PERSONAL PHYSICAL ACTIVITY LEVELS

Please Rank the following from 1-7 of Much Less to Much More

<table>
<thead>
<tr>
<th>Much Less</th>
<th>Less</th>
<th>Somewhat Less</th>
<th>The Same</th>
<th>Somewhat More</th>
<th>More</th>
<th>Much More</th>
</tr>
</thead>
</table>

In the two years BEFORE MEDICAL SCHOOL I exercised ____ compared to NOW

DURING MEDICAL SCHOOL (before-clerkship), I exercised ____ compared to NOW

THE FOLLOWING Questions are from the IPAQ (International Physical Activity Questionnaire). Please answer them thinking about your activity over a typical week or your last 7 days. Hit Next to begin:
VIGOROUS = hard physical effort that makes you breathe MUCH HARDER than normal (like running, spinning, aerobics, fast swimming)

For the following two questions refer to the definition of VIGOROUS above:

IN THE LAST 7 DAYS: How many DAYS did you do VIGOROUS physical activities? Think only of those activities that you did for AT LEAST 10 MINUTES at a time.

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7

How much TIME in TOTAL did you usually spend on ONE of those days doing VIGOROUS physical activities?

- 0 min
- 10 min
- 20 min
- 30 min
- 40 min
- 50 min
- 60 min
- >60 min

MODERATE = moderate physical effort that makes you breathe HARDER than normal (like jogging, biking at a regular pace, doubles tennis - do NOT include walking)

For the following two questions refer to the definition of MODERATE above

IN THE LAST 7 DAYS: How many DAYS did you do MODERATE physical activities? Think only of those activities that you did for AT LEAST 10 MINUTES at a time.

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7

How much TIME in TOTAL did you usually spend on ONE of those days doing VIGOROUS physical activities?

- 0 min
- 10 min
- 20 min
- 30 min
- 40 min
- 50 min
- 60 min
- >60 min
IN THE LAST 7 DAYS: How many DAYS did you WALK for AT LEAST 10 MINUTES at a time.

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7

How much TIME in TOTAL did you usually spend on ONE of those days WALKING?

- 0 min
- 10 min
- 20 min
- 30 min
- 40 min
- 50 min
- 60 min
- >60 min

NOW - Think about the time you spend sitting at work, school, or home, while studying, in transport, including sitting or lying down during leisure time.

During the last week, indicate the TOTAL NUMBER OF HOURS you spent SITTING on a DAY

Typical Work Day (Week day)

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

... 4 additional choices hidden ...

- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
Typical Day Off (Weekend)

0
1
2
3
4
5
6
7
8
9
... 4 additional choices hidden ...
15
16
17
18
19
20
21
22
23
24
In the last 7 days: I've performed at least 20 minutes of resistance exercises/strength training (free weights, calisthenics, nautilus, kettle balls) on _____ days.

0 1 2 3 4 5 6 7

The following will be ranked 1-7 Strongly Disagree - Strongly Agree

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Somewhat Disagree</th>
<th>Neutral</th>
<th>Somewhat Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being physically active/exercising regularly is important to me</td>
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<tr>
<td>I have control over whether or not I am physically active</td>
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</table>
**CURRENT AND FUTURE PHYSICAL ACTIVITY PRESCRIPTION**

During a TYPICAL OFFICE encounter:

<table>
<thead>
<tr>
<th>% of Time</th>
<th>Never &lt;5%</th>
<th>Rarely 5-20%</th>
<th>Occasionally 21-40%</th>
<th>Sometimes 41-60%</th>
<th>Frequently 61-80%</th>
<th>Nearly Always 81-95%</th>
<th>Always &gt;95%</th>
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</thead>
<tbody>
<tr>
<td>I COUNSEL patients on physical activity ____% of the time:</td>
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<tr>
<td>I PRESCRIBE (ACTIVITY and DOSE = FREQUENCY, INTENSITY, TIME) physical activity/exercise ____ of the time:</td>
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Please Rank from 1-7 of Strongly Disagree - Strongly Agree

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Somewhat Disagree</th>
<th>Neutral</th>
<th>Somewhat Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
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</thead>
<tbody>
<tr>
<td>I feel confident in my skills to prescribe exercise</td>
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<td>I feel successful at getting my patients to start exercising</td>
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<td>Prescribing physical activity to my patients will be an important part of my FUTURE medical practice</td>
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<tr>
<td>Statement</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Somewhat Disagree</td>
<td>Neutral</td>
<td>Somewhat Agree</td>
<td>Agree</td>
<td>Strongly Agree</td>
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<td>--------------------------------------------------------------------------</td>
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<tr>
<td>I believe that regular PA is integral to my patients’ CURRENT health</td>
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<td>Prevention is NOT as interesting to me as treatment</td>
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<td>I believe sedentary behaviour is harmful to my patients’ health:</td>
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<td>I will be able to provide more credible and effective counselling if I exercise and stay fit</td>
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<td>I believe physicians have a responsibility to promote physical activity to their patients</td>
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<td>Residency programs should encourage their residents to practice physically active lifestyles</td>
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<td>My residency program encourages residents to exercise and be physically active</td>
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</table>
KNOWLEDGE

Are you familiar with the Canadian Physical Activity Guidelines?

- Yes
- No
- Don't know

Adults (18-64 yo) should accumulate at least ____ minutes of moderate intensity physical activity each week:

- 60
- 90
- 120
- 150
- 180
- 210

Children (5-17) should accumulate at least ____ minutes of moderate to vigorous physical activity each week:

- 30minx5days=150
- 30minx7days=180
- 45minx5days=225
- 45minx7days=270
- 60minx5days=300
- 60minx7days=420

Older adults (>65 yo) should perform strength training:

- 0 days/wk - it’s contraindicated in this population
- at least 1 day/wk
- at least 2 days/wk
- at least 3 days/wk
- there is no evidence specific to strength training in the population
- there are no guidelines around strength training in this population

Rank the following RISK FACTORS in DESCENDING order of IMPORTANCE to CHRONIC DISEASE DEATHS: From 1 (Most important/Greatest contribution) to 7 (Least important/Least contribution)

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<td>Smoking</td>
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<td>Impaired Glucose</td>
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<tr>
<td>Physical inactivity</td>
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<td>Overweight/obesity</td>
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<td>Hyperlipidemia/high cholesterol</td>
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<td>Excessive alcohol use</td>
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</tbody>
</table>
Answer the following three questions in respect to a HEALTHY ADULT PATIENT

Indicate what YOU feel YOUR COMPETENCE is in performing the following

Conducting clinical assessment to clear for exercise

- Highly Incompetent/Not at all Comfortable
- Incompetent/Uncomfortable
- Somewhat Incompetent/Somewhat Uncomfortable
- Neutral
- Somewhat Competent/Somewhat Comfortable
- Competent/Comfortable
- Highly Competent/Totally Comfortable

PREScribing AEROBIC exercise (frequency, intensity, duration type)

- Highly Incompetent/Not at all Comfortable
- Incompetent/Uncomfortable
- Somewhat Incompetent/Somewhat Uncomfortable
- Neutral
- Somewhat Competent/Somewhat Comfortable
- Competent/Comfortable
- Highly Competent/Totally Comfortable

PREScribing RESISTANCE or STRENGTH exercise (frequency, type, repetitions, sets)

- Highly Incompetent/Not at all Comfortable
- Incompetent/Uncomfortable
- Somewhat Incompetent/Somewhat Uncomfortable
- Neutral
- Somewhat Competent/Somewhat Comfortable
- Competent/Comfortable
- Highly Competent/Totally Comfortable

Answer the following three questions in respect to an ADULT PATIENT WITH CHRONIC DISEASE (Card iovascular disease, Chronic Respiratory Disease, Diabetes or Cancer)

Indicate what YOU feel YOUR COMPETENCE is in performing the following

Conducting clinical assessment to clear for exercise

- Highly Incompetent/Not at all Comfortable
- Incompetent/Uncomfortable
- Somewhat Incompetent/Somewhat Uncomfortable
- Neutral
- Somewhat Competent/Somewhat Comfortable
- Competent/Comfortable
- Highly Competent/Totally Comfortable

PREScribing AEROBIC exercise (frequency, intensity, duration type)

- Highly Incompetent/Not at all Comfortable
- Incompetent/Uncomfortable
- Somewhat Incompetent/Somewhat Uncomfortable
- Neutral
- Somewhat Competent/Somewhat Comfortable
- Competent/Comfortable
- Highly Competent/Totally Comfortable
PRESCRIBING RESISTANCE or STRENGTH exercise (frequency, type, repetitions, sets)

- Highly Incompetent/Not at all Comfortable
- Incompetent/Uncomfortable
- Somewhat Incompetent/Somewhat Uncomfortable
- Neutral
- Somewhat Competent/Somewhat Comfortable
- Competent/Comfortable
- Highly Competent/Totally Comfortable
PERCEPTION OF TRAINING

Please Rank from 1-7 of Strongly Disagree - Strongly Agree

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Somewhat Disagree</th>
<th>Neutral</th>
<th>Somewhat Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

I feel like I have received an adequate amount of education/training on physical activity counselling and exercise prescription in my UBC residency training:

Somewhat Agree

I would like to receive more instruction/training in physical activity counselling and exercise prescription for health, prevention and treatment of disease:

Somewhat Agree
DEMOGRAPHICS

Sex
- Male
- Female

Please indicate if you've had any previous training in the following: (check all that apply)
- elective or course in preventative medicine/health
- elective or course in sports and/or exercise medicine
- human kinesiology undergraduate course
- coaching certification
- extensive curriculum in medical school (please indicate the amount of training received and optionally the University)
- other (please specify) __________________________

Please indicate your program:
- Abbotsford
- Aboriginal
- Chilliwack
- Nanaimo
- Rural Northwest
- Prince George/Northern Rural
- Rural Fort St. John
- Rural Kelowna
- St. Paul’s
- Survey
- Vancouver Fraser
- Victoria
- Vancouver Island - Strathcona

Question 36

<table>
<thead>
<tr>
<th>Would you describe yourself at a healthy body weight? (Healthy BMI)</th>
<th>No</th>
<th>Somewhat</th>
<th>Yes</th>
<th>Prefer not to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Would you describe yourself as physically fit?</th>
<th>No</th>
<th>Somewhat</th>
<th>Yes</th>
<th>Prefer not to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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