EU PHYSICAL ACTIVITY ON PRESCRIPTION

Co-funded by the Health Programme of the European Union

EUPAP Feasibility Study

A Guide for Data Collection

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Foreword

The EUPAP Project – *A European Physical Activity on Prescription model* aims to transfer the Swedish Physical Activity on Prescription method (PAP-S) in different European regions. To do so, there is a need to know the context differences between the regions, as well as common aspects. Thus, a Feasibility Study will set the aims and priorities of EUPAP implementation in the different European regions.

This document addresses how to carry out the Feasibility Study, according to different dimensions. We also provide instructions on how to insert data into the on-line database created *ad hoc* for EUPAP project [https://eupap.inefc.es] (restricted site). However, other organisations can use these instructions to carry out similar studies prior to transferring and implementing programmes health-enhancing physical activity (HEPA) programmes.

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Glossary and abbreviations

Table 1. Definitions of terms used in the EUPAP Feasibility Study Guide. More physical-activity related terms used in the framework within the EUPAP Project can be found in the List of Terminology (2019).

Term	Definition
Adoption	The participation or rate of both settings and agents participating in an intervention and their representativeness. See *RE-AIM.*
Agent	Any professional who may implement EUPAP.
Effectiveness	The extent to which the intended effect or benefits that could be achieved under optimal conditions are achieved in practice. See *RE-AIM.*
End-user	Any person who may receive physical activity prescription within EUPAP.
EUPAP	A European Physical Activity on Prescription Model
Feasibility	Whether an intervention process could be implemented in the local setting, no matter what the outcome is; applicability. (6)
GP	General practitioner.
HEPA - Health-enhancing physical activity	Any form of physical activity that benefits health and functional capacity without undue harm or risk. (7)
Implementation	The extent to which point an intervention has been delivered as intended in real-world situations. See *RE-AIM.*
Maintenance	The long-term results of the intervention at both individual and setting levels. See *RE-AIM.*
PAP-S	Swedish physical activity on prescription method
Partner	Any of the member institutions of the EUPAP consortium.
Reach	The percentage of potential participants who are exposed to an intervention and how representative they are. See *RE-AIM.*

RE-AIM	Reach, Efficacy/Effectiveness, Adoption, Implementation, Maintenance. Framework for intervention evaluation. (8)
WP	Work Package

Part A – Dimensions and rationale

The results of the feasibility study will be used to understand which parameters are important to consider when designing the implementation.

An important aspect is that the feasibility study will enable the partners to assess what aspects of PAP-S are relevant and sustainable in their own region. This study will identify not only what – if anything – in the methods and protocols need modification but also how changes might occur.

Each partner will analyse the preparedness for practice transfer. It includes analysing the organisation in the different countries, which may differ depending on local context, target group, professionals involved and collaboration with external actors.

The feasibility study for EUPAP transfer comprises two dimensions, that is, data related to a macro level for an early diagnosis and micro level for preparedness for implementation.

Early diagnosis (macro level) aims at identifying local, regional or national political priorities (HEPA-related aims, specific diseases or groups of patients, Health-in-all policies); areas / healthcare centres to reduce inequalities; EUPAP-related professionals. Also, to collect current or past experiences related to HEPA prescription programmes or Physical activity prescription. The early diagnosis also provides knowledge on legal basis for implementation (competence of professionals, data protection, liability).

Preparedness for implementation (micro level) defines specific description of the stakeholders involved in the planned EUPAP implementation (including public authorities), while considering the social, cultural and political context in which they appear. The study describes selected healthcare settings that are going to be the arena for the implementation, the agents who will implement EUPAP and the activity organisers, when applicable. Representative end-users (groups of patients) will be interviewed to understand the content, the process of delivery and to establish how the program best can be integrated within consultations.

Part B – Description of variables

Variables listed in groups according to several dimensions (see Table 2)

Table 2. Groups of variables

A	**EARLY DIAGNOSIS - MACRO LEVEL**	
A1	**Context**	
	A11	*EUPAP-relevant policy documents*
	A12	*Physical activity prescribers and allied professionals*
A2	**Current and past experiences**	
	A21	*HEPA programmes or Physical activity prescription*
	A22	*Materials on HEPA programmes or Physical activity prescription*
	A23	*Training on HEPA programmes or Physical activity prescription*
A3	**Legal and financial issues**	
	A31	*Norms and regulations*
	A32	*Budget on physical activity and health*
B	**PREPAREDNESS FOR IMPLEMENTATION - MICRO LEVEL**	
B1	**Stakeholders**	
B2	**Healthcare settings**	
B3	**Practitioners / Agents (prescribers an allied professionals)**	
B4	**End-users / Patients**	

Each variable will be explained as follows:

Field name	Compulsory: Yes / No	Open / Closed
Definition:		
Rationale:		
Options / Examples:		
Fields linked:		
Comments:		

EUPAP-relevant policy documents (A11)

What we do here?

We identify national, regional and/or local political priorities.

Why we do so?

To link EUPAP intervention (aims, target end-users and means) to your public health context.

What are the fields?

Partner	Compulsory: **Yes** / No	Open / **Closed**
Definition:	EUPAP partner membership.	
Rationale:	To sort information according to partners (regions/countries).	
Options / Examples:	Each of the 10 EUPAP consortium members	
Fields linked:	All.	
Comments:	Automatically inserted from the *User*'s account information.	

Title (local language)	Compulsory: **Yes** / No	**Open** / Closed
Definition:	The title of the policy document in the local language.	
Rationale:	To collect specific policies from the local context.	
Options / Examples:	*Pla de Salut 2016-2020*	
Fields linked:		
Comments:		

Title (in English)	Compulsory: **Yes** / No	**Open** / Closed
Definition:	The title of the policy document in English language.	
Rationale:	To ease the understanding of the inserted information for countries with other mother tongue and comparisons between regions.	
Options / Examples:	*The Health Plan for Catalonia 2016-2020*	
Fields linked:	B1 Stakeholders B4 End-users / Patients	
Comments:		

Scope	Compulsory: **Yes** / No	Open / **Closed**
Definition:	The geographical (administrative) area in where the policy applies.	
Rationale:	To recognise HEPA-related policies.	
Options / Examples:	National; Regional; Local; Other (Please write)	
Fields linked:		
Comments:		

Year of publication	Compulsory: **Yes** / No	**Open** / Closed
Definition:	The year when the policy document was issued.	
Rationale:	To context the policy document.	
Options / Examples:	*2011*	
Fields linked:		
Comments:		

Issuing body (local language)	Compulsory: **Yes** / No	**Open** / Closed
Definition:	The administration name that issued the policy document.	
Rationale:	To recognise authorities. To identify potential stakeholders.	
Options / Examples:	*Departament de Salut*	
Fields linked:		
Comments:		

Issuing body (in English)	Compulsory: **Yes** / No	**Open** / Closed
Definition:	The administration name that issued the policy document.	
Rationale:	To ease the understanding of the inserted information for countries with other mother tongue and comparisons between regions.	
Options / Examples:	*Ministry of Health (Catalonia)*	
Fields linked:		
Comments:		

Sector 01	Compulsory: **Yes** / No	Open / **Closed**
Definition:	The HEPA-related sector where the policy focuses.	
Rationale:	To recognise HEPA-related policies.	
Options / Examples:	Sport and exercise; Health; Transport; Environment / Urban planning; Education; Children and Young people; Workplace; Senior citizens; Other (Please write)	
Fields linked:		
Comments:		

Sector 02 & 03	Compulsory: Yes / **No**	Open / **Closed**
Definition:	The HEPA-related sector where the policy focuses.	
Rationale:	In addition to Sector 01. Policies may address more than one sector.	
Options / Examples:	Sport and exercise; Health; Transport; Environment / Urban planning; Education; Children and Young people; Workplace; Senior citizens; Other (Please write)	
Fields linked:		
Comments:		

Comments	Compulsory: Yes / **No**	**Open** / Closed
Definition:	Open field for relevant issues for EUPAP implementation.	
Rationale:	Qualitative information of relevance that can increase comprehensiveness.	
Options / Examples:	*Current (by 2019) Health strategy.*	
Fields linked:		
Comments:		

Relevance for EUPAP	Compulsory: **Yes** / No	Open / **Closed**
Definition:	Rank of importance for EUPAP implementation.	
Rationale:	To stablish priorities for regional transfer.	
Options / Examples:	1; 2; 3	
Fields linked:		
Comments:	1 – Low; 2 – Medium; 3 – High	

Link to website	Compulsory: **Yes** / No	**Open** / Closed
Definition:	On-line reference.	
Rationale:	To access the source of information.	
Options / Examples:	*http://salutweb.gencat.cat/web/.content/_departament/pla-de-salut/Pla-de-salut-2016-2020/documents/Pla_salut_Catalunya_2016_2020.pdf*	
Fields linked:		
Comments:	English information if available.	

Useful resources

Daugbjerg SB, Kahlmeier S, Racioppi F, Martin-Diener E, Martin B, Oja P, et al. Promotion of physical activity in the European region: content analysis of 27 national policy documents. J Phys Act Health. 2009;6(6):805. (9)

European Commission. EU Physical Activity Guidelines-Recommended Policy Actions in Support of Health-Enhancing Physical Activity. Brussels; 2008. (10)

Klepac Pogrmilovic B, O'Sullivan G, Milton K, Biddle SJH, Bauman A, Bull F, et al. A global systematic scoping review of studies analysing indicators, development, and content of national-level physical activity and sedentary behaviour policies. Int J Behav Nutr Phys Act. 28 Nov 2018;15(1):123. (11)

World Health Organization. (2007). Steps to health: a European framework to promote physical activity for health. Copenhagen: WHO Regional Office for Europe (12).

World Health Organization. Review of physical activity promotion policy development and legislation in European Union Member States. Copenhagen; 2010. (13)

World Health Organization. Physical activity factsheets for the 28 European Union member states of the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2018. (14)

Physical activity prescribers and allied professionals (A12)

What we do here?

We identify HEPA prescription-related profiles.

Why we do so?

To analyse potential agents (professionals) national-, region- or local-wide.

What are the fields?

Partner	Compulsory: **Yes** / No	Open / **Closed**
Definition:	EUPAP partner membership.	
Rationale:	To sort information according to partners (regions/countries).	
Options / Examples:	Each of the 10 EUPAP consortium members	
Fields linked:	All.	
Comments:	Automatically inserted from the *User*'s account information.	

Profession	Compulsory: **Yes** / No	Open / **Closed**
Definition:	Staff with specific knowledge, skills, competences and responsibilities.	
Rationale:	To recognise potential EUPAP implementers, including receivers of specific training.	
Options / Examples:	General Practitioner; Community Nurse; Exercise scientist; Physiotherapist; Sport Physician; Administrative staff; Specialised physician (not sports) (Please specify); Other (Please write)	
Fields linked:	A23 Training on HEPA prescription B3 Practitioners / Agents	
Comments:		

Educational background	Compulsory: **Yes** / No	Open / **Closed**
Definition:	The degree required to achieve the related profession.	
Rationale:	To link with future continuous education and training. To compare between regions.	
Options / Examples:	Medical Doctor (MD, MSc); BSc in Nursing, BSc in Exercise Science; BSc in Physical Therapy; MSc in Nursing; MSc in Exercise Science; MSc in Physical Therapy; Non-university technical education; Other (Please write)	
Fields linked:		
Comments:		

Setting	Compulsory: **Yes** / No	Open / **Closed**
Definition:	Worksite to carry out the profession.	
Rationale:	To recognise potential settings for EUPAP implementation.	
Options / Examples:	Primary healthcare; Hospital; Private clinic; Sport / fitness sector; Community centre (not sport specific); Other (Please write)	
Fields linked:	A21 HEPA Programmes or Physical activity prescription ('Programme setting' fields)	
Comments:		

Employer	Compulsory: **Yes** / No	Open / **Closed**
Definition:	Responsible of the employee.	
Rationale:	To better address EUPAP implementation according to the work environment. Links with stakeholders	
Options / Examples:	Public health provider; Self-employed or for-profit clinics (health sector); Public administration (not health-specific); Self-employed or for-profit companies (not health sector); Other (Please write)	
Fields linked:		
Comments:	Answers may be reduced to health / non-health since the field 'Public/Private' defines the ownership. However, that would not give chance to answer 'Other' and then state the type of ownership.	

Public/Private	Compulsory: **Yes** / No	Open / **Closed**
Definition:	Ownership of the setting.	
Rationale:	To better address EUPAP implementation according to the work environment. Links with stakeholders.	
Options / Examples:	Public; Private	
Fields linked:		
Comments:	The field 'Employer' may be reduced to health / non-health since here it defines the ownership. However, that would not give chance to answer 'Other' and then state the type of ownership.	

Regulations	Compulsory: Yes / **No**	**Open** / Closed
Definition:	Norms and other legal aspects related to the profession.	
Rationale:	To link with future continuous education and training. To compare between regions.	
Options / Examples:	*"Need to get accredited by public authorities if no BSc" [For exercise professionals].*	
Fields linked:		
Comments:		

Comments	Compulsory: Yes / **No**	**Open** / Closed
Definition:	Open field for relevant issues for EUPAP implementation.	
Rationale:	Selected qualitative information by EUPAP experts.	
Options / Examples:	*For EUPAP, BSc in Sport Sciences is required.*	
Fields linked:		
Comments:		

Relevance for EUPAP	Compulsory: **Yes** / No	Open / **Closed**
Definition:	Rank of importance for EUPAP implementation.	
Rationale:	To stablish priorities for regional transfer.	
Options / Examples:	1; 2; 3	
Fields linked:		
Comments:	1 – Low; 2 – Medium; 3 – High	

Useful resources

Warburton DER, Charlesworth SA, Foulds HJA, McKenzie DC, Shephard RJ, Bredin SSD. Qualified exercise professionals: best practice for work with clinical populations. Can Fam Physician. 2013 Jul;59(7):759–61. (15)

HEPA programmes or Physical activity prescription (A21)

What we do here?

We identify physical activity prescription programmes.

Why we do so?

To recognise other HEPA programmes besides EUPAP - Seek for links, collaboration and future sustainability.

What are the fields?

Partner	Compulsory: **Yes** / No	Open / **Closed**
Definition:	EUPAP partner membership.	
Rationale:	To sort information according to partners (regions/countries).	
Options / Examples:	Each of the 10 EUPAP consortium members	
Fields linked:	All.	
Comments:	Automatically inserted from the *User*'s account information.	

Programme name (local language)	Compulsory: **Yes** / No	**Open** / Closed
Definition:	The name of the HEPA programme or Physical activity prescription programme in the local language.	
Rationale:	To collect specific programmes from the local context.	
Options / Examples:	*Programa CAMINEM*	
Fields linked:		
Comments:		

Programme name (in English)	Compulsory: **Yes** / No	**Open** / Closed
Definition:	The name of the HEPA programme or Physical activity prescription programme in English language.	
Rationale:	To ease the understanding of the inserted information for countries with other mother tongue and comparisons between regions.	
Options / Examples:	*Let's Walk Programme*	
Fields linked:	A32 Budget on Physical activity and health B2 Healthcare settings B3 Practitioners / Agents	

Comments:

Programme developer	Compulsory: **Yes** / No	**Open** / Closed
Definition:	Responsible institution(s) of the programme.	
Rationale:	To identify possible stakeholders. To better adapt EUPAP implementation to the local context.	
Options / Examples:	*INEFC, Catalan Health Institute*	
Fields linked:	B1 Stakeholders B4 End-users / Patients	
Comments:		

Programme setting 01	Compulsory: **Yes** / No	Open / **Closed**
Definition:	Location where the programme is/was carried out.	
Rationale:	To identify potential settings for EUPAP implementation.	
Options / Examples:	Primary healthcare; Hospital; Private clinic; Sport / fitness sector; Community centre (not sport specific); Other (from A12)	
Fields linked:	A12 Physical activity prescribers and allied professionals ('Setting' field)	
Comments:	Options including 'Other' will be within the Partner scope, that is, those inserted by member users from the same partner.	

Programme setting 02 & 03	Compulsory: Yes / **No**	Open / **Closed**
Definition:	Location where the programme is/was carried out.	
Rationale:	In addition to Programme setting 01. Programmes may be carried out in different locations.	
Options / Examples:	Primary healthcare; Hospital; Private clinic; Sport / fitness sector; Community centre (not sport specific); Other (from A12)	
Fields linked:	A12 Physical activity prescribers and allied professionals ('Setting' field)	
Comments:	Options including 'Other' will be within the Partner scope, that is, those inserted by member users from the same partner.	

Agent 01	Compulsory: **Yes** / No — Open / **Closed**
Definition:	Profession profile who participate in the programme implementation.
Rationale:	To identify potential staff for EUPAP implementation. To recognise needs for staff training. To better understand previous experience.
Options / Examples:	General Practitioner; Community Nurse; Exercise scientist; Physiotherapist; Sport Physician; Administrative staff; Specialised physician (not sports) (from A12); Other (from A12)
Fields linked:	A12 Physical activity prescribers and allied professionals ('Profession' field)
Comments:	Options including 'Other' will be within the Partner scope, that is, those inserted by member users from the same partner.

Agent 02, 03 & 04	Compulsory: Yes / **No** — Open / **Closed**
Definition:	Profession profile who participate in the programme implementation.
Rationale:	In addition to Agent 01. Programmes may be carried out by more than one profession.
Options / Examples:	General Practitioner; Community Nurse; Exercise scientist; Physiotherapist; Sport Physician; Administrative staff; Specialised physician (not sports) (from A12); Other (from A12)
Fields linked:	A12 Physical activity prescribers and allied professionals ('Profession' field)
Comments:	Options including 'Other' will be within the Partner scope, that is, those inserted by member users from the same partner.

Target end-users	Compulsory: **Yes** / No — **Open** / Closed
Definition:	Group of patients or citizens with similar health challenges.
Rationale:	To identify possible EUPAP end-users. To recognise needs for staff training. To better understand previous experience.
Options / Examples:	*Regular patients. Chronic diseases.*
Fields linked:	
Comments:	

Programme aims	Compulsory: **Yes** / No	**Open** / Closed
Definition:	Specific aims of the programme.	
Rationale:	To recognise needs for staff training. To better understand previous experience. To compare between programmes.	
Options / Examples:	*To educate towards self-exercising.*	
Fields linked:		
Comments:		

Programme contents	Compulsory: **Yes** / No	**Open** / Closed
Definition:	Specific main contents of the programme related to HEPA.	
Rationale:	To recognise needs for staff training. To better understand previous experience. To compare between programmes.	
Options / Examples:	*Aerobic exercise counselling (walking).*	
Fields linked:		
Comments:	Try to address issues related to: type of physical activity or exercise; the way HEPA is provided (advise, counselling, personal training, group activities…)	

Comments	Compulsory: Yes / **No**	**Open** / Closed
Definition:	Open field for relevant issues for EUPAP implementation.	
Rationale:	Selected qualitative information by EUPAP experts.	
Options / Examples:	*Catalan translation from Swedish, Finnish and New Zealander programmes (FaR, Liikumisresepti, GRx).*	
Fields linked:		
Comments:		

Relevance for EUPAP	Compulsory: **Yes** / No	Open / **Closed**
Definition:	Rank of importance for EUPAP implementation.	
Rationale:	To stablish priorities for regional transfer.	
Options / Examples:	1; 2; 3	
Fields linked:		

Comments:	1 – Low; 2 – Medium; 3 – High

Link to website	Compulsory: **Yes** / No	**Open** / Closed
Definition:	On-line reference.	
Rationale:	To access the source of information.	
Options / Examples:	*https://www.tdx.cat/handle/10803/83907*	
Fields linked:		
Comments:	English information if available.	

Useful resources

World Health Organization. Physical Activity Promotion in Socially Disadvantaged Groups: Principles for Action. Policy summary. Copenhagen, Denmark: World Health Organization Regional Office for Europe; 2013. (16)

World Health Organization. Promoting physical activity in the health sector. Copenhagen; 2018. (17)

Materials on HEPA programmes or Physical activity prescription (A22)

What we do here?

We identify existing materials on physical activity prescription.

Why we do so?

To recognise existing materials - Seek for links, collaboration and future sustainability.

What are the fields?

Partner	Compulsory: **Yes** / No	Open / **Closed**
Definition:	EUPAP partner membership.	
Rationale:	To sort information according to partners (regions/countries).	
Options / Examples:	Each of the 10 EUPAP consortium members	
Fields linked:	All.	
Comments:	Automatically inserted from the *User*'s account information.	

Material name (local language)	Compulsory: **Yes** / No	**Open** / Closed
Definition:	The name of the resource in the local language.	
Rationale:	To collect specific resources, tools, materials... from the local context.	
Options / Examples:	*Guia PEFS*	
Fields linked:		
Comments:		

Material name (in English)	Compulsory: **Yes** / No	**Open** / Closed
Definition:	The name of the resource in English language.	
Rationale:	To ease the understanding of the inserted information for countries with other mother tongue and comparisons between regions.	
Options / Examples:	*HEPA Prescription Guidelines*	
Fields linked:		
Comments:		

Developer / Issuer	Compulsory: **Yes** / No	**Open** / Closed
Definition:	Responsible institution(s) of the resource.	
Rationale:	To identify possible stakeholders. To better adapt EUPAP implementation to the local context.	
Options / Examples:	*Ministry of Health, Sport Secretariat (Catalonia)*	
Fields linked:		
Comments:		

Target users	Compulsory: **Yes** / No	**Open** / Closed
Definition:	Group of people (profession, patient, citizen…) to whom the material is issued.	
Rationale:	To identify materials according to the audience.	
Options / Examples:	*Health and exercise professionals.*	
Fields linked:		
Comments:		

Material aims	Compulsory: **Yes** / No	**Open** / Closed
Definition:	Specific aims of the resource.	
Rationale:	To know details of existing resources. To better understand previous experience. To compare between programmes.	
Options / Examples:	*To provide summarised medical and exercise information related to chronic diseases.*	
Fields linked:		
Comments:		

Material contents	Compulsory: **Yes** / No	**Open** / Closed
Definition:	Specific main contents of the resource.	
Rationale:	To know details of existing resources. To better understand previous experience. To compare between programmes.	
Options / Examples:	*Basics of training, interdisciplinary work, disease factsheets, reports templates.*	
Fields linked:		
Comments:		

Comments	Compulsory: Yes / **No**	**Open** / Closed
Definition:	Open field for relevant issues for EUPAP implementation.	
Rationale:	Selected qualitative information by EUPAP experts.	
Options / Examples:	*Not widely used due to lack of implementation of HEPA prescription programmes*	
Fields linked:		
Comments:		

Relevance for EUPAP	Compulsory: **Yes** / No	Open / **Closed**
Definition:	Rank of importance for EUPAP implementation.	
Rationale:	To stablish priorities for regional transfer.	
Options / Examples:	1; 2; 3	
Fields linked:		
Comments:	1 – Low; 2 – Medium; 3 – High	

Link to website	Compulsory: **Yes** / No	**Open** / Closed
Definition:	On-line reference.	
Rationale:	To access the source of information.	
Options / Examples:	*http://salutpublica.gencat.cat/web/.content/minisite/aspcat/sobre_lagencia/Plans_estrategics/PAFES/arxius/guia_de_prescripcio_d_exercici_fisic_per_a_la_salut__pefs_.pdf*	
Fields linked:		
Comments:	English information if available.	

Training on HEPA programmes or Physical activity prescription (A23)

What we do here?

We identify education and training on physical activity prescription.

Why we do so?

To recognise existing training programmes - Seek for links, collaboration and future sustainability.

What are the fields?

Partner	Compulsory: **Yes** / No	Open / **Closed**
Definition:	EUPAP partner membership.	
Rationale:	To sort information according to partners (regions/countries).	
Options / Examples:	Each of the 10 EUPAP consortium members	
Fields linked:	All.	
Comments:	Automatically inserted from the *User*'s account information.	

Training name (local language)	Compulsory: **Yes** / No	**Open** / Closed
Definition:	The name of the training programme in the local language.	
Rationale:	To collect specific education and training programmes from the local context.	
Options / Examples:	*Curs a distància Activitat Física i Salut*	
Fields linked:		
Comments:	Do not include here compulsory degrees to become a professional. Only continuous education.	

Training name (in English)	Compulsory: **Yes** / No	**Open** / Closed
Definition:	The name of the training programme in English language.	
Rationale:	To ease the understanding of the inserted information for countries with other mother tongue and comparisons between regions.	
Options / Examples:	*Course "Physical activity and health"*	
Fields linked:	B3 Practitioners / Agents	
Comments:		

Organiser	Compulsory: **Yes** / No	**Open** / Closed
Definition:	Responsible institution(s) of the training programme.	
Rationale:	To identify possible stakeholders. To better adapt EUPAP implementation to the local context.	
Options / Examples:	*Public Health Secretariat*	
Fields linked:		
Comments:		

Duration	Compulsory: **Yes** / No	**Open** / Closed
Definition:	Timeframe of the training programme.	
Rationale:	To know details of existing training programmes. To better understand previous experience. To compare between regions.	
Options / Examples:	*23h (on-line)*	
Fields linked:		
Comments:		

Target audience 01	Compulsory: **Yes** / No	Open / **Closed**
Definition:	Group of professionals to whom the training programme is organised.	
Rationale:	To identify training programmes according to the audience.	
Options / Examples:	General Practitioner; Community Nurse; Exercise scientist; Physiotherapist; Sport Physician; Administrative staff; Specialised physician (not sports) (from A12); Other (from A12)	
Fields linked:	A12 Physical activity prescribers and allied professionals ('Profession' field)	
Comments:	Options including 'Specialised physician (not sports) and/or 'Other' will be within the Partner scope, that is, those inserted by member users from the same partner.	

Target audience 02, 03 & 04	Compulsory: Yes / **No**	Open / **Closed**
Definition:	Group of professionals to whom the training programme is organised.	
Rationale:	In addition to Target audience 01. Training programmes may be addressed to different professions.	
Options / Examples:	General Practitioner; Community Nurse; Exercise scientist; Physiotherapist; Sport Physician; Administrative staff; Specialised physician (not sports) (from A12); Other (from A12)	
Fields linked:	A12 Physical activity prescribers and allied professionals ('Profession' field)	
Comments:	Options including 'Specialised physician (not sports) and/or 'Other' will be within the Partner scope, that is, those inserted by member users from the same partner.	

Training programme aims	Compulsory: **Yes** / No	**Open** / Closed
Definition:	Specific aims of the training programme.	
Rationale:	To know details of existing training programmes. To better understand previous experience. To compare between regions.	
Options / Examples:	*To provide insight in PA concepts and HEPA promotion in primary care*	
Fields linked:		
Comments:		

Training programme contents	Compulsory: **Yes** / No	**Open** / Closed
Definition:	Specific main contents of the training programme.	
Rationale:	To know details of existing training programmes. To better understand previous experience. To compare between regions.	
Options / Examples:	*Definitions, motivational interview, counselling, HEPA and disease factsheets, PA assessment*	
Fields linked:		
Comments:		

Comments	Compulsory: Yes / **No**	**Open** / Closed
Definition:	Open field for relevant issues for EUPAP implementation.	
Rationale:	Selected qualitative information by EUPAP experts.	
Options / Examples:	*Very similar than the Swedish FaR course. Just for Catalan professionals*	
Fields linked:		
Comments:		

Relevance for EUPAP	Compulsory: **Yes** / No	Open / **Closed**
Definition:	Rank of importance for EUPAP implementation.	
Rationale:	To stablish priorities for regional transfer.	
Options / Examples:	1; 2; 3	
Fields linked:		
Comments:	1 – Low; 2 – Medium; 3 – High	

Link to website	Compulsory: **Yes** / No	**Open** / Closed
Definition:	On-line reference.	
Rationale:	To access the source of information.	
Options / Examples:	*http://cursum21.com/docs/PROGRAMA-CURS-ONLINE-INTERVENCIO-AF.pdf*	
Fields linked:		
Comments:	English information if available.	

Norms and regulations (A31)

What we do here?

We identify norms related to competences of professionals, data protection and liability.

Why we do so?

To recognise the legal framework for EUPAP implementation.

What are the fields?

Partner	Compulsory: **Yes** / No	Open / **Closed**
Definition:	EUPAP partner membership.	
Rationale:	To sort information according to partners (regions/countries).	
Options / Examples:	Each of the 10 EUPAP consortium members	
Fields linked:	All.	
Comments:	Automatically inserted from the *User*'s account information.	

Norm name (local language)	Compulsory: **Yes** / No	**Open** / Closed
Definition:	The name of the norm in the local language.	
Rationale:	To collect specific regulations from the local context.	
Options / Examples:	*LLEI 3/2008, de 23 d'abril, de l'exercici de les professions de l'esport.*	
Fields linked:		
Comments:		

Norm name (in English)	Compulsory: **Yes** / No	**Open** / Closed
Definition:	The name of the norm in English language.	
Rationale:	To ease the understanding of the inserted information for countries with other mother tongue and comparisons between regions.	
Options / Examples:	*Law 44/2003, November 21, of regulation of health professions*	
Fields linked:		
Comments:		

Scope	Compulsory: **Yes** / No	Open / **Closed**
Definition:	The geographical (administrative) area in where the norm applies.	
Rationale:	To recognise HEPA-related norms and better address EUPAP implementation.	
Options / Examples:	National; Regional; Local; Other (Please write)	
Fields linked:		
Comments:		

Profession addressed	Compulsory: **Yes** / No	Open / **Closed**
Definition:	Staff being affected by the norm.	
Rationale:	To better understand the context before EUPAP implementation.	
Options / Examples:	All; Some (Please write)	
Fields linked:		
Comments:	Field not linked to another. However, please double check your responses in A12 Physical activity prescribers and allied professionals.	
Comments:		

Norm aims	Compulsory: **Yes** / No	**Open** / Closed
Definition:	Specific aims of the regulation.	
Rationale:	To better understand the context before EUPAP implementation. To recognise needs for staff training. To compare between regions.	
Options / Examples:	*To regulate professions according to education and expertise.*	
Fields linked:		
Comments:		

Norm contents	Compulsory: **Yes** / No	**Open** / Closed
Definition:	Specific main contents of the regulation.	
Rationale:	To better understand the context before EUPAP implementation. To recognise needs for staff training. To compare between regions.	
Options / Examples:	*Competences according to degrees. Need of accredited experience and/or continuous training.*	
Fields linked:		
Comments:	Try to address issues specific for EUPAP implementation.	

Comments	Compulsory: Yes / **No**	**Open** / Closed
Definition:	Open field for relevant issues for EUPAP implementation.	
Rationale:	Selected qualitative information by EUPAP experts.	
Options / Examples:	*It includes exercise for specific populations as a competence for BSc in Sport Sciences*	
Fields linked:		
Comments:		

Relevance for EUPAP	Compulsory: **Yes** / No	Open / **Closed**
Definition:	Rank of importance for EUPAP implementation.	
Rationale:	To stablish priorities for regional transfer.	
Options / Examples:	1; 2; 3	
Fields linked:		
Comments:	1 – Low; 2 – Medium; 3 – High	

Link to website	Compulsory: **Yes** / No	**Open** / Closed
Definition:	On-line reference.	
Rationale:	To access the source of information.	
Options / Examples:	*https://portaljuridic.gencat.cat/ca/pjur_ocults/pjur_resultats_fitxa/?action=fitxa&documentId=490794*	
Fields linked:		
Comments:	English information if available.	

Useful resources

European Commission. EU Physical Activity Guidelines-Recommended Policy Actions in Support of Health-Enhancing Physical Activity. Brussels; 2008. (10)

Budget on physical activity and health (A32)

What we do here?

We identify existing budget for health and physical activity.

Why we do so?

To recognise the financial issues related to EUPAP implementation.

What are the fields?

Partner	Compulsory: **Yes** / No	Open / **Closed**
Definition:	EUPAP partner membership.	
Rationale:	To sort information according to partners (regions/countries).	
Options / Examples:	Each of the 10 EUPAP consortium members	
Fields linked:	All.	
Comments:	Automatically inserted from the *User*'s account information.	

Programme name (in English)	Compulsory: **Yes** / No	Open / **Closed**
Definition:	The name of the HEPA prescription programme included in the budget.	
Rationale:	To identify specific programmes with related budget.	
Options / Examples:	Responses inserted in the field 'Programme name (in English) in A32	
Fields linked:	A21 HEPA Programmes or Physical activity prescription	
Comments:	Options will be within the Partner scope, that is, those inserted by member users from the same partner.	

BQ01 – Are there earmarked funds for the programme in the health care or community budget?	Compulsory: **Yes** / No	Open / **Closed**
Definition:		
Rationale:	To identify specific and quantitative financial information.	
Options / Examples:	Yes; No; I do not know	
Fields linked:	BQ01a if Yes.	
Comments:		

BQ01a – State the amount (aprox)	Compulsory: **Yes** / No	Open / **Closed**
Definition:		
Rationale:	To identify specific and quantitative financial information.	
Options / Examples:	Amount (please state); I do not know the amount	
Fields linked:	BQ01	
Comments:		

BQ02 – Do end-users have to pay for exercising within the HEPA programme?	Compulsory: **Yes** / No	Open / **Closed**
Definition:		
Rationale:	To identify the financial impact for end-users.	
Options / Examples:	Yes; No; I do not know	
Fields linked:	BQ02a & BQ02b if Yes.	
Comments:		

BQ02a – How much?	Compulsory: **Yes** / No	Open / **Closed**
Definition:		
Rationale:	To identify specific and quantitative financial information.	
Options / Examples:	Amount (please state); I do not know the amount	
Fields linked:	BQ02	
Comments:		

BQ02b – Are there exceptions (e.g. for socially disadvantaged people)?	Compulsory: **Yes** / No	Open / **Closed**
Definition:		
Rationale:	To identify specific and quantitative financial information.	
Options / Examples:	Yes; No; I do not know	
Fields linked:	BQ02	
Comments:		

BQ03 – If patients do not have to pay or when what they pay does not cover the expenses of the exercise classes, who bears the costs? Check all that apply.	Compulsory: **Yes** / No Open / **Closed**
Definition:	
Rationale:	To identify the financial impact for end-users, stakeholders and/or public administration.
Options / Examples:	Public health administration; Private health insurance; Local municipality; Employer (company or alike); Sport / Fitness centres; Other (please write); I do not know; End-users cover all costs
Fields linked:	
Comments:	Multiple response possible.

BQ04 – Are the HEPA prescribers financially reimbursed per each prescription?	Compulsory: **Yes** / No Open / **Closed**
Definition:	
Rationale:	To identify the financial impact for stakeholders and/or public administration.
Options / Examples:	Yes; No; I do not know
Fields linked:	BQ04a
Comments:	

BQ04a – How much?	Compulsory: **Yes** / No Open / **Closed**
Definition:	
Rationale:	To identify the financial impact for stakeholders and/or public administration.
Options / Examples:	Amount (please state); I do not know the amount
Fields linked:	BQ04
Comments:	

Comments	Compulsory: Yes / **No**	**Open** / Closed
Definition:	Open field for relevant issues for EUPAP implementation.	
Rationale:	Selected qualitative information by EUPAP experts.	
Options / Examples:		
Fields linked:		
Comments:		

Link to website	Compulsory: **Yes** / No	**Open** / Closed
Definition:	On-line reference to the specific budget information.	
Rationale:	To access the source of information.	
Options / Examples:		
Fields linked:		
Comments:	English information if available.	

Stakeholders (B1)

What we do here?

We list the EUPAP stakeholders (2020-2022).

Why we do so?

To specify institutions to implement EUPAP and seek for future sustainability.

What are the fields?

Partner	Compulsory: **Yes** / No	Open / **Closed**
Definition:	EUPAP partner membership.	
Rationale:	To sort information according to partners (regions/countries).	
Options / Examples:	Each of the 10 EUPAP consortium members	
Fields linked:	All.	
Comments:	Automatically inserted from the *User*'s account information.	

Name (local language)	Compulsory: **Yes** / No	**Open** / Closed
Definition:	The name of the regional stakeholder in the local language.	
Rationale:	To identify specific stakeholders from the local context.	
Options / Examples:	*Secretaria de Salut Pública (SSP)*	
Fields linked:		
Comments:		

Name (in English)	Compulsory: **Yes** / No	**Open** / Closed
Definition:	The name of the regional stakeholder in English language.	
Rationale:	To ease the understanding of the inserted information for countries with other mother tongue and comparisons between regions.	
Options / Examples:	*Public Health Secretariat of the Health Ministry of Catalonia*	
Fields linked:	B2 Healthcare settings	
Comments:		

Scope	Compulsory: **Yes** / No	Open / **Closed**
Definition:	The geographical (administrative) area of the stakeholder's influence.	
Rationale:	To recognise the scope of the stakeholder.	
Options / Examples:	National; Regional; Local; Other (Please write)	
Fields linked:		
Comments:		

Sector	Compulsory: **Yes** / No	Open / **Closed**
Definition:	The HEPA-related sector of the stakeholder's influence.	
Rationale:	To recognise the sector of the stakeholder.	
Options / Examples:	Sport and exercise; Health; Transport; Environment / Urban planning; Education; Children and Young people; Workplace; Senior citizens; Other (Please write)	
Fields linked:		
Comments:		

Stakeholder aims / responsibilities	Compulsory: **Yes** / No	**Open** / Closed
Definition:	Specific aims and responsibilities of the stakeholder.	
Rationale:	To better address the collaboration within EUPAP.	
Options / Examples:	*Public Health Agency - Including PA promotion.*	
Fields linked:		
Comments:		

Issuer of policy document 01, 02 & 03	Compulsory: Yes / **No**	Open / **Closed**
Definition:	The HEPA-related policy document issued by the stakeholder.	
Rationale:	To better address the collaboration within EUPAP.	
Options / Examples:	Partner's list of answers provided in A11 ('Title in English').	
Fields linked:	A11 EUPAP-relevant policy documents. ('Title in English')	
Comments:		

Relevance for EUPAP	Compulsory: **Yes** / No	Open / **Closed**
Definition:	Rank of importance for EUPAP implementation.	
Rationale:	To stablish priorities for regional transfer.	
Options / Examples:	1; 2; 3	
Fields linked:		
Comments:	1 – Low; 2 – Medium; 3 – High	

Reason for relevance with EUPAP	Compulsory: **Yes** / No	**Open** / Closed
Definition:	Specific aspects about EUPAP implementation.	
Rationale:	To plan specific actions in implementation 2020-2022.	
Options / Examples:	*It is in charge of the ongoing Catalan PA programme (advise only). It issued the Catalan Exercise prescription guidelines. It organises training in HEPA*	
Fields linked:		
Comments:		

Formal agreement	Compulsory: **Yes** / No	Open / **Closed**
Definition:	Signed specific agreement between the stakeholder and the partner institution.	
Rationale:	To determine involvement for future sustainability.	
Options / Examples:	Yes; No	
Fields linked:		
Comments:		

Link to website	Compulsory: **Yes** / No	**Open** / Closed
Definition:	On-line reference.	
Rationale:	To access the source of information.	
Options / Examples:	*http://salutweb.gencat.cat/ca/inici/index.html#googtrans(ca|en)*	
Fields linked:		
Comments:	English information if available.	

Useful resources

European Commission. EU Physical Activity Guidelines-Recommended Policy Actions in Support of Health-Enhancing Physical Activity. Brussels; 2008. (10)

Kahlmeier S, Popp C, Martin BW, Backovic-Jurican A, Banzer W, Berggren F, et al. A systematic overview of institutions and bodies active in physical activity promotion in Europe. Schweiz Z Sport. 2014;62(2):13–8. (18)

World Health Organization. Review of physical activity promotion policy development and legislation in European Union Member States. Copenhagen; 2010. (13)

World Health Organization. Physical activity factsheets for the 28 European Union member states of the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2018. (14)

Healthcare settings (B2)

What we do here?

We list the regional settings for EUPAP implementation.

Why we do so?

To know specific settings to implement EUPAP during 2020-2022.

What are the fields?

Partner	Compulsory: **Yes** / No	Open / **Closed**
Definition:	EUPAP partner membership.	
Rationale:	To sort information according to partners (regions/countries).	
Options / Examples:	Each of the 10 EUPAP consortium members	
Fields linked:	All.	
Comments:	Automatically inserted from the *User*'s account information.	

Name (local language)	Compulsory: **Yes** / No	**Open** / Closed
Definition:	The name of the healthcare setting in the local language.	
Rationale:	To identify specific healthcare setting from the local context.	
Options / Examples:	*CAP Primer de Maig*	
Fields linked:		
Comments:		

Name (in English)	Compulsory: **Yes** / No	**Open** / Closed
Definition:	The name of the healthcare setting in English language.	
Rationale:	To ease the understanding of the inserted information for countries with other mother tongue and comparisons between regions.	
Options / Examples:	*Primary Health-care Setting Primer de Maig*	
Fields linked:	B3 Practitioners / Agents B4 End-users / Patients	
Comments:		

Institution / Provider	Compulsory: **Yes** / No	Open / **Closed**
Definition:	The name of the stakeholder in charge with the setting.	
Rationale:	To link specific settings with specific stakeholders.	
Options / Examples:	*Catalan Health Institute (ICS)*	
Fields linked:	B1 Stakeholders ('Name (in English)')	
Comments:		

City / Town	Compulsory: **Yes** / No	**Open** / Closed
Definition:	The name of the setting location.	
Rationale:	To locate the setting.	
Options / Examples:	*Lleida city*	
Fields linked:		
Comments:		

Challenges / Priorities in health promotion and prevention	Compulsory: **Yes** / No	**Open** / Closed
Definition:	Specific targets for the setting.	
Rationale:	To better address the EUPAP implementation.	
Options / Examples:	*Smoke cessation. Pain management. Metabolic disorders.*	
Fields linked:		
Comments:	This information may be obtained from public documents (reports) or interviewing responsible personnel.	

No. of patients registered	Compulsory: **Yes** / No	**Open** / Closed
Definition:	Number of citizens who may visit the setting, or Number of patients visiting the setting per year.	
Rationale:	To better plan the reach of EUPAP.	
Options / Examples:	*25000 (as of 2011).*	
Fields linked:		
Comments:	This information may be obtained from public documents (reports) or interviewing responsible personnel.	

No. of potential end-users	Compulsory: **Yes** / No	**Open** / Closed
Definition:	Number of the targeted patients according to the setting challenges and priorities.	
Rationale:	To better plan the reach of EUPAP.	
Options / Examples:	*18000 (as of 2011).*	
Fields linked:		
Comments:	This information may be obtained from public documents (reports) or interviewing responsible personnel.	

No. of staffed agents (professionals)	Compulsory: **Yes** / No	**Open** / Closed
Definition:	Number of agents (health professionals) who may implement EUPAP.	
Rationale:	To better plan the adoption of EUPAP.	
Options / Examples:	*41 (as of 2011).*	
Fields linked:		
Comments:	This information may be obtained from public documents (reports) or interviewing responsible personnel.	

No. of potential prescribers	Compulsory: **Yes** / No	**Open** / Closed
Definition:	Number of the targeted agents (health professionals) who may implement EUPAP.	
Rationale:	To better plan the adoption of EUPAP.	
Options / Examples:	*41 (as of 2011).*	
Fields linked:		
Comments:	This information may be obtained from public documents (reports) or interviewing responsible personnel.	

Room available for EUPAP counselling inside	Compulsory: **Yes** / No	Open / **Closed**
Definition:	Specific area to implement EUPAP inside the setting.	
Rationale:	To better plan EUPAP specific actions.	
Options / Examples:	Yes; No	
Fields linked:		
Comments:	This information may be obtained from public documents (reports) or interviewing responsible personnel.	

Room available for EUPAP counselling outside	Compulsory: **Yes** / No	Open / **Closed**
Definition:	Specific area to implement EUPAP outside the setting (another building).	
Rationale:	To better plan EUPAP specific actions.	
Options / Examples:	Yes; No	
Fields linked:		
Comments:	This information may be obtained from public documents (reports) or interviewing responsible personnel.	

Current HEPA programmes	Compulsory: **Yes** / No	Open / **Closed**
Definition:	Ongoing HEPA programmes held in the setting.	
Rationale:	To better plan EUPAP specific actions.	
Options / Examples:	Partner's list of answers provided in A21 ('Programme name (in English)'); No	
Fields linked:	A21 HEPA Programmes or Physical activity prescription	
Comments:	This information may be obtained from public documents (reports) or interviewing responsible personnel.	

Past HEPA experience	Compulsory: **Yes** / No	Open / **Closed**
Definition:	Past HEPA programmes held in the setting.	
Rationale:	To better plan EUPAP specific actions.	
Options / Examples:	Partner's list of answers provided in A21 ('Programme name (in English)'); No	
Fields linked:	A21 HEPA Programmes or Physical activity prescription	
Comments:	This information may be obtained from public documents (reports) or interviewing responsible personnel.	

Links with community settings for HEPA prescription	Compulsory: **Yes** / No	Open / **Closed**
Definition:	Collaboration between the healthcare setting and community settings (not from the health sector).	
Rationale:	To better plan EUPAP specific actions. To plan EUPAP maintenance.	
Options / Examples:	Yes (please specify); No	
Fields linked:		
Comments:	This information may be obtained from public documents (reports) or interviewing responsible personnel.	

Formal agreement with associations	Compulsory: **Yes** / No	**Open** / Closed
Definition:	Specific agreement between the healthcare setting and community settings for specific actions.	
Rationale:	To better plan EUPAP specific actions. To plan EUPAP maintenance.	
Options / Examples:	*Red Cross. Mental health housing.*	
Fields linked:		
Comments:	This information may be obtained from public documents (reports) or interviewing responsible personnel.	

Specific budget for HEPA prescription	Compulsory: **Yes** / No	Open / **Closed**
Definition:	Identification of specific amount of money for HEPA prescription programmes.	
Rationale:	To better plan EUPAP specific actions. To plan EUPAP maintenance.	
Options / Examples:	Yes, for EUPAP implementation; Yes, for other programmes (Partner's list of answers provided in A21 ('Programme name (in English)'); No	
Fields linked:	A21 HEPA Programmes or Physical activity prescription	
Comments:	Multiple responses possible. This information may be obtained from public documents (reports) or interviewing responsible personnel.	

Confirmation EUPAP 2020-2022	Compulsory: **Yes** / No	Open / **Closed**
Definition:	Commitment for EUPAP implementation during 2020-2022.	
Rationale:	To better plan EUPAP specific actions. To plan EUPAP maintenance.	
Options / Examples:	Yes; No	
Fields linked:		
Comments:		

Link to website	Compulsory: **Yes** / No	**Open** / Closed
Definition:	On-line reference.	
Rationale:	To access the source of information.	
Options / Examples:	*http://www.icslleida.cat/primaria/on_visitarte/10*	
Fields linked:		
Comments:	English information if available.	

Practitioners / Agents (B3)

What we do here?

We list the agents (health professionals) who will implement EUPAP during 2020-2022.

Why we do so?

To know in detail agents (health professionals) to implement EUPAP during 2020-2022.

What are the fields?

Partner	Compulsory: **Yes** / No	Open / **Closed**
Definition:	EUPAP partner membership.	
Rationale:	To sort information according to partners (regions/countries).	
Options / Examples:	Each of the 10 EUPAP consortium members	
Fields linked:	All.	
Comments:	Automatically inserted from the *User*'s account information.	

Setting	Compulsory: **Yes** / No	Open / **Closed**
Definition:	The worksite of the professional (agent).	
Rationale:	To locate the professional.	
Options / Examples:	Partner's list of answers provided in B2 ('Name (in English)')	
Fields linked:	B2 Healthcare settings	
Comments:		

Profession	Compulsory: **Yes** / No	Open / **Closed**
Definition:	The responsibilities and functions of the professional (agent).	
Rationale:	To identify roles for EUPAP implementation.	
Options / Examples:	Partner's list of answers provided in A12 ('Profession')	
Fields linked:	A12 Physical activity prescribers and allied professionals	
Comments:		

Surname(s)	Compulsory: **Yes** / No	**Open** / Closed
Definition:	The surname(s) of the professional.	
Rationale:	To identify EUPAP implementers.	
Options / Examples:	*Carrión Gelabert*	
Fields linked:		
Comments:		

Name(s)	Compulsory: **Yes** / No	**Open** / Closed
Definition:	The name(s) of the professional.	
Rationale:	To identify EUPAP implementers.	
Options / Examples:	*Hèctor*	
Fields linked:		
Comments:		

Responsibility(ies)	Compulsory: **Yes** / No	**Open** / Closed
Definition:	The specific function of the professional within the healthcare setting.	
Rationale:	To better plan EUPAP specific actions.	
Options / Examples:	*Exercise counsellor.*	
Fields linked:		
Comments:		

Labour situation	Compulsory: Yes / **No**	Open / **Closed**
Definition:	The job situation.	
Rationale:	To identify stable job and degree of intensity for possible EUPAP implementation.	
Options / Examples:	Full-time. Tenure track; Full-time. Non-permanent position; Part-time. Tenure track; Part-time. Non-permanent position; Freelance; Other (please specify)	
Fields linked:		
Comments:	Optional answer in case of conflict with data protection.	

Years of experience	Compulsory: Yes / **No**	**Open** / Closed
Definition:	The amount of time working as a professional.	
Rationale:	To better plan EUPAP specific actions.	
Options / Examples:	*20+.*	
Fields linked:		
Comments:		

Working hours	Compulsory: Yes / **No**	**Open** / Closed
Definition:	The work schedule of the professional.	
Rationale:	To better plan EUPAP specific actions.	
Options / Examples:	*M-F 8.00 to 15.00*	
Fields linked:		
Comments:	Optional answer in case of conflict with data protection.	

HEPA experience	Compulsory: **Yes** / No	Open / **Closed**
Definition:	Previous experience with HEPA programmes.	
Rationale:	To better plan EUPAP specific actions.	
Options / Examples:	Partner's list of answers provided in A21 ('Programme name (in English)'); No	
Fields linked:	A21 HEPA Programmes or Physical activity prescription	
Comments:		

Training on HEPA prescription	Compulsory: **Yes** / No	Open / **Closed**
Definition:	Being received specific education or training HEPA programmes.	
Rationale:	To better plan EUPAP specific actions.	
Options / Examples:	Yes (Partner's list of answers provided in A23 ('Training programme name (in English)'; EUPAP training); No	
Fields linked:	A23 Training on HEPA prescription	
Comments:	Multiple response possible	

Confirmation EUPAP 2020-2022	Compulsory: **Yes** / No	Open / **Closed**
Definition:	Commitment from the professional to implement EUPAP.	
Rationale:	To better plan EUPAP specific actions.	
Options / Examples:	Yes; No	
Fields linked:		
Comments:		

Comments	Compulsory: Yes / **No**	**Open** / Closed
Definition:	Open field for relevant issues for EUPAP implementation.	
Rationale:	Selected qualitative information by EUPAP experts.	
Options / Examples:		
Fields linked:		
Comments:		

Email address	Compulsory: Yes / **No**	**Open** / Closed
Definition:	Professional email address.	
Rationale:	To coordinate EUPAP implementation	
Options / Examples:	*Name.surname[at]email.eu*	
Fields linked:		
Comments:	Optional answer in case of conflict with data protection.	

Phone number	Compulsory: Yes / **No**	**Open** / Closed
Definition:	Professional phone number.	
Rationale:	To coordinate EUPAP implementation	
Options / Examples:	*(+34)973123456*	
Fields linked:		
Comments:	Optional answer in case of conflict with data protection.	

End-users / Patients (B4)

What we do here?

We list the potential group of end-users who may receive EUPAP during 2020-2022.

Why we do so?

To define the target end-users to receive HEPA prescription within EUPAP during 2020-2022.

What are the fields?

Partner	Compulsory: **Yes** / No	Open / **Closed**
Definition:	EUPAP partner membership.	
Rationale:	To sort information according to partners (regions/countries).	
Options / Examples:	Each of the 10 EUPAP consortium members	
Fields linked:	All.	
Comments:	Automatically inserted from the *User*'s account information.	

Setting	Compulsory: **Yes** / No	Open / **Closed**
Definition:	The healthcare setting linked with the target group.	
Rationale:	To link potential EUPAP end-users with specific settings and agents. To better plan EUPAP actions and maintenance.	
Options / Examples:	Partner's list of answers provided in B2 ('Name (in English)')	
Fields linked:	B2 Healthcare settings	
Comments:		

Age range	Compulsory: **Yes** / No	**Open** / Closed
Definition:	The age of the potential group of end-users.	
Rationale:	To better plan EUPAP actions. To link EUPAP with health policies.	
Options / Examples:	*18+*	
Fields linked:		
Comments:	Of relevance when addressing not disease-specific.	

Sex	Compulsory: **Yes** / No	Open / **Closed**
Definition:	The sex of the potential group of end-users.	
Rationale:	To better plan EUPAP actions. To link EUPAP with health policies.	
Options / Examples:	Male; Female; Both	
Fields linked:		
Comments:	Of relevance when addressing not disease-specific.	

Disease / Health risk	Compulsory: **Yes** / No	**Open** / Closed
Definition:	Specific health-related characteristics of potential group of end-users.	
Rationale:	To better plan EUPAP actions. To link EUPAP with health policies.	
Options / Examples:	*Overweight and obesity.*	
Fields linked:		
Comments:		

HEPA policies relationship	Compulsory: **Yes** / No	Open / **Closed**
Definition:	Specific health policies related with the potential group of end-users.	
Rationale:	To better plan EUPAP actions and maintenance.	
Options / Examples:	Partner's list of answers provided in A11 ('Title (in English)')	
Fields linked:	A11 EUPAP-relevant policy documents	
Comments:		

Related association	Compulsory: Yes / **No**	**Open** / Closed
Definition:	Interest groups, such as patient organisations or other, whose scope is within the specific health-related characteristic of potential group of end-users that will receive EUPAP.	
Rationale:	To better plan EUPAP actions and maintenance.	
Options / Examples:	*Associació Diabetis de Catalunya*	
Fields linked:		
Comments:		

Comments	Compulsory: Yes / **No**	**Open** / Closed
Definition:	Open field for relevant issues for EUPAP implementation.	
Rationale:	Selected qualitative information by EUPAP experts.	
Options / Examples:		
Fields linked:		
Comments:		

Link to website	Compulsory: **Yes** / No	**Open** / Closed
Definition:	On-line reference to the specific budget information.	
Rationale:	To access the source of information.	
Options / Examples:	*https://adc.cat/*	
Fields linked:		
Comments:	English information if available.	

Useful resources

http://www.eu-patient.eu/

Part C – Instructions to insert data on the online database

How to start with the online database

There are three different roles within the database:

- *Superadmin*. can create, read, edit and delete any information within the database. Can create and delete other roles.
- *Partner_Admin:* can create, read, edit and delete any information related with the regional partner database. Can create and delete *User* roles to insert data within the regional database.
- *User:* can create, read, edit and delete own information.

To login you need to have an account (username and password). It will be provided by your *Superadmin*, *Partner_Admin or the Manager*.

Go to "Guide" to open this document.

Go to "Home" to go to the main page.

Go to "Form Selector" to select the dimension you want to include data.

Go to "Review/Delete" to select the dimension you want to display data inserted by you (*User*) or by the Users under your coordination (*Partner_Admin* or *Superadmin*).

Go to "Contact" to address questions to your *Partner_Admin* or the *Superadmin*.

Go to "Utilities" to create new *User* roles, who will access the website as a member of the same partner as you. You can also download a spreadsheet (MS Excel® file) with all information inserted in the website, by any *User*.

Datasheets

Variables are group in different dimensions (see Table 2, p.10), each one has its own datasheet.

Each datasheet contains, in the upper left corner, a heading, a subheading and complementary information. The latter can be viewed by moving the mouse over the subheading.

Below there are several fields to insert the data. After completing the information for a single aspect, click the "Save" button.

View, edit and/or delete

You may view, edit and/or delete the entries you inserted only. Your *Admin_Partner* (usually, the regional contact person of the feasibility study) may view, edit and/or delete the entries of all *Users* within the Partner. The *Superadmin* (usually, the coordinator of the feasibility study) may view, edit and/or delete all entries.

To check inserted information, go to "Review/Delete" on the menu and choose the database you want to check. Then, a list of records is shown with all entries made by you (*User*) or all *Users* under your coordination (*Partner_Admin* or *Superadmin*). Click the "Edit Record" icon from which you want to check and you may change information within. Click the "Delete Record" icon to delete the entry.

Field options

There are compulsory answers, they are marked with the * symbol. You cannot save the information unless all * fields are filled in.

Most of the fields are either open answers, that is, you type the information freely, or you select from a list. If your answer is not in the list, you can type a new answer by choosing "Other".

Some fields with closed answers (e.g., a list) include options which are, in turn, fields that you previously filled in. Be cautious when typing! You will see a short message with a link to the other(s) linked database(s) when you are about filling the selected field.

Automatic update

The 'partner' field is filled automatically according to your profile. Only *Superadmins* choose the answer from the list.

Fields that link to previous input information update automatically. So, if you lack the proper option from a list, then you must go back and fill in the previous datasheet.

That can help also to be more comprehensive with the collected information. At first you may forget, for example, a specific HEPA programme or Physical activity prescription programme being developed in your region. Then, when completing information about a specific healthcare setting you notice their previous experience with a HEPA programme or Physical activity prescription programme. So, go back and filled in this new information.

Language issues

English is the common language within the EUPAP project and we all need to understand the information collected for the feasibility study. The reason why we collect some information in both languages is that stakeholders, agents and end-users may probably be more satisfied if the names are in their own language.

Some information is, however, publicly available in English, then please try to insert in the way it is displayed in public. Some information may not be translated, then feel free to translate! Just try to be precise with specific terms (see Glossary and Abbreviations from the Guide).

FAQs – Frequently Asked Questions

About General Procedures

Q: Just to be sure: each country will fill it in for themselves? We will not all work in one document

A: **Each partner fills with its country/region information.**

Q: I'm not an expert in feasibility study but I thought the result of this feasibility study would be how and why could the Swedish model be implemented or tested in your country?

A: Yes.

Q: (…) how and why could the Swedish model be implemented or tested in [specific region] (we have a very similar way of working as in Sweden) How and why can we adapt our way of working?

A: Yes. And the WP7 we may check if "How" and "Why" was properly addressed.

Q: Do you expect partners to write their own reports (text? how long?) based on the information in the excel file?

A: No – The final report will be written by us (the WP4 leader, INEFC) in collaboration with partners (each partner collaborates with their regions' information and the overall report in the end).

Q: Do you expect any "study" (i.e. a survey or something similar) be carried out as part of the feasibility or is the feasibility study for you simply putting together the information as in the datasheet?

A: The feasibility study is indeed a "study". We have a problem to solve, set the aims of the study, design methods, then collect – analyse – discuss about data and make conclusions that will provide relevant information for WP7 – Implementation. It is called IMRD.

> *Q: What exactly is the method? Each partner should also say how they gather what information, shouldn´t they?*
>
> **A: We -partners- are considered experts in public health or in HEPA. Each colleague knows what is the best source of information to provide the data we need.**

Q: What kind of input are we going to receive from you for our respective feasibility studies?

A: We (INEFC) lead the feasibility study. It includes the main responsibility in drafting and editing the study. All partners' inputs will be needed to shape the final report.

Q: What if, for a selected field, we cannot insert data from a single case?

A: The preliminary collaborative work to identify appropriate variables ended up with this list of variables. May you encounter with this situation, please contact the *SuperAdmin* to discuss the issue.

About Datasheets

Q: 'Score of relevance', is this the subjective score of relevance as to our opinion? Or are there any kind of specific parameters to keep in mind?

A: Subjective. Yours as an expert and according to your knowledge of potential implementation of EUPAP in your region

Q: Sheet A12 – 'Setting': Can be more than one setting per profile, according to local characteristics. Also, if exists more than 1 professional involved, we also need more than 1 place, just like the "sectors" in the A11?

A: Insert different profiles. For example:

- **MD working in primary healthcare.**
- **MD working in private clinic**
- **BSc in Sports working in community center**
- **BSc in sports working in a fitness sector**

Q: I've noticed Administrative staff in A12. With a high score for relevance for EUPAP. Could you please explain this? It seems odd?

A: We included here the persons who are at the entrance desk, who welcome the patients and answers their doubts. It is highly relevant because they are the first answer when a patient / end-user gets in the healthcare setting and ask directions to the practitioner. "Where is the EUPAP office?" In our country, EUPAP implementers will be extra personnel, not GPs nor nurses.

Q: Sheet A21 What is the scale - National, regional, local? To gather all local programs will be too exhaustive. Maybe only those that are recognised already as best-practices or are consistent enough. (…) national wide and regional wide programmes are mandatory to identify. Local programmes not so much…

A: In [one region] you intend to transfer PAP-S to the whole country then it makes sense to focus on best-practices. However, we recommend to go through where the highest intensity of implementation will be done. Other regions will implement in less settings, so it is important to identify current and past practical experiences, beyond scientific publications.

Q: Sheet A23 – 'link to website' – compulsory: although most of our documents are available online, some of them will not / cannot be available online. If there is no link to an online document, is a link mentioning and describing the education and/or training sufficient? Or is it possible / the intention to share some of the documents with EUPAP members only through an online sharepoint/cloud…?

A: We need objective references to double check and, if appropriate, compare. May the document not be online, maybe there is in hard copy (old style for book worms). If so, please cite it accordingly.

Q: Sheet A32 budget for health and physical activity. Is this the national, regional and local level budget for: Prevention? Curation? Physical activity? Sports? Mobility? Or the allocated budget to HEPA (physical activity with primary goal health)

A: The goal is that we can describe the situation NOW-with the Feasibility Study Report, and set realistic objectives for the 2-year implementation.

Q: Sheet A32: We can easily identify the budget, for example of the national programme for physical activity promotion where we work inside the health ministry. But we cannot get the budget information about a PAP programme developed in a very local setting. How deep should we go in the information we need to collect?

A: Note that the items in this datasheet are structured differently than other datasheets. The goal here is to collect, somehow, budget-related data. Go as far as you could. When we start analyzing all partners' data, then we will identify if the information was enough and/or usable.

Q: Sheet A32 – 'Programme name (in English): It could also be ear-marked money to work with PA interventions in general at the primary Health care centre, not only in specific programmes.

A: Then, insert in A21 the existence of "PA intervention in primary healthcare". In comments, there, include that it is not any specific programme but a framework for developing specific programmes.

Q: Sheet B1 – How can we insert a "private clinic" as stakeholder??

A: Insert "Private Clinic" as if it was a stakeholder and clarify the reasons in the "Comments" field. Then you may link specific agents to "Private Clinic" as the entity which they are staffed.

Q: Sheets B2 – B3 and B4 are also stakeholders (B1) could you please explain the difference more clearly?

A: B1 are public and private bodies, not specific settings nor professionals.

Q: Sheet B2 - It is filled in very detailed. This seems very hard for us. We are implementing in [specific regions]. We can't fill in the names of every GP in [specific regions] nor every organisations working on EUPAP. I presume this will be very difficult for [another region] as well? Can we fill this in more in general?

A: One possibility for you - large implementers - is to recognise the final number of practitioners that POTENTIALLY may prescribe PA. And during WP7 - Monitoring, then evaluate to what extent the ADOPTION by the professionals was achieved, and how representative is the sample of professionals who implemented in comparison to the universe (N)

Q: Sheet B3 – 'surnames' – 'names': it seems as if we must fill in the surname and name of all the practitioners/agents. In case of the 'GP's this would be a mission impossible because every GP can implement EUPAP by prescribing PA. Would it be sufficient to fill in the name of someone responsible for a large group of practitioners/agents. For example: in case of the GP's, the name of someone that is part of the representative organisation of GP's?

A: I suggest to estimate the total number of potential agents. May you access any sort of report - or contact someone who has the information- about the number of GPs that may potentially implement EUPAP? Rough numbers per municipalities? Neighborhoods? Check what you can do in your region. In Catalonia the Catalan Ministry may provide this information. They would give me the number of staffed professionals, knowing that it flows. Your suggestion to highlight representatives sounds excellent as well.

Q: Sheet B3 – 'Years of experience'): Could it maybe more important to specify years working with HEPA questions, person-centered care or motivational interviewing?

A: Yes, we include HEPA experience in another item within the datasheet. It is focused on HEPA only, not motivational interviewing. If that is of relevance in your region, you can insert it in comments.

Q: Sheet B3 – We cannot just provide the name of the 100 GPs that may implement EUPAP in our region.

A: Insert the data for the expected number (e.g., 35 GPs) that you believe they most likely (e.g., 90% of chances, according to you) will implement EUPAP.

Q: Sheet B4 – 'Related association': Could these groups be thought of as stake holders?

A: Good question. As to our understanding, group of patients may have -or may not- increasing HEPA of its members as a goal, whereas public health authorities (among others) must to. We suggest to keep end-users' groups here and wait for data analysis of all EUPAP partners before the WP7 – Implementation leaders use the information.

Q: Sheet B4 – 'link to website': I guess that the 'specific budget information on groups of potential end-users' will be part of a later to-do for us in EUPAP? If so, then again I'm not sure if the document will be available online for public. Is it possible / the intention to share some of the documents with EUPAP members only through an online sharepoint/cloud…?

A: The link is for associations / organisations / group of patients. For instance: http://www.eu-patient.eu/

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