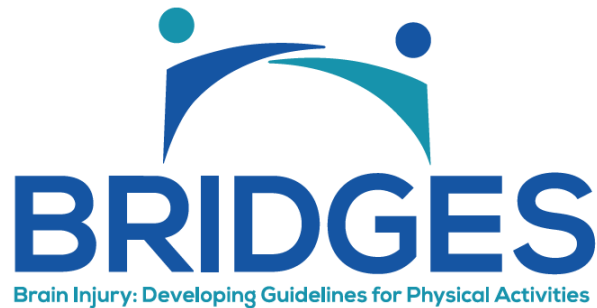


An online survey

What community-based physical activities do people living with brain injury like to do?

A study conducted by the BRIDGES team



funded by an Australian government Medical Research Future Fund grant (MRF2009099)

Participant Information Statement (audio file to read out PIS)

Invitation

You are invited to participate in a survey to identify the types of physical activity people living with moderate-to-severe traumatic brain injury would like to do.

The survey is part of a research project being conducted by Associate Professor Leanne Hassett from the University of Sydney in collaboration with other researchers, clinicians, consumer representatives and brain injury organisations across Australia.

Before you decide whether you wish to complete the survey, it is important for you to understand why the research is being done and what it will involve. Please read the following information carefully and discuss it with others if you wish.

What is the purpose of the survey?

Physical activity (e.g., playing sports, doing an exercise program, walking) can have many benefits for your physical and mental wellbeing. Unfortunately, after traumatic brain injury, many people do not do enough physical activity to get these benefits. There are many reasons why being active is difficult. This may include a lack of suitable or appealing options available.

The purpose of this survey is to understand what people living with moderate-to-severe traumatic brain injury want from community-based physical activity. The results of this survey will help us know which options we should lobby for.

Who can take part in this survey?

People living with moderate-to-severe traumatic brain injury aged 10 years and older are invited to complete this survey.

Do I have to do the survey? Can I stop once I've started?

Participation in this survey is completely voluntary. It is okay if you start the survey and decide to stop. If you decide not to finish the survey, your data will not be included.

What will happen in the survey?

You will be asked some general questions about yourself, your injury and your physical activity levels. The survey will also show you six different physical activity options and ask you to choose whether you would be willing to add that activity to your weekly program.

How much of my time will the survey take?

The survey will take approximately 15-20 minutes to complete, but this may vary from person to person.

Are there any benefits?

We will use the survey results to help us advocate for better physical activity opportunities for people living with traumatic brain injury. Completing the survey may not directly benefit you but you will be contributing to worthwhile research that we hope will improve the lives of people living with traumatic brain injury.

Are there any risks or costs?

There are no known risks or costs to you by completing this survey.

Confidentiality/Privacy: What will happen to information about me in the survey?

All responses to the survey are anonymous and cannot be linked to you. The survey will not ask you to identify yourself. The researchers do not have access to any other information about you.

What happens with the survey results?

We plan to share the results with a range of people, in different ways. This will include in academic publications, conference presentations, through brain injury consumer organisations and other forums. You will not be identifiable in papers, reports or presentations. Survey data will be retained for 7 years and then destroyed.

Will I be told the results of the study?

If you would like to know the results of the study, you can click the email link at the end of the survey and we will send you the results.

Complaints

This study has been approved by the University of Sydney. If you have any concerns about the conduct of the study, or your rights as a study participant, you may contact:

The Manager, Ethics Administration, University of Sydney:

- Telephone: +61 2 8627 8176
- Email: human.ethics@sydney.edu.au
- Fax: +61 2 8627 8177 (Facsimile).

What if I would like further information about the study?

If you would like to know more, or if you have any problems with the survey, please contact:

Associate Professor Leanne Hassett

Email leanne.hassett@sydney.edu.au

Telephone (02) 9351 9549

Participant Consent

Please indicate your age (you have to be 10-years-old or over to complete this survey. If you are between 10 and 17, your parent or guardian will need to read and click 'YES' for the parent or legal guardian consent on the next screen).

[If < 10 years old STOP; if 10-17 years old, include parental consent box at bottom of Participant Consent Form]

Participant Consent Form (audio file consent form)

I have read the participant information statement and I give my consent to participate in this survey. In giving my consent I acknowledge that:

1. I understand the procedures required for this study (i.e. completing a survey) and the time involved.
2. I understand that completing this survey is completely voluntary – I am not under any obligation to consent.
3. I understand that my involvement is strictly confidential: the survey results may be published, but no information about me will be used in any way that is identifiable.
4. I understand that I can stop my participation in this survey at any time. This will not affect my treatment or my relationship with the researcher(s) or the University of Sydney now or in the future.
5. I understand that if I stop participating in this survey my data will not be used. However once I have submitted the survey my (anonymous) responses cannot be withdrawn.
6. I have been given the opportunity to discuss this information and my involvement in this study with the researcher. Any questions have been answered to my satisfaction.

I give my consent

Yes ☐

No ☐

For the parent or legal guardian [ONLY DISPLAY FOR THOSE WHOSE AGE IS 10 TO 17]

I confirm I have read and understood the above information regarding this study, and consent for my child to participate.

Yes ☐

No ☐

Before we start, we have some questions about you to make sure you are eligible to complete the survey.

What state or territory do you live in? (this survey is only for people who are living in Australia)

<input type="checkbox"/>	New South Wales [CONTINUE]
<input type="checkbox"/>	Victoria [CONTINUE]
<input type="checkbox"/>	Queensland [CONTINUE]
<input type="checkbox"/>	Australian Capital Territory [CONTINUE]
<input type="checkbox"/>	Tasmania [CONTINUE]
<input type="checkbox"/>	South Australia [CONTINUE]
<input type="checkbox"/>	Northern Territory [CONTINUE]
<input type="checkbox"/>	Western Australia [CONTINUE]
<input type="checkbox"/>	I do not live in Australia [STOP]

Have you been diagnosed with a brain injury? (this survey is only for people who are living with a brain injury)

<input type="checkbox"/>	Yes [CONTINUE]
<input type="checkbox"/>	No [STOP]

What was the main cause of your brain injury? If you have sustained more than one brain injury, please tell us about your most severe injury (this survey is only for people who are living with a traumatic brain injury)

<input type="checkbox"/>	Road traffic accident [CONTINUE]
<input type="checkbox"/>	Fall [CONTINUE]
<input type="checkbox"/>	Sport Injury [CONTINUE]
<input type="checkbox"/>	Assault [CONTINUE]
<input type="checkbox"/>	Blast or explosion injury [CONTINUE]
<input type="checkbox"/>	Stroke [STOP]
<input type="checkbox"/>	Aneurysm [STOP]
<input type="checkbox"/>	Other _____ [CONTINUE]
<input type="checkbox"/>	Prefer not to say [CONTINUE]

When did your brain injury occur? (this survey is only for people who had their brain injury more than 1-year ago)

<input type="checkbox"/>	Less than 12 months ago [STOP]
<input type="checkbox"/>	1 to 2 years ago [CONTINUE]
<input type="checkbox"/>	2 to 5 years ago [CONTINUE]
<input type="checkbox"/>	5 to 10 years ago [CONTINUE]
<input type="checkbox"/>	10 to 20 years ago [CONTINUE]
<input type="checkbox"/>	More than 20 years ago [CONTINUE]

Were you knocked out (lost consciousness) from your brain injury?

<input type="checkbox"/>	Yes [CONTINUE]
<input type="checkbox"/>	No [CONTINUE]
<input type="checkbox"/>	Unsure [CONTINUE]

If yes, how long were you knocked out (lost consciousness) from your brain injury?

<input type="checkbox"/>	< 30 minutes [CONTINUE]
<input type="checkbox"/>	30 minutes to 24 hours [CONTINUE]
<input type="checkbox"/>	> 24 hours [CONTINUE]
<input type="checkbox"/>	Unsure [CONTINUE]

How long did you spend as an inpatient in hospital immediately after your injury?

<input type="checkbox"/>	I was not admitted to hospital [CONTINUE]
<input type="checkbox"/>	Less than 1 day [CONTINUE]
<input type="checkbox"/>	1 to 7 days [CONTINUE]
<input type="checkbox"/>	1 to 4 weeks [CONTINUE]
<input type="checkbox"/>	1 to 3 months [CONTINUE]
<input type="checkbox"/>	3 to 12 months [CONTINUE]
<input type="checkbox"/>	More than 1 year [CONTINUE]
<input type="checkbox"/>	Unsure [CONTINUE]

About the survey:

In the survey you will see six (6) different community-based physical activity options. For each option, you will be asked if you would add this physical activity to your current weekly schedule. Some options may not currently be available to you. We want to know whether we should lobby for more options.

There are no right or wrong answers, we just want to know which features of physical activity you prefer.

The options look very similar, but each option is different. Focus on which physical activity features are most important to your decision-making.

About the survey (AUDIO FILE FOR THIS SCREEN)

Each of the physical activity options we will show you are described using six (6) features. These features are:

1. **Type of activity:** these include sport in a structured competition, sport with informal competition for fun, physical recreation with purpose of mental, social and/or physical satisfaction, or a structured exercise program with purpose to improve fitness, strength, flexibility and/or function.
2. **Out-of-pocket cost:** costs that you would have to pay per session (e.g., for travel, equipment, parking, registration fees). Out-of-pocket costs would not be covered by NDIS or other state-based insurance schemes.
3. **Travel time:** how much time it would take to get to the activity one way.
4. **Who with:** whether the other people doing the activity have a disability, the activity is open for anyone or you do the activity by yourself.
5. **Facilitated by:** whether the facilitator has experience of the physical activity and whether they have experience working with people who have a disability. Examples of facilitators are a support worker, a personal trainer, an exercise leader, a coach, or a health professional.
6. **Accessibility of setting:** whether all people with and without disabilities can access the activity without any barriers, or if there are some manageable challenges. Accessibility might involve disability parking near the entrance, accessible bathrooms, proximity to appropriate public transport, uncluttered environment, adaptive equipment to use, noise levels, lighting, and the behaviour of staff and others around you.

Physical activity option 1 of 6 (EXAMPLE- QUESTIONS WILL BE SELECTED RANDOMLY FROM 8 BLOCKS]

Would you be willing to add this physical activity to your current weekly schedule?

Type of activity:	Sport in a structured competition (some examples might include lawn bowls club competition, netball district competition, marathon, wheelchair basketball club challenge)	
Out-of-pocket cost:	\$15 per session	
Travel time:	15 minutes each way travel time	
Who with:	The activity is organised for people with any type of disability	
Facilitated by:	The activity is facilitated by a person with experience of the activity and experience working with people with disability	
Accessibility of setting:	Accessibility is manageable , but not ideal	
		<div>Yes <input type="checkbox"/></div> <div>No <input type="checkbox"/></div>

Physical activity option 2 of 6 (This option may seem similar to a previous option, but some of the features are different)

Would you be willing to add this physical activity to your current weekly schedule?

Type of activity:	Structured exercise program with purpose or goal to improve fitness, strength, flexibility and/or function (some examples might include a physiotherapy prescribed exercise program, gym program, treadmill or cycle ergometer, strength training)	
Out-of-pocket cost:	\$0 per session	
Travel time:	5 minutes or less each way travel time	
Who with:	The activity is organised only for people with a disability like mine	
Facilitated by:	The activity is facilitated by person with NO experience of the activity but experience working with people with disability	
Accessibility of setting:	Accessibility is manageable , but not ideal	
		<div>Yes <input type="checkbox"/></div> <div>No <input type="checkbox"/></div>

Physical activity option 3 of 6 (This option may seem similar to a previous option, but some of the features are different)

Would you be willing to add this physical activity to your current weekly schedule?

Type of activity:	Sport with informal competition for fun (some examples might include a running group, soccer in local park, lunchtime or school basketball game)	
Out-of-pocket cost:	\$15 per session	
Travel time:	5 minutes or less each way travel time	
Who with:	The activity is organised for people with any type of disability	
Facilitated by:	The activity has no facilitator	
Accessibility of setting:	Highly accessible – caters well for my needs	
		<div>Yes <input type="checkbox"/></div> <div>No <input type="checkbox"/></div>

Physical activity option 4 of 6 (This option may seem similar to a previous option, but some of the features are different)

Would you be willing to add this physical activity to your current weekly schedule?

Type of activity:	Physical recreation with purpose of mental, social and/or physical satisfaction (some examples might include Tai Chi, Yoga, dance, body surfing, bushwalking, rock climbing, aqua aerobics, walking the dog)	
Out-of-pocket cost:	\$15 per session	
Travel time:	30 minutes each way travel time	
Who with:	I do the activity by myself	
Facilitated by:	The activity is facilitated by a person with experience of the activity and experience working with people with disability	
Accessibility of setting:	Highly accessible – caters well for my needs	
		Yes <input type="checkbox"/>
		No <input type="checkbox"/>

Physical activity option 5 of 6 (This option may seem similar to a previous option, but some of the features are different)

Would you be willing to add this physical activity to your current weekly schedule?

Type of activity:	Physical recreation with purpose of mental, social or physical satisfaction (some examples might include Tai Chi, Yoga, dance, body surfing, bushwalking, rock climbing, aqua aerobics, walking the dog)	
Out-of-pocket cost:	\$0 per session	
Travel time:	70 minutes each way travel time	
Who with:	The activity is organised only for people with a disability like mine	
Facilitated by:	The activity is facilitated by a person with experience of the activity and experience working with people with disability	
Accessibility of setting:	Highly accessible – caters well for my needs	
		<div>Yes <input type="checkbox"/></div> <div>No <input type="checkbox"/></div>

Physical activity option 6 of 6 (This option may seem similar to a previous option, but some of the features are different)

Would you be willing to add this physical activity to your current weekly schedule?

Type of activity:	Sport in a structured competition (some examples might include lawn bowls club competition, netball district competition, marathon, wheelchair basketball club challenge)		
Out-of-pocket cost:	\$15 per session		
Travel time:	30 minutes each way travel time		
Who with:	The activity is organised only for people with a disability like mine		
Facilitated by:	The activity has no facilitator		
Accessibility of setting:	Highly accessible – caters well for my needs		
		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Now we would like to ask you some questions about your pre-injury and current physical activity (ADULT VERSION 18+)

Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time. This may include sport, exercise, brisk walking or cycling for recreation or travel, or physical work that is part of your job.

Pre-injury physical activity history:

Think about a **typical** week just **before** you had your injury.

On average, how many days per week did you engage in physical activity that increased your heart rate and made you get out of breath some of the time?

0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

On average, how many minutes per day of the days you were active did you engage in physical activity at this level?

0 mins/day	10 mins/day	20 mins/day	30 mins/day	40 mins/day	50 mins/day	60 mins/day	90 mins/day	120 mins/day	150 or greater mins/day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List up to three (3) of the most common types of physical activity you did for sport, exercise or recreation **before your injury** [only appear if “On average how many days per week did you engage in physical activity that increased your heart rate and made you get out of breath some of the time” ≥ 1 day]

Activity 1	
Activity 2	
Activity 3	

Current physical activity participation:

Think about a **typical** week for you **now**.

On average, how many days per week do you engage in physical activity that increases your heart rate and makes you get out of breath some of the time?

0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

On average, how many minutes per day on the days you are active do you engage in physical activity at this level?

0 mins/day	10 mins/day	20 mins/day	30 mins/day	40 mins/day	50 mins/day	60 mins/day	90 mins/day	120 mins/day	150 or greater mins/day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many days per week do you perform muscle strengthening exercises, such as bodyweight exercises or resistance training?

0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many days per week do you perform activities that emphasise balance and functional strength training?

0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List up to three (3) of the most common types of physical activity you do for sport, exercise or recreation **currently** [only appear if at least one of the three days per week questions (1. physical activity that increases your heart rate, 2. muscle strengthening exercises, 3. balance and functional training) is ≥ 1]

Activity 1	
Activity 2	

Activity 3	
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Please rate the following three (3) statements about physical activity and wellbeing:

Physical activity is important for improving my physical wellbeing?

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physical activity is important for improving my mental wellbeing?

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physical activity is important for improving my social wellbeing?

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Function: The next set of questions ask about your current mobility and difficulties you may have doing certain activities. (ALL)
 Please select your **highest** level of mobility

<input type="checkbox"/>	I can run over 50m
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<input type="checkbox"/>	I can walk by myself outdoors without using a walking aide or assistance for 1km or more
<input type="checkbox"/>	I can walk by myself outdoors using a walking aide or assistance for 1km or more
<input type="checkbox"/>	I can walk short distances outdoors, but usually use a wheelchair for longer distances outside of my house
<input type="checkbox"/>	I usually use a manual wheelchair inside and outside my house
<input type="checkbox"/>	I usually use an electric wheelchair or a carer-controlled wheelchair

These questions ask about difficulties you may have because of your brain injury or other injuries sustained at the same time.

	No difficulty	Some difficulty	A lot of difficulty	Cannot do at all	Rather not say	Don't know
Do you have difficulty seeing, even if wearing glasses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have difficulty hearing, even if using a hearing aid(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have difficulty walking or climbing steps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have difficulty remembering or concentrating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have difficulty with self-care, such as washing all over or dressing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have difficulty communicating, for example understanding or being understood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Demographics (ALL)

This last set of questions asks more about yourself.

What is your gender?

<input type="checkbox"/>	Male
<input type="checkbox"/>	Female
<input type="checkbox"/>	Non-binary
<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Prefer not to answer

What is the postcode of where you live?

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How would you best describe the area where you live?

<input type="checkbox"/>	Remote
<input type="checkbox"/>	Rural
<input type="checkbox"/>	Small regional town
<input type="checkbox"/>	Large regional town
<input type="checkbox"/>	Metropolitan

What are your current living arrangements?

<input type="checkbox"/>	I live alone
<input type="checkbox"/>	I live with my spouse/partner only

<input type="checkbox"/>	I live with my spouse/partner and child/children
<input type="checkbox"/>	I live with my child/children (no spouse/partner)
<input type="checkbox"/>	I live with my parent(s)/guardian(s)/siblings
<input type="checkbox"/>	I live with other relatives (not spouse or children)
<input type="checkbox"/>	I live with non-relative(s)/support worker

Are you of Aboriginal or Torres Strait Islander origin?

<input type="checkbox"/>	No
<input type="checkbox"/>	Yes, Aboriginal
<input type="checkbox"/>	Yes, Torres Strait Islander
<input type="checkbox"/>	Yes, both
<input type="checkbox"/>	Prefer not to say

What is the main language you speak at home?

<input type="checkbox"/>	English
<input type="checkbox"/>	Other (please specify):

What is your highest level of education?

<input type="checkbox"/>	Postgraduate degree
<input type="checkbox"/>	Graduate diploma/Graduate certificate
<input type="checkbox"/>	Bachelor degree
<input type="checkbox"/>	Advanced diploma/diploma
<input type="checkbox"/>	Certificate III/IV
<input type="checkbox"/>	Certificate I/II
<input type="checkbox"/>	Year 12
<input type="checkbox"/>	Year 10 or below
<input type="checkbox"/>	Still in school

Which of the following categories best describes your current employment status?

<input type="checkbox"/>	Employed full time
<input type="checkbox"/>	Employed part-time/ casual
<input type="checkbox"/>	Not employed at the moment but looking for work
<input type="checkbox"/>	Not employed and not looking for work
<input type="checkbox"/>	Family caring / home duties
<input type="checkbox"/>	Retired or on a pension
<input type="checkbox"/>	Studying full time
<input type="checkbox"/>	Other (e.g. volunteer work - please specify):

Please estimate your approximate yearly household income before tax.

<input type="checkbox"/>	Up to \$35,000 (up to \$673 per week)
<input type="checkbox"/>	\$35,000- \$65,000 (\$673 - \$1250 per week)
<input type="checkbox"/>	\$65,001- \$95,000 (\$1251 - \$1826 per week)
<input type="checkbox"/>	\$95,001 - \$125,000 (\$1827 - \$2404 per week)
<input type="checkbox"/>	\$125,001 - \$150,000 (\$2404 - \$2885 per week)
<input type="checkbox"/>	>\$150,000 (more than \$2885 per week)
<input type="checkbox"/>	Prefer not to answer

Have you been accepted into a workers compensation or motor accidents scheme?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Currently applying
<input type="checkbox"/>	Awaiting decision on eligibility
<input type="checkbox"/>	Uncertain
<input type="checkbox"/>	Prefer not to say

Have you been accepted into the National Disability Insurance Scheme?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Currently applying
<input type="checkbox"/>	Awaiting decision on eligibility
<input type="checkbox"/>	Uncertain
<input type="checkbox"/>	Prefer not to say

Do you have any other comments?

That is the end of the questions, thank you for helping us with this survey!

If you would like to receive a copy of the results of this study, please email the study team at bridges.study@sydney.edu.au

Now we would like to ask you some questions about your pre-injury and current physical activity (*Child version 10-17*) [goes in same place as adult version of physical activity questions]

Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time.

This may include sport, exercise, playing with friends, or walking to school.

Some examples of physical activity are running, brisk walking or wheeling, rollerblading, biking, dancing, skateboarding, swimming, soccer, basketball, football, surfing, wheelchair rugby.

Think about a **typical** week just **before** you had your injury.

On average, how many days per week did you engage in physical activity that increased your heart rate and made you get out of breath some of the time?

0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

On average, how many minutes per day of the days you were active did you engage in physical activity at this level?

0 mins/day	10 mins/day	20 mins/day	30 mins/day	40 mins/day	50 mins/day	60 mins/day	90 mins/day	120 mins/day	150 or greater mins/day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List up to three (3) of the most common types of physical activity you did for sport, exercise or recreation **before your injury** [only appear if “On average how many days per week did you engage in physical activity that increased your heart rate and made you get out of breath some of the time” ≥ 1 day]

Activity 1	
Activity 2	
Activity 3	

Current physical activity participation:

Think about a **typical** week for you **now**.

On average, how many days per week do you engage in physical activity that increases your heart rate and makes you get out of breath some of the time?

0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

On average, how many minutes per day of the days you are active do you engage in physical activity at this level?

0 mins/day	10 mins/day	20 mins/day	30 mins/day	40 mins/day	50 mins/day	60 mins/day	90 mins/day	120 mins/day	150 or greater mins/day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Over a typical or usual week, on how many days are you physically active for a total of at least 60 minutes per day?

0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many days per week do you perform vigorous-intensity aerobic activities as well as those that strengthen muscle and bone?

0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List up to three (3) of the most common types of physical activity you do for sport, exercise or recreation **currently** [only appear if “On average how many days per week did you engage in physical activity that increased your heart rate and made you get out of breath some of the time” ≥ 1 day]

Activity 1	
Activity 2	
Activity 3	

Please rate the following three (3) statements about physical activity and wellbeing:

Physical activity is important for improving my physical wellbeing?

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physical activity is important for improving my mental wellbeing?

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physical activity is important for improving my social wellbeing?

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>