Questionnaire

“Insight in the current health status of people with a physical disability”
You are known within the system of the Department of Rehabilitation Medicine, Center for Rehabilitation (CvR) of the University Medical Center Groningen, because you have been treated at the Location Beatrixoord (CvR) in Haren, the Netherlands. In the mean time you have completed your treatment and we are interested in your current health status. Based on the answers of this questionnaire we would like to gain insight in the health status of patients who have completed their rehabilitation process at least one year ago.

We would therefore like to ask you several questions about your health status and participation in daily activities, besides some general questions.

There are no right or wrong answers to the questions, we are merely interested in your opinion. Every question is asked for a specific purpose, even if questions do not seem relevant to your situation. We would therefore like to ask you to complete all questions of this questionnaire.

Answers to this questionnaire will be processed anonymously.

Completion of the questionnaire will take only 15 minutes.

Thank you in advance for your cooperation.

**General questions**

1) Please state your initials:

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

2) Sex:

□ Male

□ Female

3) Date of birth:

(dd/mm/yyyy)

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

4) Please indicate your current living arrangements:

□ Independent, alone

□ Independent, alone with help (home care, family, friends, etc)

□ Independent, with partner and/or children

□ Living at home (with parents)

□ Sheltered housing

□ Other, namely ………………………………………….

5) Please indicate the highest level of education you completed:

□ None

□ Primary school

□ Lower General Secondary Education (practical)

□ Lower General Secondary Education (theoretical)

□ High school degree

□ Vocational education

□ Applied sciences

□ University degree
6) Please indicate the net yearly income of your household:
   □ € 0 - € 900
   □ € 901 - € 1.300
   □ € 1.301 - € 1.700
   □ € 1.701 - € 3.000
   □ € 3.001 - € 3.500
   □ > € 3.500
   □ Rather not say

7a) Please indicate your disability:
   □ Amputation
   □ Spinal Cord Injury
   □ Brain injury
   □ Multiple Sclerosis
   □ Chronic Pain
   □ Arthritis
   □ Multi trauma
   □ Other, namely ...........................................................................................................

7b) Please indicate the onset of your disability:
   Please indicate year
                                                                                       ..............................................................

10a) Do you use any assistive devices for activities of daily living?
   □ No → Please go to question 12
   □ Yes

10b) If so, what assistive devices?
   Multiple answers possible
   □ Prosthesis
   □ Wheelchair
   □ Wheeled walker, crutches, cane
   □ Guide dog
   □ Other, namely ...........................................................................................................

12) Do you participate in sports for at least 2 times 30 minutes a week?
   □ Yes
   □ No → Please go to question 19

13) What sports do you participate in for at least 2 times 30 minutes a week?
   Multiple answers possible
   □ Aerobics
   □ Aqua gym/Aqua jogging
   □ Athletics
   □ Badminton
   □ Basketball
   □ Zumba or equivalent
   □ Bodypump
   □ Endurance training
   □ Dancing
   □ Fitness
   □ Gymnastics
14) When did you start participating in these sports?

*Concerning the activities you mentioned in question 13*

<table>
<thead>
<tr>
<th>Sport</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
</tbody>
</table>

15) How many hours a week do you participate in these sports?

*Concerning the activities you mentioned in question 13*

<table>
<thead>
<tr>
<th>Sports</th>
<th>Hours a week</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
</tbody>
</table>

16) Did you participate in any sports, before the onset of your physical disability?

- Yes, namely ..................................................................................................................
- No
- Not applicable

17) What barriers did you experience when you started participating in sports?

*Multiple answers possible*

- No barriers
- Personal factors:
  - Not being able to exercise because of disability
  - Not having enough energy/feeling too tired to be able to exercise
  - Being (too) busy with other activities
  - Not being comfortable in the presence of other athletes
Having fear of injuries
Being dependent of others to be able to exercise
Other, namely........................................................................................................................................

Environmental factors:
- Sports possibilities are unknown
- Having little sports possibilities in the neighbourhood
- No/not sufficiently qualified supervision
- Facilities not (sufficiently) adjusted
- Transport
- Materials not (sufficiently) adjusted or available
- Practice/Training is not (sufficiently) adapted
- Sports activities are too expensive
- Lack of possibilities to exercise with peers
- Athletes with a disability are not (fully) accepted
- Lack of support from environment
- Lack of fellow athletes with a disability
- Could not find a fitting sport
- Other, namely........................................................................................................................................

18) What were reasons to participate in sports?
Multiple answers possible

Personal factors:
- Increasing Health/physical fitness
- Having fun/relaxation
- Increasing Strength
- Social contacts
- Losing weight
- Increasing Self confidence
- Loosing energy
- Learning new skills
- Competition/winning
- Increasing independence
- Accepting disability
- Learning how to deal with disability/ wheelchair/assistive device
- Other, namely........................................................................................................................................

Environmental factors:
- Support from family, partner or children
- Support from friends and colleagues
- Medical indication from a specialist or physical therapist
- Other, namely........................................................................................................................................

If you have answered questions 13 until 18, please proceed to question 20

19) Why are you not participating in sports (anymore)?
Multiple answers possible

Personal factors:
- Not being able to exercise because of disability
- I do not like participating in sports
- I do not have enough energy/ I am too fatigued to participate in sports
- I have an injury that prevents me from participating in sports
- Being (too) busy with other activities
- Not being comfortable in the presence of other athletes
- I am ashamed of my disability
- Being dependent of others to be able to exercise
- Other, namely........................................................................................................................................
Environmental factors:
- Sports possibilities are unknown
- Having little sports possibilities in the neighbourhood
- No/not sufficiently qualified supervision
- Facilities not (sufficiently) adjusted
- Transport
- Materials not (sufficiently) adjusted or available
- Practice/Training is not (sufficiently) adapted
- Sports activities are too expensive
- Lack of possibilities to exercise with peers
- Disabled athletes are not (fully) accepted
- Lack of support from environment
- Lack of fellow athletes with a disability/sports buddy
- Could not find a fitting sport
- Other, namely................................................................................................................ ...........

20) Are there any final remarks you would like to add?
......................................................................................................................................................
......................................................................................................................................................
......................................................................................................................................................
......................................................................................................................................................
......................................................................................................................................................

Thank you for your time and cooperation