

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



## POST 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.**

(13 pages including cover)

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Please provide the following general information.

	<i>Office Use Only</i>
1. Age: _____ years	OAQPO1
2. Sex: <input type="checkbox"/> Male (1) <input type="checkbox"/> Female (2)	OAQPO2
3. Ethnicity: <input type="checkbox"/> Caucasian (1) <input type="checkbox"/> African American (2) <input type="checkbox"/> Asian (3) <input type="checkbox"/> Other (4)	OAQPO3
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)	OAQPO4
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)	OAQPO5
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)	OAQPO6
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)	OAQPO7

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> STAGEPO:      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>
	<b>Interested</b>	PANAPO1		<b>Irritable</b>
	<b>Distressed</b>	PANAPO2		<b>Alert</b>
	<b>Excited</b>	PANAPO3		<b>Ashamed</b>
	<b>Upset</b>	PANAPO4		<b>Inspired</b>
	<b>Strong</b>	PANAPO5		<b>Nervous</b>
	<b>Guilty</b>	PANAPO6		<b>Determined</b>
	<b>Scared</b>	PANAPO7		<b>Attentive</b>
	<b>Hostile</b>	PANAPO8		<b>Jittery</b>
	<b>Enthusiastic</b>	PANAPO9		<b>Active</b>
	<b>Proud</b>	PANAPO10		<b>Afraid</b>

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

	<i>Office Use Only</i>
<p><b>1. Writing checks, paying bills, balancing checkbook</b></p> <p><input type="checkbox"/> I never did the task, and would have difficulty now (1)</p> <p><input type="checkbox"/> I never did the task, but could do it now (0)</p> <p><input type="checkbox"/> I have no difficulty performing the task by myself (0)</p> <p><input type="checkbox"/> I do have difficulty, but I perform the task myself (1)</p> <p><input type="checkbox"/> I require some assistance to get the task done (2)</p> <p><input type="checkbox"/> I require total assistance; someone must do the task for me (3)</p>	<b>FAQPO1</b>
<p><b>2. Assembling tax records, business affairs, or papers</b></p> <p><input type="checkbox"/> I never did the task, and would have difficulty now (1)</p> <p><input type="checkbox"/> I never did the task, but could do it now (0)</p> <p><input type="checkbox"/> I have no difficulty performing the task by myself (0)</p> <p><input type="checkbox"/> I do have difficulty, but I perform the task myself (1)</p> <p><input type="checkbox"/> I require some assistance to get the task done (2)</p> <p><input type="checkbox"/> I require total assistance; someone must do the task for me (3)</p>	<b>FAQPO2</b>
<p><b>3. Shopping alone for clothes, household necessities, or groceries</b></p> <p><input type="checkbox"/> I never did the task, and would have difficulty now (1)</p> <p><input type="checkbox"/> I never did the task, but could do it now (0)</p> <p><input type="checkbox"/> I have no difficulty performing the task by myself (0)</p> <p><input type="checkbox"/> I do have difficulty, but I perform the task myself (1)</p> <p><input type="checkbox"/> I require some assistance to get the task done (2)</p> <p><input type="checkbox"/> I require total assistance; someone must do the task for me (3)</p>	<b>FAQPO3</b>
<p><b>4. Playing a game of skill, working on a hobby</b></p> <p><input type="checkbox"/> I never did the task, and would have difficulty now (1)</p> <p><input type="checkbox"/> I never did the task, but could do it now (0)</p> <p><input type="checkbox"/> I have no difficulty performing the task by myself (0)</p> <p><input type="checkbox"/> I do have difficulty, but I perform the task myself (1)</p> <p><input type="checkbox"/> I require some assistance to get the task done (2)</p> <p><input type="checkbox"/> I require total assistance; someone must do the task for me (3)</p>	<b>FAQPO4</b>
<p><b>5. Heating water, making a cup of coffee, turning off stove after use</b></p> <p><input type="checkbox"/> I never did the task, and would have difficulty now (1)</p> <p><input type="checkbox"/> I never did the task, but could do it now (0)</p> <p><input type="checkbox"/> I have no difficulty performing the task by myself (0)</p> <p><input type="checkbox"/> I do have difficulty, but I perform the task myself (1)</p> <p><input type="checkbox"/> I require some assistance to get the task done (2)</p> <p><input type="checkbox"/> I require total assistance; someone must do the task for me (3)</p>	<b>FAQPO5</b>

<p><b>6. Preparing a balanced meal</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I never did the task, and would have difficulty now (1)</li> <li><input type="checkbox"/> I never did the task, but could do it now (0)</li> <li><input type="checkbox"/> I have no difficulty performing the task by myself (0)</li> <li><input type="checkbox"/> I do have difficulty, but I perform the task myself (1)</li> <li><input type="checkbox"/> I require some assistance to get the task done (2)</li> <li><input type="checkbox"/> I require total assistance; someone must do the task for me (3)</li> </ul>	<p><b>FAQPO6</b></p>
<p><b>7. Keeping track of current events</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I never did the task, and would have difficulty now (1)</li> <li><input type="checkbox"/> I never did the task, but could do it now (0)</li> <li><input type="checkbox"/> I have no difficulty performing the task by myself (0)</li> <li><input type="checkbox"/> I do have difficulty, but I perform the task myself (1)</li> <li><input type="checkbox"/> I require some assistance to get the task done (2)</li> <li><input type="checkbox"/> I require total assistance; someone must do the task for me (3)</li> </ul>	<p><b>FAQPO7</b></p>
<p><b>8. Paying attention to, understanding, discussing TV, book, magazine</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I never did the task, and would have difficulty now (1)</li> <li><input type="checkbox"/> I never did the task, but could do it now (0)</li> <li><input type="checkbox"/> I have no difficulty performing the task by myself (0)</li> <li><input type="checkbox"/> I do have difficulty, but I perform the task myself (1)</li> <li><input type="checkbox"/> I require some assistance to get the task done (2)</li> <li><input type="checkbox"/> I require total assistance; someone must do the task for me (3)</li> </ul>	<p><b>FAQPO8</b></p>
<p><b>9. Remembering appointments, family occasions, holidays, medications</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I never did the task, and would have difficulty now (1)</li> <li><input type="checkbox"/> I never did the task, but could do it now (0)</li> <li><input type="checkbox"/> I have no difficulty performing the task by myself (0)</li> <li><input type="checkbox"/> I do have difficulty, but I perform the task myself (1)</li> <li><input type="checkbox"/> I require some assistance to get the task done (2)</li> <li><input type="checkbox"/> I require total assistance; someone must do the task for me (3)</li> </ul>	<p><b>FAQPO9</b></p>
<p><b>10. Traveling out of neighborhood, driving, arranging to take buses</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I never did the task, and would have difficulty now (1)</li> <li><input type="checkbox"/> I never did the task, but could do it now (0)</li> <li><input type="checkbox"/> I have no difficulty performing the task by myself (0)</li> <li><input type="checkbox"/> I do have difficulty, but I perform the task myself (1)</li> <li><input type="checkbox"/> I require some assistance to get the task done (2)</li> <li><input type="checkbox"/> I require total assistance; someone must do the task for me (3)</li> </ul>	<p><b>FAQPO10</b></p>
<p style="text-align: center;"><b>TOTAL SCORE _____</b></p>	<p><b>FAQPO11</b></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.				MFSP06
My thoughts easily wander.				MFSP09
It takes a lot of effort to concentrate on things				MFSP018
I can concentrate well				MFSP020

**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		POSE1
10 MINUTES		POSE2
15 MINUTES		POSE3
20 MINUTES		POSE4
25 MINUTES		POSE5
30 MINUTES		POSE6
35 MINUTES		POSE7
40 MINUTES		POSE8
45 MINUTES		POSE9

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	POSE10
You were bored by the activity	1	2	3	4	5	6	7	8	9	10	POSE11
You felt pain when exercising	1	2	3	4	5	6	7	8	9	10	POSE12
You had to exercise alone	1	2	3	4	5	6	7	8	9	10	POSE13
You did not enjoy it	1	2	3	4	5	6	7	8	9	10	POSE14
You were too busy with other activities	1	2	3	4	5	6	7	8	9	10	POSE15
You felt tired	1	2	3	4	5	6	7	8	9	10	POSE16
You felt stressed	1	2	3	4	5	6	7	8	9	10	POSE17
You felt depressed	1	2	3	4	5	6	7	8	9	10	POSE18



**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	POPIC3
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	POPIC5
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	POPIC6
I have to use a lot more mental energy for solving difficult problems now than I used to.	1	2	3	4	5	6	POPIC8
I can learn new things as well as always.	1	2	3	4	5	6	POPIC12
My letter writing skill has gone downhill.	1	2	3	4	5	6	POPIC20
Right now, I'd be threatened by unfamiliar test problems on an intelligence test or a similar test.	1	2	3	4	5	6	POPIC23

							<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	POPIC25
I would feel on edge right now if I had to take an intelligence test or something similar.	1	2	3	4	5	6	POPIC31
I would feel tense and uneasy taking word tests right now.	1	2	3	4	5	6	POPIC33
I don't remember things as well as I used to.	1	2	3	4	5	6	POPIC35
It's becoming more hopeless to figure out complicated schedules as I get older.	1	2	3	4	5	6	POPIC36

**The next set of questions (pages 10-12) 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 on-site 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 on-site 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 on-site 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 on-site LIFE sessions were too long, how long do you think they should last?

\_\_\_\_\_ hours      \_\_\_\_\_ minutes

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

\_\_\_\_\_ hours      \_\_\_\_\_ minutes

Office Use Only
PEVAL1
PEVAL2
PEVAL3
PEVAL3A
PEVAL3B

4. The aspect I liked *best* about the on-site LIFE Program was:

5. The aspect I liked *least* about the on-site LIFE Program was:

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

- a. Yes, positive; **please answer 6a** (1)
- b. Yes, negative; **please answer 6b** (2)
- c. Yes both positive and negative; **please answer 6a and 6b** (3)
- d. No (4)

6a. What perceived positive changes did you make in your daily routine?

6b. What perceived negative changes did you make in your daily routine?

7. 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 \_\_\_\_\_

Office Use Only
PEVAL4
PEVAL5
PEVAL6
PEVAL6A
PEVAL6B
PEVAL7

8. Overall, I thought the on-site LIFE Program was:
- a. Excellent (1)
  - b. Good (2)
  - c. Okay (3)
  - d. Can be improved (4)

9. I would recommend the on-site LIFE Program to a friend.
- a. Strongly agree (1)
  - b. Agree (2)
  - c. Undecided (3)
  - d. Disagree (4)
  - e. Strongly disagree (5)

10. Any other comments:

Office Use Only
PEVAL8
PEVAL9
PEVAL10