

- | | |
|--|---|
| <input type="checkbox"/> Exercise more | <input type="checkbox"/> Reduce drug use/medications |
| <input type="checkbox"/> Improve eating habits | <input type="checkbox"/> Cut down on drinking alcoholic beverages |
| <input type="checkbox"/> Lose weight | <input type="checkbox"/> Reduce stress levels |
| <input type="checkbox"/> Stop smoking | <input type="checkbox"/> Other (specify) |

Physical Activity and Exercise

Physical activity is any movement of the body produced by skeletal muscles, while exercise is physical activity that is planned and repeated for the purpose of improving health and fitness.

4. Please rate how important regular physical exercise and activity is to you:

- | | | | | | | | | | |
|------------|------|------|-----------|------|------|------|-----------|------|-------|
| 1 __ | 2 __ | 3 __ | 4 __ | 5 __ | 6 __ | 7 __ | 8 __ | 9 __ | 10 __ |
| Not at all | | | Somewhat | | | | Extremely | | |
| important | | | important | | | | important | | |

5. In general, compared to other persons your age, rate how physically active you are:

- | | | | | | | | | | |
|-------------------|------|------|-------------------|------|------|------|-------------------|------|-------|
| 1 __ | 2 __ | 3 __ | 4 __ | 5 __ | 6 __ | 7 __ | 8 __ | 9 __ | 10 __ |
| Not at all | | | Somewhat | | | | Extremely | | |
| physically active | | | physically active | | | | physically active | | |

6. How long have you exercised or played sports regularly?

- | | | |
|--|---|---|
| <input type="checkbox"/> I do not exercise regularly | <input type="checkbox"/> less than 1 year | <input type="checkbox"/> 1 to 2 years |
| <input type="checkbox"/> 2 to 5 years | <input type="checkbox"/> 5 to 10 years | <input type="checkbox"/> more than 10 years |

7. Outside of your normal work or daily responsibilities, how often do you engage in moderate-to-intense exercise? (Moderate-to-intense exercise is defined as activity that substantially increases your breathing and

heart rate and makes you sweat for at least 20 minutes through such activities as brisk walking, cycling, swimming, jogging, aerobic dance, stair climbing, rowing, basketball, squash etc.).

___ 5 or more times per week ___ 3 to 4 times per week ___ 1 to 2 times per week
___ Less than 1 time per week ___ Seldom or never

8. How much hard physical work is required on your job?

___ A great deal ___ A moderate amount ___ A little ___ None

Physical Fitness

Physical fitness is the ability to perform moderate-to-vigorous levels of physical activity without undue fatigue and the capability of maintaining such ability throughout life. Physical fitness has three major components: optimal body fat, good heart and lung endurance, and strong, enduring muscles.

9. Please rate how important physical fitness is to you:

1 ___	2 ___	3 ___	4 ___	5 ___	6 ___	7 ___	8 ___	9 ___	10 ___
Not at all				Somewhat				Extremely	
important				important				important	

10. In general, compared to other persons your age, rate how physically fit you are:

1 ___	2 ___	3 ___	4 ___	5 ___	6 ___	7 ___	8 ___	9 ___	10 ___
Not at all				Somewhat				Extremely	
physically fit				physically fit				physically fit	

Nutrition

Good nutrition is important to health at all stages of life. Healthy diets contain the amounts of essential nutrients and energy needed to prevent nutritional deficiencies and excesses. Healthy diets also provide the right balance of carbohydrate, fat, and protein to reduce risks for chronic diseases (e.g., heart disease and cancer). Healthy diets consist of a variety of foods that are available, affordable, and enjoyable.

important

important

important

24. In general, rate how close you are to your ideal body weight (the weight that you think is healthy for you):

1 __ 2 __ 3 __ 4 __ 5 __ 6 __ 7 __ 8 __ 9 __ 10 __
 Not at all Somewhat Exactly
 close close right

25. How much weight would you like to lose or gain to reach your ideal weight?

Amount to lose: _____ Don't want to gain or lose

Amount to gain: _____

26. Which of the following are you currently trying to do?

___ Lose weight ___ Gain weight
 ___ Stay about the same ___ Not trying to do anything

27. What is the most you have ever weighed? _____

Psychological Health

Mental or psychological health refers to both the absence of mental disorders (e.g., depression, phobias, schizophrenia) and the ability of the individual to negotiate the daily challenges and social interactions of life without experiencing mental, emotional, or behavioral distress.

28. Please rate how important good mental health is to you:

1 __ 2 __ 3 __ 4 __ 5 __ 6 __ 7 __ 8 __ 9 __ 10 __
 Not at all Somewhat Extremely
 important important important

29. In general, compared to other persons your age, rate your mental health:

1 __ 2 __ 3 __ 4 __ 5 __ 6 __ 7 __ 8 __ 9 __ 10 __

Not at all
healthy

Somewhat
healthy

Extremely
healthy

30. How do you feel about yourself as a person?

1 __ 2 __ 3 __ 4 __ 5 __ 6 __ 7 __ 8 __ 9 __ 10 __
Not Somewhat Very
good good good

31. What do you think most other people think of you as a person?

1 __ 2 __ 3 __ 4 __ 5 __ 6 __ 7 __ 8 __ 9 __ 10 __
Not Somewhat Very
good good good

32. How do you rate your outlook on life?

1 __ 2 __ 3 __ 4 __ 5 __ 6 __ 7 __ 8 __ 9 __ 10 __
Very Mixed Very
pessimistic optimistic

33. How do you rate your interest in the world around you?

1 __ 2 __ 3 __ 4 __ 5 __ 6 __ 7 __ 8 __ 9 __ 10 __
Not interested Somewhat Very
at all interested interested

34. How stressful do you rate your life?

1 __ 2 __ 3 __ 4 __ 5 __ 6 __ 7 __ 8 __ 9 __ 10 __
Not stressful Somewhat Very
at all stressful stressful

35. How frequently do you become angry or upset over events in your life?

1 __ 2 __ 3 __ 4 __ 5 __ 6 __ 7 __ 8 __ 9 __ 10 __
Never Occasionally Often

Social Health

important

important

important

42. In general, rate your spiritual health:

1 __	2 __	3 __	4 __	5 __	6 __	7 __	8 __	9 __	10 __
Not at all			Somewhat				Extremely		
healthy			healthy				healthy		

Substance Use

Substance abuse is defined as the excessive use of a substance, especially one that may modify body functions, such as alcohol-containing drinks, tobacco, and drugs.

43. How would you describe your cigarette smoking habits?

Never smoked

Used to smoke How many years has it been since you smoked? _____ years

Still smoke On average, how many cigarettes a day do you smoke? _____ cigarettes per day

44. How many alcoholic drinks do you consume? (A "drink" is a glass of wine, a bottle or can of beer or a measure of spirits.)

<input type="checkbox"/> Never use alcohol	<input type="checkbox"/> Less than 1 per week	<input type="checkbox"/> 1 to 6 per week
<input type="checkbox"/> 1 per day	<input type="checkbox"/> 2 to 3 per day	<input type="checkbox"/> More than 3 per day

45. Think back over the last month. How many times (if any) have you had 5 or more drinks on one occasion?

<input type="checkbox"/> None	<input type="checkbox"/> Once	<input type="checkbox"/> Twice
<input type="checkbox"/> 3 to 5 times	<input type="checkbox"/> 6 to 9 times	<input type="checkbox"/> 10 or more times

Personal Health and Safety

46. When did you last:

	6 months	6 to 12 mo	1 to 2 yrs	>2 yrs	Never
See a doctor for a checkup?	—	—	—	—	—
See a dentist for an checkup?	—	—	—	—	—
Check your blood pressure?	—	—	—	—	—
Check your cholesterol?	—	—	—	—	—

47. Have you EVER been told by a doctor or other health professional that you have:

	Yes	No
Hypertension (high blood pressure)?	—	—
High blood cholesterol?	—	—
Diabetes?	—	—

48. Did either of your parents, or one of your siblings, before the age of 60, have or die from:

	Yes	No
Coronary heart disease?	—	—
Stroke?	—	—
Cancer?	—	—
Diabetes?	—	—

49. On average, how many hours of sleep do you get in a 24-hour period?

___ Less than 5 ___ 5 to 6.9 ___ 7 to 9 ___ More than 9

50. How often do you get insufficient rest so that you are unable to function efficiently?

___ Less than weekly ___ Usually 1 night per week
___ 2 or 3 nights a week ___ 4 or more nights a week

51. In the next 12 months, how many thousands of miles will you probably travel by each of the following?
(Note: U.K. average = 10,000 miles.)

Car, truck, or van _____,000 miles
Motorcycle _____,000 miles

52. When driving or riding in a car, how often do you wear a seat belt?

- All or most of the time Some of the time
 Once in awhile Rarely or never

53. During the past month, about how many times did you ride with a driver who had used drugs or had been drinking before driving?

- 0 times 1 to 3 times 4 to 6 times
 7 to 10 times 11 to 20 times More than 20 times

54. Do you have the following items in your home?

- | | Yes | No |
|---------------------|--------------------------|--------------------------|
| A first aid kit | <input type="checkbox"/> | <input type="checkbox"/> |
| A smoke detector | <input type="checkbox"/> | <input type="checkbox"/> |
| A fire extinguisher | <input type="checkbox"/> | <input type="checkbox"/> |

Thank you for completing this questionnaire!