



ID: _____

Visit: Pre-randomization 05
 6 month 08
 18 month 10

Exercise Confidence Questionnaire

Date: ____ / ____ / _____

Below is a list of things people might do while trying to increase or continue regular exercise. We are interested in exercises like running, swimming, brisk walking, bicycle riding, or aerobics classes.

Whether you exercise or not, please rate how confident you are that you could *really motivate* yourself to do things like these consistently for *at least six months*. Please **circle one number for each item**.

How sure are you that you can do these things?	I know I cannot	1	2	Maybe I can	3	4	I know I can	5	Does not apply	9
1. Get up early, even on weekends, to exercise.	1	2	3	4	5	9				
2. Stick to your exercise program after a long, tiring day at work.	1	2	3	4	5	9				
3. Exercise even though you are feeling depressed.	1	2	3	4	5	9				
4. Set aside time for a physical activity program; that is, walking, jogging, swimming, biking, or other continuous activities for at least 30 minutes, 3 times per week.	1	2	3	4	5	9				
5. Continue to exercise with others even though they seem too fast or too slow for you.	1	2	3	4	5	9				
6. Stick to your exercise program when undergoing a stressful life change (e.g., divorce, death in the family, moving).	1	2	3	4	5	9				
7. Attend a party only after exercising.	1	2	3	4	5	9				
8. Stick to your exercise program when your family is demanding more time from you.	1	2	3	4	5	9				
9. Stick to your exercise program when you have household chores to attend to.	1	2	3	4	5	9				
10. Stick to your exercise program even when you have excessive demands at work.	1	2	3	4	5	9				
11. Stick to your exercise program even when social obligations are very time consuming.	1	2	3	4	5	9				
12. Read or study less in order to exercise more.	1	2	3	4	5	9				

Reviewed by (staff ID): _____
 Entered by (staff ID): _____

Overview

This self-administered questionnaire is designed to capture information about the participant's confidence in their ability to increase their physical activity level. It is administered at baseline (any time prior to randomization) and at the 6 and 18 month follow-up visits.

Administration Instructions

Using a blue or black pen, check the appropriate box to designate which visit this form (#45) was administered: Pre-randomization, 6, or 18 month.

Instruct participant to fill out the form in blue or black pen. Participants should be encouraged to answer every question.

Coding Instructions

No coding is required.

Review Instructions

Page 1 should have an ID label attached.

Make sure that each circle is on a number (not around two numbers or marked between two numbers).

Check to be sure all items were completed. If any items were not completed, confirm with participant that they meant to skip the item. Participants are allowed to decline to answer any of the questions.

Also follow up with participant on forms where "does not apply" was checked frequently.