

Exercise Prompt / Physical Activity Survey - 1

Date: _____

Please answer these questions about yourself:

1. What is your month and year of birth? _____
2. Are you male or female? _____
3. What type of cancer have you been diagnosed with? _____
4. What stage of cancer have you been diagnosed with? _____
5. Was this your first appointment or a follow up appointment?
 - ☐ First appointment
 - ☐ Follow-up appointment

6. Are you currently undergoing treatment? ☐ Yes ☐ No

- ☐ **If YES**, please describe the type of treatment you are currently receiving (check all that apply):

- ☐ **Chemotherapy**
- ☐ **Radiation**
- ☐ **Hormonal Therapy**
- ☐ **Other (please describe):** _____

Please answer the following questions regarding your interaction with your oncology care provider today.

7. Did you discuss physical activity or exercise with your oncology care provider at today's appointment?:
 - ☐ Yes
 - ☐ No
8. If **YES** to question #7, who was this discussion with? (check all that apply)
 - ☐ Medical Oncologist
 - ☐ Radiation Oncologist
 - ☐ Oncology Nurse
 - ☐ Other (please list): _____

9. If **YES** to question #7, what did the discussion include?

- | | | |
|---|------------------------------|-----------------------------|
| • Did they discuss your current exercise level? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Did they discuss the benefits of exercise for cancer survivors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Did they discuss how you can become more active? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Did they discuss what types of exercise you can do? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Did they discuss how often you should exercise or how long you should exercise for? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

What else did you discuss (**related to exercise or physical activity**)?

10. If **NO** to question #7, have you discussed physical activity or exercise with your oncology care provider in the past?

- ☐ Yes
☐ No
☐ Not applicable

11. If **NO** to question #7, would you have liked to discuss this topic (exercise / physical activity) with your health care team today?

- ☐ Yes
☐ No

12. If **YES** to question #11, what would you have liked to discuss?

13. Please rank your satisfaction with the education you have been provided on physical activity / exercise throughout your cancer treatment (please circle):

Extremely
Dissatisfied

Moderately
Dissatisfied

Slightly
Dissatisfied

Neutral

Slightly
Satisfied

Moderately
Satisfied

Extremely
Satisfied

Please answer the following questions about your physical activity level:

During a typical week, how many times (on average) do you participate in 15-minutes or more of strenuous exercise (heart beats rapidly). *Examples include running, jogging, hockey, football, soccer, squash, basketball, cross country skiing, vigorous swimming, long distance bicycling.*

_____ Times

During a typical week, how many times (on average) do you participate in 15-minutes or more of moderate exercise (not exhausting exercise). *Examples include fast walking, baseball, tennis, easy bicycling, volleyball, badminton, easy swimming, alpine skiing, dancing.*

_____ Times

During a typical week, how many times (on average) do you participate in 15-minutes or more of mild exercise (minimal effort). *Examples include yoga, bowling, golf, easy walking.*

_____ Times

During a typical week, in your leisure time, how often do you engage in any regular activity long enough to work up a sweat (heart beats rapidly)?

- ☐ Often
- ☐ Sometimes
- ☐ Never

Thank you for completing this survey!