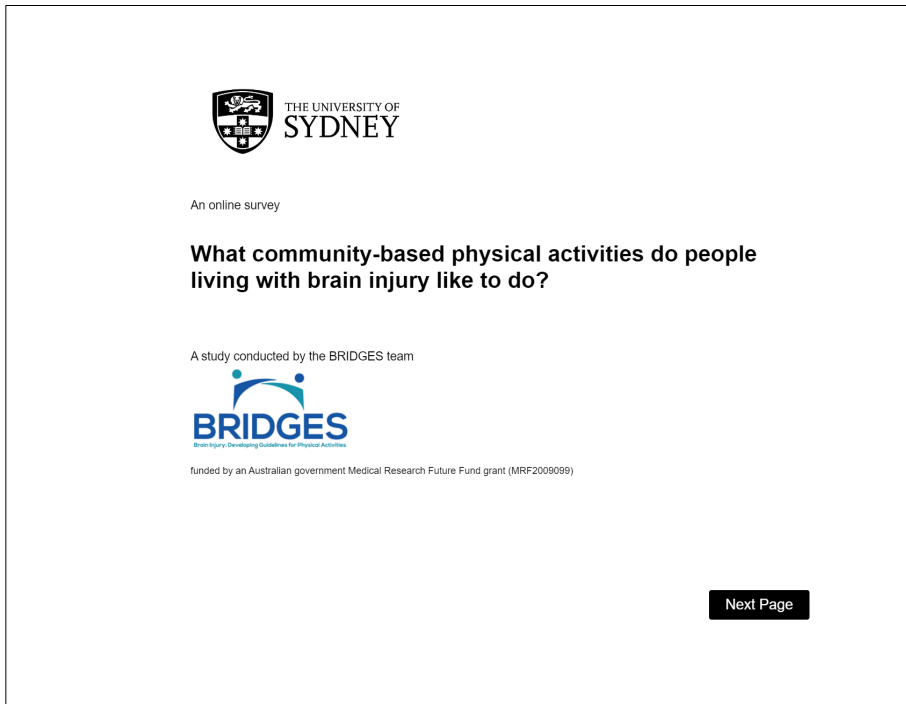



Supplementary file 5. Selected screen shots of the final BRIDGES DCE survey




 THE UNIVERSITY OF SYDNEY

An online survey

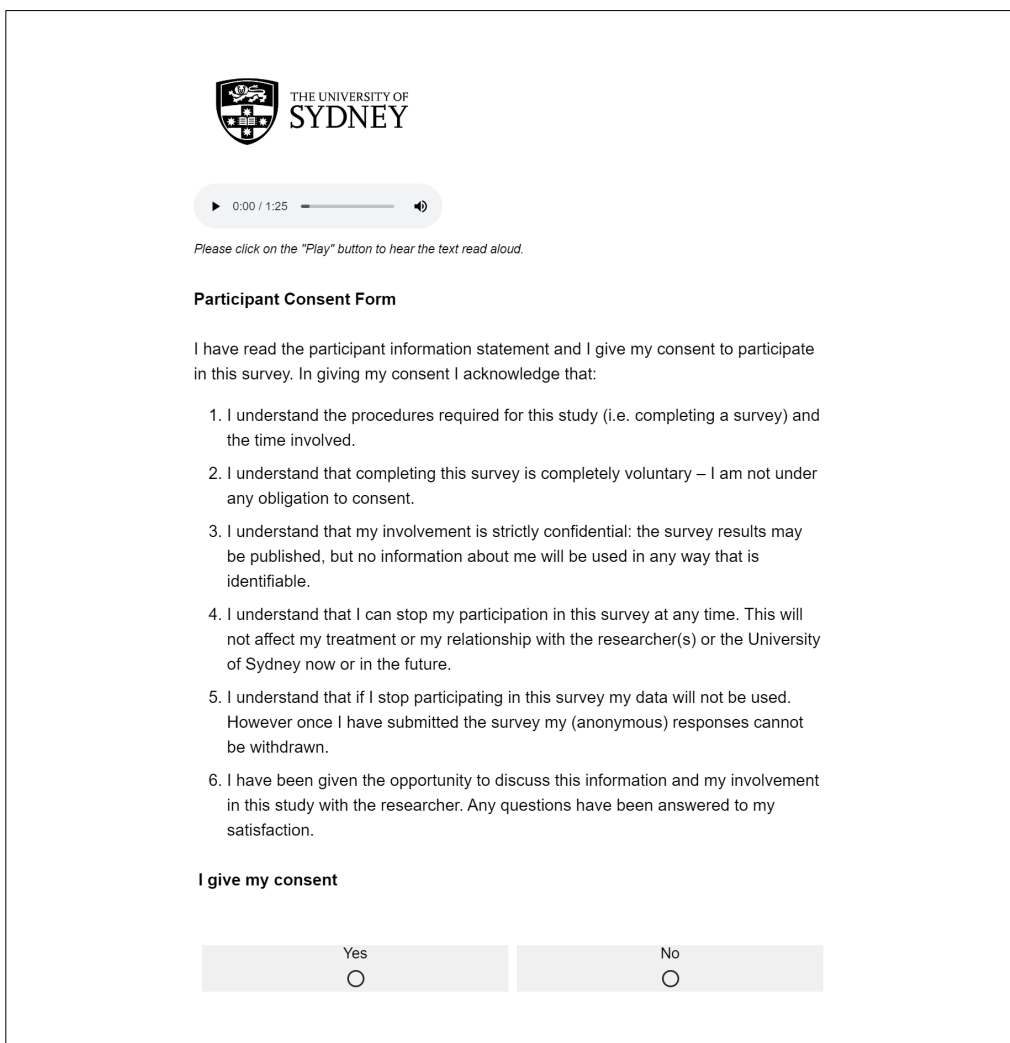
What community-based physical activities do people living with brain injury like to do?


A study conducted by the BRIDGES team




funded by an Australian government Medical Research Future Fund grant (MRF2009099)

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0:00 / 1:25 

Please click on the "Play" button to hear the text read aloud.

Participant Consent Form

I have read the participant information statement and I give my consent to participate in this survey. In giving my consent I acknowledge that:

1. I understand the procedures required for this study (i.e. completing a survey) and the time involved.
2. I understand that completing this survey is completely voluntary – I am not under any obligation to consent.
3. I understand that my involvement is strictly confidential: the survey results may be published, but no information about me will be used in any way that is identifiable.
4. I understand that I can stop my participation in this survey at any time. This will not affect my treatment or my relationship with the researcher(s) or the University of Sydney now or in the future.
5. I understand that if I stop participating in this survey my data will not be used. However once I have submitted the survey my (anonymous) responses cannot be withdrawn.
6. I have been given the opportunity to discuss this information and my involvement in this study with the researcher. Any questions have been answered to my satisfaction.

I give my consent

Yes

No



What was the main cause of your brain injury? If you have sustained more than one brain injury, please tell us about your most severe injury. (This survey is only for people who are living with a traumatic brain injury)

Road traffic accident

Fall

Sport Injury

Assault

Blast or explosion injury

Stroke

Aneurysm

Other (please specify):

Prefer not to say

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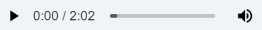


In the survey you will see six (6) different community-based physical activity options. For each option, you will be asked if you would add this physical activity to your current weekly schedule. Some options may not currently be available to you. We want to know whether we should lobby for more options.

There are no right or wrong answers, we just want to know which features of physical activity you prefer.

The options look very similar, but each option is different. Focus on which physical activity features are most important to your decision-making.

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Please click on the "Play" button to hear the text read aloud.

Each of the physical activity options we will show you are described using six (6) features. These features are:

- **Type of activity:** these include sport in a structured competition, sport with informal competition for fun, physical recreation with purpose of mental, social and/or physical satisfaction, or a structured exercise program with purpose to improve fitness, strength, flexibility and/or function.
- **Out-of-pocket cost:** costs that you would have to pay per session (e.g., for travel, equipment, parking, registration fees). Out-of-pocket costs would not be covered by NDIS or other state-based insurance schemes.
- **Travel time:** how much time it would take to get to the activity one way.
- **Who with:** whether the other people doing the activity have a disability, the activity is open for anyone or you do the activity by yourself.
- **Facilitated by:** whether the facilitator has experience of the physical activity and whether they have experience working with people who have a disability. Examples of facilitators are a support worker, a personal trainer, an exercise leader, a coach, or a health professional.
- **Accessibility of setting:** whether all people with and without disabilities can access the activity without any barriers, or if there are some manageable challenges. Accessibility might involve disability parking near the entrance, accessible bathrooms, proximity to appropriate public transport, uncluttered environment, adaptive equipment to use, noise levels, lighting, and the behaviour of staff and others around you.

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Physical activity option 1 of 6

Would you be willing to add this physical activity to your current weekly schedule?

Type of activity:	Structured exercise program with purpose or goal to improve fitness, strength, flexibility and/or function (some examples might include a physiotherapy prescribed exercise program, gym program, treadmill or cycle ergometer, strength training)
Out-of-pocket cost:	\$0 per session
Travel time:	30 minutes each way travel time
Who with:	The activity is organised only for people with a disability like mine
Facilitated by:	The activity has no facilitator
Accessibility of setting:	Highly accessible – caters well for my needs

Yes

No

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Physical activity option 2 of 6 (This option may seem similar to a previous option, but some of the features are different)

Would you be willing to add this physical activity to your current weekly schedule?

Type of activity:	Physical recreation with purpose of mental, social and/or physical satisfaction (some examples might include Tai Chi, Yoga, dance, body surfing, bushwalking, rock climbing, aqua aerobics, walking the dog)
Out-of-pocket cost:	\$15 per session
Travel time:	5 minutes or less each way travel time
Who with:	I do the activity by myself
Facilitated by:	The activity is facilitated by a person with experience of the activity but NO experience working with people with disability
Accessibility of setting:	Accessibility is manageable, but not ideal

Yes

No

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Pre-injury physical activity history:

Think about a **typical** week just **before** you had your injury.

On average, how many days per week did you engage in physical activity that increased your heart rate and made you get out of breath some of the time?

0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

On average, how many minutes per day of the days you were active did you engage in physical activity at this level?

0 mins/day	10 mins/day	20 mins/day	30 mins/day	40 mins/day	50 mins/day	60 mins/day	90 mins/day	120 mins/day	150 or greater mins/day
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

List up to three (3) of the most common types of physical activity you did for sport, exercise or recreation **before your injury**.

Activity 1

Activity 2

Activity 3

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Please rate the following three (3) statements about physical activity and wellbeing:

Physical activity is important for improving my physical wellbeing?

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Physical activity is important for improving my mental wellbeing?

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Physical activity is important for improving my social wellbeing?

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Please select your **highest** level of mobility.

- I can run over 50m
- I can walk by myself outdoors **without** using a walking aide or assistance for 1km or more
- I can walk by myself outdoors **using** a walking aide or assistance for 1km or more
- I can walk short distances outdoors, but usually use a wheelchair for longer distances outside of my house
- I usually use a manual wheelchair inside and outside my house
- I usually use an electric wheelchair or a carer-controlled wheelchair

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What are your current living arrangements?

- I live alone
- I live with my spouse/partner only
- I live with my spouse/partner and child/children
- I live with my child/children (no spouse/partner)
- I live with my parent(s)/guardian(s)/siblings
- I live with other relatives (not spouse or children)
- I live with non-relative(s)/support worker

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Have you been accepted into a workers compensation or motor accidents scheme?

- Yes
- No
- Currently applying
- Awaiting decision on eligibility
- Uncertain
- Prefer not to say

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