What exercise are appropriate for me?

If the patient is a wheelchair user, skip Step 1 and proceed to Step 2

Step 2: Determine activity level Step 1: Determine mobility level • On your own, do you have any • Sedentary Seldom exercise difficulty standing up from a Yes No seated position without using your arms? 30 minutes, 3 times per week, at • On your own, do you have any less than difficulty walking for about 1 No Semi-active — some Yes moderate intensity bus stop (~400m) without exercise (can talk but can't resting and using walking sing), for past 3 aids? months • On your own, do you have any difficulty climbing up 10 steps Yes No 30 minutes, 3 times without resting, using per week, at handrails or walking aids? **moderate** intensity • Active — regular (can talk but can't • On your own, do you have any sing) to **high** intensity exercise difficulty getting up from the (can only say a few Yes No floor without using furniture words) for past 3 or other aids? months