



Consultation Experience – Patient Form Patient no.....

Instructions: Here are some statements about your Physical Activity Consultations with the nurse. For each statement, please circle the number that matches your own experience.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. My physical activity nurse and I worked together on setting goals that were important to me	1	2	3	4	5
2. The difficulties that prevented me from increasing my physical activity were too great to overcome	1	2	3	4	5
3. I felt heard, understood and respected by my physical activity nurse	1	2	3	4	5
4. In our meetings together, we discussed everything I wanted to discuss	1	2	3	4	5
5. I understand how to make lasting changes in my activity levels	1	2	3	4	5
6. The approach taken by my physical activity nurse suited me	1	2	3	4	5
7. I feel able to keep up the physical activity changes I have already made	1	2	3	4	5
8. I feel confident now that I can continue to make positive changes in physical activity without the nurse	1	2	3	4	5
9. I feel confident about overcoming obstacles to increasing my activity levels in future	1	2	3	4	5
10. The pedometer I used in the PACE-UP study was helpful to me	1	2	3	4	5
11. The diary I used in the PACE-UP study was helpful to me	1	2	3	4	5
	Far too many	Too many	Just right	Too few	Far too few
12. The number of appointments with the physical activity nurse was	1	2	3	4	5

Any other comments?

Instructions: For each of the following statements, please circle the number that matches your own experience of meetings with the patient

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. The patient and I worked together on setting goals that were important to the patient	1	2	3	4	5
2. The difficulties that prevented the patient from increasing their physical activity were too great to overcome	1	2	3	4	5
3. The patient felt heard, understood and respected	1	2	3	4	5
4. In our meetings together, the patient discussed everything they wanted to discuss	1	2	3	4	5
5. The patient understands how to make lasting changes in activity levels	1	2	3	4	5
6. The approach to making change suited the patient	1	2	3	4	5
7. The patient feels able to keep up the physical activity changes they have already made	1	2	3	4	5
8. The patient feels confident to continue to make positive changes in physical activity on their own	1	2	3	4	5
9. The patient feels confident about overcoming obstacles to increasing activity levels in future	1	2	3	4	5
10. The pedometer used in the PACE-UP study was helpful to the patient	1	2	3	4	5
11. The diary used in the PACE-UP trial was helpful to the patient	1	2	3	4	5
	Far too many	Too many	Just right	Too few	Far too few
12. The number of appointments with the physical activity nurse was	1	2	3	4	5

Any other comments?

Patient no..... and Patient no.....

How many sessions did they attend together? sessions

Instructions: For each of the following statements, please circle the number that matches your own experience of meetings with the couple

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Seeing them together was helpful for them both	1	2	3	4	5
Seeing them together made the consultation more difficult for me	1	2	3	4	5
Seeing them together helped with their motivation	1	2	3	4	5
Seeing them together made it more difficult for them to set individual targets if they needed to	1	2	3	4	5
Seeing them together was an efficient use of time	1	2	3	4	5

Any other comments about seeing them together as a couple?