## **DATA SET NAME: PHYSEOS**

AC	T site number:			Today's Da	ate:
			ng Trial (ACT) End-of-S ian Assistants, and Nur		
sho	ortant to the success of the st	tudy. tes to complete this <u>2 pa</u> activity advice you gave	our role in providing advice age survey and return it in t patients during follow-up v	he enclosed, stamped e	nvelope. Your answers
2.	other, please spe	I have (check all that ap I care practice I with academic medical ecity:	center		
3.	Do you exercise or play spor	Yes → If yes, check th L Ight exe moderab	nes a week, 30 minutes at a le level of exercise you are roise (slow walking or stroll e exercise (fast walking, ma lery hard exercise (jogging,	now doing: ing, light gardening) aderate intensity swimmi	
4.	Over the course of the ACT: increased de		s <u>your</u> exercise increased, ( d the same not ex		e same? <mark>LAST2YR</mark>
5.	How often did you provide for Never (% Time 0% 1	ollow-up advice on phy Seldom 25% 2	Occasionally	Often Ain	T? FUADVICE most Always 100%) 5
6.	How long did it <u>usually</u> take to less than 1-2 and 1-	2 minutes	sical activity advice to an A	ACT patient? DELIVER	l
7.	How much did the ACT follo Little of no increase 1	ow-up advice increase t Some 2 3	he overall length of the offic increase 4	se visit? <mark>LENGTH</mark> Substantial 5	Increase
8.	How useful do you think you activity program? <mark>USEFUL</mark> Not useful at all 1	r follow-up physical ac	tivity advice was for patient 4	s trying to increase or m Very useful 5	
9.	Do you think your patients e Don't Know Fewer Vis 1 2	nrolled in ACT had <u>fewe</u> iits About the sam 3	er or more clinic visits in the A few more vis 4	last 2 years, than typica eits Many more 5	<sub>al?</sub> TYPICAL visits
10.	How has participating in the Stayed same/Not improved 1		r ability to advise patients a what improved 4	about physical activity? A Very much 5	

11.	<ol> <li>Since you started providing ACT activity advice, how often do you provide advice similar to the ACT activity advice.</li> </ol>									
	patients who <u>are not</u> enrolled in the ACT study? PROVIDE									
		Never	Seldom	Occasionally	Often	Almost Always				
	(% Time	0%	25%	50%	75%	100%)				
		1	2	3	4	5				
12	Based on your ex	perience with th	e ACT study how	r satisfied were you wi	th the advice/couns	seling the ACT health edi	ucators			
				faction for your patien						
	Not at all satisfie	3 0		, , ,	SALISET	erv satisfied				
	1	2	3		4	5				
		_	_			_				
13.		al who provides physical	Lactivity							
	counseling similar									
		Seldom	Occasionally	Often	Almost Al	ways				
	1	2	3	4	5					
1.4	In the Auture, how	likalv is it that u	nu will refer corte	ntary nationts to a hoa	Ith professional wh	o would provide physical	activity			
14				r proved? FUTREFE		o would provide priyation	distriny			
	Not at all likely	to which the mo-	I Health Caracona	PIONES: FUIKEFE		erv likelv				
	1	2	3		, .	5				
		_	·		-	~				
15.	In the <u>future</u> , how	likely is it that y	ou would support	hiring or training a hea	alth professional <u>at</u>	your practice (nurse, die	tician,			
		r, exercise speci	alist) who would (	dedicate time to couns		t physical activity?HIRI	NG			
	Not at all likely				V	ery likely				
	1	2	3		4	5				
400	Charles a Warnell and Alexander				e a para di mangantan di mangan di manga	patients? ACTLEVEL				
16.	Not effective at a		as at increasing/	maintaining the level o	1 2 2					
	not enective at a	an 2	3		4	ery effective				
	1	2	3		4	3				
17.	What percentage of your patients in the ACT study told you their study condition or you otherwise found out their ass condition? <b>PERCENT</b>									
		None	A few	About half	Almost all	All				
	(% Time	0%	25%	50%	75%	100%)				
		1	2	3	4	5				
16.	What is your overall impression of the entire ACT study?  Very Poor  Fair  Very Good  Very Good									
	Very Poor		Fair			3				
	1	2	3	4	5					
19.	Has participation i	in ACT provided	advantages to y	ou or the clinic?	YesNo	ASSET				
	If Yes, please explain how it has been an advantage									
200.	Has participation in ACT been a burden or posed a disadvantage to you or the clinic? Yes No BURDEN									
	If Yes, please explain how it has been an <u>disadvantage</u>									
21. In the space below or on the back, write any additional comments you have about the ACT study:										
1										
If you have any questions about the ACT study please contact:atat										
-	, , , , , , , , , , , , , , , , , , , ,									

<u>Thank you</u> for completing this survey, please return it in the attached envelope (postage paid).