


# Exercise and Future Clinical Practice

## PERSONAL PHYSICAL ACTIVITY LEVELS


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

	Much Less	Less	Somewhat Less	The Same	Somewhat More	More	Much More
In the two years BEFORE MEDICAL SCHOOL I exercised _____ compared to NOW	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DURING MEDICAL SCHOOL (before-clerkship), I exercised _____ compared to NOW	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


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 the 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












 SELF RATED COMPETENCE/COMFORT

 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 (Cardiovascular 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



 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
- Surrey
- Vancouver Fraser
- Victoria
- Vancouver Island - Strathcona

 Question 36

	No	Somewhat	Yes	Prefer not to answer
Would you describe yourself at a healthy body weight? (Healthy BMI)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Would you describe yourself as physically fit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>