



Barriers to Physical Activity and Disability Scale

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

NCPAD  Barriers to Physical Activity and Disability Scale

1. Would you like to begin an exercise program?

- Already in 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
-

2b Have you ever been injured from exercising?

- Yes
 - No
-

3. Do you know of a fitness center that you could get to?

- Yes
 - No
-

3a. IF "Yes" Would you have a means of transportation to get there?

- Yes
 - No
-

3b. IF "Yes" Would you have to pay to be transported to the exercise facility?

- Yes
 - No
-

3c. IF "Yes" Could you afford to spend this amount of money?

- Yes
 - No
-

3d Would you be willing to spend this money?

- Yes
 - No
-

4. Would you have any concerns about exercising in a facility like a YMCA?

- Yes
 - No
-

4a. IF "Yes", what are your concerns?

5. 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
-

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

- Yes
 - No
-

7. Are you ever afraid to leave your home?

- Yes
 - No
-

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8. Has your doctor ever told you to exercise?

- Yes
 - No
-

8a. IF "Yes" Did your doctor tell you to do anything specific?

- Yes
 - No
-

9. 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
 - 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
 - Too lazy to exercise
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10. 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!