

APPENDICES

EXERCISE BEHAVIORS

During the past week, even if it was not a typical week for you, how much **total** time (for the **entire week**) did you spend on each of the following? (*Please check one box/number for each question.*)

	None	Less than 30 min/wk	30-60 min/wk	1-3 hrs per week	More than 3 hrs per week
1. Stretching or strengthening exercises (range of motion, using weights, etc.)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
2. Walk for exercise	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
3. Swimming or aquatic exercise	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4. Bicycling (including stationary exercise bikes)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
5. Other aerobic exercise equipment (Stairmaster, rowing, skiing machine, etc.)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

	None	Less than 30 min/wk	30-60 min/wk	1-3 hrs per week	More than 3 hrs per week
6. Other aerobic exercise	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
6a. Please specify: _____					

CURRENT HEALTH BEHAVIORS

7. Would you say your general health is?

Excellent Very Good Good Fair Poor

8. How confident do you feel in your ability to regularly make healthy eating choices?

Not at all Confident			Somewhat Confident			Very Confident		
1	2	3	4	5	6	7	8	9

9. How confident do you feel in your ability to exercise regularly?

Not at all Confident			Somewhat Confident			Very Confident		
1	2	3	4	5	6	7	8	9

10. Over the past week, how successful have you been in making healthy eating choices for your meals and snacks? (**Circle the number that best describes you over the past week**)

Not at all successful <i>(did not make healthy eating choices about half the time)</i>			Somewhat successful <i>(made healthy eating choices about half the time)</i>			Very successful <i>(made healthy eating choices every meal)</i>		
1	2	3	4	5	6	7	8	9

11. During a typical **7-Day period** (a week), in your leisure time, how often do you engage in any regular activity **long enough to work up a sweat** (heart beats rapidly)? (**Circle one number below**)

Often	Sometimes	Never/rarely
1	2	3

SELF EFFICACY

12. I am confident I can have a positive effect on my health.

Disagree very much			Agree very much	
0	1	2	3	4

13. I have set some definite goals to improve my health.

Disagree very much			Agree very much	
0	1	2	3	4

14. I have been able to meet the goals I set for myself to improve my health.

Disagree very much			Agree very much	
0	1	2	3	4

15. I am actively working to improve my health.

Disagree very much			Agree very much	
0	1	2	3	4

16. I feel that I am in control of how and what I learn about my health.

Disagree very much			Agree very much	
0	1	2	3	4

QUALITY OF LIFE SELF ASSESSMENT

Please circle the one number (0-10) best reflecting your response to the following that describes your feelings **during the past week, including today.**

17. How would you describe your overall Quality of Life?

As bad as it can be					As good as it can be					
0	1	2	3	4	5	6	7	8	9	10

18. How would you describe your overall mental (intellectual) well-being?

As bad as it can be					As good as it can be					
0	1	2	3	4	5	6	7	8	9	10

19. How would you describe your overall physical well-being?

As bad as it can be					As good as it can be					
0	1	2	3	4	5	6	7	8	9	10

20. How would you describe your overall emotional well-being?

As bad as it can be					As good as it can be					
0	1	2	3	4	5	6	7	8	9	10

21. How would you describe your level of social activity?

As bad as it can be					As good as it can be					
0	1	2	3	4	5	6	7	8	9	10

22. How would you describe your overall spiritual well-being?

As bad as it can be					As good as it can be					
0	1	2	3	4	5	6	7	8	9	10