

Appendix

**Barriers to Physical Activity and Disability Survey**

**DEMOGRAPHICS**

**NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**AGE:** \_\_\_\_\_ years

**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?

Already in an exercise program

Yes

No

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2. Have you ever exercised?

Yes

No

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2a. IF "Yes" Did you ever have any health problems that caused you to stop exercising?

Yes

No

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3. Have you ever been injured from exercising?

Yes

No

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4. I have gone to a fitness center, but it was not a positive experience.

Yes

No

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4a. IF "YES" Why?

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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

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10. Do you feel that an exercise program could help you?

- Yes
- No

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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

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15. My job prevents me from exercising as much as I would like

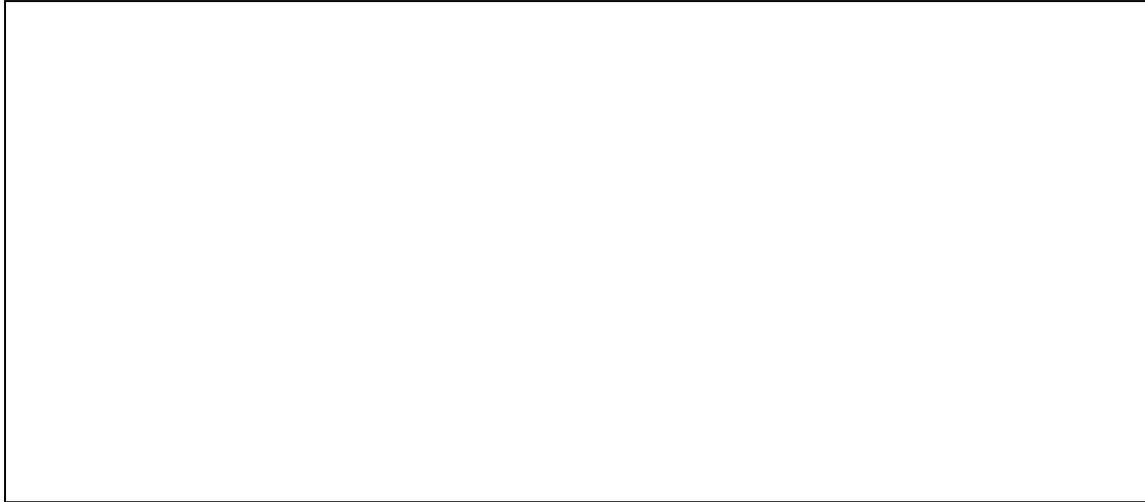
- Yes  
 No

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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:

A large, empty rectangular box with a thin black border, intended for the respondent to list reasons for not being involved in an exercise program.

**Thank you for completing this survey!**