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HelpMeDoIt! Study

Baseline Questionnaire Booklet

Date completed

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d	d		m	m		y	y	y	y

Fieldworker code & initials

Participant ID

Example:

1	9	9
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Participant initials

R	L	M	OR	R	-	M
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Participant DOB

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This questionnaire should take around 30-40 minutes to complete but take as much time as you like. Please feel free to ask the researcher any questions if there is anything you don't understand.

For most questions we would like you to put an 'X' in the relevant box. Please use **black ink** and **keep the cross inside the box**:

Example:

Bread	None	less than 1 a day	1 - 2 a day	3 - 4 a day	5 or more a day
White bread or soft rolls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you need to correct an item draw a single line through it and write in the correct answer as shown:

Bread	None	less than 1 a day	1 - 2 a day	3 - 4 a day	5 or more a day
White bread or soft rolls	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For some questions you will need to write your answer. Please use **BLOCK CAPITALS** e.g.

Bread	None	less than 1 a day	1 - 2 a day	3 - 4 a day	5 or more a day
Other P I T T A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Or numbers as appropriate e.g.

How many cans of pop or a fizzy drink which isn't sugar free or diet do you drink on a usual day? (NOTE: A 2 litre bottle = 6 cans) cans

The following two sections ask about your diet and physical activity. Some of the questions in these two sections may seem repetitive but we need to collect all this information so that we can score the questionnaires properly and complete the analyses. We understand that repetitive questions can be off-putting so your cooperation in completing all the questions is **greatly appreciated**.

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Part 1—Your Diet

The questions in this section focus on the food you eat as well as your eating habits and patterns of eating.

The questions below ask about the different foods you eat.

Some of the questions ask you what you eat in a normal week but others what you eat in a normal day. Please put an 'X' in only one box on each line.

1. About how many **pieces or slices per day** do you eat of the following types of bread, rolls, or chapattis? (choose one answer on each line)

Bread & rolls	None	less than 1 a day	1 - 2 a day	3 - 4 a day	5 or more a day																				
White bread or rolls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
Brown or granary bread, Best of Both, soft grain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
Wholemeal bread or rolls or 2 slices crispbread or wholemeal scones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
Chapattis, wraps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
Other: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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2. About how many **servings per week** do you eat of the following types of breakfast cereal or porridge? (choose one answer on each line)

Breakfast Cereals	None	less than 1 a week	1 - 2 a week	3 - 5 a week	6 or more a week
Sugared type: Frosties, Coco Pops, Ricicles, Sugar puffs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rice or Corn type: Corn flakes, Rice Krispies, Special K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Porridge or Ready Brek	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheat or oat type: Shredded Wheat, Weetabix, Puffed Wheat, Fruit 'n Fibre, NutriGrain, Start, Optivita, Oatibix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bran type: All-Bran, Bran Flakes, Sultana Bran, Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Muesli type: Alpen, Jordan's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. About how many **servings per week** do you eat of the following foods? (choose one answer on each line)

Vegetable foods	None	less than 1 a week	1 - 2 a week	3 - 5 a week	6 - 7 a week	8 - 11 a week	12 or more a week
Pasta or rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potatoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Peas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beans (baked, tinned, or dried) or lentils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other vegetables (any type)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruit (fresh, frozen, canned)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. About how many servings per week do you eat of the following foods?
(choose one answer on each line)

	None	less than 1 a week	1 - 2 a week	3 - 5 a week	6 or more a week
Cheese (any except cottage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beefburgers or sausages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beef, pork, or lamb (for vegetarians: nuts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bacon, meat pie, processed meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chicken or turkey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fish (NOT fried fish)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ANY fried food: fried fish, chips, cooked breakfast, samosas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cakes, pies, puddings, pastries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biscuits, chocolate, or crisps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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5. About how much of the following types of milk do you yourself use **per day**, for example in cereal, tea, or coffee? (choose one answer on each line)

Milk	None	less than a quarter pint a day	about a quarter pint a day	about half a pint a day	1 pint or more a day										
Full cream (blue top)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Semi-skimmed (green top)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Skimmed (red top)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Other: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. About how many **rounded teaspoons per day** do you usually use of the following types of spreads, for example on bread, sandwiches, toast, potatoes or vegetables? (choose one answer on each line)

Spreads	None	1 a day	2 a day	3 a day	4 a day	5 a day	6 a day	7 or more a day
Regular margarine or butter or reduced fat spread such as sunflower or olive spread, Flora, Vitalite, Clover, Olivio, Stork, Utterly Butterly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low fat spread such as Flora Light, St Ivel Gold, Half-fat butter, Olivite, Flora Pro-activ, Light spread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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7. What type of fat do you usually use for the following purposes?
(choose one answer on each line)

	Butter, lard or dripping	Solid cooking fat (White Flora, Cookeen) Half-fat butter, Hard margarine (Stork)	Soft margarine (sunflower, soya) Reduced fat spread (olive, Flora Buttery, Olivio)	Vegetable oil, olive oil or Low fat spread (Flora Light, Olivite, St. Ivel Gold, Fry light)	No fat used
On bread and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For frying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For baking or cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. How many portions of fruit and vegetable (excluding potatoes) do you eat, of any type, on a typical day?
(See guidance on portions sizes on page 27 and choose one answer per line)

	None	1	2	3	4	5	6	7	8 or more
Fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. How many cans of pop or a fizzy drink which isn't sugar free or diet do you drink on a typical day? (NOTE: A 2 litre bottle = 6 cans)

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cans

10. How many rounded teaspoons of sugar do you have on a typical day e.g. in tea or coffee or on cereals?

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rounded teaspoons

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11. Please think about last week's food and drink purchases for your household (i.e. you and or your family) and tell us the cost to your household of the following.

Type of food and drink purchased	Weekly Cost to you (your household) £
Food and non-alcoholic drinks (e.g supermarket shopping)	£
Alcoholic drinks e.g. wine & beer	£
Takeaway meals and snacks eaten AT HOME e.g. pizza delivery	£
Meals, snacks and drinks CONSUMED AWAY FROM HOME (e.g. restaurant)	£

NOTE FOR FIELDWORKERS: Now pass the questionnaire booklet to the participant to complete up to page 22. You can continue to assist/complete the questionnaire if this is the participant's preference. Please scan for completion before ending the visit.

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The questions below ask about how much social support you receive in relation to your eating habits.

Below is a list of things people might do or say to someone who is trying to eat healthily. Please rate each question twice (*family, friends*) by putting an 'X' in the box that applies to you. If the statement does not apply to you please put an 'X' in the box under 'does not apply'.

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

12. Discouraged me from eating "unhealthy foods" when I'm tempted to do so	none	rarely	a few times	often	very often	does not apply
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends and colleagues at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Discussed my eating habit changes with me (asked me how I'm doing with my eating changes)	none	rarely	a few times	often	very often	does not apply
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends and colleagues at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Reminded me not to eat high fat, high salt foods.	none	rarely	a few times	often	very often	does not apply
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends and colleagues at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Complimented me on changing my eating habits ("Keep it up", "We are proud of you")	none	rarely	a few times	often	very often	does not apply
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends and colleagues at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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16. Commented if I went back to my old eating habits.	none	rarely	a few times	often	very often	does not apply
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends and colleagues at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Ate high fat or high salt foods in front of me.	none	rarely	a few times	often	very often	does not apply
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends and colleagues at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Refused to eat the same foods I eat	none	rarely	a few times	often	very often	does not apply
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends and colleagues at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Brought home foods I'm trying not to eat	none	rarely	a few times	often	very often	does not apply
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends and colleagues at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. Got angry when I encouraged them to eat low salt, low fat foods.	none	rarely	a few times	often	very often	does not apply
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends and colleagues at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Offered me food I'm trying to avoid	none	rarely	a few times	often	very often	does not apply
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends and colleagues at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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The questions below ask about why you choose to eat healthily.

Please select the appropriate option. For example, if you feel the statement is very true for you, you should put an 'X' under '7'. If you feel the statement is not true for you, you should put an 'X' under '1'. If the statement is somewhere in between you should put an 'X' in a box between '2' to '6' depending on how true the statement is to you.

The reason I would eat a healthy diet is.....	Not at all true		Somewhat true			Very true	
	1	2	3	4	5	6	7
22.because I feel that I want to take responsibility for my own health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.because I would feel guilty or ashamed of myself if I did not eat a healthy diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.because I personally believe it is the best thing for my health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.because others would be upset with me if I did not	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.I really don't think about it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.because I have carefully thought about it and believe it is very important for many aspects of my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28.because I would feel bad about myself if I did not eat a healthy diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.because it is an important choice I really want to make	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.because I feel pressure from others to do so	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31.because it is easier to do what I am told than think about it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32.because it is consistent with my life goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33.because I want others to approve of me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34.because it is very important for being as healthy as possible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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35.because I want others to see I can do it	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
36.I don't really know why	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

The following questions ask you about how much confidence you have in controlling your eating.

Please answer the following questions by putting an 'X' under the appropriate number. For example, if you have complete confidence that you can carry out the behaviour specified you should put an 'X' under '10'. If you have no confidence you should put an 'X' under '1'. If your confidence levels are somewhere in between you should put an 'X' in a box between '2' to '9', depending on the level of your confidence.

I can resist eating.....	No confidence										Complete confidence									
	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
37.when I am anxious (nervous)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38.even when I have to say 'no' to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39.when I feel physically run down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40.when I am watching TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41.when I am depressed (or down)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42.when there are many different kinds of foods available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43.even when I feel it's impolite to refuse a second helping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44.even when I have a headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45.when I am reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46.when I am angry (or irritable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47.even when I am at a party	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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48.even when others are pressurising me to eat	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
49.when I am in pain	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
50.just before going to bed	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
51.when I have experienced failure	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
52.even when high calorie foods are available	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
53.even when I think others will be upset if I don't eat	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
54.when I feel uncomfortable	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
55.when I am happy	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
56. I can control my eating on the weekends	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Please go back and check that you have completed all the questions in this part of the questionnaire.

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Part 2 – Physical Activity

The questions in this section ask you about the amount of physical activity you do, and when and why you chose to do it.

The questions below ask about why you choose to engage in exercise.

Please put an 'X' in the appropriate box. For example, if you feel the statement is very true for you, you should put an 'X' under '7'. If you feel the statement is not true for you, you should put an 'X' under '1'. If the statement is somewhere in between you should put an 'X' in a box between '2' to '6' depending on how true the statement is to you.

The reason I would exercise regularly is.....	Not at all true		Somewhat true			Very true	
	1	2	3	4	5	6	7
57.because I feel that I want to take responsibility for my own health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58.because I would feel guilty or ashamed of myself if I did not exercise regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. because I personally believe it is the best thing for my health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. because others would be upset with me if I did not	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61.I really don't think about it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62.because I have carefully thought about it and believe it is very important for many aspects of my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63.because I would feel bad about myself if I did not exercise regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64.because it is an important choice I really want to make	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65.because I feel pressure from others to do so	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66. because it is easier to do what I am told than think about it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67.because it is consistent with my life goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68.because I want others to approve of me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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The reason I would exercise regularly is.....	Not at all true		Somewhat true			Very true	
	1	2	3	4	5	6	7
69.because it is very important for being as healthy as possible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70.because I want others to see I can do it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71.I really don't know why	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

These questions ask you about the social support you receive in relation to physical activity.

Below is a list of things people might do or say to someone who is trying to exercise regularly. Please rate each question twice (family, friends) by putting an 'X' in the box that applies to you. If the statement does not apply to you please put an 'X' in the box under 'does not apply'.

During the past three months, my family (or members of my household), or Friends and colleagues have:

72. Exercised with me or offered to exercise with me	none	rarely	a few times	often	very often	does not apply
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends and colleagues at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73. Gave me helpful reminders to exercise ("are you going to exercise tonight?")	none	rarely	a few times	often	very often	does not apply
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends and colleagues at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74. Gave me encouragement to stick with my exercise programme	none	rarely	a few times	often	very often	does not apply
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends and colleagues at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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75. Changed their schedule so we could exercise together.	none	rarely	a few times	often	very often	does not apply
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends and colleagues at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76. Discussed exercise with me	none	rarely	a few times	often	very often	does not apply
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends and colleagues at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77. Complained about the time I spend exercising	none	rarely	a few times	often	very often	does not apply
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends and colleagues at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78. Criticised me or made fun of me for exercising	none	rarely	a few times	often	very often	does not apply
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends and colleagues at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79. Gave me rewards for exercising (bought me something or gave me something I really like)	none	rarely	a few times	often	very often	does not apply
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends and colleagues at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80. Planned for exercise on recreational outings	none	rarely	a few times	often	very often	does not apply
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends and colleagues at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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81. Helped plan activities around my exercise	none	rarely	a few times	often	very often	does not apply
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends and colleagues at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82. Asked me for ideas on how they can get more exercise	none	rarely	a few times	often	very often	does not apply
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends and colleagues at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83. Talked about how much they like to exercise	none	rarely	a few times	often	very often	does not apply
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends and colleagues at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Questions continue on the following page

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The questions below ask you about how much confidence you have in relation to exercise. Please answer the following questions by putting an 'X' in the appropriate box. For example, if you have complete confidence that you can carry out the behaviour specified you should put an 'X' under '10'. If you have no confidence you should put an 'X' under '1'. If your confidence levels are somewhere in between you should put an 'X' in a box between '2' to '9', depending on the level of your confidence.

How confident are you that you can exercise when you...

	No confidence							Complete confidence		
	1	2	3	4	5	6	7	8	9	10
84. ...are tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85. ...are in a bad mood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86. ...feel you don't have the time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

These next questions are about exercise itself; that is, engaging in the activity of your choice, assuming you were able to get to the place to exercise and that you have all the necessary equipment.

How confident are you that you can do the following?

	No confidence							Complete confidence		
	1	2	3	4	5	6	7	8	9	10
87. Can follow directions from an instructor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
88. Pace yourself during the activity to avoid overexertion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
89. Perform the required movements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90. Check how hard the activity is making you work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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The next questions are about scheduling time for exercise.
How confident are you that you can do the following?

	No confidence										Complete confidence	
	1	2	3	4	5	6	7	8	9	10		
91. Can arrange your schedule to exercise regularly no matter what.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92. Overcome obstacles that prevent you from participating regularly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
93. Make up times when you missed your regular exercise session.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3 – Your General Health

The questions in this section focus on your general physical and psychological health.

We want to know how your health has been in general over the last few weeks. Please read the questions below and each of the four possible answers. Please put an 'X' in the box that best applies to you.

Have you recently:

1. Been able to concentrate on what you're doing?							
Better than usual	<input type="checkbox"/>	Same as usual	<input type="checkbox"/>	Less than usual	<input type="checkbox"/>	Much less than usual	<input type="checkbox"/>
2. Lost much sleep over worry?							
Not at all	<input type="checkbox"/>	No more than usual	<input type="checkbox"/>	Rather more than usual	<input type="checkbox"/>	Much more than usual	<input type="checkbox"/>
3. Felt you were playing a useful part in things?							
More so than usual	<input type="checkbox"/>	Same as usual	<input type="checkbox"/>	Less useful than usual	<input type="checkbox"/>	Much less than usual	<input type="checkbox"/>

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4. Felt capable of making decisions about things?							
More so than usual	<input type="checkbox"/>	Same as usual	<input type="checkbox"/>	Less than usual	<input type="checkbox"/>	Much less than usual	<input type="checkbox"/>
5. Felt constantly under strain?							
Not at all	<input type="checkbox"/>	No more than usual	<input type="checkbox"/>	Rather more than usual	<input type="checkbox"/>	Much more than usual	<input type="checkbox"/>
6. Felt you couldn't overcome your difficulties?							
Not at all	<input type="checkbox"/>	No more than usual	<input type="checkbox"/>	Rather more than usual	<input type="checkbox"/>	Much more than usual	<input type="checkbox"/>
7. Been able to enjoy your normal day-to-day activities?							
More so than usual	<input type="checkbox"/>	Same as usual	<input type="checkbox"/>	Less than usual	<input type="checkbox"/>	Much less than usual	<input type="checkbox"/>
8. Been able to face up to your problems?							
More so than usual	<input type="checkbox"/>	Same as usual	<input type="checkbox"/>	Less able than usual	<input type="checkbox"/>	Much less than usual	<input type="checkbox"/>
9. Been feeling unhappy and depressed?							
Not at all	<input type="checkbox"/>	No more than usual	<input type="checkbox"/>	Rather more than usual	<input type="checkbox"/>	Much more than usual	<input type="checkbox"/>
10. Been losing confidence in yourself?							
Not at all	<input type="checkbox"/>	No more than usual	<input type="checkbox"/>	Rather more than usual	<input type="checkbox"/>	Much more than usual	<input type="checkbox"/>
11. Been thinking of yourself as a worthless person?							
Not at all	<input type="checkbox"/>	No more than usual	<input type="checkbox"/>	Rather more than usual	<input type="checkbox"/>	Much more than usual	<input type="checkbox"/>
12. Been feeling reasonably happy, all things considered?							
More so than usual	<input type="checkbox"/>	Same as usual	<input type="checkbox"/>	Less than usual	<input type="checkbox"/>	Much less than usual	<input type="checkbox"/>

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Please indicate which statements best describe **your overall quality of life at the moment** by placing a tick in **ONE** box for each of the **four groups** below.

Feeling settled and secure

- I am able to feel settled and secure in **all** areas of my life
- I am able to feel settled and secure in **many** areas of my life
- I am able to feel settled and secure in **a few** areas of my life
- I am unable to feel settled and secure in **any** areas of my life

Being independent

- I am able to be **completely** independent
- I am able to be independent in **many** things
- I am able to be independent in **a few** things
- I am **unable** to be at all independent

Achievement and progress

- I can achieve and progress in **all** aspects of my life
- I can achieve and progress in **many** aspects of my life
- I can achieve and progress in **a few** aspects of my life
- I **cannot** achieve and progress in **any** aspects of my life

Enjoyment and pleasure

- I can have **a lot** of enjoyment and pleasure
- I can have **quite a lot** of enjoyment and pleasure
- I can have **a little** enjoyment and pleasure
- I **cannot** have **any** enjoyment and pleasure

Participant ID

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By placing a cross in **one box in each group** below, please indicate which statements **best describe your own health state today**.

Mobility

- I have no problems in walking about
- I have some problems in walking about
- I am confined to bed

Self-Care

- I have no problems with self-care
- I have some problems washing or dressing myself
- I am unable to wash or dress myself

Usual Activities (e.g. work, study, housework, family or leisure activities)

- I have no problems with performing my usual activities
- I have some problems with performing my usual activities
- I am unable to perform my usual activities

Pain/Discomfort

- I have no pain or discomfort
- I have moderate pain or discomfort
- I have extreme pain or discomfort

Anxiety/Depression

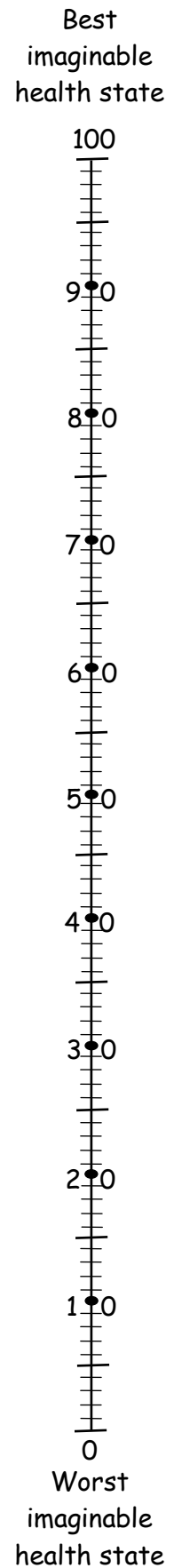
- I am not anxious or depressed
- I am moderately anxious or depressed
- I am extremely anxious or depressed

Please now return the questionnaire to the fieldworker. Thank you.

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad your health state is today.

**Your own
health state
today**



These final questions ask about your level of **physical activity**.

1) Were you employed in the last seven days? **0. No** (Skip to question 4) **1. Yes**

2) How many days of the last seven did you work? _____ **days**

3) How many total hours did you work in the last seven days? _____ **hours**

4) What two days do you consider your weekend days? (please circle 2 days below)

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

5) Compared to your physical activity over the past three months, was last week's physical activity more, less or about the same? (**Please tick the box that applies to you**)

1. **More**

2. **Less**

3. **About the same**

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Days/Date		Mon/	Tue/	Wed/	Thu/	Fri/	Sat/	Sun/
Sleep Times								
Sleep Hours								
Morning	Mod							
	Hard							
	V.Hard							
Afternoon	Mod							
	Hard							
	V.Hard							
Evening	Mod							
	Hard							
	V.Hard							
Total min per day	Physical activity							
Total min per day	Strength and Flexibility							

Prompts for fieldworker

- The **MODERATE** category is similar to when you are walking at a normal pace, walking as if you were going somewhere. Activities may include walking, heavy housework, light gardening.
- The **HARD** category falls in between the MODERATE and VERY HARD categories and may include very brisk walking, moderate cycle/swim, gardening etc.
- The **VERY HARD** category is similar to how you feel when you are running.

Strength and flexibility examples include: push-ups, pull-ups, sit-ups, lifting weights (dumbbells, barbells, kettlebells, machines etc), squats stretching exercises, Pilates and Yoga.

If uncertain of category note down responses and discuss with Trial Manager.

Participant ID

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Fieldworker Scribble Page (for notes and calculations).

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Researcher: please see p7



1 medium apple



2 broccoli florets



2 halves of canned peaches



1 handful of grapes



1 medium banana



3 heaped tablespoons of peas



1 medium glass of orange juice



7 strawberries



3 whole dried apricots



Just Eat More
(fruit & veg)



3 heaped tablespoons of cooked kidney beans



16 okra



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RESEARCHER USE ONLY:

Please return to page 23 and ensure the participant has completed the "health state thermometer" question correctly.

Please enter the answer below:

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%

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FOR OFFICE USE ONLY

Days		Mon	Tue	Wed	Thu	Fri	Sat	Sun
Sleep Times								
Sleep Hours								
Morning	Mod							
	Hard							
	V.Hard							
Afternoon	Mod							
	Hard							
	V.Hard							
Evening	Mod							
	Hard							
	V.Hard							
Total min per day	Physical activity							
Total min per day	Strength and Flexibility							

Rounding (use this for 'Total min per day')

10-22 minutes	0.25
23-37 minutes	0.50
38-52 minutes	0.75
53-67minutes	1.0
68-82 minutes	1.25

Participant ID

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Fieldworker page

Participant ID	
Accelerometer serial number (e.g. 8220)	

The participant should be randomised once the CRF and questionnaire booklet has been completed. Before you proceed you will need a note of the participant's gender and BMI, and your fieldworker ID and pin code.

Gender		BMI		FW ID		Pin	
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Telephone the randomisation service on 0141 337 4186.



Follow the automated instructions.

Was the participant randomised successfully? (please circle)	YES NO
	Add note here of any issues:
Date and time of randomisation	
Randomisation number	
Group Allocation (please circle)	INTERVENTION CONTROL

Please now complete the Social Network Analysis for participants in the intervention group (not the control group).

Participant ID

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Additional scribble page for fieldworkers (if needed)

Participant ID

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