

PROJECT



GRAD

Health Assessment Survey

Directions: Below are a number of questions relating to your health practices. Answer every question carefully. Do not leave any answers blank. If necessary, write N/A for "Not Applicable."

Name: _____ SSN: _____ - _____ - _____ Date: _____
mo/day/yr

Demographics

The following questions refer to your personal background information.

1. When do/did you graduate?
 1. December 1994
 2. May 1995
 3. August 1995
 4. December 1995
 5. May 1996
 6. Other _____

2. What is your employment status?
 1. Work full-time
 2. Work part-time
 3. Unemployed
 4. Homeworker
 5. Other _____

3. What is your occupation(s)?
 1. _____
 2. _____
 3. _____
 4. Not Applicable _____

4. Would you best describe your ethnicity as
 1. African-American
 2. Asian, Pacific Islander

3. Caucasian, white, nonhispanic
4. Latino, Hispanic, Chicano
5. Native American
6. Unknown
7. Other _____

General Health

5. How often do you wear a seat belt when driving a car?
 1. I do not drive a car
 2. Always
 3. Most of the time
 4. Sometimes
 5. Rarely
 6. Never

6. When you rode a bicycle **during the past 12 months**, how often did you wear a helmet?
 1. I do not ride a bicycle
 2. Always
 3. Most of the time
 4. Sometimes
 5. Rarely
 6. Never

7. During the past 30 days, how many times did you *ride* in a car or other vehicle driven by *someone* who had been drinking alcohol?
 0. 0 times
 1. 1 time
 2. 2 or 3 times
 3. 4 or 5 times
 4. 6 or more times

8. **During the past 30 days**, how many times did you *drive* a car or other vehicle when *you* had been drinking alcohol?
 0. 0 times
 1. 1 time
 2. 2 or 3 times
 3. 4 or 5 times
 4. 6 or more times

9. **During the past 30 days**, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?
 0. 0 days
 1. 1 day
 2. 2 days
 3. 3-5 days
 4. 6-9 days

- 5. 10-19 days
- 6. 20 or more days

10. **During your life**, how many times have you taken steroid pills or shots without a doctor's prescription?

- 0. 0 times
- 1. 1-2 times
- 2. 3-9 times
- 3. 10-19 times
- 4. 20-39 times
- 5. 40 or more times

Physical Activity Stages

11. For questions "a" through "e" below, please circle YES or NO to each question using the following definitions of **exercise** and **regular**.

Exercise includes activities such as power walking, jogging, swimming, aerobic dancing, biking, rowing, weight lifting, volleyball, basketball, tennis, etc. Activities that are primarily sedentary, such as bowling or playing golf with a golf cart, would not be considered exercise.

Regular exercise means **3 times or more** per week for **20 minutes or longer** each time.

- a. I currently exercise..... 0. No 1. Yes
- b. I intend to exercise in the next 6 months. 0. No 1. Yes
- c. I currently exercise regularly. 0. No 1. Yes
- d. I have exercised regularly for the past 6 months. 0. No 1. Yes
- e. I have exercised regularly in the past for a period of at least 3 months. 0. No 1. Yes

For questions "f" through "j" below, please circle YES or NO to each question using the following definitions of **physical activity** and **regular**.

Physical activity means walking briskly, vacuuming, digging in the garden, general housework, or any other physical activity with similar exertion. These physical activities are less strenuous than "exercise".

Regular physical activity means accumulating **30 minutes or more** in the above activities **5 or more days** out of the week. For example, to accumulate 30 minutes for one day you could:

- work in the garden for 30 minutes, **OR**
- three 10-minute walks, **OR**
- complete 10 minutes of vacuuming, 10 minutes of walking, and 10 minutes of digging in the garden.

- f. I am currently physically active..... 0. No 1. Yes
- g. I intend to become physically active in the next 6 months. 0. No 1. Yes
- h. I currently engage in regular physical activity. 0. No 1. Yes
- i. I have been physically active regularly for the past 6 months..... 0. No 1. Yes
- j. I have been physically active regularly in the past for a period of at least 3 months..... 0. No 1. Yes

National Health Interview

The next set of questions have to do with walking for exercise in the PAST WEEK.

12. About how many **days** in the **past 2 weeks** did you walk for **exercise**?

_____ days

13. About how many **minutes** did you walk for exercise **each time** in the **past 2 weeks**?

_____ minutes

14. What is your usual pace of walking? (circle one)

- 1. Casual or strolling (less than 2 miles per hour)
- 2. Average or normal (2 or 3 miles per hour)
- 3. Fairly brisk (3 to 4 miles per hour)
- 4. Brisk or striding (4 miles per hour or faster)
- 5. I didn't walk in the last two weeks for exercise.

15. How many **flights of stairs** did you climb **each day** this past week?

_____ Flights of stairs

16. How many **total minutes** did you do **each** type of walking this **past week**. **Please do not leave answers blank**. If you do not do the type of walking listed, answer zero.

Total Minutes This Past Week

- a. All walking to and/or from work and school _____
- b. Walking during breaks and/or lunch time at work and school _____
- c. Walking as part of errands performed outside your yard and household _____
- d. Walking for exercise _____

National College Health Risk Behavior

17. On how many of the **past 7 days** did you do stretching exercises, such as toe-touching, knee-bending, or leg-stretching?
0. 0 days
 1. 1 day
 2. 2 days
 3. 3 days
 4. 4 days
 5. 5 days
 6. 6 days
 7. 7 days
18. On how many of the **past 7 days** did you do exercises to strengthen or tone your muscles, such as push-ups, sit-ups, or weight lifting?
0. 0 days
 1. 1 day
 2. 2 days
 3. 3 days
 4. 4 days
 5. 5 days
 6. 6 days
 7. 7 days
19. On how many of the **past 7 days** did you do any house cleaning or yard work for at least **30 minutes** at a time?
0. 0 days
 1. 1 day
 2. 2 days
 3. 3 days
 4. 4 days
 5. 5 days
 6. 6 days
 7. 7 days
20. On how many of the **past 7 days** did you exercise or participate in sports activities for at least **20 minutes** that made you sweat and breathe hard, such as basketball, jogging, fast dancing, swimming laps, tennis, fast bicycling, or similar aerobic activities?
0. 0 days
 1. 1 day
 2. 2 days
 3. 3 days
 4. 4 days
 5. 5 days
 6. 6 days
 7. 7 days

21. How many hours per day do you watch TV and/or videos on a **typical weekday**?

_____ Hours per weekday

22. How many hours per day do you watch TV and/or videos on a **typical weekend**?

_____ Hours per weekend day

23. Have you done any of the following activities in the **past two weeks**? Please indicate how many times you did each activity and how many minutes you did the activity **each time**. Convert hours to minutes by multiplying by 60; for example, 2 hours is 120 minutes.

	How many times in the PAST 2 WEEKS did you do the activity?	About how many MINUTES did you do the activity EACH TIME ?
a. Walking for exercise.....	_____ TIMES	_____ MINUTES EACH TIME
b. Jogging or running.....	_____ TIMES	_____ MINUTES EACH TIME
c. Hiking.....	_____ TIMES	_____ MINUTES EACH TIME
d. Gardening or yard work.....	_____ TIMES	_____ MINUTES EACH TIME
e. Aerobics or aerobic dancing.....	_____ TIMES	_____ MINUTES EACH TIME
f. Other dancing.....	_____ TIMES	_____ MINUTES EACH TIME
g. Calisthenics or general exercise.....	_____ TIMES	_____ MINUTES EACH TIME
h. Golf.....	_____ TIMES	_____ MINUTES EACH TIME
i. Tennis.....	_____ TIMES	_____ MINUTES EACH TIME
j. Bowling.....	_____ TIMES	_____ MINUTES EACH TIME
k. Biking or exercise cycling.....	_____ TIMES	_____ MINUTES EACH TIME
l. Swimming or water exercise.....	_____ TIMES	_____ MINUTES EACH TIME
m. Yoga.....	_____ TIMES	_____ MINUTES EACH TIME
n. Weight lifting or weight training.....	_____ TIMES	_____ MINUTES EACH TIME
o. Basketball.....	_____ TIMES	_____ MINUTES EACH TIME
p. Baseball or softball.....	_____ TIMES	_____ MINUTES EACH TIME
q. Football.....	_____ TIMES	_____ MINUTES EACH TIME
r. Soccer.....	_____ TIMES	_____ MINUTES EACH TIME
s. Volleyball.....	_____ TIMES	_____ MINUTES EACH TIME
t. Handball, racquetball, or squash.....	_____ TIMES	_____ MINUTES EACH TIME
u. Skating.....	_____ TIMES	_____ MINUTES EACH TIME

- v. Skiing _____ TIMES _____ MINUTES EACH TIME
- w. Rowing..... _____ TIMES _____ MINUTES EACH TIME
- x. Surfing, boogie boarding, wind surfing _____ TIMES _____ MINUTES EACH TIME
- y. Housework _____ TIMES _____ MINUTES EACH TIME
- z. Other _____ _____ TIMES _____ MINUTES EACH TIME

Physical Activity Enjoyment Scale
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24. Please rate how you feel **at the moment** about the physical activity you have been doing. Below is a list of feelings with respect to physical activity. For each feeling, please circle the number that best describes you.

- | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|
| a. I enjoy it | 1 | 2 | 3 | 4 | 5 | 6 | 7 | I hate it |
| b. I feel bored | 1 | 2 | 3 | 4 | 5 | 6 | 7 | I feel interested |
| c. I dislike it | 1 | 2 | 3 | 4 | 5 | 6 | 7 | I like it |
| d. I find it pleasurable | 1 | 2 | 3 | 4 | 5 | 6 | 7 | I find it unpleasurable |
| e. I am very absorbed in this activity | 1 | 2 | 3 | 4 | 5 | 6 | 7 | I am not at all absorbed in this activity |
| f. It's no fun at all | 1 | 2 | 3 | 4 | 5 | 6 | 7 | It's a lot of fun |
| g. I find it energizing | 1 | 2 | 3 | 4 | 5 | 6 | 7 | I find it tiring |
| h. It makes me depressed | 1 | 2 | 3 | 4 | 5 | 6 | 7 | It makes me happy |
| i. It's very pleasant | 1 | 2 | 3 | 4 | 5 | 6 | 7 | It's very unpleasant |
| j. I feel good physically while doing it | 1 | 2 | 3 | 4 | 5 | 6 | 7 | I feel bad physically while doing it |
| k. It's very invigorating | 1 | 2 | 3 | 4 | 5 | 6 | 7 | It's not at all invigorating |
| l. I am very frustrated by it | 1 | 2 | 3 | 4 | 5 | 6 | 7 | I am not at all frustrated by it |
| m. It's very gratifying | 1 | 2 | 3 | 4 | 5 | 6 | 7 | It's not at all gratifying |
| n. It's very exhilarating | 1 | 2 | 3 | 4 | 5 | 6 | 7 | It's not at all exhilarating |

o. It's not at all stimulating	1	2	3	4	5	6	7	It's very stimulating
p. It gives me a strong sense of accomplishment	1	2	3	4	5	6	7	It does not give me any sense of accomplishment
q. It's very refreshing	1	2	3	4	5	6	7	It's not at all refreshing
r. I felt as though I would rather be doing something else	1	2	3	4	5	6	7	I felt as though there was nothing else I would rather be doing

Describe Your Environment

25. Please indicate which items you have in your home, yard, or apartment complex:
- a. Stationary aerobic equipment 0. No 1. Yes
(e.g., cycle, rowing machine, Nordictrak, treadmill, stairmaster)
 - b. Bicycle (mountain or road) 0. No 1. Yes
 - c. Dog..... 0. No 1. Yes
 - d. Trampoline for jogging in place 0. No 1. Yes
 - e. Running shoes..... 0. No 1. Yes
 - f. Swimming pool..... 0. No 1. Yes
 - g. Weight lifting equipment 0. No 1. Yes
 - h. Toning devices (Dyna-bands, rubber bands, Thigh Master) 0. No 1. Yes
 - i. Aerobic workout videos or audio tapes 0. No 1. Yes
 - j. Step or slide aerobic..... 0. No 1. Yes
 - k. Skates (in-line, roller, figure)..... 0. No 1. Yes
 - l. Sports equipment (racquets, balls,)..... 0. No 1. Yes
 - m. Surf board, boogie board, windsurf board 0. No 1. Yes
 - n. Canoe, row boat, kayak..... 0. No 1. Yes
 - o. Skis (snow or water) 0. No 1. Yes
 - p. Swimming or scuba equipment..... 0. No 1. Yes
26. Are you a member of a health club or gym?..... 0. No 1. Yes
- Is the health club only available to you certain hours?..... 0. No 1. Yes
27. **Have you moved since the first time you completed this survey?.** 0. No 1. Yes

- | | | |
|--|----------|----------|
| g. Complained about the time I spend doing physical activity.. | g. _____ | g. _____ |
| h. Criticized me or made fun of me for doing physical activities | h. _____ | h. _____ |
| i. Gave me rewards for being physically active such as bought or gave me something I like..... | i. _____ | i. _____ |
| j. Planned for physical activities on recreational outings | j. _____ | j. _____ |
| k. Helped plan events around my physical activities..... | k. _____ | k. _____ |
| l. Asked me for ideas on how they can be more physically active | l. _____ | l. _____ |
| m. Talked about how much they like to do physical activity | m. _____ | m. _____ |

Barriers to Physical Activity

The following questions refer to barriers and benefits to your physical activity.

34. How often do the following prevent you from getting physical activity?

	<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Often</u>	<u>Very Often</u>
a. Self conscious about my looks when I do activities	0	1	2	3	4
b. Lack of interest in physical activity	0	1	2	3	4
c. Lack of self-discipline or willpower	0	1	2	3	4
d. Lack of time	0	1	2	3	4
e. Lack of energy	0	1	2	3	4
f. I do not have anyone to do physical activities with me ...	0	1	2	3	4
g. I do not enjoy physical activity	0	1	2	3	4
h. I hate to fail, so I do not try	0	1	2	3	4
i. Lack of equipment	0	1	2	3	4
j. The weather is too bad	0	1	2	3	4
k. Lack of skills	0	1	2	3	4
l. I am usually too tired to exercise	0	1	2	3	4
m. Lack of knowledge on how to do physical activities	0	1	2	3	4
n. Poor health	0	1	2	3	4
o. Fear of injury	0	1	2	3	4

p. Physical activity is hard work.....	0	1	2	3	4
q. Lack of a convenient place to do physical activity.....	0	1	2	3	4
r. I am too overweight.....	0	1	2	3	4
s. Physical activity is boring.....	0	1	2	3	4
t. Minor aches and pains.....	0	1	2	3	4
u. Work demands.....	0	1	2	3	4
v. Social demands.....	0	1	2	3	4
w. Family demands.....	0	1	2	3	4
x. Lack of money.....	0	1	2	3	4
y. Other _____	0	1	2	3	4

Benefits of Physical Activity

This section is about some possible effects of **regular** physical activity. Please indicate your agreement with each statement:

35. If I participate in regular physical activity or sports, then:

	<u>Strongly Disagree</u>	<u>Somewhat Disagree</u>	<u>Neutral</u>	<u>Somewhat Agree</u>	<u>Strongly Agree</u>
a. I will feel less depressed and/or bored.....	1	2	3	4	5
b. I will improve my self-esteem.....	1	2	3	4	5
c. I will meet new people.....	1	2	3	4	5
d. I will lose weight.....	1	2	3	4	5
e. I will build up my muscle strength.....	1	2	3	4	5
f. I will feel less tension and stress.....	1	2	3	4	5
g. I will improve my health or reduce my risk of disease.....	1	2	3	4	5
h. I will do better on my job.....	1	2	3	4	5
i. I will feel more attractive.....	1	2	3	4	5
j. I will improve my heart & lung fitness.....	1	2	3	4	5
k. I will gain muscle.....	1	2	3	4	5
l. I will improve muscle tone.....	1	2	3	4	5

- m. I will feel better about my body 1 2 3 4 5
- n. I will increase my energy level..... 1 2 3 4 5
- o. Other _____

Process of Change

The following questions refer to experiences that can affect your physical activity. Think about these or similar experiences you may have had during the **past month**. Then rate how frequently the experience occurred. Please give the number that best describes your answer for each experience.

36. How frequently does this occur?	<u>Never</u>	<u>Seldom</u>	<u>Occasionally</u>	<u>Often</u>	<u>Repeatedly</u>
a. I put things around my home to remind me of exercising. ...	1	2	3	4	5
b. I tell myself that if I try hard enough, I can keep exercising.....	1	2	3	4	5
c. I make commitments to exercise.....	1	2	3	4	5
d. I keep things around my place of work that remind me to exercise.	1	2	3	4	5
e. I find society changing in ways that make it easier for the exerciser.	1	2	3	4	5
f. Warnings about health hazards of inactivity affect me emotionally.	1	2	3	4	5
g. I react emotionally to warnings about an inactive lifestyle.....	1	2	3	4	5
h. I read articles about exercise in an attempt to learn more about it.	1	2	3	4	5
i. I have a healthy friend that encourages me to exercise when I don't feel up to it.....	1	2	3	4	5
j. When I exercise, I tell myself that I am being good to myself by taking care of my body.....	1	2	3	4	5
k. I am aware of more and more people encouraging me to exercise these days.....	1	2	3	4	5
l. I do something nice for myself for making efforts to exercise more.	1	2	3	4	5
m. I have someone who provides feedback about my exercising.	1	2	3	4	5
n. I look for information related to exercise.	1	2	3	4	5
o. I feel I would be a better role model for others if I exercised regularly.	1	2	3	4	5
p. I think about the type of person I will be if I keep exercising.	1	2	3	4	5

- q. I realize that I might be able to influence others to be healthier if I would exercise more. 1 2 3 4 5
- r. I get frustrated with myself when I don't exercise. 1 2 3 4 5
- s. When I feel tired, I make myself exercise anyway because I know I will feel better afterward. 1 2 3 4 5
- t. When I'm feeling tense, I find exercise a great way to relieve my worries. 1 2 3 4 5

Exercise Confidence

The following questions refer to your confidence in trying to increase or continue your exercise. Below is a list of things people might do while trying to increase or continue regular exercise. For the following questions, rate aerobic exercises such as running, swimming, brisk walking, bicycle riding, or aerobic classes. Whether you exercise or not, please rate how confident you are that you could really motivate yourself to do similar aerobic exercises **consistently, for at least six months.**

37. Using the following rating scale, please circle the number that best describes **how sure you are that you can do these things?**

- | | <u>I know
I cannot</u> | | <u>Maybe
I can</u> | | <u>I know
I can</u> |
|--|----------------------------|---|------------------------|---|-------------------------|
| a. Get up early, even on weekends, to exercise..... | 1 | 2 | 3 | 4 | 5 |
| b. Stick to your exercise program after a long, tiring day at work. | 1 | 2 | 3 | 4 | 5 |
| c. Exercise even though you are feeling depressed. | 1 | 2 | 3 | 4 | 5 |
| d. Set aside time for an exercise program; that is, walking, jogging, swimming, biking, or other continuous activities for at least 30 minutes, 3 times per week. | 1 | 2 | 3 | 4 | 5 |
| e. Continue to exercise with others even though they seem too fast or slow for you. | 1 | 2 | 3 | 4 | 5 |
| f. Stick to your exercise program when undergoing a stressful life change (e.g., divorce, death in the family, moving).... | 1 | 2 | 3 | 4 | 5 |
| g. Go to social events or fun activities only after exercising. | 1 | 2 | 3 | 4 | 5 |
| h. Stick to your exercise program when your family is demanding more time from you. | 1 | 2 | 3 | 4 | 5 |
| i. Stick to your exercise program when you have household chores to attend to. | 1 | 2 | 3 | 4 | 5 |
| j. Stick to your exercise program when you have excessive demands at work. | 1 | 2 | 3 | 4 | 5 |
| k. Stick to your exercise program when social obligations are very time consuming. | 1 | 2 | 3 | 4 | 5 |

1. Read or study less in order to exercise more..... 1 2 3 4 5

Body Image

38. The following questions refer to your feelings about dieting and your body image.
For each feeling, circle the number that best describes you. Circle only one answer.

	<u>Always</u>	<u>Usually</u>	<u>Often</u>	<u>Sometimes</u>	<u>Rarely</u>	<u>Never</u>
a. I eat sweets and carbohydrates without feeling guilty.....	1	2	3	4	5	6
b. I think about dieting.....	1	2	3	4	5	6
c. I feel extremely guilty after overeating.....	1	2	3	4	5	6
d. I am terrified of gaining weight.....	1	2	3	4	5	6
e. I exaggerate or magnify the importance of weight. ...	1	2	3	4	5	6
f. I am preoccupied with the desire to be thinner.....	1	2	3	4	5	6
g. If I gain a pound, I worry that I will keep gaining. .	1	2	3	4	5	6
h. I think that my stomach is too big.....	1	2	3	4	5	6
i. I think that my thighs are too big.....	1	2	3	4	5	6
j. I think that my stomach is just the right size.	1	2	3	4	5	6
k. I feel satisfied with the shape of my body.	1	2	3	4	5	6
l. I like the shape of my buttocks.	1	2	3	4	5	6
m. I think my hips are too big.....	1	2	3	4	5	6
n. I think that my thighs are just the right size.....	1	2	3	4	5	6
o. I think my buttocks are too large.	1	2	3	4	5	6
p. I think that my hips are just the right size.....	1	2	3	4	5	6
q. I think that my legs are too small.....	1	2	3	4	5	6
r. I think that my arms are too small.	1	2	3	4	5	6
s. I think that my shoulders are just the right size.	1	2	3	4	5	6
t. I think that my arms are just the right size.....	1	2	3	4	5	6

- u. I think that my shoulders are too small..... 1 2 3 4 5 6
- v. I think that my legs are just the right size..... 1 2 3 4 5 6

Quality of Life

The following questions refer to quality of life issues.

39. Please rate how you feel **at the moment** about the following quality of life questions. Circle the number that best describes you.

<u>Personal Life</u>	<u>Delighted</u>	<u>Pleased</u>	<u>Mostly Satisfied</u>	<u>Mixed</u>	<u>Mostly Dissatisfied</u>	<u>Unhappy</u>	<u>Terrible</u>
a. How do you feel about your own personal life?.....	1	2	3	4	5	6	7
b. How do you feel about your wife/husband (or girlfriend/boyfriend)? or circle N/A....	1	2	3	4	5	6	7
c. How do you feel about your romantic life?	1	2	3	4	5	6	7

Work Life (if not employed, rate school)

d. How do you feel about your job?.....	1	2	3	4	5	6	7
e. How do you feel about the people you work with--your co-workers?	1	2	3	4	5	6	7
f. How do you feel about the work you do on the job--the work itself?.....	1	2	3	4	5	6	7

Self

g. How do you feel about the way you handle problems that come up in your life?	1	2	3	4	5	6	7
h. How do you feel about what you are accomplishing in your life?.....	1	2	3	4	5	6	7
i. How do you feel about your physical appearance--the way you look to others?.....	1	2	3	4	5	6	7
j. How do you feel about your own health and physical condition?.....	1	2	3	4	5	6	7
k. How do you feel about yourself?	1	2	3	4	5	6	7
l. How do you feel about the extent to which you can adjust to changes in your life?.....	1	2	3	4	5	6	7
m. How do you feel about the kind of person you are?	1	2	3	4	5	6	7

Life as a whole

- n. How do you feel about your life as a whole? 1 2 3 4 5 6 7
- o. Considering all things together, how content are you with life as a whole?.. 1 2 3 4 5 6 7
- p. To what extent has your life as a whole been what you wanted it to be? 1 2 3 4 5 6 7

General Health

40. **During the past 30 days**, on how many days did you smoke cigarettes?

- 0. 0 days
- 1. 1-2 days
- 2. 3-5 days
- 3. 6-9 days
- 4. 10-19 days
- 5. 20-29 days
- 6. All 30 days

41. **During the past 30 days**, on the days you smoked, how many cigarettes did you smoke per day?

- 0. I did not smoke cigarettes during the past 30 days
- 1. Less than one cigarette per day
- 2. 1 cigarette
- 3. 2-5 cigarettes
- 4. 6-10 cigarettes
- 5. 11-20 cigarettes
- 6. More than 20 cigarettes

42. **During the past 6 months**, did you try to quit smoking cigarettes?

- 0. No
- 1. Yes
- 3. I did not smoke cigarettes in the past 6 months

43. **During the past 30 days**, did you use chewing tobacco, such as Redman, Levi Garrett, or Beechnut, or snuff, such as Skoal, Skoal Bandits, or Copenhagen?

- 1. No, I did not use chewing tobacco or snuff during the past 30 days
- 2. Yes, chewing tobacco only
- 3. Yes, snuff only
- 4. Yes, both chewing tobacco and snuff

44. Did you drink alcohol or use drugs before you had sexual intercourse the last time?

- 0. No
- 1. Yes
- 2. I have never had sexual intercourse

45. The **last time** you had sexual intercourse, did you or your partner use a condom?

- 0. No
- 1. Yes
- 2. I have never had sexual intercourse

46. What did you eat yesterday?	No	Yes, once only	Yes, twice or more
Yesterday, did you eat fruit?.....	0	1	2
Yesterday, did you drink fruit juice?	0	1	2
Yesterday, did you eat green salad?.....	0	1	2
Yesterday, did you eat cooked vegetables?	0	1	2
Yesterday, did you eat hamburger, hot dogs, or sausage?	0	1	2
Yesterday, did you eat french fries or potato chips?.....	0	1	2
Yesterday, did you eat cookies, doughnuts, pie, or cake?	0	1	2

47. **How often do you currently do the following things to help you be more physically active?**

	<u>Never</u>	<u>Rarely</u>	<u>Occasionally</u>	<u>Often</u>
a. I set goals to do physical activity.....	1	2	3	4
b. I set aside a special time to do physical activity.....	1	2	3	4
c. I keep a chart of how much physical activity I do.....	1	2	3	4
d. I ask a friend to do physical activity with me.....	1	2	3	4
e. I praise myself for doing physical activity.....	1	2	3	4
f. I try to get my friends to do physical activity instead of watching TV.....	1	2	3	4
g. I put up reminders to be physically active around the house.....	1	2	3	4
h. I reward myself for being physically active.....	1	2	3	4
i. I think often about the benefits I will get from being physically active	1	2	3	4
j. I choose activities that are convenient to do.....	1	2	3	4
k. I do things to make physical activity more enjoyable	1	2	3	4
l. I say positive things to myself about physical activity	1	2	3	4

- m. I write my planned activity sessions in an appointment
book or calendar..... 1 2 3 4
- n. I try to help other people be physically active..... 1 2 3 4