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### **Supplementary Material**

**An Australian exploratory study of individual physical functioning and wellbeing of rural clients with chronic diseases whose structured exercise groups were cancelled due to social distancing requirements of the COVID-19 pandemic**

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Thank you for participating in this survey.

The information you provide will assist us to better understand you and how you were impacted by the cancellation of structured exercise groups.

Your answers will be kept confidential and we will never identify you in any way.

Please use a pen to answer each question. Then place your completed survey in the envelope provided.

If you do not wish to answer a question in the survey, you may skip it and go to the next question, or you may stop immediately.

If a question stresses or upsets you, please advise your exercise group lead, who will offer support options. If you are completing this survey at home and become distressed, please contact your local doctor or call Lifeline on 13 11 14.

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**SECTION ONE**

Q1. What is your age?  years

Q2. What is your gender?

- Male
- Female
- Other/prefer not to say

Q3. Which ONE of the following categories best describes your current relationship status?

- Never married
- De facto/living together
- Married
- Separated
- Divorced
- Widowed

Q4. Please indicate who currently lives in your household. Tick as many options as you need.

- No one, you live by yourself
- You live with your partner
- With one or more children
- With one or both of your parents
- With one or more adults who are neither your partner nor your parent

Q5. Were you ever tested for COVID-19 because you had symptoms?

- Yes  
 No

Q6. Did you come into contact with someone who had COVID-19?

- Yes  
 Not to my knowledge

Q7. In general, how would you rate your current health status?

- Excellent  
 Very good  
 Good  
 Fair  
 Poor

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## SECTION TWO

The following questions relate to the time period when exercise groups were cancelled due to COVID-19 (that is, from mid-March 2020 to now).

Q8. How often did you usually undertake the following activities?

	Never	1-2 days a week	3-4 days a week	5-7 times a week
Walking outside your home or yard for any reason? For example, for fun or exercise, walking to work, walking the dog.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light recreational activities such as bowling, light housework, gardening or other similar activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moderate recreational activities such as heavy housework, extended walks, light bike riding/swimming or other similar activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strenuous recreational activities such as jogging, fast swimming /bike riding or other similar activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercises specifically to increase muscle strength and endurance, such as completing your home exercise program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q9. How would you describe the amount of physical activity you completed?

- Less physical activity than you usually complete  
 Same amount of physical activity you usually complete  
 More physical activity than you usually complete

Q10. How often did you speak with your exercise group leader?

- At least once every 2 weeks
- Less often than once every 2 weeks
- Never: I did not speak with the exercise group leader at all

Q11. Did you seek advice on your physical health from anyone other than your exercise group leader?

- No: I did not seek advice on my physical health
- Yes: I sought advice from a health professional
- Yes: I sought advice from a non-health professional

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### SECTION THREE

The following questions ask how satisfied you feel, on a scale from zero to 10. **Zero** means you feel no satisfaction at all and **10** means you feel completely satisfied.

Q12. Thinking about your own life and personal circumstances, how satisfied are you with your life as a whole?

No satisfaction at all												Completely Satisfied
0	1	2	3	4	5	6	7	8	9	10		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q13. How satisfied are you with your standard of living?

No satisfaction at all												Completely Satisfied
0	1	2	3	4	5	6	7	8	9	10		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q14. How satisfied are you with your health?

No satisfaction at all												Completely Satisfied
0	1	2	3	4	5	6	7	8	9	10		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q15. How satisfied are you with what you are achieving in life?

No satisfaction at all												Completely Satisfied
0	1	2	3	4	5	6	7	8	9	10		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q16. How satisfied are you with your personal relationships?

No satisfaction at all	0	1	2	3	4	5	6	7	8	9	10	Completely Satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q17. How satisfied are you with how safe you feel?

No satisfaction at all	0	1	2	3	4	5	6	7	8	9	10	Completely Satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q18. How satisfied are you with feeling part of your community?

No satisfaction at all	0	1	2	3	4	5	6	7	8	9	10	Completely Satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q19. How satisfied are you with your future security?

No satisfaction at all	0	1	2	3	4	5	6	7	8	9	10	Completely Satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION FOUR

Please indicate the extent to which you agree or disagree with each of the following statements:

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
20	I tend to bounce back quickly after hard times	<input type="checkbox"/>				
21	I have a hard time making it through stressful events	<input type="checkbox"/>				
22	It does not take me long to recover from a stressful event	<input type="checkbox"/>				
23	It is hard for me to snap back when something bad happens	<input type="checkbox"/>				
24	I usually come through difficult times with little trouble	<input type="checkbox"/>				
25	I tend to take a long time to get over set-backs in my life	<input type="checkbox"/>				

Thank you for completing this survey.

Please place the survey in the provided envelope and give it to your exercise group leader.

If you are completing this survey at home, please place it in the reply paid envelope and post as soon as possible.