

Post-Program Survey Date:

Individual Information				
First three letters of first name				
First three letters of last name				
Two digit month of your birth				
Two digit day of your birth				
First four letters of your county				
State Abbreviation				

1. Your Height: _____ Feet _____ Inches

2. Your Weight: _____ Pounds

3. In General, compared to other persons your age, how would you rate your health?

- ₁ Extremely Healthy ₂ Somewhat healthy ₃ Not Healthy
₄ Very unhealthy ₅ Don't Know

4. I used hand and ankle weights during the LIFT Program

- ₁ Never ₂ Rarely ₃ Sometimes ₄ Often ₅ Always

5. I plan to use the hand and ankle weights during physical activity after the LIFT Program:

- ₁ Never ₂ Rarely ₃ Sometimes ₄ Often ₅ Always

6. How confident are you that you can engage in moderate physical activities (e.g., not exhausting, light perspiration) for 30 minutes for 2 or more days per week?

- ₁ Not at all ₂ Somewhat ₃ Moderately ₄ Very ₅ Completely

7. I intend to do physical activity at least 3 times each week:

- ₁ Completely Disagree ₂ Disagree ₃ Neither agree nor disagree
₄ Agree ₅ Completely Agree

8. How many members of the class do you feel that you are similar to?

- ₁ None ₂ A few ₃ Some ₄ Most ₅ All

9. On average, how many cups of fruit do you eat each day? _____

10. On average, how many cups of 100% fruit juice do you drink each day?

11. On average, how many cups of vegetables do you eat each day? _____

12. On average, how many cups of 100% vegetable juice do you drink each day? _____

13. How many times in a month do you talk with people in your family?

- ₀ Not Applicable ₁ Never ₂ Rarely ₃ Occasionally ₄ Often ₅ Very Often

14. How many times in a month do you talk with your friends?

- ₀ Not Applicable ₁ Never ₂ Rarely ₃ Occasionally ₄ Often ₅ Very Often

15. How many times in a month do you talk with people in your neighborhood?

- ₀ Not Applicable ₁ Never ₂ Rarely ₃ Occasionally ₄ Often ₅ Very Often

16. How many times in a month do you talk with people from your LIFT class outside of a LIFT session?

- ₀ Not Applicable ₁ Never ₂ Rarely ₃ Occasionally ₄ Often ₅ Very Often

Thank you! Please fill out front and back of this survey.

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Physical Activity. We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. The questions will ask you about the time you spent being physically active in the **last 7 days**. Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise or sport.

During the **last 7 days**, on how many days did you do **vigorous** physical activities like heavy lifting, digging, aerobics, or fast bicycling?

___ **days per week** _____ → How much time did you usually spend **doing vigorous physical activity** on one of those days?
 ___ **hours per day** ___ **minutes per day** ___ Don't know/Not sure

___ No vigorous physical activities

Think about all the **moderate** activities that you did in the **last 7 days**. **Moderate** activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

During the **last 7 days**, on how many days did you do **moderate** physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking.

___ **days per week** _____ → How much time did you usually spend **doing moderate physical activity** on one of those days?
 ___ **hours per day** ___ **minutes per day** ___ Don't know/Not sure

___ No moderate physical activities

Think about the time you spent **walking** in the **last 7 days**. This includes at work and at home, walking to travel from place to place, and any other walking that you have done solely for recreation, sport, exercise, or leisure.

___ **days per week** _____ → How much time did you usually spend **walking** on one of those days?
 ___ **hours per day** ___ **minutes per day** ___ Don't know/Not sure

___ No walking

The last question is about the time you spent **sitting** on weekdays during the **last 7 days**. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

During the **last 7 days**, how much time did you spend **sitting** on a **week day**?
 ___ **hours per day** ___ **minutes per day** ___ Don't know/Not sure

Thank you! Please fill out front and back of paper.