

For each statement please tick one box

E

PHYSICAL

The following statements refer to the influence of your chronic condition on your decisions about your physical aspects of life.

	No influence OR Not applicable	Slight influence	Moderate influence	Strong influence	Very strong influence
1. I decided not to go swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I decided not to take part in any sports activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I decided to change to different sporting activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I decided to be more physically active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I decided to give up driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please check you have answered all the statements

Thank you for your help

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