Physical Activity Checklist

Name-  
Age-  
Date of Birth-  

Home Activities

It's about your physical activity during a typical week.

1. Getting up and going to bed (please put time in each box)
   (Getting up)   (Going to bed)
   a. On a week day - ___________________________   ___________________________
   b. On a weekend day- ___________________________   ___________________________

2. Which form of transport do you use most often apart from your journey to and from work ?( please one box only per line)

<table>
<thead>
<tr>
<th>Distance of journeys</th>
<th>Usual mode of transport</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Car/Scooty</td>
</tr>
<tr>
<td>Less than 1 km</td>
<td></td>
</tr>
<tr>
<td>1-5 km</td>
<td></td>
</tr>
<tr>
<td>More than 5 km</td>
<td></td>
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</tbody>
</table>

3. How many times or on average you travel in a week apart from job?
   time____________.

4. On an average, number of hours of watching T.V. per day?
   Hours____________.

5. Average stair climbing at home per day ____________.

6. Activities in or around home (Put X one box per line)
<table>
<thead>
<tr>
<th>Approximate no. of hours each week</th>
<th>None</th>
<th>Less than 1 hour a day</th>
<th>1-3 hours a day</th>
<th>3-6 hours a day</th>
<th>6-10 hours a day</th>
<th>10-15 hours a day</th>
<th>More than 15 hours a day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparing food, cooking and cleaning utensils</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shopping for food and groceries</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Cleaning the house</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Doing the laundry and ironing</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Caring for children</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Caring for elderly</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Going to gym/or any other physical exercise like dancing, cycling etc.</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
Activities at Work

Please answer the section only if have been in paid employment.

Name of Occupation_Recruitment________________________________________

1. How many hours you spend on his job daily? Hours__________________.

2. What kind of activity level do you have at your work?
   High_________ Moderate_______ Low______________

3. Generally, how many hours per day you work while sitting?
   __________.

4. Generally, how many hours per day you work while standing?
   None__________.

5. Generally, how many hours per day you have to climb stairs at work?
   ______________.

6. How many hours per day you spend on traveling? __________.

7. What kind of transport you use ___________________.

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Self Efficacy/Efficiency Scale (G.S.E.)

By: Schwarzer and Jerusalem (1993)

Please provide values

1 = Not at all true
2 = Hardly true
3 = Moderately True
4 = Exactly True.

1. I can always manage to solve difficult problems if I try hard enough._____.
2. If someone opposes me, I can find the means and ways to get what I want._____.
3. It is easy for me to stick to my aims and accomplish my goals._____.
4. I am confident that I could deal efficiently with unexpected events._____.
5. Thanks to my resourcefulness, I know how to handle unforeseen situations._____.
6. I can solve most problems if I invest the necessary effort._____.
7. I can remain calm when facing difficulties because I can rely on my coping abilities._____.
8. When I am confronted with a problem, I can usually find several solutions._____.
9. If I am in trouble, I can usually think of solutions._____.
10. I can usually handle whatever comes my way._____.

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Happiness Scale
By: Love and McFadden (2005)

Please provide scale between 0 to 5

0 = Does not describes me
1 = Rarely describes me
2/3 = Sometimes describes me
4 = Often describes me
5 = Always describe me

1. I maintain close contact with the people I love. _____
2. I get along well with my family. _____
3. My life is full of love. _____
4. The way I use my talents is a great help to others. _____
5. I love my work. _____
6. My work utilizes my talents well. _____
7. I have at least three very close friends I spend time with regularly. _____
8. I am a good friend. _____
9. People call me when they need help. _____
10. I get great satisfaction from being kind to others. _____
11. I truly would rather give than receive. _____
12. I am very sensitive to others feelings and needs. _____
13. My life is full of stimulating activities. _____
14. I make it a point to create exciting challenges for myself. _____
15. I have many interests that I pursue. _____
16. I take good care of myself. _____
17. I make it a point to take time to relax and have fun. _____
18. I am in good shape. _____
19. I am known for my pleasant personality. _____
20. I can always see the bright side of any situation. _____
21. I have faith that everything is going to work out fine. _____
22. I function well in stressful times. _____
23. I am great at prioritizing time and energy. _____
24. I can easily delay gratification to get the job done. _____
25. I bring calm to any situation. _____
26. I have just enough stress in my life to make it interesting. _____
27. I rarely overbook myself and I usually have plenty of time. _____
28. I feel good about the way my life is going. _____
29. I'd rather be happy than right. _____
30. I am optimistic about my future. _____
Leddy Healthiness Scale

By: Leddy (1996)

(Circle the number best indicates your degree of agreement. 6= completely agree, 5= mostly agree, 4= slightly agree, 3= slightly disagree, 2= mostly disagree, 1= completely disagree)

1. I think that I function pretty well.   6 5 4 3 2 1
2. I have goals that I look forward to accomplishing in the next year.  6 5 4 3 2 1
3. I am a part of a close and supportive family   6 5 4 3 2 1
4. I don’t feel there is much meaningful in my life   6 5 4 3 2 1
5. I have more than enough energy to do what I want to do 6 5 4 3 2 1
6. I feel I can accomplish anything I set out to do   6 5 4 3 2 1
7. There is very little that I value in my life right now   6 5 4 3 2 1
8. Having change(s) in my life makes me feel uncomfortable  6 5 4 3 2 1
9. I have rewarding relationships with people   6 5 4 3 2 1
10. I enjoy making plans for the future   6 5 4 3 2 1
11. I feel free to choose actions that are right for me   6 5 4 3 2 1
12. I feel like I have got little energy   6 5 4 3 2 1
13. I am pleased to find that I am getting better with age   6 5 4 3 2 1
14. I don’t communicate much with family or friends   6 5 4 3 2 1
15. I get excited thinking about new projects   6 5 4 3 2 1
16. I feel good about my ability to influence change   6 5 4 3 2 1
17. I am not what you call a goal oriented person   6 5 4 3 2 1
18. I feel energetic   6 5 4 3 2 1
19. I feel good about my freedom to make choices for my life   6 5 4 3 2 1
20. I have a goal that I am trying to achieve   6 5 4 3 2 1
21. I don’t expect the future hold much meaning   6 5 4 3 2 1
22 I like exploring new possibilities 6 5 4 3 2 1
23. I feel full of zest and vigor 6 5 4 3 2 1
24. I feel fine 6 5 4 3 2 1
25. I feel pretty sure of myself 6 5 4 3 2 1
26. I feel isolated from people 6 5 4 3 2 1