

## The PARCS Project

Person centred Activities for Respiratory Cardiac and Stroke conditions

### This Survey

We are carrying out a brief survey to find out about your physical activity experiences.

### By completing this survey you will:

- Give important feedback to a Scottish Government project
- Help to shape services for the future

### About PARCS

**Person centred:** developing services around people's needs and preferences.

**Activities:** looking at different physical activity in a variety of settings and whether this meets people's needs.

### Aims of the PARCS project:

- to improve the quality of life of people with long term conditions
- to assist the Scottish government to deliver the best quality health care
- to develop working partnerships between NHS, local authorities, leisure and community centres and voluntary sectors (charities and community groups)
- to improve the patient experience and make the most effective use of resources
- to produce a strategy for the Scottish Government to promote and evaluate integrated exercise

We would be very grateful for a few minutes of your time, as you reflect on and share your experiences.

Please complete and return the survey by

30<sup>th</sup> August 2013

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post to: Sarah Florida-James – PARCS Project Manager, Chest Heart and Stroke Scotland,  
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# Questionnaire

## PARCS Project

### Person Centred Activities for Respiratory Cardiac and Stroke Conditions

<u>PERSONAL INFORMATION</u>			
Name:			
Age:			
Gender:			
Postcode:			
Region: e.g. Angus, Tayside			
Condition(s):			
Date of Diagnosis:			
Contact email/telephone:			
<u>ABOUT YOUR GROUP(S)</u> - Tick one or both sections if applicable			
<b>How long have you been attending an Exercise Class /Activity Group which is suitable for your condition? (Tick boxes below)</b> Please state name of group & location) e.g., Over 50's Movers – Leisure centre- Perth		<b>How long have you been attending a Support Group that relates to your condition? (Tick boxes below)</b> Please state name of group & location e.g. Breathe Easy- Wishaw , CHSS group- Airways group – Livingstone	
Less than 6 months		Less than 6 months	
6 months to one year		6 months to one year	
1 – 2 years		1 – 2 years	
2 – 3 years		2 – 3 years	
More than 3 years		More than 3 years	
<b>How often do you attend this Exercise Class/Activity Group?</b>		<b>How often do you attend this Support Group?</b>	
Less than once per month		Less than once per month	
Once per month		Once per month	
Twice per month		Twice per month	
Once per week		Once per week	
Twice per week		Twice per week	
More than twice per week		More than twice per week	
Other – please state		Other – please state	

## Section A – Physical Activity and Health

<b>Section A – Physical Activity and Health</b>			
<b>Q1.</b>	<b>Physical activity includes walking, active household chores, and sport and leisure activity. How much time do you spend doing these activities in one week?</b>		
	None		1 hour to 2.5 hours
	Less than 30 minutes		More than 2.5 hours
	30 minutes to one hour		
<b>Q2.</b>	<b>What physical activities are you involved in? Please cross any/all that apply</b>		
	Exercise Maintenance Group		Walking independently
	Walking as part of a group		Golfing
	Gardening		Other (please specify):
<b>Q3.</b>	<b>When you were seen by health care services (NHS) for your condition, were you advised about the importance of physical activity in relation to your condition?</b>		
	Yes		No
<b>Q4.</b>	<b>Who talked to you about the importance of physical activity/exercise?</b> Please cross any/all that apply		
	GP		Peer
	Hospital doctor		Support Group
	Physiotherapist		Charity, please name:
	Occupational therapist		You, yourself
	Nurse		Other, please state who:
	Exercise Instructor		Don't know
	Family		
<b>Q5.</b>	<b>How often do you visit your GP for your condition?</b>		
	Never		3 times per year
	Annually		4 times per year
	Twice per year		More than 4 times per year
<b>Q6.</b>	<b>How many hospital admissions have you had in the last year?</b>		
	None		Three
	One		Four
	Two		More than four
	<b>How many of these admissions were for your condition? Please state:</b>		

**Section B – Exercise Class / Activity Groups**

If you are not a member of this type of group please go to Section C

Q7.	<b>How did you find out about your Exercise Class suitable for your condition in your area? Please cross any/all that apply</b>		
	<b>Via the NHS</b>		<b>Other</b>
	GP		Exercise Instructor
	Hospital doctor		Family
	Physiotherapist		Peer
	Occupational therapist		Charity, please name:
	Nurse		You, yourself
	<b>Please go to Q8</b>		Other, please state who:
			Don't know
<b>Please go to Q9</b>			

  

Q8.	<b>Did a Health Service / NHS Professional (e.g. doctor, nurse, physio):</b>	
	Formally refer you to an exercise maintenance class?	
	Tell you about an exercise maintenance class?	

  

Q9.	<b>Where did you find out about your Exercise Class? Please cross any/all that apply</b>	
	When attending cardiac rehabilitation	
	When attending stroke rehabilitation	
	When attending pulmonary rehabilitation	
	When attending a routine review with the GP/Nurse	
	When attending a consultant specialist review	
	I found out myself	
	Never	
	Other (please state):	

  

Q10.	<b>When in relation to your diagnosis did you find out about a suitable Exercise Class?</b>		
	When diagnosed		2-3 years after diagnosis
	6-12 months after diagnosis		More than 3 years after diagnosis
	1-2 years after diagnosis		

Q11.	<b>How do you feel your condition is since joining this Exercise Class?</b>		
	Worse		
	Much the same and how I manage it has remained unchanged		
	Much the same but I can manage it better		
	Better		
	Not applicable		
	Other (please state):		
Q12.	<b>What are the benefits of being part of this Exercise Class?</b> Please cross any/all that apply		
	None		Helped me to remain independent
	Social support/interaction		Motivation to exercise
	Helps well being		Encouraged me to do more physical activities independently
	Feel part of community		Helped me to maintain my activity levels
	Helps understand and manage my condition(s)		Increased my activity levels since having this condition / diagnosis
	Helps mental health (better mood)		Allowed me to achieve my goals e.g. play with grandchildren
	Improved function – able to do day to day tasks more easily e.g. walking		Helps me to remain active whilst I have changes in my condition
Helped me to remain more active			
Q13.	<b>Was there an easy move from hospital/health care services to community support (including maintenance exercise activity and advice on self-management)?</b>		
	No (please answer Q14)		Yes (please ignore Q14)
Q14.	<b>What were the issues?</b> Please cross any/all that apply		
	No advice on exercise maintenance groups		
	No exercise maintenance groups in area		
	Lack of advice and information about how to manage my condition in the community		
	No advice about support groups		
	Advice and support ended after hospital care finished		
	Advice and support ended after rehabilitation finished		
	Advice and support ended after I went home		
	Other (please state):		

### Section C – Support Groups

If you are not a member of this type of group please go to Section D

<b>Q15.</b>	<b>Where did you find out about your Support Group?</b> Please cross any/all that apply		
	When attending cardiac rehabilitation		
	When attending stroke rehabilitation		
	When attending pulmonary rehabilitation		
	When attending a routine review with the GP/Nurse		
	When attending a consultant specialist review		
	I found out myself		
	Never		
	Other (please state):		
<b>Q16.</b>	<b>When in relation to your diagnosis did you find out about a suitable Support Group?</b>		
	When diagnosed		2-3 years after diagnosis
	6-12 months after diagnosis		More than 3 years after diagnosis
	1-2 years after diagnosis		
<b>Q17.</b>	<b>How do you feel your condition is since joining this Support Group?</b>		
	Worse		
	Much the same and how I manage it has remained unchanged		
	Much the same but I can manage it better		
	Better		
	Not applicable		
Other (please state):			
<b>Q18.</b>	<b>What are the benefits of being part of this Support Group?</b> Please cross any/all that apply		
	None		Helped me to remain independent
	Social support/interaction		Motivation to exercise
	Helps well being		Encouraged me to do more physical activities independently
	Feel part of community		Helped me to maintain my activity levels
	Helps understand and manage my condition(s)		Increased my activity levels since having this condition / diagnosis
	Helps mental health (better mood)		Allowed me to achieve my goals e.g. play with grandchildren
	Improved function – able to do day to day tasks more easily e.g. walking		Helps me to remain active whilst I have changes in my condition
	Helped me to remain more active		

**Section D – Conclusion**

**Q19.**

Please give comments to summarise your experience of access to, and provision of **Maintenance Exercise/ Activity Groups** or **Support Groups** in your region, in relation to your condition.

Thank you very much for taking the time to complete this questionnaire.

Completed questionnaires should be returned using the SAE provided to the following address:

Sarah Florida-James, PARCS Project Manager  
**Chest Heart & Stroke Scotland**  
Rosebery House  
9 Haymarket Terrace  
Edinburgh  
EH12 5EZ

For further information about the PARCS Project please contact:

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