

Default Question Block

Age

Approximate Height (in inches)

Approximate Weight (pounds)

On average, how many days per week do you exercise

For how long do you typically exercise for (in minutes)?

Which of the following best describes your typical level of exercise?

- Light: No change in breathing or heart rate
- Moderate: 5 to 6 effort out of 10. Mild-moderately increases breathing and heart rate. Examples are brisk walking, dancing, swimming, or bicycling on a level terrain
- Vigorous: 7 to 8 effort out of 10. Greatly increases a person's heart rate and breathing. Examples are jogging, singles tennis, swimming continuous laps, or bicycling uphill are examples.
- Muscle-strengthening activity: Physical activity, including exercise that increases skeletal muscle strength, power, endurance, and mass. Examples are strength training, resistance training, and muscular strength and endurance exercises.

What is the typical level of activity of your daily activities/job

- Sedentary
- 50% or less of the time spent sitting
- >50% spent on my feet
- Always on my feet
- Heavy lifting or manual labor

Do you think you get enough exercise?

- Yes
- Occassionally
- No

Which of the following are true regarding American Heart Association current fitness recommendations?

	True	False
150 minutes per week of moderate intensity aerobic activity	<input type="radio"/>	<input type="radio"/>

	True	False
Aerobic activity should occur in at least 30 minute increments	<input type="radio"/>	<input type="radio"/>
Increased health benefits are seen above 300 minutes of exercise per week	<input type="radio"/>	<input type="radio"/>
Recommendations do not vary based on intensity of exercise	<input type="radio"/>	<input type="radio"/>
Exercise recommendations do not vary based on age	<input type="radio"/>	<input type="radio"/>
Recommendations for adults include muscle strenghtening exercises on at least 2 or more days per week	<input type="radio"/>	<input type="radio"/>

What barriers exist which affect your ability to exercise?

	0 (no effect at all)	1 - minimal impact on my ability to exercise	2 - some impact on my ability to exercise	3 - moderate impact on my ability to exercise	4 - considerable impact on my ability to exercise	#1 reason affecting my ability to exercise (Please only choose one)
Injury/Disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	0 (no effect at all)	1 - minimal impact on my ability to exercise	2 - some impact on my ability to exercise	3 - moderate impact on my ability to exercise	4 - considerable impact on my ability to exercise	#1 reason affecting my ability to exercise (Please only choose one)
Time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motivation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other health condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of knowledge (not knowing what to do)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to facility/equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Are there any other issues that are barriers to exercise?

Motivators for exercise

	0 - no effect on my motivation to exercise	1 - minimal motivation for me to exercise	2 - some motivation for me to exercise	3 - moderate motivation for me to exercise	4 - considerable motivation for me to exercise	#1 reason motivating me to exercise (Please only choose one)
Weight Loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Appearance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	0 - no effect on my motivation to exercise	1 - minimal motivation for me to exercise	2 - some motivation for me to exercise	3 - moderate motivation for me to exercise	4 - considerable motivation for me to exercise	#1 reason motivating me to exercise (Please only choose one)
Health Benefits (cardiac, joint, diabetes, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community/Friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Competition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress relief/Mental wellness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I enjoy it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please give any other comments related to your motivation to exercise

What is your primary fitness activity (be specific)? (ex. running, walking, cardio equipment, exercise machines, zumba, weightlifting, yoga, rock climbing, etc.)

Which of the following best describes your knowledge relating to the above activity? With 0 being "I have very little knowledge of fitness activities and proper training routines and 100 being "I am a certified trainer or coach"

0 10 20 30 40 50 60 70 80 90 100

Click to write
Choice 1

Please indicate how strongly you agree or disagree with the following statements.

	Strongly Agree	Agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Disagree	Strongly disagree
I am familiar with other options but I can't afford it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am not familiar with other fitness option	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know proper weight training technique	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am comfortable in a gym	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have tried various fitness activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I wish I knew more about different fitness activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel comfortable trying new fitness activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Did your surgeon/surgical team suggest that you lose weight prior to your surgery?

Yes

- No
- Unsure

Did your surgeon/surgical team suggest that you exercise prior to your surgery?

- Yes
- No
- Unsure

Did he/she give you any advice relating to how to exercise?

- Yes
- No
- Unsure
- I never recieved any advice

Was the advice helpful?

- Yes
- Maybe, but I never tried it
- Maybe, but it was not suitable to my lifestyle/income
- No
- I never got any advice
- I don't remember

Has another physician ever told you that you should lose weight or exercise more?

- Yes
- No
- Unsure

Did he/she give you any advice relating to exercise?

- Yes
- No
- Unsure

Was it helpful?

- Yes, it was helpful
- Maybe, but I never tried it
- Maybe, but it wasn't suitable for my lifestyle/income
- No
- I never got any advice
- I don't remember

Have you ever been diagnosed with one of the following (select all that apply)?

- | | |
|--|--|
| <input type="checkbox"/> Depression | <input type="checkbox"/> Chronic pain |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Difficulty with sleep |
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Obstructive sleep apnea |
| <input type="checkbox"/> Type 2 diabetes | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Lower extremity arthritis (Hips, knees, ankles) | <input type="checkbox"/> Obesity (BMI >35) |

What other medical problems do you have?

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