

Dataset name: prms_v1.1

Participant ID pid Acrostic acrostic
Interviewer compby Visit Code vc
Date of Visit vis_dat (mm/dd/yyyy)

Process Measures

CRF 1.1

(to be completed following 400M walk Efficacy for Walking)

Interviewer Note: Complete form even if 400 meter walk was not attempted, but do not use the first sentence in the script.

**"You have just completed a 400 meter walk test. Please answer the following questions that concern your confidence (or certainty) in being able to walk at a similar pace for different distances one week from now ."
(Show response card PRMS#1). Please mark with an "X" a number between 0 (no confidence) and 10 (complete confidence)."**

How much confidence do you have in your ability to? (Interviewer Note: Repeat the stem question periodically as needed)

1. walk 5 laps, at the same pace one week from now?

conf5_prms

-9
0 No Confidence
1 1
2 2
3 3
4 4
5 Moderate Confidence
6 6
7 7
8 8
9 9
10 Complete Confidence
-7 Don't Know/Refused
-6 Permanently Missing

2. walk 10 laps (the same distance that you did today), at the same pace, one week from now?

conf10_prms

-9
0 No Confidence
1 1
2 2
3 3
4 4
5 Moderate Confidence
6 6
7 7
8 8
9 9
10 Complete Confidence
-7 Don't Know/Refused
-6 Permanently Missing

3. walk 15 laps, at the same pace one week from now?

conf15_prms

-9
0 No Confidence
1 1

2 2
3 3
4 4
5 Moderate Confidence
6 6
7 7
8 8
9 9
10 Complete Confidence
-7 Don't Know/Refused
-6 Permanently Missing

4. walk 20 laps (about $\frac{1}{2}$ mile), at the same pace one week from now?

conf20_prms

-9
0 No Confidence
1 1
2 2
3 3
4 4
5 Moderate Confidence
6 6
7 7
8 8
9 9
10 Complete Confidence
-7 Don't Know/Refused
-6 Permanently Missing

5. walk 25 laps, at the same pace, one week from now?

conf25_prms

-9
0 No Confidence
1 1
2 2
3 3
4 4
5 Moderate Confidence
6 6
7 7
8 8
9 9
10 Complete Confidence
-7 Don't Know/Refused
-6 Permanently Missing

* number of laps during the 400 m walk.

Barriers to Active Living

"If you decided to walk for 30 minutes at least 3 times a week on a regular basis, how confident are you that you could maintain your physical activity under the following conditions? Please respond with a number from 0 (no confidence) to 10 (complete confidence)." (Show response card PRMS #1)

How confident are you that you could maintain your physical activity? (
Interviewer Note: Repeat the stem question periodically as needed)

1. when you are on vacation?

vacation_prms

-9
0 No Confidence
1 1
2 2
3 3
4 4
5 Moderate Confidence
6 6
7 7
8 8
9 9
10 Complete Confidence

-7 Don't Know/Refused
-6 Permanently Missing

2. when you have other competing interests (like your favorite TV show)?

compint_prms

-9
0 No Confidence
1 1
2 2
3 3
4 4
5 Moderate Confidence
6 6
7 7
8 8
9 9
10 Complete Confidence
-7 Don't Know/Refused
-6 Permanently Missing

3. when you have a lot of work to do?

lotwork_prms

-9
0 No Confidence
1 1
2 2
3 3
4 4
5 Moderate Confidence
6 6
7 7
8 8
9 9
10 Complete Confidence
-7 Don't Know/Refused
-6 Permanently Missing

4. if you had to do it by yourself?

byself_prms

-9
0 No Confidence
1 1
2 2
3 3
4 4
5 Moderate Confidence
6 6
7 7
8 8
9 9
10 Complete Confidence
-7 Don't Know/Refused
-6 Permanently Missing

5. if you were recovering from an illness?

illness_prms

-9
0 No Confidence
1 1
2 2
3 3
4 4
5 Moderate Confidence
6 6
7 7
8 8
9 9
10 Complete Confidence
-7 Don't Know/Refused
-6 Permanently Missing

6. when your schedule is hectic?

hectic_prms

-9

0 No Confidence
1 1
2 2
3 3
4 4
5 Moderate Confidence
6 6
7 7
8 8
9 9
10 Complete Confidence
-7 Don't Know/Refused
-6 Permanently Missing

7. if you were tired?

tired_prms

-9
0 No Confidence
1 1
2 2
3 3
4 4
5 Moderate Confidence
6 6
7 7
8 8
9 9
10 Complete Confidence
-7 Don't Know/Refused
-6 Permanently Missing

8. during or following a personal crisis?

crisis_prms

-9
0 No Confidence
1 1
2 2
3 3
4 4
5 Moderate Confidence
6 6
7 7
8 8
9 9
10 Complete Confidence
-7 Don't Know/Refused
-6 Permanently Missing

9. during bad weather?

badweath_prms

-9
0 No Confidence
1 1
2 2
3 3
4 4
5 Moderate Confidence
6 6
7 7
8 8
9 9
10 Complete Confidence
-7 Don't Know/Refused
-6 Permanently Missing

Body Satisfaction Measure

Please mark how satisfied you are with different aspects of your physical function over the past 4 weeks . I will read the response scale and you tell me which response corresponds to your level of satisfaction." (show

response card PM 3 PRMS #2).

In the past 4 weeks, how satisfied have you been with? (Interviewer Note: Repeat the stem question periodically as needed)

1. Your overall level of fitness?

fitlevel_prms

- 9
- 1 Very dissatisfied
- 2 Somewhat dissatisfied
- 3 A little dissatisfied
- 4 Neutral
- 5 A little satisfied
- 6 Somewhat satisfied
- 7 Very satisfied
- 7 Don't Know/Refused
- 6 Permanently Missing

2. The muscle strength in your legs?

legstrth_prms

- 9
- 1 Very dissatisfied
- 2 Somewhat dissatisfied
- 3 A little dissatisfied
- 4 Neutral
- 5 A little satisfied
- 6 Somewhat satisfied
- 7 Very satisfied
- 7 Don't Know/Refused
- 6 Permanently Missing

3. Your level of endurance or stamina?

stamina_prms

- 9
- 1 Very dissatisfied
- 2 Somewhat dissatisfied
- 3 A little dissatisfied
- 4 Neutral
- 5 A little satisfied
- 6 Somewhat satisfied
- 7 Very satisfied
- 7 Don't Know/Refused
- 6 Permanently Missing

4. Your muscle tone?

musctone_prms

- 9
- 1 Very dissatisfied
- 2 Somewhat dissatisfied
- 3 A little dissatisfied
- 4 Neutral
- 5 A little satisfied
- 6 Somewhat satisfied
- 7 Very satisfied
- 7 Don't Know/Refused
- 6 Permanently Missing

5. Your overall level of energy?

energylv_prms

- 9
- 1 Very dissatisfied
- 2 Somewhat dissatisfied
- 3 A little dissatisfied
- 4 Neutral
- 5 A little satisfied
- 6 Somewhat satisfied
- 7 Very satisfied
- 7 Don't Know/Refused
- 6 Permanently Missing

6. Your ability to do what you want or need to do?

abilwant_prms

- 9
- 1 Very dissatisfied

- 2 Somewhat dissatisfied
- 3 A little dissatisfied
- 4 Neutral
- 5 A little satisfied
- 6 Somewhat satisfied
- 7 Very satisfied
- 7 Don't Know/Refused
- 6 Permanently Missing

Desire for Physical Competence

Please tell us about your current desire to be able to perform different physical tasks. Please mark with an "X" your desire using a range of 0 (no desire whatsoever) to 4 (very strong desire). It is very important to remember that we are not interested in whether you can do the tasks or not; rather, we are interested in your level of desire to be able to do each task. (Show response card PM 4 PRMS #3).

What is your current desire level in having the ability to? (Interviewer Note: Repeat the stem question periodically as needed)

1. Having the ability to do heavy work in the house or yard

heavhwrk_prms

- 9
- 1 No desire whatsoever
- 2 Low desire
- 3 Moderate desire
- 4 Strong desire
- 5 Very strong desire
- 7 Don't Know/Refused
- 6 Permanently Missing

2. Having the ability to stand up from a low, soft couch/chair

standlow_prms

- 9
- 1 No desire whatsoever
- 2 Low desire
- 3 Moderate desire
- 4 Strong desire
- 5 Very strong desire
- 7 Don't Know/Refused
- 6 Permanently Missing

3. Having the ability to carry a ten pound object (i.e., a bag of groceries) while climbing one flight of stairs

carrystr_prms

- 9
- 1 No desire whatsoever
- 2 Low desire
- 3 Moderate desire
- 4 Strong desire
- 5 Very strong desire
- 7 Don't Know/Refused
- 6 Permanently Missing

4. Having the ability to walk at a quick pace for a mile

walkmile_prms

- 9
- 1 No desire whatsoever
- 2 Low desire
- 3 Moderate desire
- 4 Strong desire
- 5 Very strong desire
- 7 Don't Know/Refused
- 6 Permanently Missing

5. Having the ability to get into and out of a car

intocar_prms

- 9
- 1 No desire whatsoever
- 2 Low desire
- 3 Moderate desire

- 4 Strong desire
- 5 Very strong desire
- 7 Don't Know/Refused
- 6 Permanently Missing

6. Having the ability to walk 3 miles on hilly, uneven paths

walk3mil_prms

- 9
- 1 No desire whatsoever
- 2 Low desire
- 3 Moderate desire
- 4 Strong desire
- 5 Very strong desire
- 7 Don't Know/Refused
- 6 Permanently Missing

7. Having the ability to do *light* work in the house or yard

lghthwrk_prms

- 9
- 1 No desire whatsoever
- 2 Low desire
- 3 Moderate desire
- 4 Strong desire
- 5 Very strong desire
- 7 Don't Know/Refused
- 6 Permanently Missing

8. Having the ability to walk up and down a flight of stairs (hand rails available)

walkstrs_prms

- 9
- 1 No desire whatsoever
- 2 Low desire
- 3 Moderate desire
- 4 Strong desire
- 5 Very strong desire
- 7 Don't Know/Refused
- 6 Permanently Missing



Source Form Language: lang

- 9 -
- 1 English
- 2 Spanish

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Participant ID (affix ID label here)	LIFE	Acrostic 	Visit Code
	Interviewer 	Date of Visit 	
	month	day	year

Process Measures
 (to be completed following 400M walk)
 Efficacy for Walking

<p>You have just completed a 400 meter walk test. Please answer the following questions that concern your confidence (or certainty) in being able to walk at a similar pace for different distances <i>one week from now</i>. Please mark with an "X" a number between 0 (no confidence) and 10 (complete confidence).</p> <p>How much confidence do you have in your ability to....</p>	No Confidence						Moderate Confidence					Complete Confidence	Don't Know Refused
	0	1	2	3	4	5	6	7	8	9	10		
1. walk <u>5 laps</u> , at the same pace, one week from now?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. <u>10 laps (the same distance that you did today)</u> , at the same pace, one week from now?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. walk <u>15 laps</u> , at the same pace, one week from now?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. walk <u>20 laps (about 1/2 mile)</u> , at the same pace, one week from now?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. walk <u>25 laps</u> , at the same pace, one week from now?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Participant ID (affix ID label here)	<h1 style="margin: 0;">LIFE</h1>	Acrostic
		Visit Code

Barriers to Active Living												
If you decided to <u>walk for 30 minutes at least 3 times a week on a regular basis</u> , how confident are you that you could <u>maintain your physical activity</u> under the following conditions? Please mark with an "X" a number from 0 (no confidence) to 10 (complete confidence). How confident are you that you could maintain your physical activity...	No Confidence					Moderate Confidence					Complete Confidence	Don't Know Refused
	0	1	2	3	4	5	6	7	8	9	10	
1. <u>when you are on vacation?</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. <u>when you have other competing interests</u> (like your favorite TV show)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. <u>when you have a lot of work to do?</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. if you had to do it <u>by yourself?</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. <u>if you were recovering from an illness?</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. <u>when your schedule is hectic?</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. <u>if you were tired?</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. <u>during or following a personal crisis?</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. <u>during bad weather?</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Participant ID (affix ID label here)	<h1 style="margin: 0;">LIFE</h1>	Acrostic <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table> Visit Code <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table>
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Body Satisfaction Measure

Please mark with an “X” how satisfied you are with different aspects of your physical function over the <u>past 4 weeks</u>. In the past 4 weeks, how satisfied have you been with...	Very dissatisfied	Somewhat dissatisfied	A little dissatisfied	Neutral	A little satisfied	Somewhat satisfied	Very satisfied	Don't Know/ Refused
1. Your overall level of fitness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The muscle strength in your legs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Your level of endurance or stamina?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Your muscle tone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Your overall level of energy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Your ability to do what you want or need to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Desire for Physical Competence

Please tell us about your current <u>desire</u> to be able to perform different physical tasks. Please mark with an “X” your desire using a range of 0 (no desire whatsoever) to 4 (very strong desire). <u>It is very important to remember that we are not interested in whether you can do the tasks or not; rather, we are interested in your level of desire to be able to do each task.</u> What is your current desire level in having the ability to....	No Desire whatsoever	Low desire	Moderate desire	Strong desire	Very strong desire	Don't know/ Refused
1. Having the ability to do <i>heavy</i> work in the house or yard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Having the ability to stand up from a low, soft couch/chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Having the ability to carry a ten pound object (i.e., a bag of groceries) while climbing one flight of stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Having the ability to walk at a quick pace for a mile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Having the ability to get into and out of a car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Having the ability to walk 3 miles on hilly, uneven paths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Having the ability to do <i>light</i> work in the house or yard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Having the ability to walk up and down a flight of stairs (hand rails available)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>