

## Physical Activity Intervention Description and Expectations Contract

### LIFE Successful Aging Workshops

Congratulations! You are now part of the LIFE Physical Activity Program. You will participate in a structured, supervised physical activity program that is designed to enhance your health and prevent disability. A trained, certified exercise specialist will teach you how to do the exercises and ensure your safety. The program consists of walking and strength, flexibility, and balance training.

#### Expectations for Participation:

- ♦ For the **first 2 months** of the study, you will come to the center **3 times** each week to participate in the physical activity program.
- ♦ For **months 3-6**, you will complete your physical activity at the center **2 times** each week and will be physically active **on your own** on the other days of the week.
- ♦ For **months 7-18**, you will complete your physical activity at the center **1 time** each week and will be physically active on your own on the other days of the week.
- ♦ You will also participate in group sessions with 10-15 other study participants. This group will meet 1 time per week, after the physical activity session, to talk about skills that you need to make the program successful.
- ♦ Attend your scheduled health evaluations. These will occur 6, 12, and 18 months from now.
- ♦ Keep in contact with the staff so that we know how you are doing.

Your signature below indicates that you understand your LIFE study condition and what we have asked you to do.

Signed (participant): \_\_\_\_\_ Date: \_\_\_\_\_  
Witness: \_\_\_\_\_ Date: \_\_\_\_\_