

## QUESTIONNAIRE

Please answer the following questions with respect to your current medical practice.

Please answer your response(s) for each item. As  Tick on the checkbox  you answer, please keep in mind on the definition of exercise prescription and exercise counselling:

*Exercise prescription* is considered like any other prescription and involves the type and dose, dosing frequency, a duration of treatment, therapeutic goals, anticipated adverse effect, and written as a script.

*Exercise counselling* is defined as asking and informally and orally recommending exercise that may or may not include type and dose.

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### Section A: Demographics

Age: \_\_\_\_\_

Nationality: \_\_\_\_\_

Gender:  Male  Female

1. State your most recent qualification: \_\_\_\_\_

2. How many years have you been practicing medicine?  
(excluding houseman ship): \_\_\_\_\_ (years)

On average,

3. How many patients do you work with per day? \_\_\_\_\_

4. How long do you spend in a typical appointment with each patient?  
\_\_\_\_\_ (mins)

5. Have you had previous education or training in physical activity counselling and/or exercise prescription (e.g. university course in physical activity or exercise, university degree in physical activity or exercise, EIM workshop/training programme, any other professionally certified courses/workshops/training)?

Yes  No

If yes, please state the name and type of training obtained and the duration of the training:

Training: \_\_\_\_\_

Duration: \_\_\_\_\_ (hours/days/weeks/month/year(s))

6. Other than the formal education programmes, have you had other avenues of education/training in exercise from the programmes stated below:

Medical Rounds     Webinar     Conference Presentation

Symposium     Personal exercise experience     Self-reading

7. Did you know there is different between exercise prescription and exercise counselling before this study?

Yes     No

8. Is there any difference between physical activity and exercise?

Yes     No

Not sure

9. How knowledgeable do you feel you are in the area of physical activity counselling?

Not at all     Slightly     Moderately     Good     Extremely

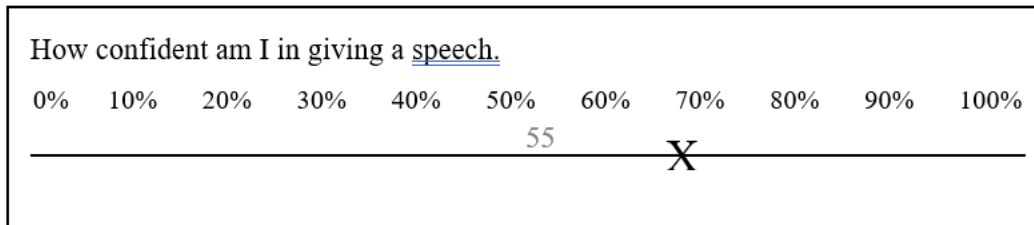
10. How knowledgeable do you feel you are in the area of exercise prescription?

Not at all     Slightly     Moderately     Good     Extremely

## Section B: Physician perception on knowledge & ability on exercise prescription & counselling

For the following questions, please put a (X) on the line scale for each question below that best reflects how confident you are in your ability to perform the following actions **over the next month**:

Example:



11. How confident are you in your ability to provide information and advice to your patients regarding the benefits of physical activity and exercise?

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Not at all confident

Completely confident

12. How confident are you in your ability to answer patients' questions regarding physical activity and exercise?

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Not at all confident

Completely confident

13. How confident are you in your ability to help patients maintain physical activity and exercise over the long term?

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Not at all confident

Not at all confident

14. How confident are you in your ability to assess patient safety to begin or advance physical activity and exercise?

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Not at all confident

Completely confident

15. How confident are you in your ability to assess patients' readiness to begin regular physical activity and exercise?

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Not at all confident

Completely confident

16. How confident are you in your ability ***to provide advice and instruction*** regarding physical activity and exercise to patients with special considerations (e.g., hypertension, CVD risk)?

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

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Not at all confident

Completely confident

17. How confident are you in your ability to ***make appropriate referrals*** for additional exercise assessment and counselling for those patients who may require further supervision and monitoring.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

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Not at all confident

Completely confident

18. How confident are you in ***your Patients' ability*** to follow through on any physical activity and exercise recommendation (s) that you provide them?

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

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Not at all confident

Completely confident

**From question 19-21, you may tick more than one answer.**

19. Of the chronic conditions listed below, for which condition(s) that you see in your regular practice, are you ***Most Comfortable*** recommending physical activity and exercise? Select all that apply:

- |                                                                      |                                                          |                                      |
|----------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Cancer                                      | <input type="checkbox"/> Cardiovascular Disease          |                                      |
| <input type="checkbox"/> Diabetes (Insulin requiring)                | <input type="checkbox"/> Diabetes (noninsulin therapies) |                                      |
| <input type="checkbox"/> Hypertension                                | <input type="checkbox"/> Mental Health                   | <input type="checkbox"/> Obesity     |
| <input type="checkbox"/> Osteoarthritis                              | <input type="checkbox"/> Osteoporosis                    | <input type="checkbox"/> Respiratory |
| <input type="checkbox"/> Other Musculoskeletal (e.g., Low Back Pain) |                                                          |                                      |
| <input type="checkbox"/> None                                        | <input type="checkbox"/> Other (please identify):        | _____                                |

20. Of the chronic conditions listed below, for which condition(s) that you see in your regular practice, are you ***Least Comfortable*** recommending physical activity and exercise? Select all that apply:

- |                                                                      |                                                          |                                      |
|----------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Cancer                                      | <input type="checkbox"/> Cardiovascular Disease          |                                      |
| <input type="checkbox"/> Diabetes (Insulin requiring)                | <input type="checkbox"/> Diabetes (noninsulin therapies) |                                      |
| <input type="checkbox"/> Hypertension                                | <input type="checkbox"/> Mental Health                   | <input type="checkbox"/> Obesity     |
| <input type="checkbox"/> Osteoarthritis                              | <input type="checkbox"/> Osteoporosis                    | <input type="checkbox"/> Respiratory |
| <input type="checkbox"/> Other Musculoskeletal (e.g., Low Back Pain) |                                                          |                                      |
| <input type="checkbox"/> None                                        | <input type="checkbox"/> Other (please identify):        | _____                                |

21. What is your level of readiness to perform physical activity counselling and exercise prescription as part of your clinical practice? Select one that most applies to you

- I don't do physical activity counselling or exercise prescription and don't plan to in the next 6 months
- I don't do physical activity counselling or exercise prescription, but have been thinking about doings so in the next 6 months
- I do physical activity counselling or exercise prescription occasionally, but not regularly
- I currently do physical activity counselling or exercise prescription but have only begun so in the last 6 months.
- I regularly do physical activity counselling or exercise prescription and have been doing so for more than 6 months
- I used to do physical activity counselling and exercise prescription in the past, but not anymore.

**For the Question 22-27 kindly answer the following questions with regards to your current medical practice,**

22. **In what percentage of appointments in a day** do you currently include any physical activity and/or exercise content in your counselling with patients?

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

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23. **In what percentage of patients** are you currently assessing physical activity and/or exercise participation?

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

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24. For what percentage of patients are you currently **assessing physical activity readiness?**

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

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25. To what percentage of patients are you currently **recommending physical activity?**

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

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26. To what percentage of patients are you currently **prescribing exercise** (i.e. written prescription or a treatment plan supported by written instructions)?

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

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27. To what percentage of patients are you currently **providing a referral for additional exercise assessment and counselling** (i.e. to a facility or exercise professional)?

0%    10%    20%    30%    40%    50%    60%    70%    80%    90%    100%

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28. Please elaborate on what was the same or different in your physical activity and exercise consultation before the Covid-19 Movement Control Order (MCO) compared to now

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**Section C: Challenges on providing exercise prescription to patients.**

Please circle your answers base on the following statement:

<b>Disagree Strongly</b>	<b>Slightly disagree</b>	<b>Neutral</b>	<b>Agree Slightly</b>	<b>Agree Strongly</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

How important do you perceive the following barriers to be that might prevent you from prescribing exercise (more) regularly

	<b>Disagree strongly</b>	<b>Slightly disagree</b>	<b>Neutral</b>	<b>Agree Slightly</b>	<b>Agree strongly</b>
<b>1. I do not have enough patient visit time</b>	1	2	3	4	5
<b>2. Patients' lack of time</b>	1	2	3	4	5
<b>3. Patients lack motivation and interest to change their behaviour</b>	1	2	3	4	5
<b>4. Lack of standard guidelines on exercise counselling and prescription</b>	1	2	3	4	5
<b>5. Patients prefer pharmaceutical interventions</b>	1	2	3	4	5
<b>6. Lack of evidence for health benefits of physical activity</b>	1	2	3	4	5
<b>7. Lack of exercise education in medical school and houseman ship</b>	1	2	3	4	5

<b>8. Lack of continuing education in physical activity</b>	1	2	3	4	5
<b>9. I need more personal knowledge</b>	1	2	3	4	5
<b>10. Other lifestyle changes are more important</b>	1	2	3	4	5
<b>11. Lack of facilities to refer patients</b>	1	2	3	4	5
<b>12. Lack of patients' cultural acceptance of physical activity/exercise prescriptions</b>	1	2	3	4	5
<b>13. Exercise discourages patients, when weight loss is the main focus of physical activity/exercise</b>	1	2	3	4	5

**List any other barriers that does not listed above:**

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## Section D: Exercise behaviour of physician

### INTERNATIONAL PHYSICAL ACTIVITY QUESTIONNAIRE

We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. The questions will ask you about the time you spent being physically active in the **last 7 days**. Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise or sport.

Think about all the **vigorous** activities that you did in the **last 7 days**. **Vigorous** physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Think *only* about those physical activities that you did for at least 10 minutes at a time.

14. During the **last 7 days**, on how many days did you do **vigorous** physical activities like heavy lifting, digging, aerobics, or fast bicycling?

\_\_\_\_\_ **days per week**

No vigorous physical activities → *Skip to question 3*

15. How much time did you usually spend doing **vigorous** physical activities on one of those days?

\_\_\_\_\_ **hours per day**

\_\_\_\_\_ **minutes per day**

Don't know/Not sure

Think about all the **moderate** activities that you did in the **last 7 days**. **Moderate** activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think *only* about those physical activities that you did for at least 10 minutes at a time.



16. During the **last 7 days**, on how many days did you do **moderate** physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking.

\_\_\_\_\_ **days per week**

No moderate physical activities → *Skip to question 46*

17. How much time did you usually spend doing **moderate** physical activities on one of those days?

\_\_\_\_\_ **hours per day**

\_\_\_\_\_ **minutes per day**

Don't know/Not sure

Think about the time you spent **walking** in the **last 7 days**. This includes at work and at home, walking to travel from place to place, and any other walking that you have done solely for recreation, sport, exercise, or leisure.

18. During the **last 7 days**, on how many days did you **walk** for at least 10 minutes at a time?

\_\_\_\_\_ **days per week**

No walking → *Skip to question 48*

19. How much time did you usually spend **walking** on one of those days?

\_\_\_\_\_ **hours per day**

\_\_\_\_\_ **minutes per day**

Don't know/Not sure

The last question is about the time you spent **sitting** on weekdays during the **last 7 days**. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

20. During the **last 7 days**, how much time did you spend **sitting** on a **week day**?

\_\_\_\_\_ **hours per day**

\_\_\_\_\_ **minutes per day**

Don't know/Not sure

**This is the end of the questionnaire. Thank you for participating.**