**Appendix B: Assessment instrument for measuring self-reported physical activity, physical activity attitudes and quality of life**

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| **Physical Activity Assessment Survey** |

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| --- | --- |
| **Name** |  |
| **Age** |  |
| **Blood pressure** |  |
| **BMI** |  |

Think about all the **vigorous** activities that you did in the **last 7 days**.

Vigorous physical activities refer to activities that take **hard physical effort** and make you **breathe much harder than normal**. Think only about those physical activities that you did for **at least 10 minutes** at a time.

During the last 7 days, on how many days did you do **vigorous** physical activities like heavy lifting, digging, aerobics, or fast bicycling?

days per week

How much time did you usually spend doing **vigorous** physical activities on one of those days?

minutes per day

Think about all the **moderate** activities that you did in the last 7 days. Moderate activities **take moderate physical effort** and make you **breathe somewhat harder than normal**. Think only about those physical activities that you did for **at least 10 minutes** at a time.

During the last 7 days, on how many days did you do **moderate** physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? **Do not include walking**.

days per week

How much time did you usually spend doing **moderate** physical activities on one of those days?

minutes per day

Think about the time you spent **walking in the last 7 days**. This includes at work and at home, walking to travel from place to place, and any other walking that you might do solely for recreation, sport, exercise, or leisure.

During the last 7 days, on how many days did you **walk** for at least 10 minutes at a time?

days per week

How much time did you usually spend **walking** on one of those days?

minutes per day

During the last 7 days, how much time did you spend **sitting** on a weekday?

minutes per day

**Physical activity mediators**

|  |  |  |
| --- | --- | --- |
| *Scale* | *Items* | *Scale anchors* |
| Risk Perception | I *think it is likely* that I will develop health problems related an inactive lifestyle at *some point in my life* | 1 = Strongly disagree, 5 = Strongly agree |
|  | Personally, I *feel vulnerable* to developing health problems related to an inactive lifestyle at *some point in my life* |  |
|  | Compared to the average person, I feel that my chance of developing health problems related to an inactive lifestyle is: | 1 = Much lower,  5 = Much higher. |
|  | *How likely do you think* it is that you will get health problems related to an inactive lifestyle at *some point in the future*? | 1 = Not likely,  5 = Extremely likely |
| Outcome expectancy | I think that engaging in daily *physical activity* with a minimum of 30 minutes of planned exercise is a very important way to help me to lose weight. | 1 = Strongly disagree, 5 = Strongly agree. |
|  | I believe that engaging in daily *physical activity* with a minimum of 30 minutes of planned exercise will help me to lose weight. |  |
|  | How effective do you feel that engaging in daily *physical activity* with a minimum of 30 minutes of planned exercise would be to help you to lose weight? | 1= Not at all effective, 5 = Extremely effective |
| Action self-efficacy | If it were entirely up to you, how confident are you that you would be able to participate in daily *physical activity* with a minimum of 30 minutes of planned exercise on each individual occasion over the next 6 weeks? | 1 = Not confident,  5 = Completely confident. |
|  | How confident are you that you can complete daily *physical* *activity* with a minimum of 30 minutes of planned exercise no matter what, on each individual occasion over the next 6 weeks? |  |
|  | How confident are you that you can arrange your schedule to include daily *physical activity* with a minimum of 30 minutes of planned exercise on each individual occasion over the next 6 weeks? |  |
|  | To what extent do you see yourself as being capable of participating in daily *physical activity* with a minimum of 30 minutes of planned exercise, on each individual occasion over the next 6 weeks? | 1 = Not likely,  5 = Extremely likely. |
|  | I believe I have the ability to participate in daily *physical activity* with a minimum of 30 minutes of planned exercise, on each individual occasion over the next 6 weeks? | 1 = Strongly disagree,  5 = Strongly agree. |
| Maintenance self-efficacy | Stem: How *confident* are you that you will do daily *physical activity* with a minimum of 30 minutes of planned exercise during your leisure time on each individual occasion over the next 6 weeks even if…  …you get busy and have limited time?  …the weather is very bad?  …you are feeling tired?  …you are feeling stressed?  …there are competing interests like your favourite TV show?  …you have no one to do physical activity with?  …you are not enjoying your physical activity?  …you do not receive support from your family or friends?  …you have other things you like to do in your spare time to do? | 1 = Not confident,  5 = Completely confident |
| Intention | I intend to participate in daily *physical activity* with a minimum of 30 minutes of planned exercise on each individual occasion over the next 6 weeks. | 1 = Strongly disagree,  5 = Strongly agree. |
|  | I will try to engage in daily *physical activity* with a minimum of 30 minutes of planned exercise on each individual occasion over the next 6 weeks. |  |
| Action Planning | I have made a detailed plan about when, where, and how I will do daily *physical activity* with a minimum of 30 minutes of planned exercise on each individual occasion over the next 6 weeks. | 1 = Strongly disagree,  5 = Strongly agree. |

**Quality of Life**

**These questions are about how you have been feeling during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.**

**How much of the time during the past 4 weeks...**

**Have you felt calm and peaceful?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| All of the time | Most of the time | A good bit of the time | Some of the time | A little of the time | None of the time |
|  |  |  |  |  |  |

**Did you have a lot of energy?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| All of the time | Most of the time | A good bit of the time | Some of the time | A little of the time | None of the time |
|  |  |  |  |  |  |

**Have you felt down-hearted and blue?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| All of the time | Most of the time | A good bit of the time | Some of the time | A little of the time | None of the time |
|  |  |  |  |  |  |

**During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| All of the time | Most of the time | Some of the time | A little of the time | None of the time |
|  |  |  |  |  |

**In general, would you say your health is:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Excellent | Very good | Good | Fair | Poor |
|  |  |  |  |  |