

**DATA EXTRACTION SHEET FOR THE COUNTRY CASE MANAGER
PROGRAM DELIVERY ASSESSMENT OF INDIVIDUAL PRE-SESSION**

Site Case Manager ID:		Session Date:				
Audiofile ID:		Date received from Study Coord.:				
Number of patients:		Date evaluated:				
Topics to be covered	Covered		Asking (1)		Listening (2)	Informing (3)
	yes	no	Open	Closed		
1. Identify current level of autonomy, physical activity and functional limitations	<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"/>				
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"/>				
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.	<input type="checkbox"/>	<input type="checkbox"/>				
Country Site Manager ID: _____ Signature: _____ Session was covered interactively: <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partially Comments: Plan: Feedback given to Site Case Manager (SCM): <input type="checkbox"/> Describe:						
Comments from the Global Behaviour Modification team, Date: _____ or <input type="checkbox"/> N/A (not selected for feedback) <input type="checkbox"/> Highly Satisfactory <input type="checkbox"/> Satisfactory (see comments) <input type="checkbox"/> Needs improvement (see comments)						

(1) **Asking:** Count number of times the Site Case Manager (SCM) used open questions and closed questions.
 (2) **Listening:** Count number of times the SCM used reflections (reflective listening) to express empathy.
 (3) **Informing:** Count number of times the SCM asked permission to patient(s) to give them information and asked for their feedback.