

General Practice Physical Activity Questionnaire (GPPAQ)

Uses and Misuses

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UoB

Development

- In 2002 the Department of Health commissioned researchers from the London School of Hygiene & Tropical Medicine to produce a short measure of physical activity, which could be used in routine general practice to assist Primary Care Trusts to meet the National Service Framework recommendations that primary care teams assess and record the modifiable risk factors for each of their patients, including physical activity.

Performance requirements

- The method of completion should be self explanatory
- It should be designed for use by adults aged 16-74 years
- It should be possible for respondents to complete the questionnaire without assistance
- It should take less than one minute to complete
- Individual physical activity categories should be simple, requiring limited computation
- The physical activity categories should allow for the assignment of a physical activity Read Code
- The output of the questionnaire should enable practice staff to make a decision on whether the patient concerned should be advised to be more active or whether more detailed assessment was required

Development

- No existing self-report measure of physical activity had specifically been developed for routine general practice
- A short physical activity questionnaire used in the European Prospective Investigation into Cancer (EPIC) met many of the criteria and a simple index of physical activity could be derived.
- It had established acceptable levels of repeatability and validity in a sample of English adults aged 40-65 years (Wareham et al, 2002).
- It formed the basis of the new measure.

Development

- A pilot study was conducted in three general practices in London.
- Practice nurses administered the self-completion of GPPAQ to 61 patients from a variety of newly registered patients, including a number of patients for whom English was not the first language.

Development

- The GPPAQ was well received by nurses, patients and general practitioners.
- Practitioners welcomed a simple and efficient way of assessing physical activity.
- In particular, they were keen to have a standardised way of assigning Read Codes for physical activity.
- The patients did not experience any problems in completing the questionnaire, even when English was not the first language.
- The pilot study was limited to new registration appointments, but most practitioners suggested other possible uses for the GPPAQ, including hypertension and diabetes clinics.

Repeatability study

- A further study was conducted to examine how reliable and accurate the GPPAQ was in routine general practice. Four surgeries were recruited in Coventry, West Midlands.
- A total of 334 participants successfully completed the GPPAQ and a total of 258 participants completed it again a week later.

Summary of findings

- The GPPAQ has good face validity and is acceptable for use in routine general practice;
- The GPPAQ has good construct validity- that is the PAI derived from the questionnaire has the relationship with other measures that we might expect ;
- The GPPAQ is repeatable - that is a person who had high physical activity on time 1 tended to have high physical activity on time 2.
- The PAI derived from the GPPAQ is taken from the original EPIC study which has published criterion validity with positive associations with both daytime energy expenditure and cardiorespiratory fitness.
- The PAI derived from the original EPIC questionnaire predicts all-cause and cardio-vascular mortality in men and women. The combination of work and leisure time physical activity into a single index are more consistently associated with mortality than either components used alone (Khaw et al, Int J Epidemiol, 2006)
- The GPPAQ is a simple and 'quick to administer' (30 seconds) instrument for assessing physical activity in routine general practice. The 4-level PAI derived from the GPPAQ is suitable for ranking an individual's physical activity for the purpose of determining the need for intervention or more detailed assessment and can be correlated to the existing Read Codes for physical activity.

Uses and misuses

- The GPPAQ was evaluated for use in patients aged 16-74 years who were free from longstanding illness or disability that prevented them from engaging in a physically active lifestyle.
- The evaluation was conducted on patients attending for routine consultations with a doctor or nurse and new registrations.

Uses and misuses

- The GPPAQ was not evaluated for use in children and young people (aged <16 years) or adults older than 74 years, those with longstaning illness or disability. these groups may require specific physical activity assessments.

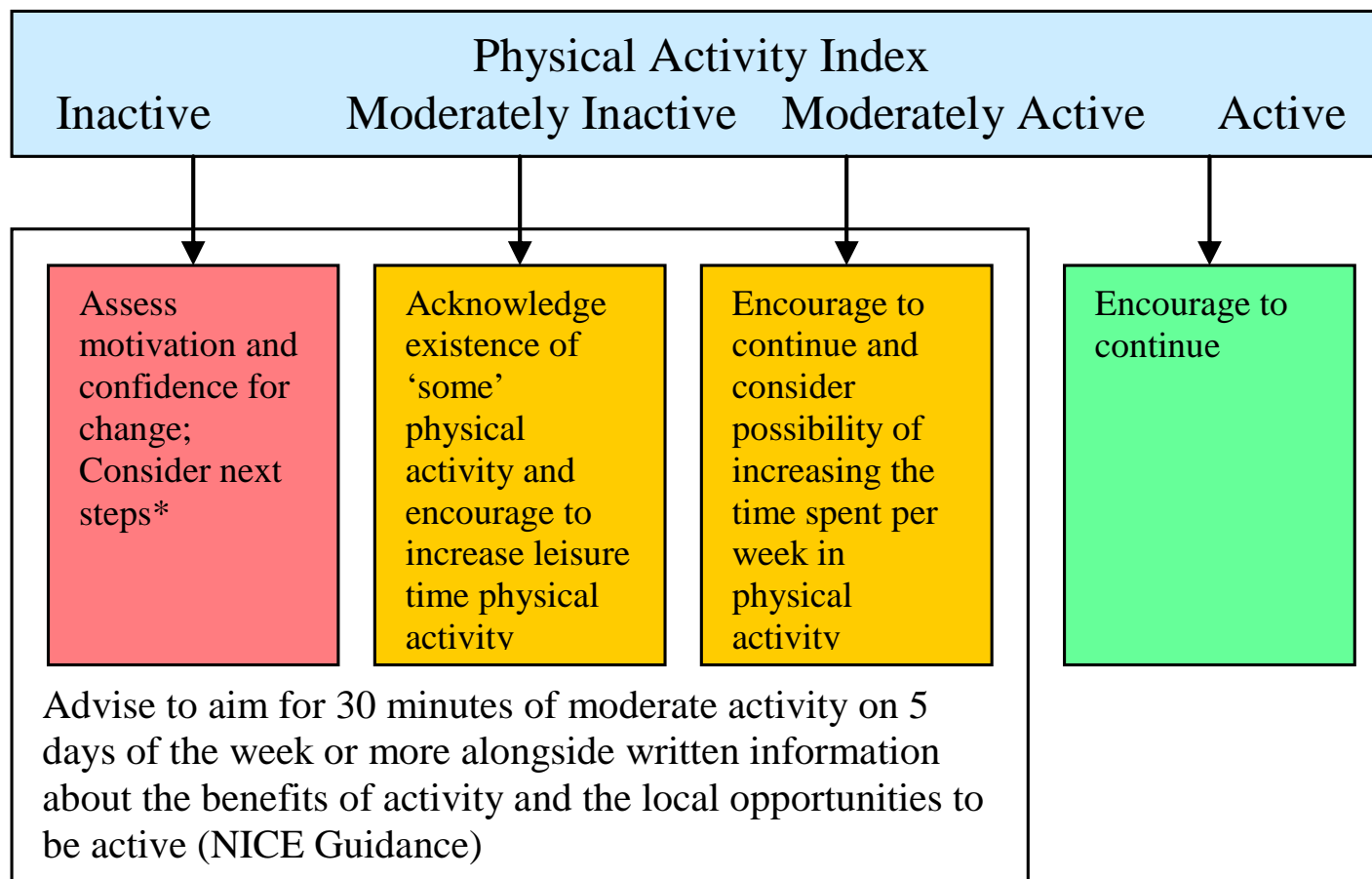
Uses and misuses

- The GPPAQ is designed as a simple screening tool for ranking a patient's physical activity and in particular for identifying patients who would benefit from increased physical activity and are therefore eligible for intervention.
- The GPPAQ has not been designed for use as a research tool to measure self-reported physical activity before and after interventions and therefore is not appropriate for measuring the effectiveness of physical activity interventions.

Walking?

- Walking is notoriously difficult to assess via self-report and can lead to misclassification.
- Walking did not have predictive validity in the EPIC study.
- GPPAQ is designed to assess risk based on inactivity and the need for intervention.
- It is not designed to assess physical activity for the purpose of goal setting or exercise prescription.

Guidance on next steps following screening for inactivity



Exploring motivation and confidence

On a scale from 0-10, how motivated are you right now to increase the physical activity that you do?

0  10

...And how confident are you that if you decided to increase your physical activity you could stick to it on a regular basis, where 0 is not confident at all and 10 is very confident?

0  10