

Participant _____

Date _____

Please indicate below how confident you are that you can successfully walk the following distances within 6 minutes by circling the number corresponding to your confidence for each distance.

I BELIEVE THAT WITHIN SIX MINUTES I CAN WALK:

1. ONE HALF OF A FOOTBALL FIELD OR CITY BLOCK (55 meters)

1	2	3	4	5
Not at all confident	Minimally Confident	Somewhat Confident	Moderately Confident	Highly Confident

2. ONE FULL FOOTBALL FIELD OR CITY BLOCK (110 meters)

1	2	3	4	5
Not at all confident	Minimally Confident	Somewhat Confident	Moderately Confident	Highly Confident

3. ONE AND A HALF FOOTBALL FIELDS OR CITY BLOCKS (165 meters)

1	2	3	4	5
Not at all confident	Minimally Confident	Somewhat Confident	Moderately Confident	Highly Confident

4. TWO FOOTBALL FIELDS OR CITY BLOCKS (220 meters)

1	2	3	4	5
Not at all confident	Minimally Confident	Somewhat Confident	Moderately Confident	Highly Confident

5. THREE FOOTBALL FIELDS OR CITY BLOCKS (330 meters)

1	2	3	4	5
Not at all confident	Minimally Confident	Somewhat Confident	Moderately Confident	Highly Confident

6. ONE QUARTER MILE (402 meters)

1	2	3	4	5
Not at all confident	Minimally Confident	Somewhat Confident	Moderately Confident	Highly Confident

7. ONE HALF MILE (805 meters)

1	2	3	4	5
Not at all confident	Minimally Confident	Somewhat Confident	Moderately Confident	Highly Confident

IRB# 11-008157

Participant: _____

Date: _____

Please rate your confidence for each question below by circling the number corresponding to your level of confidence.

1) How confident are you that you are physically active every day?

(examples: washing dishes, dusting the house, vacuuming, grocery shopping, doing laundry, gardening, walking a pet, golfing, bowling, dancing, etc.)

1	2	3	4	5
Not at all confident	Minimally Confident	Somewhat Confident	Moderately Confident	Highly Confident

2) How confident are you that you are physically active even when your day doesn't go the way you wanted or expected?

1	2	3	4	5
Not at all confident	Minimally Confident	Somewhat Confident	Moderately Confident	Highly Confident

3) How confident are you that you are physically active even when you feel tired or fatigued?

1	2	3	4	5
Not at all confident	Minimally Confident	Somewhat Confident	Moderately Confident	Highly Confident

4) How confident are you that you are physically active even when you are in mild pain or have mild respiratory discomfort?

1	2	3	4	5
Not at all confident	Minimally Confident	Somewhat Confident	Moderately Confident	Highly Confident

5) How confident are you that you are physically active even when you feel depressed, worried, or stressed out?

1	2	3	4	5
Not at all confident	Minimally Confident	Somewhat Confident	Moderately Confident	Highly Confident

Linear Analogue Self-Assessment Well-being Survey

ONLINE DATA SUPPLEMENT

Participant: _____ Date: _____

Directions: Please circle the number (0-10) best reflecting your response to the following questions that describes your feelings **during the past week, including today**.

How would you describe:

1. Your overall Quality of Life?

0	1	2	3	4	5	6	7	8	9	10
As bad as										As good as
it can be										it can be

2. Your overall mental (intellectual) well being?

0	1	2	3	4	5	6	7	8	9	10
As bad as										As good as
it can be										it can be

3. Your overall physical well being?

0	1	2	3	4	5	6	7	8	9	10
As bad as										As good as
it can be										it can be

4. Your overall emotional well being?

0	1	2	3	4	5	6	7	8	9	10
As bad as										As good as
it can be										it can be

5. Your level of social activity?

0	1	2	3	4	5	6	7	8	9	10
As bad as										As good as
it can be										it can be

6. Your overall spiritual well being?

0	1	2	3	4	5	6	7	8	9	10
As bad as										As good as
it can be										it can be