

LIFT Instructor Pre-Training Survey

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				

Participation in this survey is voluntary. This survey was developed to contribute to the ongoing research projects in the Physical Activity Research and Community Implementation (PARCI) Laboratory. These research projects relate to delivery personnel's' comfort delivering physical activity interventions and other behaviors and practices. All of the results will be reported as group data, whereby no individual will be identifiable in the results or any reports of the study findings. The research may be published. Any information you provide will remain confidential. Please answer each question to the best of your knowledge. If you choose not to answer any question, just leave it blank and move on to the next question.

For questions or concerns about this survey or study, please contact:	Should you have any questions or concerns about the study's conduct or your rights as a research subject, or need to report a research-related injury or event, you may contact:
Dr. Samantha Harden, Principal Investigator, Virginia Tech Email: harden.samantha@vt.edu Phone: (540) 231-9960	Virginia Tech Institutional Review Board Phone: (540) 231-3732 Email: irb@vt.edu

By completing this form,

I am providing my consent to partake in this research study.

THE FOLLOWING ITEMS ARE RELATED TO YOUR DECISION-MAKING PROCESS.

Please rate how important each of the following factors are when you are deciding whether to adopt a 'new' program in your organization.

How important is it that:	Scale:				
The program has potential to attract/recruit a large number of participants.	Very Unimportant ¹	Unimportant ²	Neutral ³	Important ⁴	Very Important ⁵
The program has potential to attract/recruit a group of participants that is representative of the residents of my county/city.	Very Unimportant ¹	Unimportant ²	Neutral ³	Important ⁴	Very Important ⁵
The program has been successful when tested in research settings under optimal conditions.	Very Unimportant ¹	Unimportant ²	Neutral ³	Important ⁴	Very Important ⁵
The program has been successful when tested in community settings.	Very Unimportant ¹	Unimportant ²	Neutral ³	Important ⁴	Very Important ⁵
Other people recommended delivering the program.	Very Unimportant ¹	Unimportant ²	Neutral ³	Important ⁴	Very Important ⁵
The program can be maintained/sustained easily for longer than one year without special funding.	Very Unimportant ¹	Unimportant ²	Neutral ³	Important ⁴	Very Important ⁵
The program will receive good public relations opportunities and visibility for my organization.	Very Unimportant ¹	Unimportant ²	Neutral ³	Important ⁴	Very Important ⁵

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TELL US ABOUT YOURSELF:

1. Organization where you intend to deliver LIFT: _____
 - a. Counties where you intend to deliver LIFT: _____
2. What is your sex? O₁ Male O₂ Female
3. What is your age: _____ years
4. About how tall are you without shoes? _____ Feet _____ Inches
5. About how much do you weigh without shoes? _____ pounds
6. Please indicate which of the following best describes you (check all that apply):
 O₁ Black/African American O₂ Asian O₃ White O₄ American Indian/Native Alaskan
 O₅ Native Hawaiian/Pacific Islander O₆ Other _____
7. Please indicate which of the following best describes you:
 O₁ Hispanic or Latino O₂ Not Hispanic or Latino O₃ Not Sure
8. Please mark the highest grade of school that you have completed:
 O₁ Some high school O₂ High School or GED O₃ Some college O₄ College graduate O₅ Graduate Degree
9. If you attended graduate school, please answer the following
 - a. What is your highest degree:
 O₁ Masters of Education O₂ Masters of Science O₃ Master of Public Health O₄ Other _____
 - b. What program was your degree (e.g., MS of Agriculture, MS of Kinesiology): _____
 - c. Was your degree:
 O₁ Non-thesis O₂ Thesis
10. I feel that my training with regard to delivering physical activity programs during my education was:
 O₁ Excellent O₂ Good O₃ No Opinion O₄ Fair O₅ Poor
11. In general, compared to others your age, how would you rate your health:
 O₁ Excellent O₂ Very Good O₃ Good O₄ Fair O₅ Poor O₆ Don't know
12. What is your current smoking status?
 O₁ Currently Smoke O₂ Don't Smoke O₃ Ex-Smoker
13. Has your doctor ever diagnosed you with any of the following (check all that apply)?
 O₁ Arthritis O₂ Asthma O₃ Depression O₄ Diabetes O₅ Heart Disease O₆ High Blood Pressure
 O₇ High Blood Cholesterol O₈ Obesity O₉ None of the above
14. How many hours of sleep do you usually get in the evening? _____ hours
15. How confident are you that you can engage in moderate physical activities (e.g., not exhausting, light perspiration) for 30 minutes for 5 or more days per week?
 O₁ Not at all O₂ Somewhat O₃ Moderately O₄ Very O₅ Completely