

How much time in an average week do you spend doing the following physical activities?

1. Someone else completely supports and moves your limbs and other parts of your body (passive range of motion)

- None
- Less than 30 minutes per week
- 30-60 minutes per week
- 1-3 hours per week
- More than 3 hours per week

2. You move parts of your body with some assistance from another person or an assistive device (active assisted exercise)

- None
- Less than 30 minutes per week
- 30-60 minutes per week
- 1-3 hours per week
- More than 3 hours per week

3. You move parts of your body through the available range of motion without assistance or resistance (active range of motion)

- None
- Less than 30 minutes per week
- 30-60 minutes per week
- 1-3 hours per week
- More than 3 hours per week

4. Stretching exercise

- None
- Less than 30 minutes per week
- 30-60 minutes per week
- 1-3 hours per week
- More than 3 hours per week

5. Strengthening exercise (may use weights or machines)

- None
- Less than 30 minutes per week
- 30-60 minutes per week
- 1-3 hours per week
- More than 3 hours per week

6. Household and yard chores (such as gardening, vacuuming, chasing children)

- None
- Less than 30 minutes per week
- 30-60 minutes per week
- 1-3 hours per week
- More than 3 hours per week

7. Aerobic exercise (such as walking, wheelchair sports, arm ergometer, bicycle, swimming, treadmill, or any activity that substantially increases your respiration and heart rates)

- None
 - Less than 30 minutes per week
 - 30-60 minutes per week
 - 1-3 hours per week
 - More than 3 hours per week
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What is your level of self-confidence for physical activity?

1. How confident are you that you can do gentle exercise for flexibility (range of motion, stretching)?

Choose a number between 1 (not at all confident) and 10 (totally confident)

2. How confident are you that you can do gentle exercises for muscle strengthening three to four times per week (pushing against water, using light weights)?

Choose a number between 1 (not at all confident) and 10 (totally confident)

3. How confident are you that you can do an aerobic exercise such as walking, swimming, bicycling, or wheelchair sports three to four times each week?

Choose a number between 1 (not at all confident) and 10 (totally confident)

4. How confident are you that you can find a type of exercise to do that will not make your symptoms worse?

Choose a number between 1 (not at all confident) and 10 (totally confident)