

ACT END-OF-STUDY SURVEY

Clinic Use Only					
ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			NEWID		
				Acrostic	<input type="text"/>
Date Distributed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date Returned	<input type="text"/>
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				Date form completed	<input type="text"/>
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We would like to know how you felt about being a participant in ACT. The following questions ask how you feel about certain parts of the study. Please rate how much they helped you start or keep going with your physical activity program.

Please put a check in the appropriate column for each item. Your comments are very valuable. Please be honest. We will use your comments to improve the program for other people.

		Not at all helpful	Of little help	Neutral	Somewhat Helpful	Very Helpful	Not done/Does not apply
The following questions cover the measurement tests you did at the beginning of the study, at 6 months, and at the end of the study.							
1.	How much did the <u>treadmill test</u> help you start or keep going your physical activity?	TEST1					
2.	How much did the <u>first set of test results</u> given to you by your <u>physician</u> (for example, cholesterol, blood pressure) help you start or keep going your physical activity?	TEST2					
The following questions cover the <u>first ACT</u> physical activity advice from your physician/nurse practitioner (2 years ago)							
3.	Overall, how helpful was your physician's <u>first advice</u> on physical activity?	ADVICE1					
4.	How helpful was your physician in setting up a realistic physical activity goal for you?	ADVICE2					
The following questions cover <u>follow-up advice</u> you received from your physician/nurse practitioner about your ACT physical activity program.							
5.	Overall, how helpful was your physician's <u>follow-up advice</u> on physical activity?	ADVICE3					
6.	How many times did you see your physician over the last 2 years?: number of visits ⇒ If you can't remember the exact number, please give your best guess. If you did not see your physician over the last two years, please write in "0".	VISIT2YR					<input type="text"/>

The following questions cover the visits you had with an ACT Health Educator		Not at all helpful	Of little help	Neutral	Somewhat Helpful	Very Helpful	Not done/Does not apply
7.	How helpful was the <u>first physical activity</u> plan you developed with the ACT Health Educator?	VISIT1					
8.	How helpful were the physical activity pamphlets (for example from the American Heart Association)?	VISIT2					
9.	How helpful were the <u>follow-up visits</u> with the ACT Health Educator, usually held at your physician's medical clinic?	VISIT3					
The following questions are about parts of the ACT study group you were assigned to.							
10.	How much did each part help you start or maintain physical activity?						
a.	ACT video shown at your first ACT visit with the Health Educator. (gave examples of how to be active, showed the ACT newsletter and how to use the digiwalker)	VIDEO					
b.	Step counter or digiwalker.	DIGIWALK					
c.	ACT magnetic calendar.	CALENDAR					
d.	Monthly ACT newsletter.	NEWSLETT					
e.	ACT mailback activity card, torn out of newsletter.	MAILCARD					
f.	Monthly telephone calls from ACT Health Educator.	CALLS					
g.	ACT tip sheets sent in the mail.	TIPSHEET					
h.	Prizes earned for sending in the ACT mailback cards (for example, ACT mug, ACT water jug).	PRIZES					
i.	ACT classes on how to change behavior to be more active and stay active.	CLASSES					

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The following questions concern your overall feelings about the ACT Study.		No	Unsure/Undecided	Yes		
11.	Would you recommend your ACT program to other people?	FEELING1				
12.	Would you recommend that other physicians advise their patients about physical activity, like your did for you?	FEELING2				
Please rate your satisfaction with the ACT program.		Very Dissatisfied	Somewhat Dissatisfied	Neutral	Somewhat Satisfied	Very Satisfied
13.	How satisfied were you with the amount of time your physician spent discussing physical activity?	SATISFY1				
14.	Overall, how satisfied were you with your ACT study program?	SATISFY2				
15.	How satisfied were you with the progress you made with the physical activity over the 2 years of the ACT study?	SATISFY3				

Thank you for completing this survey.
Please put it back in the envelope and place the envelope
in the designated drop box at the clinic.