondents, however, were not satisfied due to perceptions of disinterested staff or staff completing their own exercise programs during class times instead of assisting LLLS participants. Twenty percent of respondents did not feel motivated to complete classes and a third of respondents felt their program was not challenging enough.

### Positive feedback and information for promotion

There were many physical changes noticed by participants, with improved balance, endurance and energy levels being the most commonly reported benefits. Of interest is that only one person suggested they had increased their muscle strength. When promoting the benefits of the program it may be valuable to highlight other aspects such as improving daily activities, balance, endurance, sleep and mental wellbeing rather than focus solely on improved strength, as these were the most commonly reported benefits described by the respondents.

### Areas for improvement

The most common reasons provided for discontinuing participation were injury and illness. Suggestions for improvement to LLLS based on the study findings could include:

- Managers may wish to consider setting up a process where semi-regular contact is made with participants affected by injury or illness, to assist them to slowly return to the program. Some of the LLLS centres already have this process in place, but it is something others may wish to consider adopting. This process may also benefit participants who have gone on holidays and need some support or motivation to get back into exercising regularly again.

- Other respondents said they would like to return, but factors such as waiting for machines, classes not being available when it suited them, no interaction with staff or they found it boring and finding the time were stopping them from doing so. A number of these issues can be improved by staff with little time or cost involved.
- The most common reasons for considering returning were because they enjoyed it, felt it improved their fitness and that they were getting benefits from it. Therefore, maintaining contact between the centre and absent participants may assist them to return after some time out of the classes.

The ability to generalise the study results to the general population of individuals who stop participating in LLLS is limited by the relatively small proportion of survey respondents (19%). However, this is the first study to look at reasons why LLLS members discontinued participation in a program and provides some useful insights for LLLS managers.

## INTRODUCTION

Curtin University with partners Council on the Ageing Western Australia (COTAWA) and Silver Chain received a research grant from Healthway to explore reasons why older people participate or do not participate in resistance training. An objective of the study was to provide information that can be used to develop strategies to increase participation in progressive resistance training programs such as Living Longer Living Stronger (LLLS). The study involved conducting an “exit” questionnaire with older people who had ceased attending a LLLS program during the last year to identify factors associated with them ceasing participation.

## METHODS

A questionnaire was developed jointly with all research partners and the two consumer representatives on the project team; a copy of the questionnaire is in Appendix I. The questionnaire asked participants why they initially joined LLLS followed by questions specific to the program they attended, such as why they withdrew and whether they would consider participating in the future and, if so, why. Physical activity levels and demographic data were also included. Physical activity levels were calculated using the Physical Activity Scale for the Elderly (PASE), which is a valid and reliable tool for determining physical activity levels of older people.<sup>1,2</sup> The PASE ranges between 0 to 361 (0 being not active at all to 361 being very active), with norms per age group shown in Table 1. The questionnaire was sent in August-September 2015, to LLLS participants who had ceased participation in a LLLS program between May 2014 and April 2015. Results were analysed using SPSS version 22.

**Table 1 PASE norms per age group**

	Age Groups		
	65-69 years	70-75 years	76-100 years
Men	144.3 ±58.6	102.4 ±53.7	101.8 ±45.7
Women	112.7 ±64.2	89.1 ±55.5	62.3 ±50.7

## RESULTS

### Respondents

Two hundred and ninety-three surveys were sent to 15 LLLS centres in WA and 56 were returned, a response rate of 19.1%. Mean age was 71.5 years (\*SD: 9.0), with over three quarters (78.6%, n = 44) being female and 21.4% (n = 12) male. Almost all (95%) respondents lived in the Perth suburbs, 2% lived in inner city Perth, and 3% lived in a country town. Over three-quarters (78.6%) of respondents said they had good (39.3%), very good (30.4%) or excellent (8.9%) physical health. A majority (87.5%) also reported being in good to excellent mental health. Almost half were taking three or more prescribed medications, with only 16.1% taking none.

The mean PASE score for the group was 119.5 (SD: 68.4), males: 156.8 (SD: 78.0) and females: 113.5 (SD: 63.2). Given their mean age (71.5 years), as a group they were more physically active than others of their age (see Table 1).

### Reasons for Joining LLLS

Fifty-two respondents provided 75 reasons (to an open-ended question) for having initially joined LLLS. Table 2 lists the reasons, with improving fitness (26.9%), strength (21.2%) and going to regular structured exercise (23.1%) being the most common reasons.

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\*SD is standard deviation

**Table 2 Reasons respondents joined LLLS (more than one response / participant permitted)**

Reasons to Join	Percentage	Number
Improve fitness	26.9	14
To participate in regular/structured exercise	23.1	12
Improve strength	21.2	11
Recommended by someone	11.5	6
Injury rehabilitation	11.5	6
Improve balance	9.6	5
Improve health	7.7	4
Other	7.7	4
Weight control (loss)	5.8	3
Social Aspects	5.8	3
Prevent age related decline	5.8	3
Saw it advertised	3.8	2
Enjoyment	1.9	1
Gain muscle	1.9	1
Total		75

### Attendance

Over half (57.1%, n = 32) of the respondents had attended the LLLS program for more than four months. Only 8.9% (n = 5) left in the first month, 12.5% (n = 7) during months 1-2, 8.9% (n = 5) between months 2-3 and 12.5% (n = 7) in months 3-4. During the initial four months, most respondents attended a LLLS class once (36.8%, n = 21) or twice (47.4%, n = 27) a week. Only eight respondents (14%) attended three classes a week and no one attended more than three.

Many respondents attended a group session (53.6%, n = 30) or a combination of group and individual work (10.7%, n = 6), while 19.6% (n = 11) and 16.1% (n = 9) worked individually or had a personalised assessment – open session respectively. Ninety three percent (n = 52) of respondents were confident or very confident that they could complete the exercises included in the sessions. Only 7.2% (n = 4) were not confident or not confident at all in completing the exercises. Almost 80% of respondents were motivated (41.1%, n = 23) or very motivated (37.5%, n = 21) to complete each session. Only 12% were neither motivated or not motivated (neutral) and 8.9% (n = 5) were not, or not at all motivated.

### Program Support

The majority of respondents felt they were given more than adequate (26.8%, n = 15) or adequate (46.4%, n = 26) support during their sessions. However, 10% suggested they were given inadequate (1.8%, n = 1) or very inadequate (8.9%, n = 5) support, and a further 16.1% (n = 9) were neutral on this issue. Suggestions or comments where improvement could occur included:

- A bit more personal attention would always be welcome
- Instructor disinterested in student activities, preferring to carry out their own exercise routine
- Instructor was more interested in their own exercise regime than considering the needs of their clients
- Not supervised sufficiently
- The attention you received from the physio during the session depended on whether you were a patient at the practice or not
- The instructors tended to respond to your questions rather than initiating any step-up in exercise

- When physio in attendance it was helpful. When price went up we also had a new exercise physiologist taking classes
- Would prefer an exercise program to suit – not left to do as I feel able.

There were also a number of positive comments which included:

- Average group of 10. Engaged and interested physio always present
- Excellent staff support (n = 2)
- Exercise (customised) to my own level and capabilities (n = 2)
- Help always available, they were patient with us “oldies” too (n = 3)
- One on one when required
- Personal program developed and supported by active instructor
- Quite supportive
- Staff helpful (n = 3)
- We had several different trainers over a number of years, each supported us well
- We were watched and corrected if not doing the exercises correctly (n = 2).

Respondents were asked to rate the adequacy of the information provided about safety while they were participating in LLLS. In total, 80.3% (n = 45) said the information was either adequate or very adequate. Eleven percent (n = 6) rated safety information as inadequate or very inadequate.

Respondents were asked to rate their level of satisfaction with various characteristics of the LLLS program including how supportive staff were, appropriateness of equipment, condition of amenities such as the showers and change rooms, the ‘welcoming atmosphere’ and social activities. Table 3 presents the results, with the majority being satisfied or very satisfied for each domain. However, a small proportion was dissatisfied with the support of staff, the ‘welcoming atmosphere’ and social activities.

**Table 3 Levels of satisfaction of LLLS program**

Aspects % (N)	Very satisfied	Satisfied	Neither	Dissatisfied	Very dissatisfied
Supportive staff	50.0% (28)	35.7% (20)	7.1% (4)	0.0% (0)	7.1% (4)
Appropriate equipment	43.6% (24)	4.5% (25)	9.1% (5)	1.8% (1)	0.0% (0)
Condition of amenities	42.6% (20)	36.2% (17)	21.3% (10)	0.0% (0)	0.0% (0)
Welcoming atmosphere	60.7% (34)	28.6% (16)	5.4% (3)	5.4% (3)	0.0% (0)
Social activity	31.3% (15)	39.6% (19)	20.8% (10)	6.3% (3)	2.1% (1)

## Benefits

Two-thirds of respondents (n = 36) found LLLS to be challenging enough, with only three people (5.4%) finding it too challenging. However, 17 respondents found their program to be not challenging at all (8.9%, n = 5) or a little challenging (21.4%, n = 12).

Respondents identified an average of three changes each when asked if they had noticed any changes in themselves while participating in the LLLS program (143 reasons in total). Table 4 shows that improvements in balance, endurance and energy levels were the most commonly reported changes.

**Table 4 Changes noticed by participating in LLLS (more than one response / participant permitted)**

Reasons	Percentage	Number
Improved balance	63.2	24
Increased endurance	60.5	23
Increased energy levels	60.5	23
Improved walking or daily activities	52.6	20
Improved mental wellbeing	50.0	19
Improved sleep	34.2	13
Increase in social activity	28.9	11
Decreased pain	18.4	7
Did not attend long enough	2.6	1
No changes	2.6	1
Increased muscle strength	2.6	1
Total		143

### Cost

Over three quarters of past participants thought LLLS was good (40.4%, n = 23) or very good (36.8%, n = 21) value for money. Only 5.3% (n = 3) suggested it was very poor or 1.8% (n = 1) poor value for money. Ten percent (n = 6) found it to be barely acceptable and three people (5.3%) were unsure.

### Reasons for withdrawing from program

Injury (32.1%, n = 18) was the most common reason for the surveyed former participants ceasing participation in LLLS. Table 5 shows all of the reasons provided, with illness, holidays and the program not being suitable as the next most common reasons for withdrawing. Cost was only given as a reason by two participants.

**Table 5 Reasons for withdrawing from LLLS (more than one response / participant permitted)**

Reasons for leaving	Percentage	Number
Injury	32.1	18
Illness	12.5	7
Holiday	12.5	7
Not suitable	12.5	7
Doing other exercise	10.7	6
Other	10.7	6
Distance to travel	7.1	4
Class time/availability	7.1	4
Dissatisfied with instructor	5.4	3
Cost	3.6	2
Gym overcrowded	3.6	2
Caring for another person	3.6	2
Dissatisfied with program	3.6	2
Total		70

When asked if they would *like* to return to the program in the future 68.4% (n = 39) of the respondents said that they would, 19.3% (n = 11) reported being unsure and 12.3% (n = 7) were not interested in participating again in the future. The reasons given by those not interested in returning were: cost, time, not suitable, boring (waiting for machine, no interaction), attending gym elsewhere and not interested.

Table 6 presents the reasons why past participants would *like* to return to a LLLS program. Enjoyment, fitness and exercise and gaining health benefits from the program were the four most commonly given reasons for considering a return to a LLLS program.

**Table 6 Reasons to consider returning to LLLS**

Reasons for returning to LLLS	Percentage	Number
Enjoyment	26.3	10
Fitness	18.4	7
Other	18.4	7
Health benefits	13.2	5
Exercise	13.2	5
If program/instructor improved	7.9	3
Routine	2.6	1
Improve strength and balance	2.6	1
Total		39

*Note.* “Other” reasons were: when not able to be active outside, in New Year when health fund will pay more, I would like to join more general sessions, I intend to, I miss it, possibly when I’m not working.

When asked if they *would be able* to return to the program at some point, around two-thirds (67.3%, n = 37) said they would be able to, 21.8% (n = 12) suggested they were unsure and 10.9% (n = 6) said no. The reasons why respondents would return were similar to those shown in Table 6, with additional reasons including: because I can or I am able to and if a class is available. Reasons given for not being able to return were: don’t want to, I’m active in other areas, not with the present set up at the centre and time and cost factors.

### **Positive aspects of the LLLS program**

Respondents were asked to describe the most positive aspects of the LLLS program for them personally. Over a quarter (28.1%) said it was due to the physical benefits such as building strength and improving balance or because the staff and instructors were professional, encouraging and made them feel comfortable. Table 7 provides the positive aspects suggested by respondents that have been combined into headings. Appendix II provides a full list of individuals’ responses.

**Table 7 Most positive aspects of the LLLS program**

<b>Most positive aspects of LLLS</b>	<b>Percent</b>	<b>Number</b>
Physical benefits	28.1	18
Staff/instructors	14.1	9
Mental benefits (incl confidence, wellbeing)	12.5	8
Program (incl individualised, variety)	10.9	7
Facility (incl ambience, safety, equipment)	9.4	6
Social benefits	7.8	5
Gives me a routine	6.2	4
Other	4.7	3
Makes me disciplined	3.2	2
Proximity to home	3.1	2
Total	100.0	64

### **Negative aspects of the LLLS program**

Class time and places available within preferred classes (27.7%) were the most commonly identified negative aspects of the LLLS programs. Waiting for machines and equipment issues (13.9%) were also highlighted, as well as poor staff support and the program not satisfying the participants, Table 8. Appendix III provides a full list of all negative aspects identified by respondents and Appendix IV includes those not deemed positive or negative.

**Table 8 Most negative aspects of the LLLS program**

<b>Most negative aspects of LLLS</b>	<b>Percent</b>	<b>Number</b>
Class not available (incl class type, age range, times)	27.7	10
Waiting for machine (incl equipment issues)	13.9	5
Boring (incl not satisfied, not motivated)	11.1	4
Poor staff support (incl lacking interaction)	11.1	4
Cost	11.1	4
Increased pain levels	8.3	3
Distance to travel	5.6	2
My condition makes it difficult (incl dementia, mobility)	5.6	2
Old music	2.8	1
Everything	2.8	1
Total	100.0	36

## DISCUSSION

The “exit” questionnaire was developed to assist LLLS Centre Managers better understand why a small proportion of their members leave the program after a period of time. Overall, the feedback about the program was positive, however areas were identified that if improved could encourage participants to stay or return to the program/classes. In general, the respondents self-reported that their physical and mental health were both at a good or better than good level and they were also more physically active than the “norms” for people of their age. Given that many reported having initially joined LLLS to improve their fitness and strength and to actively participate in structured exercise, they were also obviously keen to do whatever they could to maintain or further improve their good health.

An important finding was that 43% of the respondents had stopped participating in LLLS in the first four months, indicating the importance of the initial contact and settling in period. Almost all respondents reported having felt confident when using the equipment and that the safety information they had been given was adequate. This would seem to indicate that staff were communicating clearly about equipment use and safety procedures and that this information was being retained by LLLS participants. One fifth, 20%, of respondents reported that they had not felt motivated to complete classes, and as such it may benefit centres to identify these people early and to work with them on how they can become more motivated.

Two thirds of respondents felt they received good support from staff supervising the classes. They felt help was available if they needed it, liked having a personalised program and smaller class sizes (around 10 participants). A third of respondents, however, were not satisfied with the support they received and a significant number identified this as being related to staff who came across as disinterested or were completing their own exercise programs during class times, instead of assisting LLLS participants. A third of respondents also felt their program was not sufficiently challenging, which underscores the need for staff to individualise peoples’ programs, monitor their progress and make changes to match the individual’s progression.

In general, the levels of satisfaction for the different aspects of the LLLS program were high, with most satisfied that the equipment was appropriate and the amenities at a satisfactory level. A small number were dissatisfied with the staff support, the ‘welcoming atmosphere’ and social activities, indicating the importance of LLLS organisations seeking and responding to feedback from their clients as to what they are looking for in an exercise program.

Many physical changes were noted by participants, with improved balance, endurance and energy levels being the most common changes noticed. However, only one person reported that they had increased their muscle strength. These findings could be taken to indicate that it may be best not to focus solely on increased muscle strength when promoting the program, but focus as well on potential benefits such as improving daily activities, sleep and mental wellbeing and increasing social activities.

The cost of being part of a LLLS program was not identified by most as a reason for discontinuing participation. However, the research was conducted prior to the recent LLLS price increases and cost may be a greater issue for participants now.

The most common reasons given for discontinuing participation were injury and illness. It is unclear where or why the injury or illness occurred, however managers could perhaps consider setting up a process where semi-regular contact is made with participants affected by injury or illness to review their progress and assist them to slowly return to the program. Exercise is particularly beneficial after an illness during which the older person has lost muscle strength, because of the illness itself or because of aspects of the treatment, such as bed rest and the discouragement of independent movement. Some LLLS centres already have a process in place to contact those who have been injured or ill, but it is something others could consider. This may

also benefit participants who have gone on holidays and need some support or motivation to get back into exercising regularly again. When asked about the possibility that they would return to LLLS, many respondents said they would like to but were put off by aspects such as: waiting for machines, classes not being available when it suited them, no interaction with staff, finding it boring, and finding time. It is recommended that Centre Managers identify whether these aspects occur within their LLLS program and if so make the necessary changes to improve the service. The most common reasons identified for possibly returning to LLLS in the future were enjoyment, improved fitness and feeling they were getting benefits.

Our ability to generalise the results of this study to the rest of the population who have stopped participating in strength training is limited by the small response rate (19.1%). However, this is the first study to look at reasons why WA LLLS members discontinue participation in a program and provides some useful insights for LLLS Managers.

**APPENDIX I**
**The Exit Questionnaire**


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# Community participation in strengthening programs for older people

**About this survey:** Australia's population is getting older and there is a need to better understand the beliefs and behaviours of people as they age. Currently, we do not know the reasons why people begin the Living Longer Living Stronger Program and then some decide to stop participating after a period of time. The results of this study will be used to develop strategies that will help Living Longer Living Stronger Centres to provide services that their participants want.

**Completing this survey:** Please tick or circle the most appropriate responses or write in the space provided.

**Returning this survey:** Please return your completed survey to Curtin University's School of Physiotherapy and Exercise Science in the envelope provided **within two weeks of receiving the survey.**

**SECTION 1**
**Your participation in the Living Longer Living Stronger program**

**1** Why did you first join a Living Longer Living Stronger Program?


**2** How long did you attend the Living Longer Living Stronger program?

Up to  1 1-2 months  2 2-3 months  3 3-4 months  4 More than  5 4 months

**3** During your participation in the program, how many sessions a week on average did you attend?

1  1 2  2 3  3 4  4 More than 4  5 **Please specify:**

**4** Why did you withdraw from the Living Longer Living Stronger program?


**5** Would you *like* to return to the program at some point in the future?

No  1 **Why not?**   
 Yes  2 **Why?**   
 Not  3 sure



2		Curtin University School of Physiotherapy and Exercise Science   Living Longer Living Stronger								
<b>6</b> Do you think you would be able to return to the program at some point?	No <input type="checkbox"/>	Why not? <input type="text"/> <input type="text"/>	Yes <input type="checkbox"/>	Why? <input type="text"/> <input type="text"/>	Not sure <input type="checkbox"/>					
<b>7</b> How did you find the Living Longer Living Stronger program?	Not at all challenging <input type="checkbox"/>	A little challenging <input type="checkbox"/>	Challenging enough <input type="checkbox"/>	Too challenging <input type="checkbox"/>	Far too challenging <input type="checkbox"/>					
<b>8</b> Did you notice any of the following changes while participating in the Living Longer Living Stronger program? Tick as many as apply	Increased muscle strength <input type="checkbox"/>	Increased endurance <input type="checkbox"/>	Increase in social activity <input type="checkbox"/>	Improved mental wellbeing <input type="checkbox"/>	Decreased pain <input type="checkbox"/>	Improved balance <input type="checkbox"/>	Increased energy levels <input type="checkbox"/>	Improved walking or other daily activities <input type="checkbox"/>	Improved sleep <input type="checkbox"/>	Other <input type="checkbox"/> <input type="text"/>
<b>9</b> Did you consider the Living Longer Living Stronger program to be value for money?	Very poor value <input type="checkbox"/>	Poor value <input type="checkbox"/>	Barely acceptable <input type="checkbox"/>	Good value <input type="checkbox"/>	Very good value <input type="checkbox"/>	Not sure <input type="checkbox"/> Please comment: <input type="text"/> <input type="text"/> <input type="text"/>				
<b>10</b> How was the Living Longer Living Stronger program run at the facility you attended? Tick as many as apply	Group sessions <input type="checkbox"/>	Individual work <input type="checkbox"/>	Combination of group sessions and individual work <input type="checkbox"/>	Personalised assessment, open sessions <input type="checkbox"/>						
<b>11</b> How would you describe the level of support you received during the sessions?	More than adequate <input type="checkbox"/>	Adequate <input type="checkbox"/>	Neutral <input type="checkbox"/>	Inadequate <input type="checkbox"/>	Very inadequate <input type="checkbox"/>	Please comment: <input type="text"/> <input type="text"/> <input type="text"/>				
<b>12</b> How confident did you feel that you could complete your exercises when you attended a session?	Very confident <input type="checkbox"/>	Confident <input type="checkbox"/>	Not confident <input type="checkbox"/>	Not at all confident <input type="checkbox"/>						



**Community participation survey** **3**

**13** How motivated did you feel to complete each session?

Very motivated <input type="checkbox"/>	Motivated <input type="checkbox"/>	Neutral <input type="checkbox"/>	Not motivated <input type="checkbox"/>	Not at all motivated <input type="checkbox"/>
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**14** How adequate was the information you were given about safety while participating in the Living Longer Living Stronger program?

Very adequate <input type="checkbox"/>	Adequate <input type="checkbox"/>	Somewhat adequate <input type="checkbox"/>	Inadequate <input type="checkbox"/>	Very inadequate <input type="checkbox"/>
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Please comment:

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**15** How satisfied were you with the following aspects of the Living Longer Living Stronger program?

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied
<b>a</b> Supportive staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Appropriate equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Condition of amenities (e.g. showers, change rooms)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d</b> Welcoming atmosphere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e</b> Social activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us your reasons for answering in this way

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**16** What were the most positive aspects of the Living Longer Living Stronger program for you?

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**17** What were the most negative aspects of the Living Longer Living Stronger program for you?

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SECTION 2

Leisure time activities

18 Over the past 7 days, how often did you participate in sitting activities such as reading, watching TV or doing handicrafts?

Never  (go to question 18) Seldom (1-2 days)  Sometimes (3-4 days)  Often (5-7 days)

What were these activities?

On average, how many hours per day did you engage in these sitting activities on these days?  
More than  4 hours 2-4  hours 1 but less  than 2 hours Less than  1 hour

19 Over the past 7 days, how often did you take a walk outside your home or yard for any reason? For example for fun or exercise, walking to shop, walking the dog etc?

Never  (go to question 19) Seldom (1-2 days)  Sometimes (3-4 days)  Often (5-7 days)

On average, how many hours per day did you spend walking on these days?  
More  than 4 hours 2-4  hours 1 but  less than 2 hours Less  than 1 hour How long on average?  minutes

20 Over the past 7 days, how often did you engage in light sport or recreational activities such as 'light' cycling on an exercise bike, lawn bowls, bowling, water aerobics, golf in a motorised cart, yoga, tai chi, fishing from a boat or jetty or other similar activities?

Never  (go to question 20) Seldom (1-2 days)  Sometimes (3-4 days)  Often (5-7 days)

What were these activities?

On average, how many hours per day did you engage in these light sport or recreational activities on these days?  
More  than 4 hours 2-4  hours 1 but  less than 2 hours Less  than 1 hour How long on average?  minutes

21 Over the past 7 days, how often did you engage in moderate sport or recreational activities such as doubles tennis, ballroom dancing, golf without a motorised cart, softball or other similar activities?

Never  (go to question 21) Seldom (1-2 days)  Sometimes (3-4 days)  Often (5-7 days)

What were these activities?

On average, how many hours per day did you engage in these moderate sport or recreational activities on these days?  
More  than 4 hours 2-4  hours 1 but  less than 2 hours Less  than 1 hour How long on average?  minutes



Community participation survey

6

**22** Over the past 7 days, how often did you engage in strenuous sport and recreational activities such as jogging, swimming, cycling, singles tennis, aerobic dance or other similar activities?

Never  (go to question 23) Seldom (1-2 days)  Sometimes (3-4 days)  Often (5-7 days)

What were these activities?

On average, how many hours per day did you engage in these strenuous sport or recreational activities on these days?

More than 4 hours  2-4 hours  1 but less than 2 hours  Less than 1 hour  How long on average?  minutes

SECTION 3

Strength activities and training

**23** Over the past 7 days, how often did you exercise specifically to increase muscle strength and endurance such as lifting weights or push ups etc?

Never  (go to question 23) Seldom (1-2 days)  Sometimes (3-4 days)  Often (5-7 days)

What were these activities?

On average, how many hours per day did you engage in exercise to increase muscle strength/endurance on these days?

More than 4 hours  2-4 hours  1 but less than 2 hours  Less than 1 hour  How long on average?  minutes

SECTION 4

Household activities

**24** During the past 7 days: (please answer all questions)

**a** Have you done any light housework such as dusting or washing dishes? No  Yes

**b** Have you done any heavy housework or chores such as vacuuming, scrubbing floors, washing windows or carrying wood? No  Yes

**25** During the past 7 days, did you engage in any of the following activities? (please answer all questions)

**a** Home repairs like painting, wallpapering, electrical etc. No  Yes

**b** Lawn work or garden care incl. leaf removal, wood chopping etc. No  Yes

**c** Outdoor gardening No  Yes

**d** Caring for another person such as a dependent child, dependent spouse or another adult No  Yes



**SECTION 5** Work-related activities

**26** During the past 7 days did you work for pay or as a volunteer?

No   
(go to question 25)

Yes  How many hours per week did you work for pay and/or as a volunteer?

 hours

Which of the following categories best describes the amount of physical activity required on your job and /or volunteer work?

- Mainly sitting with light arm movement (e.g. office work, watch maker, sealed assembly line worker, bus driver etc.)
- Sitting or standing with some walking (e.g. cashier, general office worker, light tool and machinery worker)
- Walking with some handling of materials generally weighing less than 25 kgs (e.g. mailman, waitress, construction worker, heavy tool and machinery worker)
- Walking and heavy manual work often requiring handling of materials weighing over 25 kgs (e.g. farmer or general labourer)

**27** Were the past 7 days similar to a typical week for you?

Yes

No  How was it different?



Community participation survey		7
<b>SECTION 6</b>		
<b>A little about you (for statistical purposes only)</b>		
<b>28</b> How old are you?	<input type="text"/>	Years old
<b>29</b> Are you:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
<b>30</b> Which Living Longer Living Stronger facility did you attend? (Optional)	<input type="text"/>	
<b>31</b> What kind of area do you live in?	Metropolitan suburb <input type="checkbox"/>	Inner city <input type="checkbox"/> Country town <input type="checkbox"/> Other rural <input type="checkbox"/>
<b>32</b> In general, would you say your physical/health is:	Excellent <input type="checkbox"/>	Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>
<b>33</b> In general, would you say your mental health is:	Excellent <input type="checkbox"/>	Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>
<b>34</b> How many doctor-prescribed medications do you take?	0 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 or more <input type="checkbox"/>

Thank you for completing this survey, please use the reply paid envelope included with your letter to return to Curtin University, School of Physiotherapy and Exercise Science

## APPENDIX II

### List of the most positive aspects of the LLLS Program

- I would have never attempted half of these exercises if not attending LLLS
- A feeling of wellbeing
- Being there doing routine exercise
- Discipline of exercise and to build muscle strength, as I go to exercise/physio class weekly and walk every day. Variety.
- Effort beyond the comfortable, companionship, humour, discipline, integrity by the instructor
- Enjoy exercise in a group with music to listen to and to motivate the class
- Enjoyed using equipment and variation of routine
- Exercise aspect was good
- Exercising and building strength
- Feeling a sense of purpose
- Felt good about doing some exercise
- Focussing on physical health
- Gained greater understanding of my physical needs
- Gaining back some strength and vitality
- Good facility, supportive staff, well run and maintained
- Good introduction to gym work, safe environment, good facilities
- Having fun/laugh. Meeting new people
- I always felt as though I had exercised without experiencing the negative effects that I have experienced with other exercise
- I felt I was stronger
- I felt that I was responding well and improving fitness levels
- I had never really exercised but felt comfortable by the support shown by the staff and participants
- Improvement in arthritis, weight management, strength and improvement in lower back pain
- Improving my balance and strengthening my upper body
- Increased fitness
- Increased fitness levels
- Instructors were very helpful. Set time each week made me get into habit
- Interested to see what it was all about
- It encouraged me to exercise more
- It is consistent and well organised although everyone chats including the physio, once warm up is completed everyone goes about their activities in a business-like manner
- Learned some exercises I could do at home
- Level of fitness
- Motivation
- Nice facility, friendly staff
- Personalised plan
- Physical setting and relative proximity to home
- Pleasant, light room and relative proximity to home
- Provided regular exercise
- Strengthen muscles
- Support from instructors was excellent
- The friendships of all those attending and the support of supervision
- The tailored program. The instructor. The group nature of the sessions
- The thought of achieving my goals
- Thought program would help with my mobility and confidence

- Using different muscles and equipment
- Well being
- Wide range of exercises done under physio supervision

## APPENDIX III

### List of the most negative aspects of the LLLS Program

- Boring. Old music. Waiting for machines. No interaction.
- Cost - time and money
- Cost at the gym
- Effort to get in car and drive to attend as I have beautiful walks in my vicinity - dealing with traffic and could not always get time for group I wanted
- Equipment too close together. But extensions were being done to the centre.
- Everything
- Expensive if compared to other facilities, considering the restriction to 1hr. maximum program. Also the available time slots did not always suit my schedule. There seemed to be a large number ST participants daily, often creating waits for equipment use
- Expensive to get there
- Felt I was just standing and waiting. Shown weights etc and then they walked away and I hurt my back
- Frustration at not being able to continue
- I had a specific condition that was painful and I was keen for it to be addressed as quickly as possible but the program seemed to be a long term strategy, which is why I opted for physio instead
- I would like it to be more stimulating
- Increased pain in left neck and arm
- Increased shoulder pain
- Instructor indifferent to student progress. Failure to introduce new students
- My being able to attend the sessions
- My mobility
- No group sessions - just like any gym individual program
- No negatives. I just found it unnatural
- None except the 80km round trip when we moved. I doubt I would be able to find a centre quite like Lakeside (no not a member of their religious congregation)
- Not a lot of satisfaction
- Not being able to attend because there was not enough space in the class. If classes were too big or people didn't follow the circuit (rarely)
- Not enough equipment - waiting for machines
- Not really geared for younger people. Perhaps need age brackets and degree of difficulty
- Not suitable for dementia
- Pace, conflict of appointments
- Pushing myself to go
- Really only the cost (\$15)
- The instructor was largely indifferent and did not appear to have the wellbeing of her clients at heart
- The limits placed on me because of my chronic pain and my heart disease. Even so, I enjoyed the exercise and felt I was doing the best I could
- The timing and hours of the day they were available
- Times on offer, age of participants

## **APPENDIX IV**

### **List of the other aspects of the LLLS Program to consider**

- Didn't go long enough to see any real benefits. After having to stop for personal reasons I didn't have the inclination to return.
- Because of my work commitments I could only afford 2/week. Would like to attend at least 3 sessions
- Once I had to stop I couldn't motivate myself to return

## References

1. Washburn R, McAuley E, Katula J, Mihalko S, Boileau R. The physical activity scale for the elderly (PASE): Evidence for validity. *Journal of Clinical Epidemiology*. 1999;52(7):643-651.
2. Washburn R, Smith K, Jette A, Janney C. The physical activity scale for the elderly (PASE): Development and evaluation. *Journal of Clinical Epidemiology*. 1993;46(2):153-162.