

Mapping Questionnaire

This form is to be completed by the Coordinator or Manager of the Exercise Referral Scheme

Section 1: Scheme coordinator contact information

1. Scheme coordinator contact name	
2. Scheme coordinator contact details	
E-mail	
Telephone	
Address	

Section 2: Details of the scheme

3. Title of the scheme					
4. What is the area covered by the scheme? i.e. name of town, city, county					
5. Who is the lead agency for the scheme? Please tick the relevant box					
Local authority	<input type="checkbox"/>	Voluntary sector	<input type="checkbox"/>		
Primary care trust	<input type="checkbox"/>	University	<input type="checkbox"/>		
Acute trust	<input type="checkbox"/>	Voluntary sector	<input type="checkbox"/>		
Private sector	<input type="checkbox"/>	Joint local authority and PCT	<input type="checkbox"/>		
Other (please specify)					
6. How long has the scheme been running?					
7. What is the overall aim of the scheme? i.e. a vision statement or overarching aim					
8. What are the objectives of the scheme? e.g. to provide more opportunities for physical activity for people with medical conditions					
9. Do you have a visual diagram which shows the conceptual framework of the scheme? Please tick the relevant box					
Yes	<input type="checkbox"/>	<i>If yes, please attach</i>	No	<input type="checkbox"/>	<i>If no, please go to Q10</i>
10. Do you have any inclusion criteria for the scheme based on physical activity (PA) levels? Please tick the relevant box					
An example of an inclusion criteria based on physical activity levels might be: sedentary – less than 30 minutes of PA per week; insufficiently active – less					

than 5x30 minutes moderate intensity PA per week; regularly active – 5 or more 30 minute sessions of moderate intensity PA per week.			
Yes	<input type="checkbox"/>	<i>If yes, please see below</i>	No
	<input type="checkbox"/>		<i>If no, please go to Q11</i>
Please specify how you measure physical activity:			
11. Do you have any exclusion criteria for the scheme? e.g. unstable blood pressure <i>Please tick the relevant box</i>			
Yes	<input type="checkbox"/>	<i>If yes, please specify below</i>	No
	<input type="checkbox"/>		<i>If no, please go to Q12</i>
12. How are participants recruited to the scheme? <i>Please tick all that apply</i>			
Opportunistically in a consultation	<input type="checkbox"/>	New patient consultation	<input type="checkbox"/>
Health screening	<input type="checkbox"/>	Via existing condition clinic e.g. asthma	<input type="checkbox"/>
Via existing disease registers e.g. CHD	<input type="checkbox"/>	Via advertising e.g. in practice	<input type="checkbox"/>
Patient initiated request	<input type="checkbox"/>		<input type="checkbox"/>
Other (please specify)			
13. Who can refer onto the scheme? <i>Please tick all that apply</i>			
General practitioner	<input type="checkbox"/>	Physiotherapists	<input type="checkbox"/>
Practice nurse	<input type="checkbox"/>	Mental health professionals	<input type="checkbox"/>
Community nurses, health visitors	<input type="checkbox"/>	Occupational therapists	<input type="checkbox"/>
Dieticians	<input type="checkbox"/>	Private health professionals	<input type="checkbox"/>
Cardiac rehabilitation professionals	<input type="checkbox"/>	Specialist nurses e.g. diabetes, epilepsy	<input type="checkbox"/>
Other (please specify)			
14. Approximately what percentage of GP practices in your locality refer to the scheme? <i>Please tick the relevant box</i>			
Less than 33%	<input type="checkbox"/>	More than 66%	<input type="checkbox"/>
34%-66%	<input type="checkbox"/>	If known please give exact percentage	<input type="checkbox"/>
15. Who is responsible for booking the initial exercise referral consultation? <i>Please tick the relevant box</i>			
Health professional	<input type="checkbox"/>	Patient	<input type="checkbox"/>
Exercise professional	<input type="checkbox"/>	Practice receptionist	<input type="checkbox"/>
Other (please specify)			
16. How is any information and paperwork transferred between the health professional and exercise professional?			

17. How many patients are referred into your programme on an annual basis?			
18. What percentage of patients fails to attend the initial exercise referral consultation?			
19. Are any systems in place to follow up patients who do not attend the initial exercise referral consultation? <i>Please tick the relevant box</i>			
Yes	<input type="checkbox"/>	<i>If yes, please specify below</i>	No
			<input type="checkbox"/>
20. What settings are used for the scheme? <i>Please tick all that apply</i>			
Local authority leisure facility	<input type="checkbox"/>	Home-based	<input type="checkbox"/>
Sports club	<input type="checkbox"/>	Private leisure facility	<input type="checkbox"/>
Community venue, e.g. church hall	<input type="checkbox"/>	Outdoor settings	<input type="checkbox"/>
Green exercise, e.g. green gyms	<input type="checkbox"/>		<input type="checkbox"/>
Other (please specify)			
21. What types of activities are available via the scheme? <i>Please tick all that apply</i>			
Gym-based sessions	<input type="checkbox"/>	Condition specific exercises classes	<input type="checkbox"/>
Swimming	<input type="checkbox"/>	Jogging/running	<input type="checkbox"/>
Group exercise classes	<input type="checkbox"/>	Cycling	<input type="checkbox"/>
Walking	<input type="checkbox"/>	Resistance exercise	<input type="checkbox"/>
Hydrotherapy	<input type="checkbox"/>	Yoga/Pilates/Tai-chi	<input type="checkbox"/>
Sports	<input type="checkbox"/>	Dance	<input type="checkbox"/>
Chair-based exercises	<input type="checkbox"/>	Lifestyle activity e.g. gardening	<input type="checkbox"/>
Other (please specify)			
22. What is the length of the referral period? <i>Please tick the relevant box</i>			
4 weeks	<input type="checkbox"/>	6 weeks	<input type="checkbox"/>
8 weeks	<input type="checkbox"/>	10 weeks	<input type="checkbox"/>
12 weeks	<input type="checkbox"/>	14 weeks	<input type="checkbox"/>
Other (please specify)			
22a. Does the patient incur any costs during the referral period? <i>Please tick the relevant box</i>			
Yes	<input type="checkbox"/>	<i>If yes, please go to Q22b</i>	No
			<input type="checkbox"/>
<i>If no, please go to Q23</i>			
22b. What is the charge to patients during the referral period? <i>Please tick all that apply and give the cost to the patient</i>			
Charge	<input checked="" type="checkbox"/>	Cost	

Single overall charge		
Assessment charge		
Re-assessment charge		
Activity Session charges (please list): e.g. Gym		e.g. £2.50 per session

23. How is patient attendance monitored during the referral period? e.g. patient register, activity vouchers, etc.

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24. Are any systems in place to follow up patients who drop out during the referral period? e.g. phone call, letter etc. Please tick the relevant box

Yes		<i>If yes, please specify below</i>		No		<i>If no, please go to Q25</i>
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25. How do you define patient adherence to the scheme?

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26. What percentage of patients complete your programme?

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27. Is information about the patients' progress fed back to the patient, referrer or any other stakeholders? Please tick all that apply

Patient		Referrer	
Other (please specify)			

28. Is there a patient 'exit strategy' in place? e.g. concessionary rates after completion of the referral period Please tick the relevant box

Yes		<i>If yes, please see below</i>		No		<i>If no, please see below</i>
Please could you provide details of the exit strategy			Please could you provide the reason(s) why your scheme does not have an exit strategy			

29. Are patients followed-up after they have completed the referral period? Please tick the relevant box

Yes		<i>If yes, please see below</i>		No		<i>If no, please see below</i>
At what time points are patients followed-up? e.g. 3, 6, 12 months			Please could you provide any reason(s) why patients are not followed-up			

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Section 3: Resources

30. To what extent did you use the National Quality Assurance Framework (NQAF) to inform the scheme? <i>Please tick the relevant box</i>				
Not at all		A small amount		Somewhat
				A lot
31. How useful did you find the NQAF in the following aspects of the scheme? <i>Please tick the relevant boxes</i>				
	Very useful	Useful	Slightly useful	Not useful
Initial planning and design				
Implementation/ delivery				
Undertaking evaluation				
Continued scheme development				

Section 4: Staff qualifications

32. Do you have a minimum level of qualification for your instructors? e.g. CYQ Exercise Referral, Cardiac Rehabilitation Phase IV etc. <i>Please tick the relevant box</i>			
Yes		<i>If yes, please specify below</i>	No
			<i>If no, please go to Q33</i>
33. Do you offer any opportunities for continuing professional development (CPD) for exercise referral staff? <i>Please tick the relevant box</i>			
Yes		<i>If yes, please specify below</i>	No
			<i>If no, please go to Q34a</i>

Section 5: Monitoring and evaluation

34a. Does the scheme include any evaluation activities? <i>Please tick the relevant box</i>			
Yes		<i>If yes, please go to Q34b</i>	No
			<i>If no, please go to Q48</i>
34b. Are the evaluation activities completed internally (e.g. by you) or externally (e.g. by a university)? <i>Please tick the relevant box and specify by whom</i>			
	✓	By whom	
Internally			
Externally			

35. Do you involve any stakeholders in planning the scheme's evaluation? <i>Please tick the relevant box</i>			
Yes	<input type="checkbox"/>	<i>If yes, please see below</i>	No
	<input type="checkbox"/>		<i>If no, please go to Q34</i>
Please specify which stakeholders are involved in the evaluation			
36. How often do you collate evaluation data and prepare a report on the scheme? <i>Please tick the relevant box</i>			
Quarterly	<input type="checkbox"/>	Every six months	<input type="checkbox"/>
Annually	<input type="checkbox"/>	Bi-annually	<input type="checkbox"/>
Other (please specify)			
37. Do you assess whether the activities offered within the scheme are implemented as planned? <i>Please tick the relevant box</i>			
Yes	<input type="checkbox"/>	<i>If yes, please see below</i>	No
	<input type="checkbox"/>		<i>If no, please go to Q38</i>
Please briefly describe			
38. Do your evaluation activities assess whether the scheme reaches the target population(s)? <i>Please tick the relevant box</i>			
Yes	<input type="checkbox"/>		No
	<input type="checkbox"/>		
39. Do you evaluate cost effectiveness? <i>Please tick the relevant box</i>			
Yes	<input type="checkbox"/>		No
	<input type="checkbox"/>		
40. Do you assess any patient outcomes? <i>Please tick the relevant box</i>			
Yes	<input type="checkbox"/>	<i>If yes, please go to Q41</i>	No
	<input type="checkbox"/>		<i>If no please go to Q45</i>
41. What patient outcomes do you monitor? e.g. physical activity, blood pressure, mood, attitude to physical activity, satisfaction with the scheme etc. <i>Please tick all that apply and specify the method of measurement for each outcome</i>			
Outcome	<input checked="" type="checkbox"/>	Method of measurement	
Physical activity	<input type="checkbox"/>		
Physical fitness	<input type="checkbox"/>		
Blood pressure	<input type="checkbox"/>		
Body composition	<input type="checkbox"/>		
Mood	<input type="checkbox"/>		
Stage of behavioural change	<input type="checkbox"/>		
Attitude to physical activity	<input type="checkbox"/>		
Use of medication	<input type="checkbox"/>		
Quality of life	<input type="checkbox"/>		
Other (please specify)	<input type="checkbox"/>		
42. Which patients do you collect data from? <i>Please tick the relevant box</i>			
All who are referred	<input type="checkbox"/>	All who attend at least one session	<input type="checkbox"/>
All who attend initial consultation	<input type="checkbox"/>	All who complete the programme	<input type="checkbox"/>
Other (please specify)			

43. Who is responsible for collecting outcome data? Please tick all that apply			
Health professional	<input type="checkbox"/>	Exercise professional	<input type="checkbox"/>
Other (please specify)			
44. When is data collected on patient outcomes? Please tick all that apply			
Initial patient consultation	<input type="checkbox"/>	During the referral period	<input type="checkbox"/>
At the end of the referral period	<input type="checkbox"/>		<input type="checkbox"/>
Other (please specify)			
45. How well do you think your current evaluation activities help assess whether the scheme is meeting the specified aims and objectives?			
Not at all	<input type="checkbox"/>	A small amount	<input type="checkbox"/>
	<input type="checkbox"/>	Somewhat	<input type="checkbox"/>
	<input type="checkbox"/>		A lot
	<input type="checkbox"/>		<input type="checkbox"/>
46. What, if any, changes or additions do you think need to be made to the scheme's evaluation?			
47. What, if any, are the barriers to conducting your evaluation activities?			

Section 6: Scheme development

48. Please could you list up to three successful elements of the scheme and state why you feel these element are successful
1.
2.
3.

49. How useful would you find guidance on the following aspects of exercise referral schemes. ? Please tick the relevant boxes				
	Very useful	Useful	Slightly useful	Not useful
Initial planning and design				
Implementation/ delivery				
Undertaking evaluation				
Continued scheme development				
Other, please specify				

50. Are there any developments planned for the scheme? Please tick the relevant box			
Yes		<i>If yes, please specify</i>	No
			<i>If no please go to Q51</i>

Section 7: Permission to use information

51. Would you be happy for this project to be used as an example of good practice? Please tick the relevant box			
Yes			No
52. Would you be happy for us to contact you for further information about the scheme? Please tick the relevant box			
Yes			No
Signature			Date

Thank you for taking the time to complete this questionnaire

Please return your completed questionnaire to Kim Buxton at: K.E.Buxton@lboro.ac.uk

