

# Questionnaire: 'Physical activity in patients with neuromuscular diseases'

*(This text has been translated from German to English.)*

**ID: .....**

Please enter the values on the dotted lines and tick the appropriate box.

## **General information:**

Age: ..... years

Height:.....cm

Weight:.....kg

Gender:

- ☐ Male
- ☐ Female
- ☐ Other

Smoking habits:

- ☐ Non-smoker
- ☐ Smoker

## **Walking and climbing stairs:**

**1. What is your maximum walking distance without interruption?** (Please estimate your average maximum walking distance that you can cover in one go)

Maximum walking distance: ..... meter

**2. How far do you walk each day?** (Please estimate your daily walking distance or, if possible, indicate it using a pedometer (smartwatch, smartphone, etc.))

Daily walking distance: ..... meter

**3. Do you use a pedometer or similar mobility tracker?**

- ☐ No
- ☐ Yes

**4. If so, what exactly do you use?**

.....  
.....  
.....

**5. Do you use a walking aid for walking at home?**

- ☐ No
- ☐ Single-sided walking aid (walking stick/crutch)
- ☐ Rollator
- ☐ Wheelchair

**6. Do you use a walking aid when walking in public areas?**

- ☐ No
- ☐ Single-sided walking aid (walking stick/crutch)
- ☐ Rollator
- ☐ Wheelchair

**7. How many floors can you climb?**

- ☐ None
- ☐ 1 floor
- ☐ 1-2 floors
- ☐ 2-3 floors
- ☐ >3 floors

**8. Do you need aids when climbing stairs?**

- ☐ No
- ☐ Handrail
- ☐ Handrail and support
- ☐ Stair lift
- ☐ Cannot climb stairs

**9. Do you do physiotherapy?**

- ☐ No
- ☐ Yes

**10. If so, how often do you do physiotherapy per week?**

- ☐ Once
- ☐ 1-2 times
- ☐ Twice
- ☐ 2-3 times
- ☐ Three times
- ☐ >3 times

**11. How often do you perform inpatient rehabilitation?**

- ☐ I have not performed any yet
- ☐ Approximately every 5 years
- ☐ Approximately every 3-4 years
- ☐ Every 2 years
- ☐ Every year

| <b>Frequency of physical activity<br/>(Please tick the appropriate box)</b>                                                |                          |                        |                  |                     |                       |
|----------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------|------------------|---------------------|-----------------------|
| How many days a week do you exercise?                                                                                      | No day                   | 1 day                  | 2-3 days         | 3-4 days            | > 4 days              |
| How long does a exercise session last?                                                                                     | <10 minutes              | <20 minutes            | 20-30 minutes    | 30-60 minutes       | >1 hour               |
| <b>What types of exercise activity do you do?<br/>(Free text)</b><br><br><br><br><br><br><br><br><br><br>                  |                          |                        |                  |                     |                       |
| <b>To what extent do the following statements apply to you in the last 3 months?<br/>(Please tick the appropriate box)</b> |                          |                        |                  |                     |                       |
|                                                                                                                            | <b>Strongly disagree</b> | <b>Mostly disagree</b> | <b>Undecided</b> | <b>Mostly agree</b> | <b>Strongly agree</b> |
| Physical activity and exercise are good for me                                                                             |                          |                        |                  |                     |                       |
| Physical activity and exercise improve my symptoms                                                                         |                          |                        |                  |                     |                       |
| Physical activity and exercise improve my mood/ enjoyment of life                                                          |                          |                        |                  |                     |                       |
| I can no longer participate in exercise due to paresis                                                                     |                          |                        |                  |                     |                       |
| I have muscle pain after physical                                                                                          |                          |                        |                  |                     |                       |

|                                                                             |                          |                        |                  |                     |                       |
|-----------------------------------------------------------------------------|--------------------------|------------------------|------------------|---------------------|-----------------------|
| activity/ exercise session                                                  |                          |                        |                  |                     |                       |
|                                                                             | <b>Strongly disagree</b> | <b>Mostly disagree</b> | <b>Undecided</b> | <b>Mostly agree</b> | <b>Strongly agree</b> |
| I avoid physical activity/ exercise because of pain                         |                          |                        |                  |                     |                       |
| I am afraid that physical activity/ exercise will worsen my symptoms        |                          |                        |                  |                     |                       |
| I believe that physical activity/exercise will worsen my symptoms           |                          |                        |                  |                     |                       |
| Before I became ill, I was very physically active                           |                          |                        |                  |                     |                       |
| I would like to do physical activity/ exercise, but I can't motivate myself |                          |                        |                  |                     |                       |
| Physiotherapy is good for me                                                |                          |                        |                  |                     |                       |
| Inpatient rehabilitation is good for me                                     |                          |                        |                  |                     |                       |