

Participant ID

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**LIFE**

Date of Session

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month

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day

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year

Visit Code: NSV

Interventionist ID

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## Physical Activity First Face-to-Face Contact

Participant Name (preferred name): \_\_\_\_\_

Accommodation Needs: ☐ low vision    ☐ hearing impairment

Permission to Acknowledge Birthday: ☐ yes    ☐ no

Resides with: \_\_\_\_\_

### First Individual Face-to-Face Contact

Welcome to the **LIFE** (Lifestyle Interventions and Independence for Elders) Physical Activity Program.

**Objectives:** In this session the interventionist will:

- Build a working relationship with the participant
- Discuss the participant's **past exercise experiences, motives/incentives, intended outcomes, and factors that may inhibit and facilitate participation**
- Receive an **overview** of the physical activity program
- Review the **goals** of the program and why they are important

**A. Greeting / your background & role in LIFE / other intervention staff**

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**B. Phase I of Collaborative Discussion:** *Open-ended questions should be used to elicit information about participants and allow them to talk about the issues that are most important to them.*

<b>1. What led you to join the LIFE Study?</b>
<b>2. What benefits do you hope to achieve?</b>
<b>3. What has been your past experience with physical activity/exercise programs?</b>
<b>4. If previously active, then ask: What happened? Did you like being active? What benefits did you experience? Was there anything negative about the experience? Why did you stop?</b>

**C. Program Overview-***Provide a brief overview of the program **while completing a 5 minute walk with participant.***

“The **LIFE Physical Activity Program** is designed to help older adults improve their physical function and to prevent physical disability. We hope this will improve your physical function and overall health. This is an exciting study, as you are one of 1600 people from eight sites nationwide who is receiving the program (provide map). The program is sponsored by the National Institute on Aging.”

**Briefly review the structure of treatment: Refer to FITT Model at end of packet**

**Center and home based physical activity:** During the study, you will be participating in physical activity **2X each week** under close supervision at the physical activity facility. During this time, we will provide information on the “nuts and bolts” of physical activity and exercise. We will also ask you to be physically active at home on most days of the week; we will start with one day a week and progress until you are eventually exercising 3-4 times a week at home.

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**D. Barriers/Facilitating Factors**

- Conflict from other commitments/personal issues**

Are there any things that may get in the way of your participating fully in the LIFE Physical Activity Program such as talking care of a spouse or other family member, volunteer or paid work, health issues, or current physical symptoms? If no, circle 0 below; if yes, check either: 1, 2, or 3 for the degree of conflict that exists.

0	1	2	3
None	slight	moderate	severe

- Neighborhood environment**

Do you think your neighborhood will have a positive or negative influence on your being physically active at home?

-3	-2	- 1	0	1	2	3
<b>Extremely Negative</b>	<b>Moderately Negative</b>	<b>Slightly Negative</b>	<b>None</b>	<b>Slightly Positive</b>	<b>Moderately Positive</b>	<b>Extremely Positive</b>

- Family and Friends**

Do you think your family and friends will be positive, negative or really won't care either way (a rating of 0) about your being physically active at home?

-3	-2	- 1	0	1	2	3
<b>Extremely Negative</b>	<b>Moderately Negative</b>	<b>Slightly Negative</b>	<b>Really Don't Care Either Way</b>	<b>Slightly Positive</b>	<b>Moderately Positive</b>	<b>Extremely Positive</b>

- Your Doctor**

Do you think your family physician is positive, negative or really doesn't care either way (a rating of 0) about your participation in the Physical Activity Program?

-3	-2	- 1	0	1	2	3
<b>Extremely Negative</b>	<b>Moderately Negative</b>	<b>Slightly Negative</b>	<b>Really Don't Care Either Way</b>	<b>Slightly Positive</b>	<b>Moderately Positive</b>	<b>Extremely Positive</b>

- Do you have transportation to get to the scheduled sessions at the center each week? **Yes or No**

- If you needed to travel to find somewhere to be physically active at home, do you have the transportation necessary to do so? **Yes or No**

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**E. At this point in time, how confident are you that you will be able to do what we are asking you to do?**

Using a 0 to 10 scale where 0 = Not at all Confident and 10 = Extremely Confident \_\_\_\_\_

**F. Personal Goals and Concerns--It is very important to discuss personal goals and concerns regarding physical activity participation in the LIFE study. Goals should be generated by the participant and consistent with his/her abilities.**

**Discussing SPPB scores and other data such as having COPD may help in realistic goal setting.**

- **Long Term Goals** (e.g., improve health, decrease medication)

**Considering everything in your life at the present time, how much do you value these goals?**

Use a scale from 0 to 10, where 0 = not at all, 5 = moderate and 10 = the most important goal(s) in my life \_\_\_\_\_

- **Short term goals** (e.g., attend 2 sessions each week for 4 weeks; walk for 15 minutes each session).

**G. When will you start your first center based group session?**

Expected Start Date:

month	

day	

year			

**H. CLOSE**

Is there anything else that we can do to help you be successful in this program?

Do you have any questions that we can answer for you?

Your first PA session is on \_\_\_\_\_ @ \_\_\_\_\_ am/pm

It was a pleasure to meet you and we look forward to seeing you next time.

Thank you for coming in today.

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### **FITT Model (Frequency, Intensity, Time, Type)**

- **Frequency:** You will attend exercise sessions at the CRC 2X/week. We will also ask you to complete 1-4 additional exercise sessions at home.
- **Intensity:** We will ask you to exercise at a moderate intensity using the following scale. On this scale, which ranges from 6-20, we will ask you to walk at an intensity of 13 (SOMEWHAT HARD) and not exceed 15 (HARD) or drop below 11 (FAIRLY LIGHT). For the strength exercises, we will ask you to perform at an intensity of 15-16.

6
7 <b>Very, very light (Rest)</b>
8
9 <b>Very light - gentle walking</b>
10
11 <b>Fairly light</b>
12
13 <b>Somewhat hard - steady pace</b>
14
15 <b>Hard</b>
16
17 <b>Very hard</b>
18
19 <b>Very, very hard</b>
20

- **Time:** This exercise program is customized to you! The goal is to perform 40-60 minutes of exercise per session and 150-210 total minutes per week; however, we will tailor to your needs and progress as appropriate.
- **Type:** The physical activity program will include aerobic, strength, flexibility, and balance training. Walking will be the primary mode of aerobic exercise; however, other forms (such as a stationary cycle) will be permitted when walking is contraindicated. After each bout of walking, you will complete a 10-minute routine that focuses on strengthening exercises for the lower extremity muscle groups using variable ankle weights. Additionally, you will complete various balance training exercises