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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	0	0	0	0	0	0	0	
DURING MEDICAL SCHOOL (before-clerkship), I exercised compared to NOW	0	0	0	0	0	0	0	

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
- 01
- 0 2 3
- $\tilde{0}$
- 05
- Õ 6

Õ7

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

O min
 10 min
 20 min
 30 min
 40 min
 50 min

60 min

Õ >60 min

Q

Ô

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.

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

- O min
 10 min
 20 min
 30 min
 40 min
 50 min
- 60 min
 >60 min
- 00

IN THE LAST 7 DAYS: How many DAYS did you WALK for AT LEAST 10 MINUTES at a time.

- 0
- 0 1 0 2 0 3
- Õ 4
- 05
- Õ 6
- 07

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

O min

() 10 min

() 20 min

() 30 min

() 40 min

() 50 min

() 60 min

🔘 >60 min

000

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.

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

Typical Work Day (Week day)

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.

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

	Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree	Strongly Agree
Being physically active/exercising regularly is important to me	0	0	0	0	0	0	0
I have control over whether or not I am physically active	0	0	0	0	0	0	\bigcirc

CURRENT AND FUTURE PHYSICAL ACTIVITY PRESCRIPTION

BUIND A TYPICAL OFFICE encounter:

	Never <5%	Rarely 5-20%	Occasional ly 21-40%	Sometime s 41-60%	Frequently 61-80%	Nearly Always 81-95%	Always >95%!
I COUNSEL patients on physical activity% of the time:	0	\bigcirc	0	0	0	0	\bigcirc
I PRESCRIBE (ACTIVITY and DOSE = FREQUENCY, INTENSITY, TIME) physical activity/exercise of the time:	0	0	0	0	0	0	0

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

	Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree	Strongly Agree
I feel confident in my skills to prescribe exercise	0	0	0	0	0	0	0
I feel successful at getting my patients to start exercising	0	0	0	0	0	0	\circ
Prescribing physical activity to my patients will be an important part of my FUTURE medical practice	0	0	0	0	0	0	0

ATTITUDES AND BELIEFS IN PHYSICAL ACTIVITY IN HEALTH AND DISEASE

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

Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree	Strongly Agree
0	0	0	0	0	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
	Disagree C C C C C	Disagree Disagree	DisagreeDisagreeDisagreeOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO	DisagreeDisagreeDisagreeNeutralCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	DisagreeDisagreeDisagreeNeutralAgreeOO	DisagreeDisagreeDisagreeNeutralAgreeAgreeCC

KNOWLEDGE

- E Are you familiar with the Canadian Physical Activity Guidelines?
- O Yes
- 🔘 No
- O Don't know

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

- 60
- 090
- 0 120
- 150
- 210
- 210

E 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

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

- O days/wk it's contraindicated in this population
- O at least 1 day/wk
- O at least 2 days/wk
- O at least 3 days/wk
- \bigodot there is no evidence specific to strength training in the population
- () there are no guidelines around strength training in this population

III 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)

	1	2	3	4	5	6	7
HTN	\bigcirc	0	0	\bigcirc	0	\circ	0
Smoking	\bigcirc	0	0	0	0	\bigcirc	\circ
Impaired Glucose	\bigcirc	0	0	0	0	\bigcirc	0
Physical inactivity	\bigcirc	0	0	0	0	\bigcirc	\circ
Overweight/obesity	\bigcirc	0	0	0	0	\bigcirc	\circ
Hyperlipidemia/high cholesterol	\bigcirc	0	0	0	0	\bigcirc	\circ
Excessive alcohol use	\bigcirc	0	0	\bigcirc	0	\bigcirc	0

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SELF RATED COMPETENCE/COMFORT	
Answer the following three questions in respect to a HEALTHY ADULT PA	TIENT
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 W Chronic Respiratory Disease, Diabetes or Cancer)	ITH CHRONIC DISEASE (Cardivascular disease,
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

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

	Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree	Strongly Agree
I feel like I have received an adequate amount of education/training on physical activity counselling and exercise prescription in my UBC residency training:	0	0	0	0	0	0	0
I would like to receive more instruction/training in physical activity counselling and exercise prescription for health, prevention and treatment of disease:	0	0	0	0	0	0	0

DEMOGRAPHICS				
 Sex Male Female 				
 Please indicate if you've had any prev elective or course in preventative medi elective or course in sports and/or exer human kinesiology undergraduate cour coaching certification extensive curriculum in medical school 	cine/health cise medicine rse			e 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 Surrvey Vancouver Fraser Victoria Vancouver Island - Strathcona 				
E Question 36				Drofor p
	No	Somewhat	Yes	Prefer no answer

	No	Somewhat	Yes	Prefer not to answer
Would you describe yourself at a healthy body weight? (Healthy BMI)	0	0	0	0
Would you describe yourself as physically fit?	\bigcirc	\bigcirc	\bigcirc	0