

# Provision of Physical Activity Advice for Patients with Chronic Diseases

## PART I

1. What is your primary purpose for your visit to physician?
  - Alzheimer's
  - Osteoporosis
  - Low Back Pain
  - Blood Lipid Disorders
  - Osteoarthritis
  - Diabetes
  - Rheumatoid Arthritis
  - Chronic Kidney Disease
  - Peripheral Arterial Disease
  - Cancer (Colorectal Cancer, Prostate Cancer, Breast Cancer)
  - Heart Failure
  - Others \_\_\_\_\_
  - Asthma
  - Depression or Anxiety
  - Hypertension
  - Pre-Diabetes
  - Inflammatory Bowel Disease
  - Parkinson's Disease
  - Chronic Liver Disease
  - Fibromyalgia
  - Chronic Obstructive Pulmonary Disorder
2. How long have you become a patient of this hospital? \_\_\_\_\_
3. How long was the consultation time in this visit? \_\_\_\_\_
4. What did the physician prescribe just now?
  - 4.1. Medication  
 Yes  No
  - 4.2. Nutrition advice  
 Yes  No
  - 4.3. Psychological advice  
 Yes  No
  - 4.4. Physical activity advice  
 Yes (If "Yes", please go to question 5)  No (If "No", please go to question 7)
5. What are the contents of PA advice provided by physician?
  - 5.1. Physical activity frequency  
 \_\_\_\_\_ times/week  Not specified
  - 5.2. Physical activity intensity  
 Low intensity  Moderate intensity  
 High intensity  Not specified
  - 5.3. Physical activity duration  
 \_\_\_\_\_ minutes/session  Not specified
  - 5.4. Physical activity type  
 \_\_\_\_\_  Not specified
6. Will you follow the physical activity advice given by physician (If "No", please specify the reason)?  
 Yes  No \_\_\_\_\_ (reason)  
 Not sure/I don't know

7. During the last 6 months, did you participate in any physical activity? (If “Yes”, please go to question 8; If “No”, please go to “PART II”)  
 Yes (go to question 8)  No (go to PART II)
8. What are the contents of your PA?  
 8.1. Physical activity intensity  
 I only participate in low intensity PA (Please go to “to “PART II”)  
 I participate in moderate-to-vigorous PA  
 8.2. Physical activity frequency \_\_\_\_\_ times/week  
 8.3. Physical activity duration \_\_\_\_\_ minutes/session  
 8.4. Physical activity type \_\_\_\_\_

## PART II

Gender:  Male  Female Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

Age: \_\_\_\_\_ years or  18-25 years  26-30 years  
 31-35 years  36-40 years  
 41-45 years  46-50 years  
 51-55 years  56-60 years  
 61-65 years  66 years and above

Employment status:

Unemployed  Employed  Self-employed  
 Retired  Others

Household Monthly Income:

0-5,000 RMB  5,001-10,000 RMB  
 10,001-15,000 RMB  15,001-20,000 RMB  
 20,001-25,000 RMB  25,001-30,000 RMB  
 30,001-35,000 RMB  35,001-40,000 RMB  
 40,001- 45,000 RMB  45,001-50,000 RMB  
 > 50,000 RMB

Marital Status:

Married  Single  Others

Education Background:

Uneducated/Pre-primary Education  
 Primary Education  
 Secondary Education  
 Higher Education (Junior College)  
 University Graduate (Bachelor)  
 Advanced Education (Master and above)  
 Others \_\_\_\_\_