

# DEMENTIA FRIENDLY SWIMMING

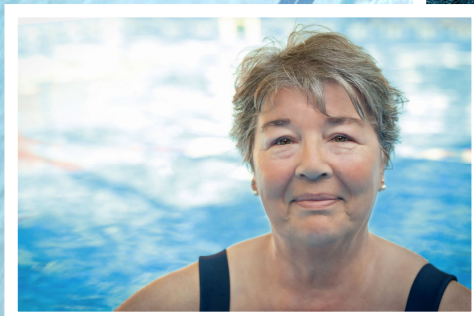
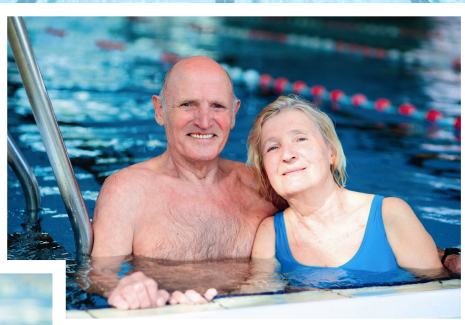


## At Hengrove Park Leisure Centre

Living with dementia and an active lifestyle

Meet on the sofas behind the reception every  
Wednesday from 12.30pm

See overleaf for more details



Parkwood Community Leisure working  
in partnership with Bristol City Council



## *About the sessions*

You can choose to swim at any time you like and staff will be on hand to offer help and encouragement. These are accessible swims when there will be additional staff on hand to support you whilst you are swimming:

**Mondays – 12.00pm to 1.00pm**

**Wednesdays – 12.00pm to 1.00pm**

**1.00pm to 1.45pm (Dementia Friendly)**

**Thursdays – 12.30pm to 1.30pm**

**Fridays – 12.00pm to 1.00pm**

Cost: **£3.20 per swim**, your carer enters for FREE

Complete and return the attached registration form to receive a tea or coffee in the café.

## *About the venue*

Hengrove Park, Hengrove Promenade Bristol, BS14 0DE

**Free parking for centre users for up to three hours** (please ensure you validate your ticket at reception). Thereafter charges will apply. Up to one hour is £1.50 and up to two is £2.50.

**Bus routes:** 36, 50, 51, 52, 75, 76, 515, alight the bus at Hengrove Plaza.

Fully accessible changing rooms and pools. Water temperature maintained at 30°C.

Feel free to drop in to the centre to familiarise yourself with the pool and all the other activities it has to offer.

# Dementia Friendly Swimming



## Participant Registration Form

### 1. ABOUT YOU

First name: .....

Surname: .....

Address: .....

.....

Postcode: .....

Phone number: .....

Email address: .....

1.1 Date of birth: .....

1.2 Gender:  Male  Female

1.3 Ethnicity - please select the group that best describes your ethnicity:

- White
- Mixed
- Multiple ethnic groups
- Asian/Asian British
- Black/African/Caribbean/Black British
- Other - please specify .....

### YOUR CARER/COMPANION

First name: .....

Surname: .....

Address: .....

.....

Postcode: .....

Phone number: .....

Email address: .....

Date of birth: .....

Gender:  Male  Female

Do you intend to swim during the Dementia Friendly Swimming session?

Yes  No

On a scale of 1-5, with 1 being very anxious and 5 being very relaxed and confident, how do you feel about getting into the swimming pool? (please tick one answer):

1  2  3  4  5



**1.4 Educational level** - please select the highest level of education you attended:

- Primary School/Middle School/Elementary School
- Secondary School
- Further Education College
- Higher Education - University or Training College
- Other - please specify .....

**1.5 Recruitment** - please use the tick box below to tell us how you found out about the programme (please tick up to three boxes that apply):

- Word of mouth - friend/family member
- Health organisation - GP practice/hospital etc.
- Local council - Social Services/support worker/carer(s)
- Dementia/Age related charity - Age UK/Alzheimer's Society/Dementia UK
- Online information - Internet/website
- Social media - Facebook/Twitter etc.
- Printed media - newspaper/newsletter/magazine/leaflet
- Other media - Radio/TV
- Leisure centre/swimming pool staff
- Other - please specify .....

**1.6 Motivations for Joining** - please use the tick box list below to tell us what you hope to achieve by participating regularly in swimming (please tick up to three boxes that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> To meet new friends/socialise                                      | <input type="checkbox"/> To get out of the house more |
| <input type="checkbox"/> To enjoy swimming  | <input type="checkbox"/> To relax and de-stress       |
| <input type="checkbox"/> To feel better about myself  | <input type="checkbox"/> To get fit/healthy           |
| <input type="checkbox"/> To keep fit/healthy  | <input type="checkbox"/> To lose/maintain weight      |
| <input type="checkbox"/> To stay active and mobile  | <input type="checkbox"/> To increase my confidence    |
| <input type="checkbox"/> To have fun  | <input type="checkbox"/> To swim in a group           |
| <input type="checkbox"/> My carer/companion bought me because they thought I might enjoy it |   |
| <input type="checkbox"/> Other - please specify .....                                       |   |

## **2. YOUR CURRENT ACTIVITY LEVELS**

**2.1 On average, how often, if at all, have you exercised in the last 4 weeks?** Please include any time when you have intentionally raised your heart rate and got to a state of breathlessness (please tick one answer):

- I have not exercised in the last 4 weeks
- I have exercised once in the last 4 weeks
- I have exercised 2 or 3 times in the last 4 weeks
- I have exercised once a week during the last 4 weeks
- I have exercised 2 or 3 times per week during the last 4 weeks
- I have exercised 4 or more times per week during the last 4 weeks
- Don't know/can't recall

**2.2 On average, how often, if at all, have you exercised in the last week?** Please include any time when you have intentionally raised your heart rate and got to a state of breathlessness (please tick one answer):

- 1
- 2
- 3
- 4
- 5
- 6
- 7

**2.3 If you have exercised, what type of activities did you do?** (please tick all that apply):

- Stretching, yoga, pilates, chair based exercises
- Walking
- Cycling
- Dancing
- Jogging/running
- Swimming
- Going to the gym
- Bowls
- Other - please specify .....

### **3. WATER CONFIDENCE AND SWIMMING EXPERIENCE**

To help us support you in the best way possible, we would like to know how you feel about swimming and how confident you are in the water.

#### **3.1 When was the last time you went swimming for a session of at least 30 minutes?**

(please tick one answer):

- |   |  |
|---|--|
| <input type="checkbox"/> In the last 4 weeks                    | <input type="checkbox"/> 2 or 3 months ago   |
| <input type="checkbox"/> 4 to 6 months ago                      | <input type="checkbox"/> 7 to 12 months ago  |
| <input type="checkbox"/> Over a year, but less than 5 years ago | <input type="checkbox"/> 5 years or more ago |
| <input type="checkbox"/> Never                                  | <input type="checkbox"/> Not sure            |

#### **3.2 Which of the following best describes your current swimming ability? (please tick one):**

- I can't swim
- I don't mind getting in the pool, but I need floats or my feet on the floor
- I can swim up to 1 length (25m) without stopping, but no more
- I can swim over 1 length but no more than 8 lengths (25m-200m)
- I can swim over 8 lengths and up to 24 lengths (200m-600m) but it would be a challenge
- I can swim over 8 lengths and up to 24 lengths (200m-600m)
- I can swim over 24 lengths (600m+)
- Not sure

#### **3.3 On a scale of 1-5, with 1 being very anxious and 5 being very relaxed and confident, how do you feel about getting into a swimming pool? (please tick one answer):**

- 1 (very anxious)     2     3     4     5 (very good)

#### **3.4 Thinking about swimming, to what extent do you agree or disagree that...?**

(please tick one answer per question)

	Agree	Neither agree	Disagree	Not applicable
I feel swimming is beneficial for my wellbeing				
Swimming does/would keep me fit and healthy				
Swimming is/would be good for my current health issues				

#### **4. YOUR HEALTH**

For most people swimming is a safe and effective form of exercise. If you're worried about an existing health condition please see your GP before you start swimming. Otherwise, start slowly and build up gradually.

**4.1 On a scale of 1-5, with 1 being very poor and 5 being very good, how would you describe your general health? (please tick one):**

1 (very poor)    2    3    4    5 (very good)

**4.2 If you have any health condition that you would like us to know about, or any other concerns about any aspect of the programme, please tell us about these here:**

#### **5. DATA PROTECTION AND CONSENT**

The information you have provided will be used (without your name) by Bristol City Council, the Amateur Swimming Association and the swimming pool to statistically monitor swimming sessions for people with dementia, and to improve our services. Where you have provided health details, these will be used to make sure activities provided are appropriate for you. We are committed to ensuring that your information is secure. In order to prevent unauthorised access or disclosure we have put in place suitable physical, electronic and managerial procedures to safeguard and secure the information we collect. You agree to the Dementia Friendly Swimming project contacting you from time to time with information or questionnaires about the programme.

I have read and accept the above statement:

Signed: