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Canadian Journal of Diabetes

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Appendix 4

Smarter Step Count Prescription

| Health-Care Provider Guidelines | | | | |
|--|---------------------------|-------------------------------------|---------------------------|---------------------------|
| Suggest step count increments at each clinic visit to reach goal (an increase of 3,000 steps per day above the baseline step count within 1 year). | | | | |
| Steps per day at baseline | Clinic Visit 1 (0 months) | Clinic Visit 2 (3 months) | Clinic Visit 3 (6 months) | Clinic Visit 4 (9 months) |
| <5,000 | +500 | +750 | +750 | +1,000 |
| 5,000–7,499 | +750 | +1,000 | +1,250 | |
| ≥7,500 | +1,000/+2,000 | +1,000 | | |
| Start Date: _____ | | | | |
| Patient's Name: _____ | | | | |
| Baseline Step Count: _____ | | Recommended Step Count: _____ | | |
| Clinic Visit Number: _____ | | Start Date for Step Increase: _____ | | |
| Patient Step Count Prescription | | | | |
| Today's Date: _____ | | | | |
| Patient's Name: _____ | | | | |
| <ul style="list-style-type: none"> • Please try to complete at least _____ steps per day until your next clinic visit. • Please record your step counts in your log sheets at the end of each day. • Please bring your log sheets to the next clinic visit which will be in about three months. | | | | |
| Physician's Name: _____ | | | | |
| Physician's Signature: _____ | | | | |