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In cooperation with

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Risk and Health Behaviors

Documentation of the Scales of the Research Project:
“Risk Appraisal Consequences in Korea” (RACK)

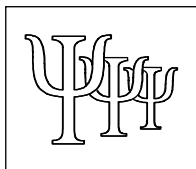


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1 Preface

The current documentation serves to make psychometric scales available to a broader international public in order to disseminate the research materials and to stimulate joint cross-cultural studies on risk perception and health behaviors.

This line of research started in 1994 with a major field project launched in Berlin, Germany, funded by the German Research Foundation (DFG), under the title “Berlin Risk Appraisal and Health Motivation Study” (BRAHMS). Work on this project has been published in various German outlets, and also in a few English sources (Renner et al., 2000; Schwarzer & Renner, 2000). A complete annotated documentation of the BRAHMS-materials has been made available in German by Renner, Hahn, & Schwarzer (1996).

Currently (2003), a follow-up project is being conducted in South Korea, also funded by DFG. The Korean psychometric instruments are to a large extent identical to the previous German ones in order to guarantee a solid basis for cross-cultural comparison. However, some aspects have been improved and others have been added. Thus, the current version of the BRAHMS instrumentation is to be considered as the valid one. A German-language documentation of the present Korean questionnaire is available at our website.

The present English version is translated from the Korean one. It has not yet been field-tested. Spanish and Polish versions are currently being developed.

We do hope that parts of this English version will be adopted for use in English-speaking samples, and we would be grateful for any feedback concerning the proper wording of the test items.

Berlin, May 2003-05-11

Britta Renner and Ralf Schwarzer

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- Renner, B., Knoll, N., & Schwarzer, R. (2000). Age and body weight make a difference in optimistic health beliefs and nutrition behaviors. *International Journal of Behavioral Medicine*, 7(2), 143-159.
- Schwarzer, R., & Renner, B. (2000). Social-cognitive predictors of health behavior: Action self-efficacy and coping self-efficacy. *Health Psychology*, 19(5), 487-495.

2 General description of participants

2.1 Age and gender

Date of birth	Age	Year	Month	Day
Gender	<input type="checkbox"/> male	<input type="checkbox"/> female		

2.2 Socioeconomic status

2.2.1 Education

Your highest degree:

Did not graduate from high school	<input type="checkbox"/> 1
Middle school	<input type="checkbox"/> 2
Dropped out of vocational training	<input type="checkbox"/> 3
High school or dropped out of college	<input type="checkbox"/> 4
Technical school	<input type="checkbox"/> 5
College/university	<input type="checkbox"/> 6
Graduate school and more	<input type="checkbox"/> 7

2.2.2 Occupation

What is/was your current/last occupation?

High school or college student	<input type="checkbox"/> 1
Housewife	<input type="checkbox"/> 2
Unemployed	<input type="checkbox"/> 3
Blue-collar worker (farmer, construction worker, factory worker)	<input type="checkbox"/> 4
Skilled laborer (carpenter, hairdresser, electrician)	<input type="checkbox"/> 5
Service or distribution (tradesman, insurance agent, policeman)	<input type="checkbox"/> 6
White collar worker	<input type="checkbox"/> 7
Manager	<input type="checkbox"/> 8
professional who does freelance work (medical doctor, professor, lawyer, preacher, etc.)	<input type="checkbox"/> 9
Others _____	<input type="checkbox"/> 10

If you are currently unemployed or retired (does not apply to students and housewives), please indicate your occupation(s) in the last five years: _____

2.2.3 Marital status

single	<input type="checkbox"/> 1
married	<input type="checkbox"/> 2
widowed	<input type="checkbox"/> 3
remarried	<input type="checkbox"/> 4
divorced or separated	<input type="checkbox"/> 5

2.2.4 Living standard

How would you describe your living standard?

lower class	<input type="checkbox"/> 1
lower middle class	<input type="checkbox"/> 2
middle class	<input type="checkbox"/> 3
upper middle class	<input type="checkbox"/> 4
upper class	<input type="checkbox"/> 5

2.2.5 Financial leeways

Do you have financial leeways?

yes, much	<input type="checkbox"/> 1
above average	<input type="checkbox"/> 2
average	<input type="checkbox"/> 3
below average	<input type="checkbox"/> 4
very little	<input type="checkbox"/> 5

2.2.6 Income

How high is your household income?

500 won or less	<input type="checkbox"/> 1
510 – 1500 won	<input type="checkbox"/> 2
1510 – 3000 won	<input type="checkbox"/> 3
3010 won or more	<input type="checkbox"/> 4

3 Health and illness

3.1 Illness status

If you have had or currently have one of the illnesses listed below, please indicate whether you underwent medical treatment for it.

	Never had this illness	Don't have this illness anymore	Suffer from this illness now	Received medical treatment for this illness in the last 6 months
circulatory heart disorder	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
cardiac insufficiency	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
stroke	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
circulatory disorder (lags)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
hypertension	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
high cholesterol level	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
low blood pressure	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
acute or chronic hepatitis	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
cirrhosis of the liver	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
biliary disease	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
diabetes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
adiposity	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
gout	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
chronic bronchitis	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
affected thyroid	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
affected kidney	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Other severe diseases, such as:

1. _____ ₁
2. _____ ₁

3.2 Medication

Do you take medication on a regular basis...	yes	no
... to lower your blood pressure?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
... to lower your cholesterol?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
...for your heart?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
... to fight diabetes?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
... to calm yourself?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
... to fight sleep disorders?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
... to avoid conception (birth control pills)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

... to raise your blood pressure?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
... to fight other disorders?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Do you practice Traditional Chinese Medicine?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

3.3 Current diet status

Are you on a diet?	<input type="checkbox"/> ₁ yes	<input type="checkbox"/> ₂ no
If so, has a doctor prescribed it to you?	<input type="checkbox"/> ₁ yes	<input type="checkbox"/> ₂ no

What kind of diet are you on? _____

What is the reason for your diet? _____

3.4 Subjective assessment of current health condition

3.4.1 Absolute assessment of current health condition

How would you describe your current health condition?

₁ very bad
₂ bad
₃ medium
₄ good
₅ very good

3.4.2 Relative assessment of current health status

In comparison to someone of your sex and age, your current health condition is...

₁ very bad
₂ bad
₃ medium
₄ good
₅ very good

3.4.3 Assessment of current health condition in comparison to earlier

How would you assess your current health condition in comparison to the last five years?

₁ bad
₂ less than satisfactory
₃ satisfactory
₄ good
₅ very good

How would you assess your current health condition in comparison to the best health condition you ever had?

₁ bad
₂ less than satisfactory
₃ satisfactory
₄ good
₅ very good

How would you assess your current health condition in comparison to the health condition you can (still) possibly reach?

- ₁ bad ₂ less than satisfactory ₃ satisfactory ₄ good ₅ very good

3.4.4 Assessment of change in health during the last year

Has your health condition undergone changes in the last 12 months?

- ₁ bad ₂ less than satisfactory ₃ satisfactory ₄ good ₅ very good

3.4.5 Assessment of interplay between everyday functioning and health

How strongly is your daily functioning affected by your health?

- ₁ bad ₂ less than satisfactory ₃ satisfactory ₄ good ₅ very good

3.5 Subjective assessment of current cholesterol und blood pressure values

What do you think how high your *cholesterol* level is?

It is...

- ₁ very low ₂ low ₃ a little too low ₄ normal ₅ a little too high ₆ high ₇ much too high

What do you think how high your *blood pressure* is?

It is...

- ₁ very low ₂ low ₃ a little too low ₄ normal ₅ a little too high ₆ high ₇ much too high

3.6 Previous screening behavior and screening results

3.6.1 Regularity of measurement

Do you measure your *cholesterol* level on a regular basis?

₁ yes

₂ no

Do you measure your *blood pressure* on a regular basis?

₁ yes

₂ no

3.6.2 The last measurement

When did you measure your *cholesterol level* the last time?

- Within the last 4 weeks ₁
- More than 4 weeks ago, but within the last 12 months ₂
- More than a year ago ₃
- Never before ₄

When did you measure your *blood pressure* the last time?

- Within the last 4 weeks ₁
- More than 4 weeks ago, but within the last 12 months ₂
- More than a year ago ₃
- Never before ₄

3.6.3 Categorical assessment of the last physiological reading

What was your last reading?

My *cholesterol* level was...

- ₁ ₂ ₃ ₄ ₅ ₆ ₇
- very low low a little too low normal a little too high high much too high

What was your last reading?

My *blood pressure* was...

- ₁ ₂ ₃ ₄ ₅ ₆ ₇
- very low low a little too low normal a little too high high much too high

3.6.4 Exact last reading

How high was your...

cholesterol level? _____ mg/dl don't remember ₁

How high was your...

systole blood pressure? _____ mmHg don't remember ₁

diastole blood pressure? _____ mmHg don't remember ₁

4 Health behaviors

4.1 Nutrition habits

4.1.1 Frequency of consumption

This section is still in German and will be translated at a later point in time. Nutrition in Korea is characterized by certain cultural characteristics that require particular time and expertise for a final adaptation into English.

	mehrmals täglich	täglich	mehrmals pro Woche	1-2 mal pro Woche	1-3 pro Monat	selten fast nie
Wie oft essen Sie normalerweise Rind-, Kalb- oder Schweinefleisch, das...						
fettreich ist (z.B. Rostbraten, Bauchfleisch, fettes Eisbein, gemischtes Hackfleisch)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
mittelfett ist (z.B. Schulter, Lende, Kotelett)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
mager ist (z.B. Filet, mageres Schnitzel)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Wie oft essen Sie normalerweise Wurst, die...						
fettreich ist (40-50% Fett wie z.B. Salami, Leberwurst, Mettwurst)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
mittelfett ist (ca. 30% Fett wie z.B. roher Schinken, Lyoner, Fleischwurst, Mortadella)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
fettarm ist (bis ca. 10% Fett wie z.B. Corned Beef, Lachsschinken gekochter Schinken)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
salzreich ist (z.B. Plockwurst, geräucherter Schinken, Salami)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Wie oft essen Sie normalerweise Käsesorten ...						
mit 40-50% Fett (z.B. Camembert, Brie, Emmentaler, Gouda, Edelpilzkäse, Doppelrahmfrischkäse)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
mit 30-40% Fett (z.B. Edamer, Tilsiter, Limburger)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
mit maximal 30% Fett (z.B. Harzer, Frischkäse, Romadur)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
die salzreich sind (z.B. Roquefort, Schafskäse, Schmelzkäse, Kochkäse)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Wie oft essen Sie normalerweise Fisch, der..						
fettreich ist (z.B. Makrele, Hering, Thunfisch, Sardine, Lachs, Schillerlocke)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
fettarm ist (z.B. Rotbarsch, Kabeljau, Seelachs, Seezunge)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
salzreich ist (z.B. Matjeshering, Salzhering, Lachs-, Kaviarersatz)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Schalentiere (z.B. Muscheln, Krabben, Austern)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Wie oft essen Sie normalerweise...						
Innereien (z.B. Leber, Niere, Hirn, Bries, Herz)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

Geflügel oder -fleisch mit Haut	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Geflügel oder -fleisch ohne Haut	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Vollmilch oder Vollmilchprodukte mit mindestens 3,5 % Fett (z.B. Joghurt, Dickmilch, Kefir, Buttermilch)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Fettarme Milch oder fettarme Milchprodukte mit höchstens 1,5 % Fett (z.B. Joghurt, Dickmilch, Kefir, Buttermilch)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Süße Sahne, Creme fraîche, Schmand , mit mind. 30-40 % Fett	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Butter	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Margarine	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Kokosfett, Plattenfett, Palmöl	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Sonnenblumen-, Soja-, Maiskeim-, Oliven-, Distel-, Lein-, Diätöl	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Eier (z.B. gekochte, Omelette, Rühreier, Spiegeleier)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
frisches Obst	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
frischen Salat oder rohes Gemüse	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Rührkuchen, Biskuit, Mürbekuchen, Sahne- oder Cremetorte	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Eiernudeln	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Nudeln ohne Ei	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Salzige Snacks (z.B. Salzstangen, Kräcker)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

4.1.2 Nutrition style

Some statements about your nutrition habits in general: How much does each statement apply to you?	Not at all	Not true most of the time	True most of the time	Exactly
I am a vegetarian.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
If I happen to eat cake or chocolate, I eat only a little bit.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I try to eat only a little fat.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I take vitamins regularly.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I usually eat fresh food.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
If I drink milk or eat milk products, I try to choose those with low fat.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I eat eggs often (such as scrambled or fried).	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

I pay careful attention to the amount of calories in my food.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I drink juice or other beverages without sugar.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I don't eat fast food.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I eat well-balanced food.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I use only a little salt in my food.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I avoid cholesterol in my food.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I try to have food with a lot of vitamins in it.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I prefer low-fat meat.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I always put extra salt in my soup.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I eat a lot of pork and beef.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I use artificial sweetener in my dishes.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I always remove the visible fat from my meat dishes.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

4.2 Exercise habits

4.2.1 Duration and form of exercise

How often do you carry out following <i>physical activities</i> ?	(almost) every day	3-4 times a week	once a week	1-3 times a month	less or never
Bicycling	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Walking, hiking	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Calisthenics, gymnastics, aerobics, dancing	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Endurance sports (swimming, running, jogging, rowing, etc.)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Bodybuilding	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Martial arts (karate, judo, taekwondo, aikido, kendo, kickboxing, boxing, etc.)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Games (baseball, football, volleyball, tennis, handball, basketball, squash, badminton, etc.)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

What amount of time do you invest in these activities weekly?

_____ hours weekly.

4.2.2 Regularity in exercise activities

Have you been exercising on a *regular* basis during the last year?

- ₁ no
- ₂ yes, but with sustained breaks in between
- ₃ yes, but with short breaks
- ₄ yes, without breaks

4.2.3 Intensity of exercise activities

Do you exercise at least once a week for at least 30 minutes each time, so that you sweat and are out of breath?

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> ₁ yes | If so: Is it easy for you to exercise in spite of daily routines? | <input type="checkbox"/> ₁ easy | <input type="checkbox"/> ₂ hard |
| <input type="checkbox"/> ₂ no | If not: Have you ever tried to begin to exercise? | <input type="checkbox"/> ₁ yes | <input type="checkbox"/> ₂ no |

Source. Lippke, S. & Ziegelmann, J. P. (2003). *Understanding and modeling health behavior: The Multi-Stage Model of Health Behavior Change*. Manuscript submitted for publication.

Aim. Assessment of the intensity and the easiness of physical activity. Persons may be assessed in the habituation or fluctuation stages with the perceived easiness (cf. The Multi-Stage Model of Health Behavior Change): In the stage of habituation, the action has become a routine (it is easy); in the fluctuation stage persons have to invest much more effort in the performance (it is rather hard).

4.3 Tobacco consumption

4.3.1 Smoker status

Are you a...

- ₁ regular smoker?
- ₂ occasional smoker?
- ₃ ex-smoker (I don't smoke anymore, but I used to smoke)?
- ₄ non-smoker (I don't smoke and I have never smoked)?

4.3.2 Begin of cigarette consumption

How old were you when you first began to smoke (even if only a small amount of cigarettes)?

_____ years old

4.3.3 Duration of cigarette (smoking) abstinence

If you are currently a *non-smoker*: How many years or months ago did you quite?

_____ years _____ months

4.3.4 Number of tobacco products consumed per day

How many tobacco products do you usually consume during one day, or did you usually consume during one day?

_____ cigarettes a day _____ small cigars a day

_____ pipes a day

I don't smoke everyday/ I did not smoked every day

4.3.5 Attempts to quite smoking

Have you ever *quit smoking* for a longer period of time?

₁ no

₂ yes ⇒ How long were you abstinent? _____ years _____ months

4.4 Alcohol consumption

4.4.1 Regularity of alcohol consumption

Do you drink alcohol on a regular basis (irrespective of amount of alcohol consumed)

₁ no

₂ yes

4.4.2 Begin of regular alcohol consumption

• **How old were you when you began to drink on a regular basis?**

_____ years old

4.4.3 Frequency and amount of alcohol consumption

How often do you drink the following alcoholic beverages?

Alcoholic beverage	daily	6-4 times a week	3-2 times a week	once a week	1-3 times a month	very seldom, almost never	amount of alcohol consumed on one occasion
Rice wine	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	Rice wine glass (200ml)
traditional Korean liqueur, Ginsengschnaps	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	Glass (200ml)
Suju	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	Sjuglass (30ml)
Beer	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	Glass (200ml)
Western spirits	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	Glass (30ml)
Asian spirits	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	Glass (30ml)

4.5 Frequency of past behavior change attempts

4.5.1 Change of nutrition habits

Have you ever tried to change your nutrition habits (to eat low-fat food or reduce your salt intake)?

₁ no ₂ yes ⇒ If yes, how often? _____ times

4.5.2 Physical exercise

Have you ever tried to start exercising once again?

₁ no ₂ yes ⇒ If yes, how often? _____ times

4.5.3 Smoking abstinence

Have you ever tried to quite smoking?

₁ no ₂ yes ⇒ If yes, how often? _____ times

4.5.4 Limiting alcohol consumption

Have you ever tried to limit your alcohol consumption?

₁ no ₂ yes ⇒ If yes, how often? _____ times

5 Health- and illness-related cognitions

5.1 Vulnerability

5.1.1 Absolute vulnerability of the self

How likely is it that one day you will have...?							
	very unlikely		moderately likely			very likely	
... a high cholesterol level?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
... a heart attack?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
... a high blood pressure?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
... a stroke?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
... a cardiovascular disease?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

5.1.2 Absolute vulnerability of peers

How likely is it that an <i>average person</i> of your sex and age will get one of the following diseases?							
	very unlikely		moderately likely			very likely	
... high cholesterol level?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
... heart attack?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
... blood pressure?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
... stroke?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
... cardiovascular disease?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

5.1.3 Relative vulnerability

If I compare myself with an average person of my sex and age, then my risk of getting...						
... an elevated cholesterol level is:						
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
very low	low	a little low	average	a little high	high	very high

... a heart attack is:

<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
very low	low	a little low	average	a little high	high	very high

... an elevated blood pressure:

<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
very low	low	a little low	average	a little high	high	very high

... a cardiovascular disease:

<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
very low	low	a little low	average	a little high	high	very high

5.2 Perceived severity**5.2.1 General severity assessment**

How severe would the following health-related problems be if they weren't attended to or if they remained undiscovered?

	Not severe at all (can be ignored)		Moderately severe (as if someone would have the flu)			Very severe (life threatening)	
high cholesterol level	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
heart attack	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
high blood pressure	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
stroke	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
cardiovascular disease	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

5.2.2 Individualized severity rating

What do you think, how threatening is your cholesterol level for your health?

Not threatening at all

(can be ignored)



Relatively threatening

(as if someone would have the flu)



Very threatening

(life threatening)



₁

₂

₃

₄

₅

₆

₇

What do you think, how threatening is your blood pressure for your health?

Not threatening at all

(can be ignored)



Relatively threatening

(as if someone would have the flu)



Very threatening

(life threatening)



₁

₂

₃

₄

₅

₆

₇

5.2.3 Significance of one's own risk to one's own health

Evaluation of cholesterol and blood pressure

How threatening is your cholesterol test result for your health?

Not at all
threatening

Relatively threatening

Very
threatening

₁

₂

₃

₄

₅

₆

₇

How threatening is your blood pressure test result for your health?

Not at all
threatening

Relatively threatening

Very
threatening

₁

₂

₃

₄

₅

₆

₇

5.3 Possibility to modify the illness course

5.3.1 Perceived possibility to modify the illness course through behavior change

To what extent could the onset of the following health problems be postponed (influenced) by your behavior?

My behavior can have an impact on the onset of...	almost no extent	some extent	mediu m extent	high extent	very high extent
--	------------------------	----------------	----------------------	----------------	------------------------

... high cholesterol level	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
... a heart attack	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
... high blood pressure	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
... a stroke	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
... a cardiovascular disease	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

5.4 Illness among acquaintances

Do either you, or someone else you know, have or had in the past one of the following health problems?

	no one	1 person	2 persons	3-4 persons	5-7 persons	8 or more persons
...high cholesterol level	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
...heart attack	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
...elevated blood pressure	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
...stroke	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
...cardiovascular disease	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

Do either you, or someone else you know, have or had in the past one of the following health problems?

Indicate your relationship to the person(s).

	Parents or siblings	Other relatives	Friends or acquaintances
...elevated cholesterol level	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
...heart attack	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
...cardiovascular disease (except heart attack or stroke)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

Please explain the overlaps.

If you don't have somebody you know, write 01:

5.5 Intentions

What kind of intentions do you have for the next weeks or months?

During the next months, I intend to...

	Don't intend at all						Strongly intend
...live a healthier life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...try to eat healthier food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...try to avoid eating fatty/greasy foods (fat meat, cheese, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...do more for my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...quit smoking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...try to curb my salt intake.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...drink less alcohol.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...undergo a medical examination to detect a cardiovascular disease.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...exercise on a regular basis (at least once a week).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...lose weight.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.6 Planning behavior changes

5.6.1 Planning to change nutrition habits

5.6.1.1 Implementation Planning

A lot of people try to change their nutrition habits and eat less salt and less fatty or greasy food. How about you?

I already have concrete plans...

	Not at all true	Hardly true	Moderately true	Exactly true
how to change my nutrition habits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
when I will change my nutrition habits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.6.1.2 Coping Planning

A lot of people try to change their nutrition habits and eat less salt and less fatty or greasy food. How about you?

I already have concrete plans...

	Not at all true	Hardly true	Moderately true	Exactly true
when I have to watch out in order to maintain my new nutrition habits.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
what to do in tempting situations so as not to fall back into my old nutrition habits.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
what I would do in case of relapse (how to deal with relapse).	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

5.6.2 Planning new exercise activities

5.6.2.1 Implementation Planning

Do you already have concrete plans for your new exercise schedule (habits)?

I already have concrete plans...

	Not at all true	Hardly true	Moderately true	Exactly true
...when I will exercise.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...where I will exercise.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...how I will exercise.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...how often I will exercise.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...with whom I will exercise.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

5.6.2.2 Coping Planning

Do you already have concrete plans for your new exercise schedule (habits)?

I already have concrete plans...

	Not at all true	Hardly true	Moderately true	Exactly true
...what to do if something should keep me from exercising.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...what to do if I miss an exercise session.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...what to do in challenging situations in order to fulfill my plans (intentions).	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...when I will have to pay more attention in order to stay committed to my exercise plans.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

5.6.3 Planning smoking (cigarette) withdrawal

5.6.3.1 Implementation Planning

Many people want to quit smoking. How about you?

I already have concrete plans...

	Not at all true	Hardly true	Moderately true	Exactly true
...when I will quit smoking.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...how I will quit smoking.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

5.6.3.2 Coping Planning

Many people want to quit smoking. How about you?

I already have concrete plans...

	Not at all true	Hardly true	Moderately true	Exactly true
...what to do in case of relapse (if I start smoking again).	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...what to do in challenging situations in order to fulfill my plans (intentions).	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...when I will have to be especially careful not to give in to the temptation to smoke.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

5.6.4 Planning to limit alcohol consumption

5.6.4.1 Implementation Planning

Have you already planned to limit your alcohol consumption?

I already have concrete plans...

	Not at all true	Hardly true	Moderately true	Exactly true
...when I will limit my alcohol consumption.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...where and in which situations (such as at home or at parties) I will limit my alcohol consumption.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...how I will limit my alcohol consumption.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

5.6.4.2 Coping Planning

Have you already planned to limit your alcohol consumption? I already have concrete plans...				
	Not at all true	Hardly true	Moderately true	Exactly true
...what to do in case of relapse (if I start drinking again).	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...what I will do in challenging situations in order to fulfill my plans (intentions).	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...when I will have to be especially careful not to give in to the temptation to drink.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Source. Sniechotta, F. F. , Scholz, U. & Schwarzer, R. (2003 – submitted). *Changing health behaviour by Implementation Planning and Coping Planning. A study with CHD-Patients.*

Sniechotta, F. F. , Scholz, U. , Lippke, S. & Ziegelmann, J. (2002). *Scale for assesement of implementation planning and coping planning.* [http:// userpage.fu-berlin.de/~falko/scales/heartdocu.html](http://userpage.fu-berlin.de/~falko/scales/heartdocu.html)

Aim. Assesement of the depth of implementation planning (when-where-how-planning) and Coping Planning (overcoming anticipated obstacles and difficulties)

5.7 Outcome expectancies by behavior change

5.7.1 Outcome expectancies – change of nutrition habits

What do you think, how could changes in your nutrition habits (such as eating low-fat foods and/or less salt) affect your life? If I will eat healthy foods (low-fat and/or low salt)...				
	Not at all true	Hardly true	Moderately true	Exactly true
then I'll feel physically more attractive.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
then I'll get rid of weight problems.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
then food won't taste as good.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
this would negatively affect my social life (partying or hanging out with friends).	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
it'll be good for my blood pressure.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
then I'll feel calmer and more comfortable.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
then I'll have to put extra effort into buying the right foods.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
it'll be good for my cholesterol level.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

then I'll have to spend more time with cooking.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
this would mean a loss of life quality to me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
this would be a burden for my financial situation.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
other people would respect me and my willpower.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

5.7.2 Exercise outcome expectancies

Can you think of the consequences that regular exercise might bring you?				
If I will exercise on a regular basis,...				
	Not at all true	Hardly true	Moderately true	Exactly true
then I will feel better afterwards.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
then I will easily be able to control my weight.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
then I will have to put forth a great organizational effort in order to exercise.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
other people would respect me and my willpower.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
then I'll improve my cholesterol level.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
then I'll be physically more attractive.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
then I'll be better balanced in my daily life.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
that would mean an increase in life quality.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I'll have to invest a lot of time every time I exercise.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
then I will get approval from others.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
this would be a burden for my financial situation.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
in doing so, I might prevent a heart attack.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
it'll be good for my blood pressure.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

5.7.3 Outcome expectancies – quitting smoking

If you would quit smoking, what consequences might this have for you?				
If I would quit smoking, ...				
	Not at all true	Hardly true	Moderately true	Exactly true
...I would be nervous and unbalanced.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...it would be good for my blood pressure.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...it would unburden my financial situation.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

...I might prevent a heart attack.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...then I would be physically more attractive (have whiter teeth, smell nice, have better skin).	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...then I would feel better afterwards.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...this would negatively affect my social life (such as at parties or hanging out with friends).	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...then I would improve my cholesterol level.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...this would mean a loss of life quality to me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...then I would gain weight.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...others would respect me and my willpower.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

5.7.4 Outcome expectancies – limitation of alcohol consumption

If you would drink less alcohol, what consequences might it have for you? If I would drink less alcohol,...				
	Not at all true	Hardly true	Moderately true	Exactly true
...this would mean a loss of life quality to me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...in doing so, I might prevent a heart attack.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...this would negatively affect my social life (such as at parties or hanging out with friends).	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...then I might lose weight.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...then I would improve my cholesterol level.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...it would be good for my blood pressure.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

5.8 Behavior change self-efficacy

5.8.1 Self-efficacy – change of nutrition habits

Certain barriers make it hard to change one's nutrition habits.
How *sure* are you that you can overcome the *obstacles* listed below?

I can stick to a low-fat diet and/or eat less salt, even...

	Not at all true	Hardly true	Moderately true	Exactly true
...if I have to learn more about nutrition.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...if I have to be careful in different situations, especially in the beginning.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...if my blood pressure doesn't improve immediately.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...if I have to start all over again several times.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...if I have to invest some time in planning, especially in the beginning.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...if the food doesn't taste good to me in the beginning.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...if I won't get much support in the beginning.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...if it takes time until I get used to it.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...if my cholesterol level doesn't improve immediately.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...if I have worries and troubles.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...if my partner or my family won't change their nutrition habits.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

5.8.2 Exercise self-efficacy

5.8.2.1 Motivational Self-Efficacy

Certain barriers make it hard to begin exercising.
How *sure* are you that you can begin exercising on a regular basis?

I am quite sure that...

	Not at all true	Hardly true	Moderately true	Exactly true
I can adopt an active life style (i.e., be physically active)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I can exercise at least once a week.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I can be physically active at least 3 times a week for at least 30 minutes each time.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

5.8.2.2 Preactional Self-Efficacy

It is always hard to get started. How sure are you that you can start exercising on a regular basis?
I am pretty sure that I can be physically active right away (I can start exercising right away), even if...

	Not at all true	Hardly true	Moderately true	Exactly true
...I have to reconsider my views about a physically active lifestyle.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...I will have to invest much time in planning my exercise schedule.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...I will have to force myself to start right away.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...I will have to convince and motivate myself first.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

5.8.2.3 Coping Self-Efficacy

It is important to stay physically active. Are you sure you can manage that?
I am quite sure that I can keep on being physically active, even...

	Not at all true	Hardly true	Moderately true	Exactly true
...if takes long to make it a habit.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...if I will be worried and have troubles.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...if I won't succeed at once.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...when I am tired.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...when I am stressed out.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...when I am tense.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...if my blood pressure wouldn't improve immediately.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...if I won't get social support for my first attempts.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...if I have to start all over again several times.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...if my partner or my family stays physically inactive.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...if my cholesterol wouldn't improve immediately.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

5.8.2.4 Recovery Self-Efficacy

In spite of good intentions, you might experience a relapse. Imagine you stopped exercising for a long time period. How confident are you that you can start exercising again after that long pause?

I am quite sure that I can reengage in regular physical exercise after a long pause, even

	Not at all true	Hardly true	Moderately true	Exactly true
...if I would have to postpone my plans several times.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...if I wouldn't be able to pull myself together on "one of those days".	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...if I have paused for several weeks.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Source. Sniehotta, F. F. , Scholz, U. , Lippke, S. , Ziegelmann, J. & Luszczynska, A. (2003). *Phase-specific self-efficacy in health behavior change*. Unpublished manuscript, Free University Berlin.

Sniehotta, F. F. , Scholz, U. , Lippke, S. & Ziegelmann, J. (2002). *Scale for the assesment of phase-specific self-efficacy of physical activity*. [Skala zur Erfassung phasenspezifischer Selbstwirksamkeit zur körperlichen Aktivität.] <http://userpage.fu-berlin.de/~falko/scales/heartdocu.html>.

Aim. Assessment of the specific self-efficacies in the different phases of health behaviour change. Motivational self-efficacy assesses the perceived competence of a person regarding the behaviour in general. Preactional self-efficacy concerns the initiation of a behaviour. Coping self-efficacy is the optimistic self-belief about the overcoming of obstacles and difficulties when implementing a behaviour and Recovery self-efficacy assesses the perceived competence of a person to recover from relapse and setbacks.

5.8.3 Self-efficacy – quitting smoking

In some situations it is particularly *hard* to quit smoking.

I can resist the temptation to smoke, even...

	Not at all true	Hardly true	Moderately true	Exactly true
...if I hang out with friends who smoke.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...if I am tense and nervous.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...if I have to concentrate.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

...if I have a strong desire for a cigarette.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
...when I have worries and troubles.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
...when I'm stressed out.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
...when I'm around friends or colleagues who smoke.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
...if I get little support during my first attempts to quit.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
...if I would have to start all over again several times.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
...if I give in to temptation.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
...if my partner or family wouldn't also quit smoking.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
...if I will have to motivate myself to keep going.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

5.8.4 Self-efficacy – limitation of alcohol consumption

I am very sure that I can force myself to...	Not at all true	Hardly true	Moderately true	Exactly true
...limit my alcohol consumption.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
...stop drinking.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
...drink only on very special occasions.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

5.9 Health Locus of Control

1. If I am sick, it is my own behavior that determines how soon I will recover.

- | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Strongly disagree | Moderately disagree | Slightly disagree | Slightly agree | Moderately agree | Strongly agree |

2. No matter what I do, if I am going to get sick, I will get sick.

- | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Strongly disagree | Moderately disagree | Slightly disagree | Slightly agree | Moderately agree | Strongly agree |

3. Having regular contact with my physician is the best way for me to avoid illness.

- | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Strongly disagree | Moderately disagree | Slightly disagree | Slightly agree | Moderately agree | Strongly agree |

4. Most things that affect my health happen to me by accident.

- | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Strongly disagree | Moderately disagree | Slightly disagree | Slightly agree | Moderately agree | Strongly agree |

5. Whenever I don't feel well, I should consult a medically trained professional.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Strongly disagree	Moderately disagree	Slightly disagree	Slightly agree	Moderately agree	Strongly agree

6. I am in control of my health.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Strongly disagree	Moderately disagree	Slightly disagree	Slightly agree	Moderately agree	Strongly agree

7. My family has much to do with my becoming sick or staying healthy.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Strongly disagree	Moderately disagree	Slightly disagree	Slightly agree	Moderately agree	Strongly agree

8. When I get sick, I am to blame.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Strongly disagree	Moderately disagree	Slightly disagree	Slightly agree	Moderately agree	Strongly agree

9. Luck plays a big part in determining how soon I will recover from an illness.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Strongly disagree	Moderately disagree	Slightly disagree	Slightly agree	Moderately agree	Strongly agree

10. Health professionals control my health.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Strongly disagree	Moderately disagree	Slightly disagree	Slightly agree	Moderately agree	Strongly agree

11. My good health is largely a matter of good fortune.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Strongly disagree	Moderately disagree	Slightly disagree	Slightly agree	Moderately agree	Strongly agree

12. The main thing which affects my health is what I do myself.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Strongly disagree	Moderately disagree	Slightly disagree	Slightly agree	Moderately agree	Strongly agree

13. If I take care of myself, I can avoid illness.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Strongly disagree	Moderately disagree	Slightly disagree	Slightly agree	Moderately agree	Strongly agree

14. Whenever I recover from an illness, it is usually because other people (for example, doctors, nurses, family, friends) have been taking good care of me.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Strongly disagree	Moderately disagree	Slightly disagree	Slightly agree	Moderately agree	Strongly agree

15. No matter what I do, I am likely to get sick.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Strongly disagree	Moderately disagree	Slightly disagree	Slightly agree	Moderately agree	Strongly agree

16. If it is meant to be, I will stay healthy.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Strongly disagree	Moderately disagree	Slightly disagree	Slightly agree	Moderately agree	Strongly agree

17. If I take the right actions, I can stay healthy.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Strongly disagree	Moderately disagree	Slightly disagree	Slightly agree	Moderately agree	Strongly agree

18. Regarding my health, I can only do what my doctor tells me to do.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Strongly disagree	Moderately disagree	Slightly disagree	Slightly agree	Moderately agree	Strongly agree

6 Personality dispositions

6.1 General self-efficacy

I can always manage to solve difficult problems if I try hard enough.	Not at all true <input type="checkbox"/>	Hardly true <input type="checkbox"/>	Moderately true <input type="checkbox"/>	Exactly true <input type="checkbox"/>
If someone opposes me, I can find the means and ways to get what I want.	Not at all true <input type="checkbox"/>	Hardly true <input type="checkbox"/>	Moderately true <input type="checkbox"/>	Exactly true <input type="checkbox"/>
It is easy for me to stick to my aims and accomplish my goals.	Not at all true <input type="checkbox"/>	Hardly true <input type="checkbox"/>	Moderately true <input type="checkbox"/>	Exactly true <input type="checkbox"/>
I am confident that I could deal efficiently with unexpected events.	Not at all true <input type="checkbox"/>	Hardly true <input type="checkbox"/>	Moderately true <input type="checkbox"/>	Exactly true <input type="checkbox"/>
Thanks to my resourcefulness, I know how to handle unforeseen situations.	Not at all true <input type="checkbox"/>	Hardly true <input type="checkbox"/>	Moderately true <input type="checkbox"/>	Exactly true <input type="checkbox"/>
I can solve most problems if I invest the necessary effort.	Not at all true <input type="checkbox"/>	Hardly true <input type="checkbox"/>	Moderately true <input type="checkbox"/>	Exactly true <input type="checkbox"/>
I can remain calm when facing difficulties because I can rely on my coping abilities.	Not at all true <input type="checkbox"/>	Hardly true <input type="checkbox"/>	Moderately true <input type="checkbox"/>	Exactly true <input type="checkbox"/>
When I am confronted with a problem, I can usually find several solutions.	Not at all true <input type="checkbox"/>	Hardly true <input type="checkbox"/>	Moderately true <input type="checkbox"/>	Exactly true <input type="checkbox"/>
If I am in trouble, I can usually think of a solution.	Not at all true <input type="checkbox"/>	Hardly true <input type="checkbox"/>	Moderately true <input type="checkbox"/>	Exactly true <input type="checkbox"/>
I can usually handle whatever comes my way.	Not at all true <input type="checkbox"/> 1	Hardly true <input type="checkbox"/> 2	Moderately true <input type="checkbox"/> 3	Exactly true <input type="checkbox"/> 4

6.2 Self-esteem scale**1. On the whole, I am satisfied with myself.**

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
not at all true	hardly true	moderately true	exactly true

2. At times I think I am not good at all.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
not at all true	hardly true	moderately true	exactly true

3. I feel that I have a number of good qualities.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
not at all true	hardly true	moderately true	exactly true

4. I am able to do things as well as most other people.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
not at all true	hardly true	moderately true	exactly true

5. I feel that I do not have much to be proud of.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
not at all true	hardly true	moderately true	exactly true

6. I certainly feel useless at times.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
not at all true	hardly true	moderately true	exactly true

7. I feel that I am a person of worth, at least on an equal plane with others.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
not at all true	hardly true	moderately true	exactly true

8. I wish I could have more respect for myself.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
not at all true	hardly true	moderately true	exactly true

9. All in all, I am inclined to feel that I am a failure.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
not at all true	hardly true	moderately true	exactly true

10. I take a positive attitude toward myself.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
not at all true	hardly true	moderately true	exactly true

7 Current mood

7.1 Current mood

How do you feel at this moment?							
	strongly disagree						strongly agree
Upset	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Distressed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Good	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Happy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Elated	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Depressed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

7.2 Happiness

How happy are you?

very unhappy

somewhat
unhappy

so-so

somewhat happy

very happy

7.3 Current condition/form

Please indicate each of the following statements that have applied to you in the last 48 hours:

In the last 48 hours...		
...I have had an unusual diet.	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No
...I have had an unusual sleep pattern.	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No
...I have had an unusual amount of exercise.	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No
...I have been under an unusual amount of stress.	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No
...some other aspect of my life has been irregular or unusual.	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No

8 Knowledge

8.1 Berlin knowledge test regarding cholesterol and blood pressure (BWCB)

A short quiz about health, cholesterol and blood pressure

Please indicate the right answer. If you don't know the answer, please don't guess, but choose the option "don't know". There is only one right answer!

1) Cholesterol is...

- ₁ a fat-like stuff our body needs
- ₂ one of the age-related diseases.
- ₃ one of the vitally important vitamins.
- ₄ none of the answers is true
- ₅ don't know

2) Cholesterol level is considered favorable...

- ₁ the higher it is
- ₂ the lower it is
- ₃ neither of the answers is true
- ₅ don't know

3) HDL-Cholesterol ("high density lipoproteins") is...

- ₁ the "good" cholesterol.
- ₂ the "bad" cholesterol.
- ₃ an English term describing an elevated cholesterol level.
- ₄ none of the answers is true
- ₅ don't know

4) If your cholesterol level is favorable by the age of 50, it remains so for the next years.

- ₁ true
- ₂ false
- ₃ don't know

5) In order to maintain a favorable cholesterol level, you have to

change your nutrition habits so that...

- ₁ you may have extra cholesterol
- ₂ you don't add extra cholesterol
- ₃ don't know

6) The ideal cholesterol reading is:

- mg/dl
- ₁ don't know

7) An adverse cholesterol level increases vulnerability for...

- ₁ a cold
- ₂ allergies
- ₃ cardiovascular diseases
- ₄ diabetes
- ₅ none of the answers is true
- ₆ don't know

8) Cholesterol in our body comes from...

- ₁ all food that we eat
- ₂ foods that stem primarily from animals
- ₃ our own body and all the food that we eat
- ₄ our own body and foods that stem primarily from animals
- ₅ don't know

9) What kind of fat is less

advantageous for the cholesterol level?

- ₁ saturated fats
- ₂ unsaturated fats
- ₃ all kinds of fats
- ₄ none of the answers is true
- ₅ don't know

10) Do vegetable foods affect cholesterol level?

- ₁ No
- ₂ Yes, but not all of them.
- ₃ Yes, all vegetable products
- ₄ don't know

11) Is it advisable to limit fat consumption in case of adverse cholesterol level?

- ₁ Yes, definitely
- ₂ Certainly not
- ₃ Neither of the answers is true
- ₅ don't know

12) It is not necessary for people under 30 to undergo a cholesterol screening.

- ₁ true
- ₂ false
- ₃ don't know

13) Adverse cholesterol levels become apparent through...

- ₁ palpitation
- ₂ fatigue
- ₃ headache
- ₄ no complaints
- ₅ none of the answers is true
- ₅ don't know

14) It is impossible to have an elevated cholesterol level and have a normal weight at the same time.

- ₁ true
- ₂ false
- ₃ don't know

15) Blood pressure is favorable the...

- ₁ higher it is
- ₂ lower it is
- ₃ neither of the answers is true
- ₅ don't know

16) Systolic blood pressure is...

- ₁ blood pressure under strain
- ₂ blood pressure in relaxation condition
- ₃ a medical term describing the blood pressure measured first
- ₄ a medical term describing the blood pressure measured last
- ₅ None of the answers is true
- ₅ don't know

17) If a person doesn't have any complaints, then his/her blood pressure is...

- ₁ moderate
- ₂ high
- ₃ low
- ₄ none of the answers is true
- ₅ don't know

18) Diastolic blood pressure is...

- ₁ blood pressure under strain
- ₂ blood pressure in relaxation condition
- ₃ blood pressure by which the heart pumps the blood into the vessels
- ₄ blood pressure, by which the heart contracts and fills with blood again
- ₅ None of the answers is true
- ₆ don't know

- 19) **Adverse blood pressure readings increase vulnerability for...**
- ₁ a cold
 - ₂ allergies
 - ₃ cardiovascular diseases
 - ₄ cancer
 - ₅ None of the answers is true
 - ₆ don't know
- 20) **If your blood pressure is in a normal range by the age of 50 it will remain normal for the next years.**
- ₁ true
 - ₂ false
 - ₃ don't know
- 21) **Is it advisable to increase salt intake in case of adverse blood pressure readings?**
- ₁ Yes, definitely
 - ₂ Certainly not
 - ₃ Neither of the answers is true
 - ₅ don't know
- 22) **It is not necessary for people under 30 to undergo blood pressure examinations.**
- ₁ true
 - ₂ false
 - ₃ don't know
- 23) **It is impossible to have an elevated blood pressure and normal weight at the same time.**
- ₁ true
 - ₂ false
 - ₃ don't know

8.2 Assessment of knowledge about blood pressure and cholesterol

8.2.1 Expected number of correct answers

What do you think, how many correct answers did you get on this quiz?

I assume I had _____ correct answers out of 23 questions.

8.2.2 Confidence in estimation (rating)

How confident are you about your rating?

I am _____% sure.

8.2.3 Average expected number of correct answers

What do you think, how many correct answers do other people get on average?

I assume that a person on average will get _____ correct answers out of 23 questions.

8.2.4 Contentment with one's own level of knowledge

Do you find your knowledge about cholesterol sufficient?

- No, not at all.
- ₂ No, not quite
- ₃ Yes, sufficient enough.

Do you find your knowledge about blood pressure sufficient?

- No, not at all.
- ₂ No, not quite.
- ₃ Yes, sufficient enough.

9 Process model of health behavior

9.1 Stage model of health behavior (SGBH)

Please read the following statements.

*Choose only **one** statement that describes you the best.*

*Cross **one** box in the column “As for my blood pressure” and **one** box in the column “As for my cholesterol”.*

Have you ever thought of doing something to improve your level of cholesterol or blood pressure?	As for my cholesterol	As for my blood pressure
① I have never thought about doing something about it.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
② I have thought about doing something; however it isn't necessary.	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂
③ I have thought about doing something, however I am still not quite sure if I'll really undertake some actions about it.	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃
④ I have already planned to do something, but I have not done it yet.	<input type="checkbox"/> ₄	<input type="checkbox"/> ₄
⑤ I am already involved in different kinds of activities in order to improve my levels and I will continue to do so.	<input type="checkbox"/> ₅	<input type="checkbox"/> ₅

Please choose only one box in each column!

10 Measurement and measured values

10.1 Measured and recalled values

What was your...

Cholesterol level? _____ mg/dl don't remember

What was your...

systolic blood pressure? _____ mm/Hg don't remember

diastolic blood pressure? _____ mm/Hg don't remember

10.2 Subjective assessment of measured values

What was your *blood pressure*?

I had a...

<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Very low blood pressure	Low blood pressure	A little too low blood pressure	Normal blood pressure	A little too high blood pressure	High blood pressure	Very high blood pressure

What was your *cholesterol* level?

I had...

<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/>	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Very low cholesterol	Low cholesterol	A little too low cholesterol	Normal cholesterol	A little too high cholesterol	High cholesterol	Very high cholesterol

10.3 Perceived accuracy and representativeness of the objective data

10.3.1 Measurement accuracy

How likely is it that, measured *today*, your...?

	Very unlikely		Moderate likely			Very likely	
...blood pressure reading is incorrect or inaccurate?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

...cholesterol reading is incorrect or inaccurate?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
--	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

10.3.2 General measurement's reliability

How accurate or reliable do you consider...							
	Very accurate				Not accurate at all		
...cholesterol measurements in general?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
...blood pressure measurements in general?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

10.3.3 Representativeness of the current measurement

How likely can it be that, measured today, your...								
	Very unlikely		Moderate likely			Very likely		
...blood pressure constitutes only a momentary fluctuation?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	
...cholesterol constitutes only a momentary fluctuation?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	

10.4 Expected physiological values for the first and second measurement points in time

10.4.1 Expected values for the first measurement

After this question, your cholesterol will be measured.

What do you expect, how high will your <i>cholesterol</i> be?							
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	
very low	low	a little too low	normal	a little too high	high	very high	
How sure are you about this?							
I am _____% sure.							

After this question, your blood pressure will be taken.

What do you expect, how high will your *blood pressure* be?

- | | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| very low | low | a little too
low | normal | a little too
high | high | very high |

How sure are you about this?

I am _____% sure.

10.4.2 Expected values for the second measurement

In 6 months, you will be given an opportunity to undergo the screening procedure one more time. How do you expect your cholesterol and blood pressure to be then?

How high will your *cholesterol* level be at the next measurement in 6 months?

- | | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| very low | low | a little too
low | normal | a little too
high | high | very high |

How sure are you about this?

I am _____% sure.

How high will your *blood pressure* be at the next measurement in 6 months?

- | | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| very low | low | a little too
low | normal | a little too
high | high | very high |

How sure are you about this?

I am _____% sure

10.5 Perceived discrepancy of physiological values

10.5.1 Subjective perceived discrepancy between real and measured physiological readings

Let's talk about the assessment of your cholesterol and blood pressure readings measured today.

How do you evaluate your *cholesterol* reading? As...

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
very negative	predominantly negative	a little bit negative	neither-nor	slightly positive	predominantly positive	very positive

How do you evaluate your *blood pressure* reading? As...

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
very negative	predominantly negative	a little bit negative	neither-nor	slightly positive	predominantly positive	very positive

10.5.2 Valence of perceived discrepancy between real and measured readings

To what degree were you surprised by your *cholesterol* readings?

My measured cholesterol...

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
surprised me a lot						didn't surprise me at all

To what degree were you surprised by your measured *blood pressure*?

My blood pressure reading...

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
surprised me a lot						didn't surprise me at all

10.6 Recall of the expected values

Recall the short survey which took place before your cholesterol and blood pressure were measured.

What cholesterol and blood pressure values did you expect?

Did you expect...						
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
very low blood pressure	low blood pressure	a little too low blood pressure	normal blood pressure	a little too high blood pressure	high blood pressure	very high blood pressure

How sure were you in regard to your assessment?

I was _____% sure.

Did you expect...						
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
very low cholesterol	low cholesterol	a little too low cholesterol	normal cholesterol	a little too cholesterol	high cholesterol	very high cholesterol

How sure were you in regard to your assessment?

I was _____% sure.

10.7 Adaptation depth of the results

Please list, within 1 minute, any ideas and thoughts you had immediately after receiving your *cholesterol* test results.

Please list, within 1 minute, any ideas and thoughts you had immediately after receiving your *blood pressure* test results.

11 Cognitions regarding risk status and its implication for the future

11.1 Progression

Please check only one answer!

My opinion is that high *blood pressure*...

- ₁ ...is only a temporary health problem (is curable and has a duration of one week to a couple of months).
- ₂ ...is one of those health problems that will pass (treatment and medication should be taken only in extreme cases).
- ₃ ...is a long-lasting health problem (a person can be treated, but will never recover from it; medication and treatment are permanently required).

Please check only one answer!

My opinion is that high *cholesterol level*...

- ₁ ...is only a temporary health problem (is curable and has a duration of one week to a couple of months).
- ₂ ...is one of those health problems that will pass (treatment and medication should be taken only in extreme cases).
- ₃ ...is a long-lasting health problem (a person can be treated, but will never recover from it; medication and treatment are permanently required).

11.2 Base rate (prevalence rate)

11.2.1 Prevalence rate of coronary disease risk factors

• **What do you think, how many Korean citizens have...**

...high cholesterol level? _____ %

...high blood pressure? _____ %

11.2.2 Prevalence rate of coronary disease

• **What do you think, how many Korean citizens experience sometime in their lives?**

...a heart attack? _____ %

...a stroke? _____ %

...cardiovascular disease? _____ %

11.3 Current concerns

How concerned are you in regard to your *cholesterol* values? I am...

not at all
concerned

solicitous

very
concerned

₁

₂

₃

₄

₅

₆

₇

How concerned are you in regard to your *blood pressure* values? I am...

not at all
concerned

solicitous

very
concerned

₁

₂

₃

₄

₅

₆

₇

11.4 Probable improvement in lowering risks

- If your cholesterol level is high, how probable (likely) is it for you to have a normal *cholesterol* level within 6 months?

very unlikely

medium likely

very likely



₁

₂

₃

₄

₅

₆

₇

- If your blood pressure is high, how probable (likely) is it for you to have a normal *blood pressure* within 6 months?

very unlikely

medium likely

very likely



₁

₂

₃

₄

₅

₆

₇

11.5 Perceived barriers in initiating protective actions

What do you think, how hard will it be for you to lower your high *cholesterol* level to normal?

very easy

medium

very hard



₁

₂

₃

₄

₅

₆

₇

What do you think, how hard will it be for you to lower your high *blood pressure* level to normal?

very easy

medium

very hard



₁

₂

₃

₄

₅

₆

₇

11.6 Subjective necessity to initiate protective actions

It is necessary to take action in order to lower my <i>blood pressure</i>.			
exactly true <input type="checkbox"/> ₁	moderately true <input type="checkbox"/> ₂	hardly true <input type="checkbox"/> ₃	not at all true <input type="checkbox"/> ₄

It is necessary to take action in order to lower my <i>cholesterol</i>.			
exactly true <input type="checkbox"/> ₁	moderately true <input type="checkbox"/> ₂	hardly true <input type="checkbox"/> ₃	not at all true <input type="checkbox"/> ₄

More information at

<http://www.healthpsych.de/>

<http://www.gesundheitsrisiko.de/brahms/>