

SESSION EVALUATION BY THE SITE CASE MANAGER

INDIVIDUAL PRE-SESSION

Site Case Manager ID:		Session Date:	
Audio file ID:		Audio file given to Study Coordinator	Date: _____
Participating patient ID:		Patient guide provided? <input type="checkbox"/>	
Checkmarks	Indicate which topics were covered		
yes	no		
<input type="checkbox"/>	<input type="checkbox"/>	1. Identify current level of autonomy, physical activity and functional limitations	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	2. Complete with the patient the following questionnaires: 2.1. Physical Activity Outcome Expectancies 2.2. Perceived competence Scale (PCS) for physical activity 2.3. Treatment self-regulation questionnaire (TSRQ) for Physical Activity	
<input type="checkbox"/>	<input type="checkbox"/>	3. Using the Visual Analogue Scale, determine patient's stage of change with respect to engaging in Physical Activity	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4. Determine patient's level of motivation or reasons for engaging in Physical Activity (10-point scale). 4.1. Help the patient to determine his ultimate goal in terms of Physical Activity 4.2. Determine patient's level of self-efficacy in regard to beginning OR maintaining (depending on their stage of change) Physical Activity	
<input type="checkbox"/>	<input type="checkbox"/>	5. Identify perceived barriers according to patient's self-evaluation. Find solutions together.	
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	6.1. Teach or review the proper use of the pedometer. Ask patient to explain, in his own words, how he plans to use the pedometer (goal in steps per day, progression). 6.2. Give constructive feedback and reinforcement on the use of the pedometer. Find solutions together.	
If some topics were not covered, or only partially:		<input type="checkbox"/> Patient factors (1) <input type="checkbox"/> Program factors (2) <input type="checkbox"/> Case Manager factors (3)	
- identify & explain reasons			
- describe plan for wrap-up			
Notes and general comments:			

Notes: (1) e.g. patient left, sick; (2) e.g. too much content, time constraints; (3) e.g. not prepared, sick, done by replacement, issues of mastery of some aspects of content

Site Case Manager signature: _____