



HEART &  
STROKE  
FOUNDATION  
OF NOVA SCOTIA



Led by the Heart and Stroke Foundation of Nova Scotia in partnership with Nova Scotia Health Promotion and Protection, and Cancer Care Nova Scotia.

Spring 2011

Thank you for your interest in **Make a Move!** health care provider workshops.  
Space is limited, so please fill out and submit the following registration information.  
Registration and payment must be **received 2 weeks** before the workshop you wish to attend.

**Workshop fee is \$69.00 (incl HST) and must accompany registration. Payment Options:**

PO # \_\_\_\_\_  Checque payable to Heart and Stroke Foundation of NS

Credit card # \_\_\_\_\_ Exp date: \_\_\_\_\_ Name: \_\_\_\_\_  
(VISA, MC, Amex)

**Workshop Location & Date:** \_\_\_\_\_

To help us better prepare for our workshop, please take a moment to fill in the following information  
(Information provided is intended to help facilitators shape the workshop All responses will be kept confidential).

### ABOUT YOU

Name: \_\_\_\_\_

Mailing Address(w): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Please indicate your primary work setting:  Clinical/Acute Care  Community Practice  
 Government  Research  
 Other: \_\_\_\_\_

Please indicate your profession:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Physician       | <input type="checkbox"/> Nurse         | <input type="checkbox"/> Pharmacist              |
| <input type="checkbox"/> Physiotherapist | <input type="checkbox"/> Dietitian     | <input type="checkbox"/> Occupational Therapist  |
| <input type="checkbox"/> Psychologist    | <input type="checkbox"/> Social Worker | <input type="checkbox"/> Not health professional |
| <input type="checkbox"/> Student         | <input type="checkbox"/> Researcher    | <input type="checkbox"/> Other : _____           |

**CURRENT PHYSICAL ACTIVITY COUNSELING BEHAVIOURS**

1. Do you currently counsel patients/clients on physical activity?  Yes  No  Unsure

2. If yes to the above, please indicate which strategies you currently employ:

- Motivational interviewing technique
- Minimal intervention counseling
- Referring patients/clients to community resources
- Providing educational tools around physical activity to clients
- Other (please specify): \_\_\_\_\_

3. Please indicate your level of familiarity with the Stages of Change model for behaviour change: (1=not at all familiar and 5=very familiar):

1                      2                      3                      4                      5

4. Please indicate if you use the Stages of Change model for behaviour change when you counsel patients/clients on physical activity:

- Yes
- No
- Unsure
- I do not currently counsel patients/clients on physical activity

5. Anything else related to physical activity counseling you're interested in learning ...

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**Thank You. We look forward to meeting you!**

To register, forward 2 pgs to Sam Austin: [saustin@heartandstroke.ns.ca](mailto:saustin@heartandstroke.ns.ca), fax: (902) 492-1464

mail: HSFNS - Parklane Mall, 5657 Spring Garden Road, Box 245, Halifax, Nova Scotia B3J 3R4

For more program information, visit [www.heartandstroke.ns.ca](http://www.heartandstroke.ns.ca) or call (902) 423-7682 x 3304.

