

Barriers to Physical Activity Questionnaire

Barriers	Step 1. Rate the importance of each perceived barrier to engaging in sufficient physical activity from 1-10										C/A	S/L
Perceived barriers	Perceived as:										2.	3.
	No Barrier whatsoever					Major Barrier						
Previous negative experience with physical activity	1	2	3	4	5	6	7	8	9	10		
Lack of time	1	2	3	4	5	6	7	8	9	10		
Cost of activity	1	2	3	4	5	6	7	8	9	10		
Lack of energy	1	2	3	4	5	6	7	8	9	10		
Lack of knowledge	1	2	3	4	5	6	7	8	9	10		
Lack of motivation	1	2	3	4	5	6	7	8	9	10		
Lack of skills	1	2	3	4	5	6	7	8	9	10		
Feeling uncomfortable (intimidated in exercise surroundings)	1	2	3	4	5	6	7	8	9	10		
Fear of injury (or re-injury)	1	2	3	4	5	6	7	8	9	10		
Fear of making an existing illness worse	1	2	3	4	5	6	7	8	9	10		
How I see my body	1	2	3	4	5	6	7	8	9	10		
Failure to achieve goals in previous attempts to become active	1	2	3	4	5	6	7	8	9	10		
Know that I can't achieve the results I want so why bother	1	2	3	4	5	6	7	8	9	10		
Lack of access to opportunities such as nearby facilities	1	2	3	4	5	6	7	8	9	10		
Keep talking myself out of it	1	2	3	4	5	6	7	8	9	10		
Lack of safe places	1	2	3	4	5	6	7	8	9	10		
Lack of child care	1	2	3	4	5	6	7	8	9	10		
Lack of a partner	1	2	3	4	5	6	7	8	9	10		
Lack of available and suitable programs at my level	1	2	3	4	5	6	7	8	9	10		
Lack of support from others	1	2	3	4	5	6	7	8	9	10		
Lack of transportation	1	2	3	4	5	6	7	8	9	10		
Have other areas in my life that I feel must take priority in my day	1	2	3	4	5	6	7	8	9	10		
Don't feel that I have the ability to exercise at a sufficient level for it to be worthwhile	1	2	3	4	5	6	7	8	9	10		
Pain when I exercise	1	2	3	4	5	6	7	8	9	10		
Other (identify)	1	2	3	4	5	6	7	8	9	10		
CHRONIC vs. ACUTE barriers	Step 2. Look at each response over '5' and ask yourself "Is this barrier around all the time 'C' or just once in awhile 'A'?" In column 2. mark the corresponding C or A beside that barrier.											
SEDENTARY vs. LESS ACTIVE outcomes	Step 3. Look at the same "over 5" responses and ask yourself, "When it's around does this barrier stop me from exercising altogether 'S', or just less than normal 'L'?" In column 3. mark the corresponding S or L beside that barrier.											

Make a goal to shift your 'C' chronic (always there) barriers toward 'A' acute (around once in awhile) barriers, and during *stressful* or *busy* times, rather than 'S' stopping activity all together **make a goal** to keep active, even if it's 'L' less than normal.

Re-assess your barriers in 6 months and note changes. **Successful change comes from you!**