

PROJECT GRAD

Two Year Follow-up Health Survey

Directions: Below are a number of questions relating to your health practices. This survey is very similar to the ones you have completed in the past. We apologize if some questions seem repetitive, however they are all important. We appreciate your patience. Please answer every question carefully. If necessary, write N/A for "Not Applicable."

SSN: _____ - _____ - _____ Today's Date (mo/dy/yr): _____

Name (last): _____ (First): _____ (Maiden): _____

Address: _____

City/State/Zip: _____

Phone: _____ E-mail: _____

Demographics

The following questions refer to your personal background information.

1. Did you receive your undergraduate degree yet?

- 1. Yes
- 2. No

2. When did you or when do you plan to receive your **undergraduate** degree?

- | | |
|--------------------|-------------------------------------|
| 1. Dec/Jan 1994/95 | 6. May/August 1997 |
| 2. May/August 1995 | 7. Dec/Jan 1997/98 |
| 3. Dec/Jan 1995/96 | 8. May/August 1998 |
| 4. May/August 1996 | 9. Dec/Jan 1998/99 |
| 5. Dec/Jan 1996/97 | 10. Other: Month: _____ Year: _____ |

3. Are you enrolled in graduate, credential, or other **formal** postbaccalaureate program?

- 0. No
- 1. Yes

4. When did you or when do you plan to receive your **credential, graduate, or other postbaccalaureate degree**?

- | | |
|--------------------|-------------------------------------|
| 1. Not Applicable | 7. May/August 1997 |
| 2. Dec/Jan 1994/95 | 8. Dec/Jan 1997/98 |
| 3. May/August 1995 | 9. May/August 1998 |
| 4. Dec/Jan 1995/96 | 10. Dec/Jan 1998/99 |
| 5. May/August 1996 | 11. Other: Month: _____ Year: _____ |
| 6. Dec/Jan 1996/97 | |

5. What is your employment status?

- 1. Work full-time
- 2. Work part-time
- 3. Unemployed
- 4. Homemaker
- 5. Other _____

6. What is your job title?

1. _____
2. _____
3. _____
4. Not Applicable

7. Which of the following best describes your current living situation?

1. Live alone
2. Live with roommates
3. Live with spouse or significant other
4. Live with parent(s)
5. Other _____

8. In the past year, how much did you discuss the **other class** with any of your friends or acquaintances who were in the other class?

1. None
2. A little
3. Some
4. A great deal

General Health

11. 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

12. 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

13. **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

14. **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
15. **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
16. **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
17. **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
18. **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
19. **During the past 6 months**, did you try to quit smoking cigarettes?
3. I did not smoke cigarettes in the past 6 months
 0. No
 1. Yes

20. **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

21. 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

22. 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

23. What is your current body weight? _____ pounds

24. Do you consider yourself?

1. Very underweight
2. Slightly underweight
3. About the right weight
4. Slightly overweight
5. Very overweight

25. In the past year, have you experienced any changes in your medical status?

0. No
1. Yes

If yes, please circle all that apply:

1. Minor Injuries such as sprained ankle or wrist, strained or pulled muscle, tendonitis due to exercise
2. Minor injuries such as sprained ankle or wrist, strained or pulled muscle, tendonitis **not** due to exercise
3. Major injuries such as broken bones or "slipped" discs due to exercise
4. Major injuries such as broken bones or "slipped" discs **not** due to exercise
5. Surgery or hospitalization for minor or major injury due to exercise
6. Surgery or hospitalization for minor or major injury **not** due to exercise
7. Pregnancy
8. Illness or acute medical condition such as mononucleosis
9. Diagnosed with a chronic disease or medical condition
10. Depression
11. Other: _____

Physical Activity Stages

26. 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 <u>regularly</u> | 0. No | 1. Yes |
| d. I have exercised <u>regularly</u> 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 <u>regular</u> physical activity. | 0. No | 1. Yes |
| i. I have been physically active <u>regularly</u> 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 |

27. **If you currently exercise:**

a. How many days per week do you usually exercise?

- 8. 0 days (Do not exercise)
- 1. 1 day per week
- 2. 2 days per week
- 3. 3 days per week
- 4. 4 days per week
- 5. 5 days per week
- 6. 6 days per week
- 7. 7 days per week

b. What is the approximate **average** number of minutes you exercise on each day that you exercise?

_____ Average minutes each day _____ Not Applicable

c. How long have you been exercising at the level reported in 27 a. and b? Please write in the number of years, months, or weeks. For example, 0 Years 1 Months 2 Weeks

_____ Years _____ Months _____ Weeks

_____ Not Applicable

d. Compared to your physical activity level *one year ago*, how active are you now?

- 1. Much less active
- 2. Slightly less active
- 3. About as active
- 4. Slightly more active
- 5. Much more active

28. In the past year, about how many times did you **stop** exercising for at least one month and then **start** exercising again for at least one month?

_____ NUMBER OF STOPS AND STARTS

29. If you stopped exercising for at least one month, what were the **most important** reasons for stopping?

30. If you started exercising again, what were the **most important** reasons for starting again?

National Health Interview

The next set of questions have to do with walking for exercise in the **past two weeks**.

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

_____ DAYS

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

_____ MINUTES

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

- 5. I didn't walk in the last two weeks for exercise.
- 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)

34. How many **flights of stairs** did you climb **each day** this past week?
(10 steps = 1 flight of stairs)

_____ Flights per day

35. 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

36. 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
37. 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
38. 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
39. 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
40. How many hours per day do you watch TV and/or videos on a **typical weekday**?
- _____ Hours per weekday
41. How many hours per day do you watch TV and/or videos on a **typical weekend**?
- _____ Hours per weekend day

42. 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. Please **do not** include occupational/work-related physical activity.

	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 or stretching.....	_____ 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 or rollerblading	_____ TIMES	___ MINUTES EACH TIME
v. Skiing or snowboarding.....	_____ 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

43. 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

44. Please indicate which items you have in your home, yard, or apartment complex:
- | | | | |
|---|-------|--------|--------|
| a. Stationary aerobic equipment
(e.g., cycle, rowing machine, NordicTrack, treadmill, stairmaster) | 0. No | 1. Yes | |
| 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 | |
| 45. 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 | 2. N/A |
| 46. Have you moved in the past year? | 0. No | 1. Yes | |
| 47. Please indicate which of the following apply to your neighborhood: | | | |
| a. Sidewalk | 0. No | 1. Yes | |
| b. Heavy traffic..... | 0. No | 1. Yes | |
| c. Hills | 0. No | 1. Yes | |
| d. Street lights..... | 0. No | 1. Yes | |
| e. Dogs that are unattended | 0. No | 1. Yes | |
| f. Enjoyable scenery | 0. No | 1. Yes | |
| g. Frequently see people walking or exercising | 0. No | 1. Yes | |
| h. High crime | 0. No | 1. Yes | |
| i. Other _____ | | | |

The following questions have to do with working outside the home.

- 52. Are there exercise facilities at your work? (workout room/gym, exercise equipment, walking path/PAR course)
 - 0. No
 - 1. Yes
 - 2. Not applicable / Don't know

- 53. Are there regular exercise programs at your work? (e.g., aerobic classes, team sports, walking groups, etc.)
 - 0. No
 - 1. Yes
 - 2. Not applicable / Don't know

- 54. Are there shower facilities at your work?
 - 0. No
 - 1. Yes
 - 2. Not applicable / Don't know

- 55. Is an exercise specialist/activity coordinator available for employees at your work?
 - 0. No
 - 1. Yes
 - 2. Not applicable / Don't know

- 56. Are there any policies at your work that encourage exercise or biking?
 - 0. No
 - 1. Yes
 - 2. Not applicable / Don't know

- 57. Are the stairs at your work:
 - a. accessible..... 0. No 1. Yes
 - b. safe 0. No 1. Yes
 - c. pleasant..... 0. No 1. Yes
 - d. Not applicable / No stairs

- 58. Does your employer provide any paid time for you to exercise?
 - 0. No
 - 1. Yes
 - 2. Not applicable / Don't Know

Social Support

The following questions refer to social support for your physical activity.

Below is a list of things people might do or say to someone who is trying to do physical activity regularly. Please read and answer every question. If you are not physically active, then some of the questions may not apply to you. In that case, please write "6" for "does not apply."

Please rate each question twice. Under "Family," rate how often anyone living in your household has said or done what is described, during the last three months. Under "Friends," rate how often your friends or co-workers have said or done what is described, during the last three months.

Please write one number from the following rating scale in each space.

None	Rarely	A few times	Often	Very often	Does not apply
1	2	3	4	5	6

SAMPLE: -----

Family Friends

1. If my family rarely does physical activities with me, and my friends very often do, I would answer like this:

a. Exercise with me. a. 2 a. 5

59. During the past three months, my family (or members of my household) and friends:

	<u>Family</u>	<u>Friends</u>
a. Did physical activities with me	a. _____	a. _____
b. Offered to do physical activities with me	b. _____	b. _____
c. Gave me helpful reminders to be physically active, i.e. "Are you going to do your activity tonight?"	c. _____	c. _____
d. Gave me encouragement to stick with my activity program.....	d. _____	d. _____
e. Changed their schedule so we could do physical activities together.....	e. _____	e. _____
f. Discussed physical activity with me	f. _____	f. _____
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 to and benefits of your physical activity.

60. 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 _____					

Benefits of Physical Activity

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

61. 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 circle the number that best describes your answer for each experience.

62. 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**.

63. 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>	2	3	4	<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
l. Read or study less in order to exercise more.	1	2	3	4	5

Body Image

64. 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.

65. 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)?	1	2	3	4	5	6	7	N/A
c. How do you feel about your romantic life?	1	2	3	4	5	6	7	
<u>Work Life (if not employed, rate school)</u>								
d. How do you feel about your job	1	2	3	4	5	6	7	N/A
e. How do you feel about the people you work with--your co-workers?	1	2	3	4	5	6	7	N/A
f. How do you feel about the work you do on the job--the work itself?	1	2	3	4	5	6	7	N/A
<u>Self</u>								
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	
<u>Life as a whole</u>								
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	

66. What did you eat yesterday?	<u>No</u>	<u>Yes, once only</u>	<u>Yes, twice or more</u>
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

67. 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
o. I find ways to get around the barriers to physical activity.	1	2	3	4

Life Experiences Survey

Listed below are a number of events which sometimes bring about change in the lives of those who experience them and which necessitate social readjustment. *Please check those events which you have experienced in the past year.* For each item checked below, *please indicate the extent to which you viewed the event as having either a positive or negative impact on your life at the time the event occurred.* That is, *indicate the type and extent of impact that the event had.* A rating of -3 would indicate an extremely negative impact. A rating of 0 suggests no impact either positive or negative. A rating of +3 would indicate an extremely positive impact.

Key:	
-3	Extremely negative
-2	Moderately negative
-1	Slightly negative
0	No impact
+1	Slightly positive
+2	Moderately positive
+3	Extremely positive

		<u>Check One</u>		
		<u>Did not</u>	<u>Experienced in</u>	
		<u>Experience</u>	<u>the past year</u>	<u>Rating</u>
1.	Marriage.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
2.	Detention in jail or comparable institution.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
3.	Death of spouse.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
4.	Major change in sleeping habits (much more or much less sleep)	<input type="checkbox"/>	<input type="checkbox"/>	_____
5.	Death of close family member:			
	a. mother	<input type="checkbox"/>	<input type="checkbox"/>	_____
	b. father	<input type="checkbox"/>	<input type="checkbox"/>	_____
	c. brother	<input type="checkbox"/>	<input type="checkbox"/>	_____
	d. sister	<input type="checkbox"/>	<input type="checkbox"/>	_____
	e. grandmother	<input type="checkbox"/>	<input type="checkbox"/>	_____
	f. grandfather	<input type="checkbox"/>	<input type="checkbox"/>	_____
	g. other (Who?) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
6.	Major change in eating habits (much more or much less food intake)	<input type="checkbox"/>	<input type="checkbox"/>	_____
7.	Foreclosure on mortgage or loan	<input type="checkbox"/>	<input type="checkbox"/>	_____

Key:	
-3	Extremely negative
-2	Moderately negative
-1	Slightly negative
0	No impact
+1	Slightly positive
+2	Moderately positive
+3	Extremely positive

		<u>Check One</u>		
		<u>Did not</u>	<u>Experienced in</u>	
		<u>Experience</u>	<u>the past year</u>	<u>Rating</u>
8.	Death of a close friend.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
9.	Outstanding personal achievement.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
10.	Minor law violations (traffic tickets, disturbing the peace, etc.).....	<input type="checkbox"/>	<input type="checkbox"/>	_____
11.	Males Only: Wife/girlfriend's pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	_____ NA
12.	Females Only: Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	_____ NA
13.	Changed work situation (different work responsibility, major change in working conditions, hours, etc.).....	<input type="checkbox"/>	<input type="checkbox"/>	_____
14.	New job	<input type="checkbox"/>	<input type="checkbox"/>	_____
15.	Serious illness or injury of close family member:			
	a. mother	<input type="checkbox"/>	<input type="checkbox"/>	_____
	b. father	<input type="checkbox"/>	<input type="checkbox"/>	_____
	c. brother	<input type="checkbox"/>	<input type="checkbox"/>	_____
	d. sister	<input type="checkbox"/>	<input type="checkbox"/>	_____
	e. grandmother	<input type="checkbox"/>	<input type="checkbox"/>	_____
	f. grandfather	<input type="checkbox"/>	<input type="checkbox"/>	_____
	g. spouse.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
	h. other (Who?) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
16.	Sexual difficulties	<input type="checkbox"/>	<input type="checkbox"/>	_____
17.	Trouble with employer (in danger of losing job, being suspended, demoted, etc.).....	<input type="checkbox"/>	<input type="checkbox"/>	_____
18.	Trouble with in-laws	<input type="checkbox"/>	<input type="checkbox"/>	_____

Key:	
-3	Extremely negative
-2	Moderately negative
-1	Slightly negative
0	No impact
+1	Slightly positive
+2	Moderately positive
+3	Extremely positive

		<u>Check One</u>		
		<u>Did not</u>	<u>Experienced in</u>	
		<u>Experience</u>	<u>the past year</u>	<u>Rating</u>
19.	Financial status a lot worse off	<input type="checkbox"/>	<input type="checkbox"/>	_____
20.	Family members much less close	<input type="checkbox"/>	<input type="checkbox"/>	_____
21.	Gaining a new family member (through birth, adoption, moving in, etc.).....	<input type="checkbox"/>	<input type="checkbox"/>	_____
22.	Change of residence.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
23.	Marital separation from mate (due to conflict)	<input type="checkbox"/>	<input type="checkbox"/>	_____
24.	Major change in church activities (increased or decreased attendance)	<input type="checkbox"/>	<input type="checkbox"/>	_____
25.	Marital reconciliation with mate.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
26.	Increase in number of arguments with spouse.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
27.	Change in spouse's work outside the home (beginning work, ceasing work, change jobs, etc.).....	<input type="checkbox"/>	<input type="checkbox"/>	_____
28.	Major change in usual type and /or amount of recreation	<input type="checkbox"/>	<input type="checkbox"/>	_____
29.	Borrowing more than \$15,000 (buying a home, business, etc.).....	<input type="checkbox"/>	<input type="checkbox"/>	_____
30.	Borrowing less than \$15,000 (buying car, TV, getting school loans, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
31.	Being fired from a job.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
32.	Males Only: Wife/girlfriend having abortion	<input type="checkbox"/>	<input type="checkbox"/>	_____ NA
33.	Females Only: Having abortion	<input type="checkbox"/>	<input type="checkbox"/>	_____ NA

Key:	
-3	Extremely negative
-2	Moderately negative
-1	Slightly negative
0	No impact
+1	Slightly positive
+2	Moderately positive
+3	Extremely positive

		<u>Check One</u>		
		<u>Did not</u>	<u>Experienced in</u>	
		<u>Experience</u>	<u>the past year</u>	<u>Rating</u>
34.	Major personal illness or injury	<input type="checkbox"/>	<input type="checkbox"/>	_____
35.	Major change in social activities, e.g., parties, movies, visiting, etc. (increased or decreased participation)	<input type="checkbox"/>	<input type="checkbox"/>	_____
36.	Major change in living conditions of family (building a new home, remodeling, deterioration of home, neighborhood) ..	<input type="checkbox"/>	<input type="checkbox"/>	_____
37.	Divorce	<input type="checkbox"/>	<input type="checkbox"/>	_____
38.	Serious injury or illness of a close friend	<input type="checkbox"/>	<input type="checkbox"/>	_____
39.	Retirement from work	<input type="checkbox"/>	<input type="checkbox"/>	_____
40.	Son or daughter leaving home (due to marriage, college, etc.).....	<input type="checkbox"/>	<input type="checkbox"/>	_____
41.	Ending of formal schooling	<input type="checkbox"/>	<input type="checkbox"/>	_____
42.	Separation from spouse for two weeks or more (due to work, travel, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
43.	Engagement.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
44.	Breaking up with girlfriend or boyfriend	<input type="checkbox"/>	<input type="checkbox"/>	_____
45.	Leaving home for the first time	<input type="checkbox"/>	<input type="checkbox"/>	_____
46.	Reconciliation with girlfriend or boyfriend	<input type="checkbox"/>	<input type="checkbox"/>	_____
47.	Parents split up (divorced or separated).....	<input type="checkbox"/>	<input type="checkbox"/>	_____

Other recent experiences which had an impact on your life. **List and rate.**

48. _____

49. _____

50. _____

Section 2: Complete this section only if you have been a student in the past year.

_____ I have not been a student in the past year.

Key:	
-3	Extremely negative
-2	Moderately negative
-1	Slightly negative
0	No impact
+1	Slightly positive
+2	Moderately positive
+3	Extremely positive

	<u>Check One</u>		
	<u>Did not</u> <u>Experience</u>	<u>Experienced in</u> <u>the past year</u>	<u>Rating</u>
51. Beginning a new school experience at a higher academic level (college, graduate or professional school, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
52. Changing to a new school at same academic level (undergraduate, graduate, etc.).....	<input type="checkbox"/>	<input type="checkbox"/>	_____
53. Academic probation	<input type="checkbox"/>	<input type="checkbox"/>	_____
54. Being dismissed from dormitory or other residence	<input type="checkbox"/>	<input type="checkbox"/>	_____
55. Failing an important exam	<input type="checkbox"/>	<input type="checkbox"/>	_____
56. Changing a major	<input type="checkbox"/>	<input type="checkbox"/>	_____
57. Failing a course.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
58. Dropping a course	<input type="checkbox"/>	<input type="checkbox"/>	_____
59. Joining a fraternity or sorority	<input type="checkbox"/>	<input type="checkbox"/>	_____
60. Financial problems concerning school (in danger of not having sufficient money to continue)	<input type="checkbox"/>	<input type="checkbox"/>	_____

68. Below are questions concerning your feelings about different parts of the GRAD program in which you participated, including the class and your contact with the project after class. Please indicate how satisfied you were with each of these parts of GRAD. Please circle one answer.

	<u>Very Dissatisfied</u>	<u>Somewhat Dissatisfied</u>	<u>Neutral</u>	<u>Somewhat Satisfied</u>	<u>Very Satisfied</u>
a. Overall quality of the lecture content	1	2	3	4	5
b. Overall quality of the teaching in lecture	1	2	3	4	5
c. Books, handouts, and other class materials	1	2	3	4	5
d. Topics covered in lecture	1	2	3	4	5
(Nutrition, Cancer, Tobacco, Alcohol, STDs, Stress Management, Drugs, Wise consumer Conception, Birth Control, Aging,)					
e. Information provided by guest lecturers	1	2	3	4	5
f. Homework assignments	1	2	3	4	5
g. Berkeley Wellness Newsletter	1	2	3	4	5

69. How would you improve the GRAD course?

70. How would you improve the follow-up, i.e., newsletter?

71. What one thing did you like most about the class?

72. What one thing did you like most about the follow-up / newsletter?

Contact Information

In the event that we may need to contact you in the future, please write the names, addresses, and phone numbers of two people who are willing to help us locate you. This information will be kept confidential and destroyed after the study is over. We will contact them only if we are unable to locate you.

Please Print:

1. Name _____

Address _____

Phone: _____ E-mail: _____

Relation _____

2. Name _____

Address _____

Phone: _____ E-mail: _____

Relation _____

Thank You!

Your time is greatly appreciated.