

WP2 BASELINE QUESTIONNAIRE

Study Title

Factors associated with physical activity maintenance and potential intervention components to support physical activity maintenance: a prospective longitudinal pilot study

Please answer all the following questions

Section 1: information about you

1. What is your full name?
-
2. What month and year were you born? (MM/YYYY)
-
3. What gender do you identify as?
-
4. What is your pain diagnosis or pain condition? (Please list all)
-
-
-
5. In which joints or body areas do you have pain? (Please list all)

6. How long have you had pain (in years and months)?

- 7.
- a. Do you have any other health conditions? (Please tick one)
- ☐ Yes
- ☐ No

b. If yes to 7a, what conditions do you have? (Please list all)

8. What is your ethnic group?

- ☐ White
- ☐ Asian/Asian British
- ☐ Black/African/Caribbean/Black British
- ☐ Hispanic
- ☐ Mixed/multiple ethnic groups
- ☐ Other

Please specify if other: _____

9. What is the highest level of educational qualification you have gained? (Please tick one)

- ☐ None
- ☐ GCSE or equivalent
- ☐ A-level or equivalent
- ☐ Degree or equivalent

10. Are you currently working or studying? (Tick all that apply)

- ☐ Working (paid employment)
- ☐ Volunteering
- ☐ Studying
- ☐ Not working due to pain
- ☐ Retired
- ☐ Not working due to other reason

11. Do you have anybody that supports you with physical activity or that you do physical activity with? (Please tick one)

- ☐ Yes
- ☐ No

12. Are you married or do you live with a partner? (Please tick one)

- ☐ Married or living with a partner
- ☐ Not married or living with a partner

13. Do you live alone or with other people? (Please tick one)

- ☐ Alone
- ☐ With others

14. Which hospital did you do your pain management programme?

Section 2: physical activity related questions

1. How important is it to you to maintain your intended level of physical activity? (Please tick one)

- ☐ 1. Not at all important
- ☐ 2. Slightly important
- ☐ 3. Moderately important
- ☐ 4. Very important
- ☐ 5. Extremely important

2. How motivated are you to maintain your intended level of physical activity? (Please tick one)

- ☐ 1. Not at all motivated
- ☐ 2. Slightly motivated
- ☐ 3. Moderately motivated
- ☐ 4. Very motivated
- ☐ 5. Extremely motivated

3. Do you have physical activity related goals? (Please tick one)

☐ 1. Yes

☐ 2. No

4. To what extent do you agree or disagree with the following statements:

a. Physical activity makes me feel better physically (please tick one)

☐ 1. Not at all

☐ 2. Slightly so

☐ 3. Moderately so

☐ 4. Very much so

☐ 5. Extremely so

b. Physical activity makes me feel better mentally (please tick one)

☐ 1. Not at all

☐ 2. Slightly so

☐ 3. Moderately so

☐ 4. Very much so

☐ 5. Extremely so

c. Physical activity helps me manage my pain (please tick one)

☐ 1. Not at all

☐ 2. Slightly so

☐ 3. Moderately so

☐ 4. Very much so

☐ 5. Extremely so

d. Physical activity helps my general health (please tick one)

☐ 1. Not at all

- ☐ 2. Slightly so
- ☐ 3. Moderately so
- ☐ 4. Very much so
- ☐ 5. Extremely so

e. Physical activity might harm me (please tick one)

- ☐ 1. Not at all
- ☐ 2. Slightly so
- ☐ 3. Moderately so
- ☐ 4. Very much so
- ☐ 5. Extremely so

f. I should not do physical activities which (might) make my pain worse (please tick one)

- ☐ 1. Not at all
- ☐ 2. Slightly so
- ☐ 3. Moderately so
- ☐ 4. Very much so
- ☐ 5. Extremely so

g. I am worried about doing physical activity incorrectly (please tick one)

- ☐ 1. Not at all
- ☐ 2. Slightly so
- ☐ 3. Moderately so
- ☐ 4. Very much so
- ☐ 5. Extremely so

h. My fear of physical activity has reduced since the pain management programme (please tick one)

- ☐ 1. Not at all
- ☐ 2. Slightly so
- ☐ 3. Moderately so
- ☐ 4. Very much so
- ☐ 5. Extremely so

i. I am able to manage my fear of physical activity (please tick one)

- ☐ 1. Not at all
- ☐ 2. Slightly so
- ☐ 3. Moderately so
- ☐ 4. Very much so
- ☐ 5. Extremely so

5. How confident are you that you can maintain physical activity if:

a. The weather is bothering you (please tick one)

- ☐ 1. Not at all confident
- ☐ 2. Slightly confident
- ☐ 3. Moderately confident
- ☐ 4. Very confident
- ☐ 5. Extremely confident

b. You are bored by the physical activity (please tick one)

- ☐ 1. Not at all confident
- ☐ 2. Slightly confident
- ☐ 3. Moderately confident
- ☐ 4. Very confident
- ☐ 5. Extremely confident

c. You feel pain when doing physical activity (please tick one)

- ☐ 1. Not at all confident
- ☐ 2. Slightly confident
- ☐ 3. Moderately confident
- ☐ 4. Very confident
- ☐ 5. Extremely confident

d. You have to do physical activity alone (please tick one)

- ☐ 1. Not at all confident
- ☐ 2. Slightly confident
- ☐ 3. Moderately confident
- ☐ 4. Very confident
- ☐ 5. Extremely confident

e. You do not enjoy it (please tick one)

- ☐ 1. Not at all confident
- ☐ 2. Slightly confident
- ☐ 3. Moderately confident
- ☐ 4. Very confident
- ☐ 5. Extremely confident

f. You feel tired (please tick one)

- ☐ 1. Not at all confident

- ☐ 2. Slightly confident
- ☐ 3. Moderately confident
- ☐ 4. Very confident
- ☐ 5. Extremely confident

g. You feel stressed (please tick one)

- ☐ 1. Not at all confident
- ☐ 2. Slightly confident
- ☐ 3. Moderately confident
- ☐ 4. Very confident
- ☐ 5. Extremely confident

h. Your mood is low (please tick one)

- ☐ 1. Not at all confident
- ☐ 2. Slightly confident
- ☐ 3. Moderately confident
- ☐ 4. Very confident
- ☐ 5. Extremely confident

i. You feel fatigued (please tick one)

- ☐ 1. Not at all confident
- ☐ 2. Slightly confident
- ☐ 3. Moderately confident
- ☐ 4. Very confident
- ☐ 5. Extremely confident

- j. You can be seen by others (please tick one)
- ☐ 1. Not at all confident
 - ☐ 2. Slightly confident
 - ☐ 3. Moderately confident
 - ☐ 4. Very confident
 - ☐ 5. Extremely confident
6. How confident are you that you can recover from periods of lower activity or inactivity? (Please tick one)
- ☐ 1. Not at all confident
 - ☐ 2. Slightly confident
 - ☐ 3. Moderately confident
 - ☐ 4. Very confident
 - ☐ 5. Extremely confident
7. How confident are you that you can maintain your physical activity without close guidance from a health professional, fitness instructor or other professional? (Please tick one)
- ☐ 1. Not at all confident
 - ☐ 2. Slightly confident
 - ☐ 3. Moderately confident
 - ☐ 4. Very confident
 - ☐ 5. Extremely confident
8. How difficult do you find it to remember to do physical activity? (Please tick one)
- ☐ 1. Not at all difficult

- ☐ 2. Slightly difficult
- ☐ 3. Moderately difficult
- ☐ 4. Very difficult
- ☐ 5. Extremely difficult

9. Is physical activity something you do automatically? (Please tick one)

- ☐ 1. Not at all
- ☐ 2. Slightly so
- ☐ 3. Moderately so
- ☐ 4. Very much so
- ☐ 5. Extremely so

10. To what extent do you plan your physical activity? (Please tick one)

- ☐ 1. Not at all
- ☐ 2. Slightly so
- ☐ 3. Moderately so
- ☐ 4. Very much so
- ☐ 5. Extremely so

11. How difficult is it for you to prioritise your physical activity due to:

a. Work (please tick one)

- ☐ 1. Not at all difficult
- ☐ 2. Slightly difficult
- ☐ 3. Moderately difficult
- ☐ 4. Very difficult
- ☐ 5. Extremely difficult

b. Caring for family (please tick one)

- ☐ 1. Not at all difficult

- ☐ 2. Slightly difficult
- ☐ 3. Moderately difficult
- ☐ 4. Very difficult
- ☐ 5. Extremely difficult

c. Social activities (please tick one)

- ☐ 1. Not at all difficult
- ☐ 2. Slightly difficult
- ☐ 3. Moderately difficult
- ☐ 4. Very difficult
- ☐ 5. Extremely difficult

d. Managing health conditions other than pain (please tick one)

- ☐ 1. Not at all difficult
- ☐ 2. Slightly difficult
- ☐ 3. Moderately difficult
- ☐ 4. Very difficult
- ☐ 5. Extremely difficult

e. Hobbies (please tick one)

- ☐ 1. Not at all difficult
- ☐ 2. Slightly difficult
- ☐ 3. Moderately difficult
- ☐ 4. Very difficult
- ☐ 5. Extremely difficult

12. How difficult do you find it to pace your physical activity? (Please tick one)

- ☐ 1. Not at all difficult
- ☐ 2. Slightly difficult
- ☐ 3. Moderately difficult
- ☐ 4. Very difficult
- ☐ 5. Extremely difficult

13. How difficult do you find it managing your pain symptoms so you can do physical activity? (Please tick one)

- ☐ 1. Not at all difficult
- ☐ 2. Slightly difficult
- ☐ 3. Moderately difficult
- ☐ 4. Very difficult
- ☐ 5. Extremely difficult

14. How helpful do you find it to think about the level of physical activity you did before your pain started? (Please tick one)

- ☐ 1. Not at all
- ☐ 2. Slightly so
- ☐ 3. Moderately so
- ☐ 4. Very much so
- ☐ 5. Extremely so

15. Are you able to access appropriate places to do physical activity (i.e. are places near you suitable or are you easily able to get there)? (Please tick one)

- ☐ 1. Not at all
- ☐ 2. Slightly so
- ☐ 3. Moderately so
- ☐ 4. Very much so
- ☐ 5. Extremely so

16. Do you have access to the equipment you need to maintain your physical activity? (Please tick one)

- ☐ 1. Not at all
- ☐ 2. Slightly so
- ☐ 3. Moderately so
- ☐ 4. Very much so
- ☐ 5. Extremely so

17. Can you afford (financially) to keep up the physical activity you want to do? (Please tick one)

- ☐ 1. Not at all
- ☐ 2. Slightly so
- ☐ 3. Moderately so
- ☐ 4. Very much so
- ☐ 5. Extremely so

18. Do the instructors at physical activity groups or classes you go to understand your condition? (Please tick one)

- ☐ 1. Not at all
- ☐ 2. Slightly so
- ☐ 3. Moderately so
- ☐ 4. Very much so
- ☐ 5. Extremely so
- ☐ You do not go to physical activity groups or classes

19. How much does social media help you to do physical activity? (Please tick one)

- ☐ 1. Not at all
- ☐ 2. Slightly so
- ☐ 3. Moderately so
- ☐ 4. Very much so
- ☐ 5. Extremely so

20. How often do you adapt your physical activity when needed (e.g., when your pain is higher)? (Please tick one)

- ☐ 1. Always
- ☐ 2. Often
- ☐ 3. Sometimes
- ☐ 4. Not often
- ☐ 5. Never

21. How much do you monitor your physical activity (e.g., writing what you do in a diary)? (Please tick one)

- ☐ 1. Always
- ☐ 2. Often
- ☐ 3. Sometimes
- ☐ 4. Not often
- ☐ 5. Never

End of questionnaire

Thank you for taking the time to complete this questionnaire