

Exercise Referral Scheme

Q1 Are you aware of what an Exercise Referral Scheme involves?

Yes.....
No

Q2 Do you take part in referring patients to the existing Cranbrook GP Referral Scheme?

Yes.....
No

Q3 Do you feel that there is a need for an Exercise Referral Scheme to be introduced in the Tunbridge Wells locality?

Yes.....
No
Don't know

If No, please specify why

Q4 If an Exercise Referral Scheme were to be introduced in the Tunbridge Wells locality, would you refer eligible patients to the scheme?

Yes..... *Continue with Q5*
No *Specify why, then go to Q6*
Don't know *Continue with Q5*

If No, please explain why

Q5 If you were interested in utilising an Exercise Referral Scheme, what would be the most convenient method for referring your patients?

Electronic referral forms....
Paper referral forms
Other.....

If Other, please specify

Q6 Do you have a special professional interest in Exercise and Physiology?

Yes..... *Continue with Q7*
No *Go to Q8*

Q7 If Yes, would you be interested in being a member of the steering group?

Yes.....
No

Q8 Would you like to receive further information about Exercise Referral Schemes?

Yes.....
No

Q9 To ensure you receive further information about the steering group and / or information about Exercise Referral Schemes, please provide the following information.

Name.....

Surgery Name ..

Address

Town

Postcode

Telephone

Thank you very much for taking the time to complete this questionnaire. All information will be treated in the strictest confidence.

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