

Anexo 1

Section C: Habitual Physical Activity

Directions: The questions below relate to your habitual physical activity. Please circle the answer which is most true of your usual physical activity.

At university I sit	Never	Seldom	Sometimes	Often	Always
At university I stand	Never	Seldom	Sometimes	Often	Always
At university I walk	Never	Seldom	Sometimes	Often	Always
At university I lift heavy loads	Never	Seldom	Sometimes	Often	Always
After university I am tired	Very Often	Often	Sometimes	Seldom	Never
At university I sweat	Very Often	Often	Sometimes	Seldom	Never
In comparison with others my own age I think my work is physically	Much heavier	Heavier	As heavy	Lighter	Much lighter

Do you play sport or do exercise? (circle) No OR Yes → **Which sport / exercise do you play / do most frequently?→** _____

How many hours per week? <1 1-2 2-3 3-4 >4

How many months a year? <1 1-2 2-3 3-4 >4

If you play a second sport or do a second exercise → **Which sport / exercise do you play / do most frequently →** _____

How many hours per week? <1 1-2 2-3 3-4 >4

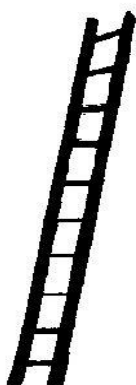
How many months a year? <1 1-2 2-3 3-4 >4

In comparison with others my own age I think my physical activity during leisure time is	Much more	More	The same	Less	Much less
During leisure time I sweat	Very often	Often	Sometimes	Seldom	Never
During leisure time I play sport	Never	Seldom	Sometimes	Often	Very often
During leisure time I watch television	Never	Seldom	Sometimes	Often	Very often
During leisure time I walk	Never	Seldom	Sometimes	Often	Very often
During leisure time I cycle	Never	Seldom	Sometimes	Often	Very often

How many minutes do you walk and/or cycle per day to and from university and/or shopping? <5 5-15 15-30 30-45 >45

Section D: Life Right Now

Directions: Here is a Picture of a ladder. The top represents the best possible life for you and the bottom represents the worst possible life for you. Where on the ladder do you personally stand at the present time? (Please circle)



10 = Best possible life right now

-
-
-
-
-
-
-
-
-
-
-

5

0 = Worst possible life right now

Directions: The statements below ask about your feelings and thoughts **during the last month**. In each case, please indicate by placing a **X** in the appropriate box.

N: Never **AN:** Almost Never **S:** Sometimes **FO:** Fairly Often **VO:** Very Often

In the last month:	N	AN	S	FO	VO
... how often have you been upset because of something that happened unexpectedly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... how often have you felt that you were unable to control the important things in your life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... how often have you felt nervous or "stressed"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... how often have you dealt successfully with day-to-day problems and annoyances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... how often have you felt that you were effectively coping with important changes that were occurring in your life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... how often have you felt confident about your ability to handle your personal problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... how often have you felt that things were going your way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... how often have you felt that you could not cope with all that you had to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... how often have you been able to control irritations in your life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... how often have you felt you were on top of things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... how often have you been angered because of things that were outside your control?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... how often have you found yourself thinking about things that you have to accomplish?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... how often have you been able to control the way you spend your time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... how often have you felt difficulties were piling up so high that you could not overcome them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please turn page

Section E: Patterns

Exercise: is an activity that is planned, structured and repetitive and is done to improve or maintain physical fitness.

Which of the following BEST describes your current exercise pattern? (Sign ONE X only)

- I don't exercise and I don't intend to start.....
- I don't exercise but I'm thinking seriously about starting.....
- I exercise once-in-a-while but not regularly.....
- I exercise regularly but I started only recently (less than 6 months).....
- I exercise regularly (for longer than 6 months).....

Moderate intensity activity: activities raising the heart beat e.g. brisk, jogging, swimming, aerobics, dancing, cycling, etc.

The current International Physical Activity Guidelines suggest that we accumulate least 30 minutes of **moderate intensity activity** on 5 or preferably more days of the week.

Which of the following BEST describes your moderate intensity physical activity pattern? (Sign ONE X only)

- I don't accumulate at least 30 minutes of moderate intensity activity a day on 5 or more days of the week and I don't intend to.....
- I'm thinking seriously about accumulating 30 minutes of moderate intensity activity a day on 5 or more days of the week.....
- I accumulate 30 minutes of moderate intensity activity a day on 5 or more days of the week but do so only infrequently.....
- I regularly accumulate 30 minutes of moderate intensity activity a day on 5 or more days of the week but have only just started.....
- I regularly accumulate 30 minutes of moderate intensity activity a day on 5 or more days of the week and have done so for over 6 months.....

Would you be interested in participating in an interview about your experiences in Coimbra? (Please circle) **Yes / No**

If Yes, how can I contact you? E-mail: _____

Telephone or mobile number: _____ **Is it better to call in daytime OR evening?**
(please circle)

Thank you & Best of Luck!