### Barriers to Physical Activity and Disability Survey

#### DEMOGRAPHICS

<table>
<thead>
<tr>
<th>Name: ____________________________</th>
<th>Date: ____________________________</th>
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<td>Age: _____ years</td>
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#### GENDER

- [ ] Male
- [ ] Female

#### TYPE OF DISABILITY

- ________________________________

#### ASSISTIVE DEVICES (Check all that apply)

- [ ] Walker
- [ ] Braces
- [ ] Cane
- [ ] Wheelchair

#### USE OF ARMS (Check one)

- [ ] Full
- [ ] Partial
- [ ] No Use

#### USE OF LEGS

- [ ] Full
- [ ] Partial
- [ ] No Use
1. Would you like to begin an exercise program?
   - Yes
   - No

2. Have you ever exercised?
   - Yes
   - No

2a. IF "Yes" Did you ever have any health problems that caused you to stop exercising?
   - Yes
   - No

3. Have you ever been injured from exercising?
   - Yes
   - No

4. I have gone to a fitness center, but it was not a positive experience.
   - Yes
   - No

4a. IF “YES” Why?
5. Have you ever exercised regularly?
   - Yes
   - No

6. Do you know of a fitness center that you could get to?
   - Yes
   - No

7. Would you be willing to spend this money?
   - Yes
   - No

8. Would you have any concerns about exercising in a facility like a YMCA?
   - Yes
   - No

8a. IF "Yes", what are your concerns?

9. Do you feel that an exercise instructor in a fitness center like a YMCA would know how to set up an exercise program to meet your needs?
   - Yes
   - No

10. Do you feel that an exercise program could help you?
    - Yes
    - No

11. Are you ever afraid to leave your home?
    - Yes
    - No
12. Has your doctor ever told you to exercise?
   - Yes
   - No

12a. IF "Yes" Did your doctor tell you to do anything specific?
   - Yes
   - No

12b. IF "No" Has your doctor told you not to exercise?
   - Yes
   - No

13. I am satisfied with my physical appearance, so I do not need to exercise
   - Yes
   - No

14. Family responsibilities prevent me from exercising as much as I would like
   - Yes
   - No

15. My job prevents me from exercising as much as I would like
   - Yes
   - No

16. Are any of the following statements, concerns why you might not be involved in an exercise program or not exercising as much as you would like?
   - Cost of the exercise program
   - Lack of transportation
   - Lack of time
   - Lack of interest
   - Lack of energy
   - Lack of motivation
   - Lack of support from friends or family to exercise
   - Lack of a personal care attendant who will help me exercise
   - Lack of accessible facility
   - Exercise is boring or monotonous
   - Exercise will not improve my condition
   - Exercise will make my condition worse
   - Exercising is too difficult
   - Don’t know how to exercise
   - Don’t know where to exercise
   - Health concerns prevent me from exercising
   - Pain prevents me from exercising
   - I am too old to exercise
   - Feel uncomfortable or self-conscious in a fitness center
17. Can you think of any other reasons why you might not be involved in an exercise program or not exercising as much as you would like? If so, please list:

Thank you for completing this survey!