

Please write your code number below:

First three letters of the county in which you reside	FIRST letter of your first name	FIRST letter of your middle name	LAST letter of your last name	Month of your birth date	First digit of your day of birth



FOLLOW-UP QUESTIONNAIRE

The questions contained in this questionnaire are intended to help us better understand the general characteristics of LIFE Program participants. Your answers will remain confidential. Your name does not appear anywhere on this questionnaire. Please take your time completing this questionnaire. It may take up to 40 minutes to complete.

PLEASE USE A PEN.

(15 pages including cover)

IRB #: 12-533 Approved Date: 29 November 2012 Expiration Date: 19 November 2013

Please provide the following general information.

	<i>Office Use Only</i>
1. Age: _____ years	OAQFU1
2. Sex: <input type="checkbox"/> Male (1) <input type="checkbox"/> Female (2)	OAQFU2
3. Ethnicity: <input type="checkbox"/> Caucasian (1) <input type="checkbox"/> African American (2) <input type="checkbox"/> Asian (3) <input type="checkbox"/> Other (4)	OAQFU3
4. Marital status: <input type="checkbox"/> Single, never married (1) <input type="checkbox"/> Married (2) <input type="checkbox"/> Divorced (3) <input type="checkbox"/> Widowed (4)	OAQFU4
5. In general, how would you describe your health: <input type="checkbox"/> Very poor (1) <input type="checkbox"/> Somewhat poor (2) <input type="checkbox"/> Average (3) <input type="checkbox"/> Somewhat good (4) <input type="checkbox"/> Very good (5)	OAQFU5
6. Living arrangement <input type="checkbox"/> Community-residing: apartment or home (1) <input type="checkbox"/> Independent &/or Assisted Living Facility (2) <input type="checkbox"/> With Adult Children (3) <input type="checkbox"/> Other (4)	OAQFU6
7. In a typical day, how many times do you have contact with high school or college-age youth/young adults? <input type="checkbox"/> Never (1) <input type="checkbox"/> Occasionally (2) <input type="checkbox"/> Several times a day (3)	OAQFU7

Please read the definition of **Regular Physical Activity** below:

For physical activity to be considered “regular” it must be done for 30 minutes at a time (or more) per day, and be done at least five days per week. The intensity of activity does not have to be vigorous but should be enough to increase your heart rate and/or breathing level somewhat.

Examples of activities could include brisk walking, leisure biking, swimming, line dancing, and aerobics classes or any other activities and other activities with a similar intensity level.

According to the above definition answer “YES” to ONLY ONE of the following questions:

	YES	NO
1. Do you currently engage in regular physical activity?		
2. Do you intend to engage in regular physical activity in the next 6 months?		
3. Do you intend to engage in regular physical activity in the next 30 days?		
4. Have you been regularly physically active for the past six months?		
<i>Office use only (circle one):</i> STAGEFU: PC(1) C (2) P (3) A (4) M (5)		

The below scale consists of a number of words and phrases that describe different feelings and emotions. Read each item and then mark the appropriate answer in the space next to that word. Indicate to what extent you have felt this way during the past few weeks. **Use the following scale to record your answers:**

- 1= Very Slightly or Not at All**
- 2= A Little**
- 3= Moderately**
- 4=Quite a Bit**
- 5= Extremely**

		<i>Office Use Only</i>		<i>Office Use Only</i>
	Interested	PANAFU1		Irritable
	Distressed	PANAFU2		Alert
	Excited	PANAFU3		Ashamed
	Upset	PANAFU4		Inspired
	Strong	PANAFU5		Nervous
	Guilty	PANAFU6		Determined
	Scared	PANAFU7		Attentive
	Hostile	PANAFU8		Jittery
	Enthusiastic	PANAFU9		Active
	Proud	PANAFU10		Afraid

Rate your ability to complete the following tasks. Mark your answer with an “X”

	<i>Office Use Only</i>
<p>1. Writing checks, paying bills, balancing checkbook</p> <ul style="list-style-type: none"> <input type="checkbox"/> I never did the task, and would have difficulty now (1) <input type="checkbox"/> I never did the task, but could do it now (0) <input type="checkbox"/> I have no difficulty performing the task by myself (0) <input type="checkbox"/> I do have difficulty, but I perform the task myself (1) <input type="checkbox"/> I require some assistance to get the task done (2) <input type="checkbox"/> I require total assistance; someone must do the task for me (3) 	FAQFU1
<p>2. Assembling tax records, business affairs, or papers</p> <ul style="list-style-type: none"> <input type="checkbox"/> I never did the task, and would have difficulty now (1) <input type="checkbox"/> I never did the task, but could do it now (0) <input type="checkbox"/> I have no difficulty performing the task by myself (0) <input type="checkbox"/> I do have difficulty, but I perform the task myself (1) <input type="checkbox"/> I require some assistance to get the task done (2) <input type="checkbox"/> I require total assistance; someone must do the task for me (3) 	FAQFU2
<p>3. Shopping alone for clothes, household necessities, or groceries</p> <ul style="list-style-type: none"> <input type="checkbox"/> I never did the task, and would have difficulty now (1) <input type="checkbox"/> I never did the task, but could do it now (0) <input type="checkbox"/> I have no difficulty performing the task by myself (0) <input type="checkbox"/> I do have difficulty, but I perform the task myself (1) <input type="checkbox"/> I require some assistance to get the task done (2) <input type="checkbox"/> I require total assistance; someone must do the task for me (3) 	FAQFU3
<p>4. Playing a game of skill, working on a hobby</p> <ul style="list-style-type: none"> <input type="checkbox"/> I never did the task, and would have difficulty now (1) <input type="checkbox"/> I never did the task, but could do it now (0) <input type="checkbox"/> I have no difficulty performing the task by myself (0) <input type="checkbox"/> I do have difficulty, but I perform the task myself (1) <input type="checkbox"/> I require some assistance to get the task done (2) <input type="checkbox"/> I require total assistance; someone must do the task for me (3) 	FAQFU4
<p>5. Heating water, making a cup of coffee, turning off stove after use</p> <ul style="list-style-type: none"> <input type="checkbox"/> I never did the task, and would have difficulty now (1) <input type="checkbox"/> I never did the task, but could do it now (0) <input type="checkbox"/> I have no difficulty performing the task by myself (0) <input type="checkbox"/> I do have difficulty, but I perform the task myself (1) <input type="checkbox"/> I require some assistance to get the task done (2) <input type="checkbox"/> I require total assistance; someone must do the task for me (3) 	FAQFU5

<p>6. Preparing a balanced meal</p> <ul style="list-style-type: none"> <input type="checkbox"/> I never did the task, and would have difficulty now (1) <input type="checkbox"/> I never did the task, but could do it now (0) <input type="checkbox"/> I have no difficulty performing the task by myself (0) <input type="checkbox"/> I do have difficulty, but I perform the task myself (1) <input type="checkbox"/> I require some assistance to get the task done (2) <input type="checkbox"/> I require total assistance; someone must do the task for me (3) 	<p>FAQFU6</p>
<p>7. Keeping track of current events</p> <ul style="list-style-type: none"> <input type="checkbox"/> I never did the task, and would have difficulty now (1) <input type="checkbox"/> I never did the task, but could do it now (0) <input type="checkbox"/> I have no difficulty performing the task by myself (0) <input type="checkbox"/> I do have difficulty, but I perform the task myself (1) <input type="checkbox"/> I require some assistance to get the task done (2) <input type="checkbox"/> I require total assistance; someone must do the task for me (3) 	<p>FAQFU7</p>
<p>8. Paying attention to, understanding, discussing TV, book, magazine</p> <ul style="list-style-type: none"> <input type="checkbox"/> I never did the task, and would have difficulty now (1) <input type="checkbox"/> I never did the task, but could do it now (0) <input type="checkbox"/> I have no difficulty performing the task by myself (0) <input type="checkbox"/> I do have difficulty, but I perform the task myself (1) <input type="checkbox"/> I require some assistance to get the task done (2) <input type="checkbox"/> I require total assistance; someone must do the task for me (3) 	<p>FAQFU8</p>
<p>9. Remembering appointments, family occasions, holidays, medications</p> <ul style="list-style-type: none"> <input type="checkbox"/> I never did the task, and would have difficulty now (1) <input type="checkbox"/> I never did the task, but could do it now (0) <input type="checkbox"/> I have no difficulty performing the task by myself (0) <input type="checkbox"/> I do have difficulty, but I perform the task myself (1) <input type="checkbox"/> I require some assistance to get the task done (2) <input type="checkbox"/> I require total assistance; someone must do the task for me (3) 	<p>FAQFU9</p>
<p>10. Traveling out of neighborhood, driving, arranging to take buses</p> <ul style="list-style-type: none"> <input type="checkbox"/> I never did the task, and would have difficulty now (1) <input type="checkbox"/> I never did the task, but could do it now (0) <input type="checkbox"/> I have no difficulty performing the task by myself (0) <input type="checkbox"/> I do have difficulty, but I perform the task myself (1) <input type="checkbox"/> I require some assistance to get the task done (2) <input type="checkbox"/> I require total assistance; someone must do the task for me (3) 	<p>FAQFU10</p>
<p style="text-align: center;">TOTAL SCORE _____</p>	<p>FAQFU11</p>

The next questions are about the level of energy you have on any given day. Please read each of the following statements carefully. Mark (X) the response that best represents your opinion.

	Agree (1)	Neutral (2)	Disagree (3)	<i>Office Use Only</i>
When I am doing something, I can keep my thoughts on it.				MFSFU6
My thoughts easily wander.				MFSFU9
It takes a lot of effort to concentrate on things				MFSFU18
I can concentrate well				MFSFU20

The following questions ask about the confidence you have in yourself regarding taking part in physical activity and exercise. Please answer as honestly as possible.

On a scale of 0% to 100%, how confident are you that you could continuously exercise for the following number of minutes (please write a number from 0 to 100 in EVERY blank):

	Percent Confident (0 to 100)	<i>Office Use Only</i>
5 MINUTES		FUSE1
10 MINUTES		FUSE2
15 MINUTES		FUSE3
20 MINUTES		FUSE4
25 MINUTES		FUSE5
30 MINUTES		FUSE6
35 MINUTES		FUSE7
40 MINUTES		FUSE8
45 MINUTES		FUSE9

Please circle the number that best reflects your confidence that you could exercise for 20 minutes 3 times per week if:

	Not Very Confident					Very Confident					Office Use Only
The weather was bothering you	1	2	3	4	5	6	7	8	9	10	FUSE10
You were bored by the activity	1	2	3	4	5	6	7	8	9	10	FUSE11
You felt pain when exercising	1	2	3	4	5	6	7	8	9	10	FUSE12
You had to exercise alone	1	2	3	4	5	6	7	8	9	10	FUSE13
You did not enjoy it	1	2	3	4	5	6	7	8	9	10	FUSE14
You were too busy with other activities	1	2	3	4	5	6	7	8	9	10	FUSE15
You felt tired	1	2	3	4	5	6	7	8	9	10	FUSE16
You felt stressed	1	2	3	4	5	6	7	8	9	10	FUSE17
You felt depressed	1	2	3	4	5	6	7	8	9	10	FUSE18

Below are statements about how you feel or think about certain situations. Read each statement and select the answer that best reflects what you believe is true for you in the given situation.

Circle the number that indicates the extent to which you agree or disagree with each statement. There are no “right” or “wrong” answers. We want to know which choice best describes you in each case.

1= Slightly agree

2= Agree

3= Strongly agree

4= Strongly disagree

5= Disagree

6= Slightly disagree

							<i>Office Use Only</i>
The older I get, the harder it is to think clearly.	1	2	3	4	5	6	FUPIC3
If I had to take a timed intelligence test or something similar right now, I'd worry whether I'd be able to finish it on time.	1	2	3	4	5	6	FUPIC5
I'm afraid that I wouldn't do very well on an intelligence test or a similar kind of test at this time.	1	2	3	4	5	6	FUPIC6
I have to use a lot more mental energy for solving difficult problems now than I used to.	1	2	3	4	5	6	FUPIC8
I can learn new things as well as always.	1	2	3	4	5	6	FUPIC12
My letter writing skill has gone downhill.	1	2	3	4	5	6	FUPIC20
Right now, I'd be threatened by unfamiliar test problems on an intelligence test or a similar test.	1	2	3	4	5	6	FUPIC23

							<i>Office Use Only</i>
There's no way around it; I'll always be nervous when I take a test.	1	2	3	4	5	6	FUPIC25
I would feel on edge right now if I had to take an intelligence test or something similar.	1	2	3	4	5	6	FUPIC31
I would feel tense and uneasy taking word tests right now.	1	2	3	4	5	6	FUPIC33
I don't remember things as well as I used to.	1	2	3	4	5	6	FUPIC35
It's becoming more hopeless to figure out complicated schedules as I get older.	1	2	3	4	5	6	FUPIC36

The next set of questions (pages 10-14) is intended to help determine the aspects of the LIFE Program you enjoyed and those you did not. Please answer these questions honestly, as your comments will help us improve the LIFE Program.

Thank you again for participating in this program.

Please **circle** the choice that best answers the question.

1. I decided to participate in the LIFE Program because (*check all that apply*):

- a. I have a health condition my health care provider said would be helped by physical activity (e.g. diabetes, heart disease, osteoporosis) (1)
- b. It seemed like it would be a fun way to socialize (2)
- c. It was provided at a convenient location and time (3)
- d. All of the above (4)
- e. None of the above (5)

2. The LIFE Program was long enough for me to make changes in my physical activity:

- a. Strongly agree (1)
- b. Agree (2)
- c. Undecided (3)
- d. Disagree (4)
- e. Strongly disagree (5)

3. The length of the onsite LIFE sessions (30-60 minutes/session) was:

- a. Too long; **please answer 3a** (1)
- b. Too short; **please answer 3b** (2)
- c. The right length (3)

3a. If you said the sessions were too long, how long do you think they should last?

_____ hours _____ minutes

3b. If you said the sessions were too short, how long do you think they should last?

_____ hours _____ minutes

Office Use Only
PEVALFU1
PEVALFU2
PEVALFU3
PEVALFU3A
PEVALFU3B

4. The follow-up newsletters (*LIFE Lessons*) were:

- a. Not helpful; I did not find the information relevant to my lifestyle (1)
- b. Helpful; it reinforced what I already knew (2)
- c. Very helpful; it provided me with tips on how to live a more healthy lifestyle (3)

5. The aspect I liked *best* about the LIFE Program was:

6. The aspect I liked *least* about the LIFE Program was:

7. Do you feel you made changes (positive and negative) in your daily routine as a result of the LIFE Program?

- a. Yes, positive; **please answer 7a** (1)
- b. Yes, negative; **please answer 7b** (2)
- c. Yes both positive and negative; **please answer 7a and 7b** (3)
- d. No (4)

7a. What perceived positive changes did you make in your daily routine?

7b. What perceived negative changes did you make in your daily routine?

Office Use Only
PEVALFU4
PEVALFU5
PEVALFU6
PEVALFU7
PEVALFU7A
PEVALFU7B

8. In addition to the program materials, during the course of the LIFE Program I sought physical activity/health information from (check all that apply):

- a. I did not seek extra physical activity/health information (1)
- b. The television (2)
- c. Magazines (3)
- d. Health professionals (e.g. doctor, nurse, dietitian, personal trainer) (4)
- e. Other _____

9. Did you participate in the on-site LIFE Program led by the on-site program leader?

- a. Yes (1)
- b. No (2)

9a. If you answered NO to the question above, why did you not participate in the on-site program led by the on-site program leader?

- a. The program was not offered (1)
- b. I did not continue going to the program site (2)
- c. I did not enjoy the program (3)
- d. Other _____

10. Overall, I thought the LIFE Program was:

- a. Excellent (1)
- b. Good (2)
- c. Okay (3)
- d. Can be improved (4)

11. I would recommend the LIFE Program to a friend.

- a. Strongly agree (1)
- b. Agree (2)
- c. Undecided (3)
- d. Disagree (4)
- e. Strongly disagree (5)

12. If the LIFE Program (including newsletters) was offered as a fee-based service, what do you think the cost should be?

\$ _____

Office Use Only
PEVALFU8
PEVALFU9
PEVALFU9A
PEVALFU9
PEVALFU11
PEVALFU12

Complete the following questions if you served as an on-site leader

1. I decided to volunteer as an on-site LIFE Program leader because (check all that apply):

- f. I enjoy physical activity (1)
- g. It seemed like it would be a fun way to socialize (2)
- h. I like volunteering (3)
- i. I wanted to make sure the program continued after the youth trainers left (4)
- j. All of the above (5)
- k. None of the above (6)

2. The training I received prepared me to handle the responsibilities of being an on-site LIFE Program leader:

- f. Strongly agree (1)
- g. Agree (2)
- h. Undecided (3)
- i. Disagree (4)
- j. Strongly disagree (5)

3. Serving as an on-site LIFE Program leader helped me feel good about myself:

- a. Strongly agree (1)
- b. Agree (2)
- c. Undecided (3)
- d. Disagree (4)
- e. Strongly disagree (5)

4. Did you continue the program after the on-site trainer left?

- a. Yes (1)
- b. No (2)

4a. If you answered YES, how often did you lead the LIFE Program?

- a. Once weekly (1)
- b. Twice weekly (2)
- c. Other _____

Office Use Only
OSL1
OSL2
OSL3
OSL4
OSL4A

4b. If you answered NO, why did you choose not to lead the LIFE Program?

- a. No one came to the sessions(1)
- b. I did not have the time (2)
- c. I did not receive support by the location's staff (3)
- d. Other _____

5. Overall, I enjoyed serving as an on-site LIFE Program leader.

- f. Strongly agree (1)
- g. Agree (2)
- h. Undecided (3)
- i. Disagree (4)
- j. Strongly disagree (5)

Office Use Only
OSL4B
OSL5