

# Risk and Health Behaviors

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



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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 health cognitions 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). Results from this project have been published in various sources (e.g., Renner, 2004; 2003; Renner & Schwarzer, 2003; Schwarzer & Renner, 2000; Renner, Hahn, & Schwarzer, 1996; Renner, Knoll, & Schwarzer, 2000).

Currently, a follow-up project is being conducted in South Korea, also funded by DFG. The Korean psychometric instruments are to a in most cases comparable to the German version in order to guarantee a solid basis for cross-cultural comparison. However, some aspects have been improved and others have been added.

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.

Bremen, January 2005-01-10

Britta Renner and Ralf Schwarzer

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## 2 General description of group of participants

### 2.1 Age and sex

<b>Date of birth</b>	Age	Year	Month	Day
<b>Sex</b>	<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 your current occupation/ was your last one?

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 worker (carpenter, hairdresser, electrician )	<input type="checkbox"/> 5
Service or sales domain (tradesman, insurance agent, policeman)	<input type="checkbox"/> 6
White collar worker (business employee)	<input type="checkbox"/> 7
Manager, entrepreneur	<input type="checkbox"/> 8
Professional who does freelance work (physician, professor, lawyer, clergyman 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 main occupation(s) in the last five years or earlier: \_\_\_\_\_

### 2.2.3 Marital status

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

### 2.2.4 Social standing

**How would you describe your social standing?**

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 scope

**How would you describe your financial scope?**

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

### 2.2.6 Household income

**How high is your household income?**

500 000 won or less	<input type="checkbox"/> 1
510 000– 1 500 000won	<input type="checkbox"/> 2
1 510 000 – 3 000 000 won	<input type="checkbox"/> 3
3 010 000 won or more	<input type="checkbox"/> 4

### 3 Health and illness

#### 3.1 Illness status

*If you have or had one of the diseases listed below, please indicate additionally whether you underwent medical treatment for it in the last six months.*

	Never had it	Don't have it <b>any more</b>	Suffering from it <b>now</b>	Received medical treatment for it <b>in the last 6 months</b>
circulatory disorder of the heart	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
heart attack	<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 of the legs	<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
elevated cholesterol level (elevated blood lipids)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
too low blood pressure	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
acute or chronic hepatitis, fatty liver	<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
high overweight, obesity	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
gout, elevated uric acid	<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
thyroid disease	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
kidney disease	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**Other severe diseases, namely:**

1. \_\_\_\_\_ 1
2. \_\_\_\_\_ 1



### 3.4.3 Self rated health status transition

**Compared to five years ago, my health in general now is...**

<sub>1</sub>                      <sub>2</sub>                      <sub>3</sub>                      <sub>4</sub>                      <sub>5</sub>  
much worse                      worse                      same                      better                      much better

**Compared to my best health status ever, my health in general now is...**

<sub>1</sub>                      <sub>2</sub>                      <sub>3</sub>                      <sub>4</sub>                      <sub>5</sub>  
much worse                      worse                      same                      better                      much better

**Compared to the best health status I can (still) reach, my health in general now is...**

<sub>1</sub>                      <sub>2</sub>                      <sub>3</sub>                      <sub>4</sub>                      <sub>5</sub>  
much worse                      worse                      same                      better                      much better

**Has your health changed considerably in the last 12 months?**

<sub>1</sub>                      <sub>2</sub>                      <sub>3</sub>                      <sub>4</sub>                      <sub>5</sub>  
not at all                      not much                      somewhat                      much                      extremely

**How much is your everyday life affected by your health?**

<sub>1</sub>                      <sub>2</sub>                      <sub>3</sub>                      <sub>4</sub>                      <sub>5</sub>  
not at all                      not much                      somewhat                      much                      extremely

### 3.5 Subjective assessment of current cholesterol und blood pressure values

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

My current 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 |
| extremely<br>low           | low                        | somewhat<br>low            | normal                     | somewhat<br>high           | high                       | extremely<br>high          |

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

My current blood pressure 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 |
| extremely<br>low           | low                        | somewhat<br>low            | normal                     | somewhat<br>high           | high                       | extremely<br>high          |

### 3.6 Previous screening behavior and screening results

#### 3.6.1 Regularity of measurement

Do you have your *cholesterol* level taken on a regular basis?

1 yes

2 no

Do you have your *blood pressure* taken on a regular basis?

1 yes

2 no

#### 3.6.2 Point of last measurement

When did you last have your *cholesterol* level taken?

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

4

When did you last have your *blood pressure* taken?

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

4

3.6.3 Categorical value of the previous physiological readings

**How was your last reading?**  
**My *cholesterol* level was...**

<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
extremely low	low	somewhat low	normal	somewhat high	high	extremely high

**How was your last reading?**  
**My *blood pressure* was...**

<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
extremely low	low	somewhat low	normal	somewhat high	high	extremely high

3.6.4 Numerical value of the previous physiological readings

**How high was your...**  
 cholesterol level? \_\_\_\_\_ mg/dl      don't remember 1

**How high was your...**  
 systolic blood pressure? \_\_\_\_\_ mmHg      don't remember 1  
 diastolic blood pressure? \_\_\_\_\_ mmHg      don't remember 1

## 4 Health behaviors

### 4.1 Nutrition style

<b>Some statements about your nutrition habits in general:</b>				
<b>How much does each statement apply to you?</b>				
	Not at all true	Barely true	Mostly true	Exactly true
I am a vegetarian.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
When I eat cake or chocolate, I only eat little of it.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
I pay regard to eating little fat.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
I take vitamin supplements regularly.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
I usually eat fresh food.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
When I drink milk or eat milk products, I choose low-fat products (e.g. low-fat milk).	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
I often eat eggs (e.g. scrambled, boiled, fried).	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
I am aware of the amount of calories in my food.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
I drink soft drinks without sugar.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
I don't eat fast food.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
I eat well-balanced food.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
I only eat low-salt food.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
I avoid cholesterol-rich food.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
I deliberately eat many vitamins.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
I prefer low-fat meat.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
I almost always add more salt to my food.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
I eat a lot of pork and beef.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
To sweeten food, I use sweetener.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
I always remove the visible fat from my food (e.g. from steaks or belly of pork).	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

## 4.2 Exercise

### 4.2.1 Duration and type of exercise

	(almost) every day	3-4 times a week	once a week	1-3 times a month	less or never
Bicycling (also exercise bike)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Walking, hiking	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Calisthenics, gymnastics, aerobics, dancing	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Endurance sports (swimming, running, jogging, rowing, etc.)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Bodybuilding (weight training, weightlifting etc.)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Martial arts (karate, judo, taekwondo, aikido, kendo, kickboxing, boxing, etc.)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Sport games (baseball, soccer, volleyball, tennis, handball, basketball, squash, badminton, etc.)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**How much time do you spend on the above mentioned activities?**

\_\_\_\_\_ hours per week.

### 4.2.2 Regularity of exercise activities

<b>Have you been exercising on a <i>regular basis</i> during the last year?</b>	
<input type="checkbox"/> <sub>1</sub>	no
<input type="checkbox"/> <sub>2</sub>	yes, with longer interruptions
<input type="checkbox"/> <sub>3</sub>	yes, with short interruptions
<input type="checkbox"/> <sub>4</sub>	yes, without interruption

### 4.2.3 Intensity of exercise activities

**Do you exercise during the week at least three times or more often for 30 minutes, to the extent of sweating and being out of breath?**

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

Adopted from Lippke, S. & Ziegelmann, J. P. (2004). *Understanding and modeling health behavior: The Multi-Stage Model of Health Behavior Change*. Manuscript submitted for publication.

## 4.3 Tobacco consumption

### 4.3.1 Smoker status

<b>Are you a...</b>	
<input type="checkbox"/> <sub>1</sub>	regular smoker?
<input type="checkbox"/> <sub>2</sub>	occasional smoker?
<input type="checkbox"/> <sub>3</sub>	ex-smoker (don't smoke anymore, but used to)?
<input type="checkbox"/> <sub>4</sub>	non-smoker (don't smoke and never did)?

### 4.3.2 Beginning of smoking

<b>How old were you when you began to smoke (even if only a small amount)?</b> _____ years old
---

### 4.3.3 Duration of smoking abstinence

<b>If you don't smoke anymore: How many years/ months ago did you quite?</b> _____ years      _____ months
---

### 4.3.4 Number of tobacco products consumed per day

<b>How much do or did you usually smoke per day?</b> _____ cigarettes a day      _____ small cigars or cigars a day
_____ pipes a day <input type="checkbox"/> <sub>1</sub> I don't/ did not smoke every day.

4.3.5 Smoking interruptions

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

<sub>1</sub> no

<sub>2</sub> 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)**

<sub>1</sub> no

<sub>2</sub> yes

4.4.2 Beginning 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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	Rice wine glass (200ml)
traditional Korean liqueur, Ginsengschnaps	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	Glass (200ml)
Suju	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	Sjuglass (30ml)
Beer	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	Glass (200ml)
Western spirits	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	Glass (30ml)
Asian spirits	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	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 or low-salt food)?**

<sub>1</sub> no                      <sub>2</sub> yes                      ⇒ If yes, how often? \_\_\_\_\_ times

### 4.5.2 Physical exercise

**Have you ever tried to resume exercising?**

<sub>1</sub> no                      <sub>2</sub> yes                      ⇒ If yes, how often? \_\_\_\_\_ times

### 4.5.3 Smoking abstinence

**Have you ever tried to quit smoking?**

<sub>1</sub> no                      <sub>2</sub> yes                      ⇒ If yes, how often? \_\_\_\_\_ times

### 4.5.4 Limiting alcohol consumption

**Have you ever tried to limit your consumption of alcoholic beverages?**

<sub>1</sub> no                      <sub>2</sub> yes                      ⇒ If yes, how often? \_\_\_\_\_ times

Partly adopted from Bagozzi, R. P. & Warshaw, P. R. (1990). Trying to consume. *Journal of Consumer Research*, 18, 127-140.

## 5 Health- and illness-related cognitions

### 5.1 Risk perception

#### 5.1.1 Absolute risk perception for the self

How likely is it you will have a sometime in your life...							
	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 risk perception for peers

How likely is it that an <i>average person</i> of your sex and age will have sometime in her/his life ...							
	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

Adopted from Perloff, L. S., & Fetzer, B. K. (1986). Self-other judgments and perceived vulnerability to victimization. *Journal of Personality & Social Psychology*, 50(3), 502-510.

## 5.1.3 Relative vulnerability

Compared to an average person of my sex and age my chances of getting...

... an elevated cholesterol level are

<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
much below average	below average	a little below average	average	a little above average	above average	much above average

... a heart attack are

<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
much below average	below average	a little below average	average	a little above average	above average	much above average

... an elevated blood pressure are

<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
much below average	below average	a little below average	average	a little above average	above average	much above average

... a cardiovascular disease are

<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
much below average	below average	a little below average	average	a little above average	above average	much above average

Adopted from Weinstein, N. D. (1987). Unrealistic optimism about susceptibility to health problems: Conclusions from a community-wide sample *Journal of Behavioral Medicine*, 10(5), 481-500.

## 5.2 Perceived severity

### 5.2.1 General severity assessment

	<b>Not severe at all</b> (can be ignored)		<b>Moderately severe</b> (as if someone would have the flu)			<b>Very severe</b> (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

Adopted from Ditto, P. H., Jemmott, J. B., & Darley, J. M. (1988). Appraising the threat of illness: A mental representational approach. *Health Psychology, 7*(2), 183-201.

### 5.2.2 Individual severity

<b>Not serious</b> (can be ignored) ↓	<b>Moderately serious</b> (as if someone would have the flu) ↓			<b>Very serious</b> (life threatening) ↓		
<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

<b>Not serious</b> (can be ignored) ↓	<b>Moderately serious</b> (as if someone would have the flu) ↓			<b>Very serious</b> (life threatening) ↓		
<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

5.2.3 Perceived threat to one's own health

**How threatening is your cholesterol test result for your health?**

Not at all threatening	Relatively threatening				Very threatening	
<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

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

Not at all threatening	Relatively threatening				Very threatening	
<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

5.3 Perceived Control

5.3.1 Perceived behavior-related control

To what extent can the onset of the following health problems be influenced by your behavior?

<b>The influence of my behavior on the onset of...</b>	extremel y small	Small	medium	high	extremely high
... high cholesterol level is	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
... a heart attack is	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
... high blood pressure is	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
... a stroke is	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
... a cardiovascular disease is	<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**

<b>Do either you, or someone you know, have or had one of the following health problems?</b>						
	no one	1 person	2 persons	3-4 persons	5-7 persons	8 or more persons
...high cholesterol level	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
...heart attack	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
...elevated blood pressure	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
...stroke	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
...cardiovascular disease	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>

**Do either you, or someone you know, have or had 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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
...heart attack	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
...cardiovascular disease (except heart attack or stroke)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

*Please explain the overlaps.*

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

---

Adopted from Weinstein, N. D. (1987). Unrealistic optimism about susceptibility to health problems: Conclusions from a community-wide sample. *Journal of Behavioral Medicine*, 10(5), 481-500.

## 5.5 Intentions

Which intentions do you have for the next weeks and months? I intend to...							
	Don't intend at all						Strongly intend
...live a healthier life.	<input type="checkbox"/>						
...eat as healthy as possible.	<input type="checkbox"/>						
... eat as little fat as possible (i.e. avoid fatty meat, cheese, etc.)	<input type="checkbox"/>						
...do more for my health.	<input type="checkbox"/>						
...quit smoking.	<input type="checkbox"/>						
...eat low-salt food.	<input type="checkbox"/>						
...drink less alcohol.	<input type="checkbox"/>						
...participate in a medical examination for early detection of cardiovascular diseases.	<input type="checkbox"/>						
...exercise regularly (at least once a week).	<input type="checkbox"/>						
...lose weight.	<input type="checkbox"/>						

## 5.6 Planning behavior changes

### 5.6.1 Planning to change nutrition habits

#### 5.6.1.1 Action Planning

Most people would like to further <i>improve</i> their nutrition by taking in less salt and fat. How about you?				
<b>I already have concrete plans...</b>				
	Not at all true	Barely true	Mostly true	Exactly true
how to change my nutrition habits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
when to change my nutrition habits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 5.6.1.2 Coping Planning

Most people would like to further *improve* their nutrition habits by taking in less salt and fat. How about you?

**I already have concrete plans...**

	Not at all true	Barely true	Mostly true	Exactly true
when to especially watch out in order to maintain my new nutrition habits.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
what to do in difficult situations in order to stick to my intentions.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
how to deal with relapses	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

## 5.6.2 Planning new exercise activities

## 5.6.2.1 Action Planning

Do you already have concrete plans with regard to exercising?

**I already have concrete plans...**

	Not at all true	Barely true	Mostly true	Exactly true
...when to exercise.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
...where to exercise.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
...how to exercise.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
...how often to exercise.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
...with whom to exercise.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

## 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	Barely true	Mostly true	Exactly true
...what to do if something intervenes.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
...what to do if I miss an exercise session.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
...what to do in difficult situations in order to stick to my intentions.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
...when to especially watch out in order to stay committed.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

### 5.6.3 Planning smoking withdrawal

#### 5.6.3.1 Action Planning

Most people want to quit smoking. How about you?				
<b>I already have concrete plans...</b>				
	Not at all true	Barely true	Mostly true	Exactly true
...when to quit smoking.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
...how to quit smoking.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

#### 5.6.3.2 Coping Planning

Most people want to quit smoking. How about you?				
<b>I already have concrete plans...</b>				
	Not at all true	Barely true	Mostly true	Exactly true
...how to deal with relapses into my old habits.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
...what to do in difficult situations to stick to my intentions.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
...when to especially watch out in order not to reach again for a cigarette.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

### 5.6.4 Planning to limit alcohol consumption

#### 5.6.4.1 Action Planning

Do you already have concrete plans to reduce your alcohol consumption?				
<b>I already have concrete plans...</b>				
	Not at all true	Barely true	Mostly true	Exactly true
...when to reduce alcohol consumption.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
...where, i.e. in which situations (at home, at parties) to reduce alcohol consumption.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
...how to reduce alcohol consumption.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

## 5.6.4.2 Coping Planning

Do you already have concrete plans to reduce your alcohol consumption?

**I already have concrete plans...**

	Not at all true	Barely true	Mostly true	Exactly true
...how to deal with relapses into my old drinking habits.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
...what to do in difficult situations in order to stick to my intentions.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
...when to especially watch out in order not to drink alcohol again.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

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

Sniehotta, 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)

## 5.7 Outcome expectancies of behavior change

### 5.7.1 Outcome expectancies – change of nutrition habits

What do you think, what will be the consequences if you change your nutrition to low-fat or low-salt food?

**If I eat healthy foods (*low-fat or low salt*)...**

	Not at all true	Barely true	Mostly true	Exactly true
I'll feel physically more attractive.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
I won't have weight problems (anymore).	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
food won't taste as good.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
that will impair my social life (at parties, with friends).	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
that will be good for my blood pressure.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
I'll feel more comfortable mentally.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
I'll have to make an effort of buying the right products.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
that will be good for my cholesterol level.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
I'll have to spend more time on preparing meals.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
that will mean a loss of life quality for me.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
that will be a burden for my financial situation.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
other people will appreciate my willpower.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

### 5.7.2 Exercise outcome expectancies

What do you think, what will be the consequences if you exercise regularly?

**If I exercise regularly...**

	Not at all true	Barely true	Mostly true	Exactly true
I will simply feel better afterwards.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
I won't have weight problems (anymore).	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
I'll have to make a great effort each time.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
other people will appreciate my willpower.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
my cholesterol level will improve.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
I'll look more attractive.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

I'll be more balanced in my daily life.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
that will mean an increase of life quality for me.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
I'll have to take a lot of time each time.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
I will be appreciated by others for that.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
that will be a burden for my financial situation.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
I prevent a heart attack.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
that will be good for my blood pressure.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

### 5.7.3 Outcome expectancies – quitting smoking

What do you think, which consequences will arise if you do not smoke? <b>If I quit smoking ...</b>	Not at all true	Barely true	Mostly true	Exactly true
...I will be nervous and unbalanced.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
...that will be good for my blood pressure.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
...that will unburden me financially.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
...I might prevent a heart attack.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
...I will be more attractive for others (whiter teeth, better skin, nicer smell of clothes).	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
... I will simply feel better physically.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
...that will impair my social life (e.g. at parties, with friends).	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
... my cholesterol level will improve.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
...that will mean a loss of life quality to me.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
... I will gain weight.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
...others will appreciate my willpower.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

## 5.7.4 Outcome expectancies – reduction of alcohol consumption

What do you think, what will be the consequences if you drink less alcohol? <b>If I drink less alcohol...</b>				
	Not at all true	Barely true	Mostly true	Exactly true
...this will mean a loss of life quality to me.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
...I might prevent a heart attack.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
...that will impair my social life (e. g. at parties, with friends).	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
...that will be good for my weight.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
... my cholesterol level will improve.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
...that will be good for my blood pressure.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

## 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 following *obstacles*?

#### **I can stick to a healthy (low-fat or low-salt) diet even...**

	Not at all true	Barely true	Mostly true	Exactly true
...if I have to learn much about nutrition.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
...if I initially have to watch out in many situations.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
...if my blood pressure doesn't improve immediately.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
...if I have to start all over again several times until I succeed.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
...if I initially have to make plans.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
...if initially food doesn't taste as good.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
...if I initially don't get much support.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
...if I takes a long time to get used to it.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
...if my cholesterol level doesn't improve immediately.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
...if I have worries and troubles.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
...if my partner/ my family don't change their nutrition habits.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

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 regularly?  
**I am sure that...**

	Not at all true	Barely true	Mostly true	Exactly true
I can change to a physically active life style.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I can be physically active 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 30 minutes.	<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 regularly?  
**I am sure I can start being physically active immediately, even if...**

	Not at all true	Barely true	Mostly true	Exactly true
...I initially have to reconsider my views on physical activity.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
...the planning for this is very laborious.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
...I have to force myself to start immediately.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
...I have to push myself.	<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 confident you can manage that?

**I am sure I can keep being physically active regularly, even if...**

	Not at all true	Barely true	Mostly true	Exactly true
... it takes me long to make it a habit.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
...I am worried and troubled.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
...I don't see success at once.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
...I am tired.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
...I am stressed out.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
...I feel tense.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
...my blood pressure doesn't improve immediately.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
...I won't get social support for my first attempts.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
...I have to start all over again several times until I succeed.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
...my partner/ family isn't physically active.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
...my cholesterol doesn't improve immediately.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

## 5.8.2.4 Recovery Self-Efficacy

In spite of good intentions, smaller or larger relapses may occur. Imagine you stopped exercising for some time. How confident are you about restarting exercises?

**I am sure I can be physically active again regularly, even if...**

	Not at all true	Barely true	Mostly true	Exactly true
...I postpone my plans several times.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
...I am not able to pull myself together sometimes.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
...I have already paused for several weeks.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

**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 behavior change. Motivational self-efficacy assesses the perceived competence of a person regarding the behavior in general. Preactional self-efficacy concerns the initiation of a behavior. Coping self-efficacy is the optimistic self-belief about the overcoming of obstacles and difficulties when implementing a behavior while Recovery self-efficacy assesses the perceived competence of a person to recover from relapse and setbacks.

### 5.8.3 Self-efficacy – quitting smoking

Some situations make it <i>hard</i> to quit smoking.				
<b>I can resist smoking, even if...</b>				
	Not at all true	Barely true	Mostly true	Exactly true
...I hang out with friends who smoke.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
...I feel tense or nervous.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
...I want to concentrate.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
...I have a strong desire for it.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
...I am worried or troubled.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
...I'm stressed out.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
...I'm around friends or colleagues who smoke.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
...I get little support during my first attempts to quit.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
...I have to start all over again several times until I succeed.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
...I let myself be seduced some time.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
...my partner/ family don't quit smoking.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
...I will have push myself.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

### 5.8.4 Self-efficacy – limitation of alcohol consumption

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

### 5.9 Health Locus of Control

**1. If I am sick, it is my own behavior that determines how soon I get well again.**

<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 a lot 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's 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

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

Source: Jerusalem, M., & Schwarzer, R. (1979). *The General Self-Efficacy Scale (GSE)*.  
<http://userpage.fu-berlin.de/~health/engscal.htm>

## 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
strongly disagree	disagree	agree	strongly agree

### 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
strongly disagree	disagree	agree	strongly agree

### 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
strongly disagree	disagree	agree	strongly agree

### 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
strongly disagree	disagree	agree	strongly agree

### 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
strongly disagree	disagree	agree	strongly agree

### 6. I certainly feel useless at times.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
strongly disagree	disagree	agree	strongly agree

### 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
strongly disagree	disagree	agree	strongly agree

### 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
strongly disagree	disagree	agree	strongly agree

### 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
strongly disagree	disagree	agree	strongly agree

### 10. I take a positive attitude toward myself.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
strongly disagree	disagree	agree	strongly agree

Adopted from Rosenberg, M. (1986). *Society and the adolescent self-image* (revised edition). Middletown, England: Wesleyan University Press.

## 7 Current mood

### 7.1 Current mood

How do you feel right now?							
	not at all						extremely
furious	<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
stressed out	<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

Adopted from:

Barrett, L. F., & Russell, J. A. (1998). Independence and bipolarity in the structure of current affect. *Journal of Personality & Social Psychology*, 74(4), 967-984.

Watson, D., Clark, L. A., & Tellegen, A. (1988). Development and validation of brief measures of positive and negative affect: The PANAS scales. *Journal of Personality & Social Psychology*, 54(6), 1063-1070.

### 7.2 Current Happiness

How happy are you right now?

very unhappy

somewhat  
unhappy

neither happy  
nor unhappy

somewhat happy

very happy

### 7.3 Current condition/form

Please give your opinion on the following statements:

In the last 48 hours...	yes	no
...I have exceptionally been on a diet.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
...I have had a different sleep pattern than usually.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
...I have taken an unusual amount of exercise.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
...I have had an unusual amount of stress.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
...some other aspect of my life has been different than usually.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

Adopted from: Ditto, P. H., Jemmott, J. B., & Darley, J. M. (1988). Appraising the threat of illness: A mental representational approach. *Health Psychology*, 7(2), 183-201.

## 8 Knowledge

### 8.1 Berlin cholesterol and blood pressure knowledge test (BCBT)

#### 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 correct answer to each question/statement!*

1) **Cholesterol is...**

- <sub>1</sub> a fat-like substance our body needs  
<sub>2</sub> an age-related disease.  
<sub>3</sub> a vital vitamin  
<sub>4</sub> none of the answers is true  
<sub>5</sub> don't know

2) **The cholesterol level is the more favorable to health...**

- <sub>1</sub> the higher it is  
<sub>2</sub> the lower it is  
<sub>3</sub> neither answer is true  
<sub>5</sub> don't know

3) **HDL-Cholesterol (“high density lipoproteins”) is...**

- <sub>1</sub> the “good” cholesterol  
<sub>2</sub> the “bad” cholesterol  
<sub>3</sub> the technical term for a high cholesterol level  
<sub>4</sub> none of the answers is true  
<sub>5</sub> don't know

4) **If you don't have unfavorable cholesterol results by the age of 50, you won't get any unfavorable results later.**

- <sub>1</sub> true  
<sub>2</sub> false  
<sub>3</sub> don't know

5) **To ensure that your body has enough cholesterol, you...**

- <sub>1</sub> absolutely have to take additional cholesterol via nutrition  
<sub>2</sub> don't have to take additional cholesterol  
<sub>3</sub> don't know

6) **The ideal cholesterol reading is:**

- mg/dl  
<sub>1</sub> don't know

7) **With an unfavorable cholesterol level you are more at risk for...**

- <sub>1</sub> colds  
<sub>2</sub> allergies  
<sub>3</sub> cardiovascular diseases  
<sub>4</sub> diabetes  
<sub>5</sub> none of the answers is true  
<sub>6</sub> don't know

8) **The Cholesterol in our bodies comes from...**

- <sub>1</sub> all the food we eat  
<sub>2</sub> primarily from food that stems from animals  
<sub>3</sub> our own bodies and all the food we eat  
<sub>4</sub> our own body and primarily from food that stems from animals  
<sub>5</sub> don't know

9) **Which kind of fat is most likely to raise cholesterol?**

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

10) **Do vegetable foods affect the cholesterol level?**

- <sub>1</sub> no  
<sub>2</sub> yes, but only certain ones  
<sub>3</sub> yes, all vegetable foods  
<sub>4</sub> don't know

11) **Should you cut down on fat if you have an unfavorable cholesterol level?**

- <sub>1</sub> yes, definitely  
<sub>2</sub> no, in no way  
<sub>3</sub> neither answer is true  
<sub>5</sub> don't know

- 12) **It is not necessary to get your cholesterol tested if you're under 30 years of age.**
- <sub>1</sub> true
  - <sub>2</sub> false
  - <sub>3</sub> don't know
- 13) **Unfavorable cholesterol levels become apparent through...**
- <sub>1</sub> palpitation of the heart
  - <sub>2</sub> fatigue
  - <sub>3</sub> headaches
  - <sub>4</sub> no ailments
  - <sub>5</sub> none of the answers is true
  - <sub>5</sub> don't know
- 14) **If you have a normal weight it is impossible for you to have problems with cholesterol.**
- <sub>1</sub> true
  - <sub>2</sub> false
  - <sub>3</sub> don't know
- 15) **Blood pressure is the more favorable...**
- <sub>1</sub> the higher it is
  - <sub>2</sub> the lower it is
  - <sub>3</sub> neither answer is true
  - <sub>5</sub> don't know
- 16) **Systolic blood pressure is...**
- <sub>1</sub> stress blood pressure
  - <sub>2</sub> resting blood pressure
  - <sub>3</sub> a medical term for the blood pressure measured *first*
  - <sub>4</sub> a medical term for the blood pressure measured *last*
  - <sub>5</sub> none of the answers is true
  - <sub>5</sub> don't know
- 17) **If you don't have any ailments, your blood pressure is...**
- <sub>1</sub> moderate
  - <sub>2</sub> high
- <sub>3</sub> low
- <sub>4</sub> none of the answers is true
- <sub>5</sub> don't know
- 18) **Diastolic blood pressure is...**
- <sub>1</sub> stress blood pressure
  - <sub>2</sub> resting blood pressure
  - <sub>3</sub> blood pressure by which the heart pumps blood into the vessels
  - <sub>4</sub> blood pressure by which the heart flags and fills with blood again
  - <sub>5</sub> none of the answers is true
  - <sub>6</sub> don't know
- 19) **With an unfavorable blood pressure you are more vulnerable to...**
- <sub>1</sub> colds
  - <sub>2</sub> allergies
  - <sub>3</sub> cardiovascular diseases
  - <sub>4</sub> cancer
  - <sub>5</sub> none of the answers is true
  - <sub>6</sub> don't know
- 20) **If you don't have unfavorable blood pressure readings by the age of 50, you won't get any unfavorable readings later.**
- <sub>1</sub> true
  - <sub>2</sub> false
  - <sub>3</sub> don't know

21) **Should you take additional salt if you have unfavorable blood pressure readings?**

<sub>1</sub> yes, definitely

<sub>2</sub> certainly not

<sub>3</sub> neither answer is true

<sub>5</sub> don't know

<sub>2</sub> false

<sub>3</sub> don't know

22) **It is not necessary to get your blood pressure tested if you're under 30 years of age.**

<sub>1</sub> true

23) **If you have a normal weight it is impossible for you to have problems with blood pressure.**

<sub>1</sub> true

<sub>2</sub> false

<sub>3</sub> don't know

Adopted from Croyle, R. T. (1992). *Cholesterol survey* (unpublished paper). University of Utah.

## 8.2 Perceived knowledge about blood pressure and cholesterol

### 8.2.1 Expected number of correctly answered questions

**What do you think, *how many* questions of the quiz did you answer *correctly*?**

Out of the 23 questions, I think I answered \_\_\_\_\_ questions correctly.

### 8.2.2 Perceived confidence

**How confident are you of your judgement?**

I am \_\_\_\_\_% sure.

### 8.2.3 Expected average number of correctly answered questions

**What do you think, *how many* questions do other people answer correctly on average?**

Out of the 23 questions, I think on average \_\_\_\_\_ are answered correctly.

8.2.4 Contentment with the individual level of knowledge

**Is your knowledge of cholesterol sufficient for you?**

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

**Is your knowledge of blood pressure sufficient for you?**

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

## 9 Process model of health behavior

### 9.1 Stage model of health awareness and behavior (SHAB)

At first, please read the following five statements.  
Then please choose **one** out of the five statement that applies at most to you.  
Please tick **one** box in the column “for my blood pressure” and **one** box in the column “for my cholesterol”.

Have you ever <i>thought of doing</i> something for your cholesterol level or blood pressure?	for my cholesterol	for my blood pressure
① I have <b>never</b> thought about doing something for it.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>
② I have <b>thought about</b> doing something but it <b>isn't necessary</b> for me to do anything.	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>
③ I have <b>thought</b> about doing something but I am still <b>undecided</b> . [Weinstein hat nur den letzten Teil d. Frage]	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>
④ I have <b>already planned</b> on doing something, but I <b>haven't done anything yet</b> .	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>4</sub>
⑤ I <b>am doing</b> something and intend continue in the future.	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>5</sub>
<b>Please choose only one box in each column!</b>		

Adopted from Weinstein, N. D., & Sandman, P. M. (1992). A model of the precaution adoption process: Evidence from home radon testing. *Health Psychology*, 11(3), 170-180.

## 10 Measurement and measured values

### 10.1 Recalled measures

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

What was your measured <i>blood pressure</i> ?						
I had ...						
<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
<b>Very low</b> blood pressure	<b>Low blood</b> pressure	<b>somewhat</b> <b>low</b> blood pressure	<b>Normal</b> blood pressure	<b>somewhat</b> <b>high</b> blood pressure	<b>High</b> blood pressure	<b>Very high</b> blood pressure

What was your measured <i>cholesterol level</i> ?						
I had...						
<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
<b>Very low</b> cholesterol level	<b>Low</b> cholesterol level	<b>somewhat</b> <b>low</b> cholesterol level	<b>Normal</b> cholesterol level	<b>somewhat</b> <b>high</b> cholesterol level	<b>High</b> cholesterol level	<b>Very high</b> cholesterol level

## 10.2 Perceived accuracy and representativeness of the measures

### 10.2.1 Measurement accuracy of the current measurement

Chances that...	Very low			Moderate			Very high	
...the <b>blood pressure test</b> is wrong or inaccurate in my case are...	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	
...the <b>cholesterol test</b> is wrong or inaccurate in my case are...	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	

Adopted from Croyle, R. T., & Sande, G. N. (1988). Denial and confirmatory search: Paradoxical consequences of medical diagnosis. *Journal of Applied Social Psychology*, 18(6), 473-490.

### 10.2.2 General measurement accuracy

How accurate or reliable do you consider...	extremely accurate				extremely inaccurate			
... <b>cholesterol tests</b> in general?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	
... <b>blood pressure tests</b> in general?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	

### 10.2.3 Representativeness of the current measurement

How likely do you think it is that your...	Very unlikely			Moderately likely			Very likely	
... <b>blood pressure</b> measured today is a momentary fluctuation?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	
... <b>cholesterol</b> measured today is a momentary fluctuation?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	

Adopted from Ditto, P. H., Munro, G. D., Apanovitch, A. M., Scepanky, J. A., & Lockhart, L. K. (2003). Spontaneous skepticism: The interplay of motivation and expectation in responses to favorable and unfavorable medical diagnoses. *Personality and Social Psychology Bulletin*, 29(9), 1120-1132.

### 10.3 Expected physiological values for the first and second measuring times

#### 10.3.1 Expected values for the first measurement

Immediately after completing this questionnaire, your cholesterol level will be measured.

**What *cholesterol level* do 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	low	somewhat low	normal	somewhat high	high	very high

**How confident are you of this?**

I am \_\_\_\_\_% confident.

Immediately after completing this questionnaire, your blood pressure will be measured.

**What *blood pressure* do 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	low	somewhat low	normal	somewhat high	high	very high

**How confident are you of this?**

I am \_\_\_\_\_% confident.

#### 10.3.2 Expected values for the second measurement

In about half a year, we will measure your cholesterol level and blood pressure again.  
What do you expect?

**How will your *cholesterol level* be at the next measurement (in about half a year)?**

<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	somewhat low	normal	somewhat high	high	very high

Please indicate as percentage how confident you are of this.

I am \_\_\_\_\_% confident.

How will your *blood pressure* be at the next measurement (in about half a year)?

- |                            |                            |                            |                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <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                        | somewhat<br>low            | normal                     | somewhat<br>high           | high                       | very high                  |

Please indicate as percentage how confident you are of this.

I am \_\_\_\_\_% confident.

## 10.4 Perceived discrepancy of physiological values

### 10.4.1 Perceived discrepancy between real and measured values

Let's talk about your 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<br>negative           | negative                   | somewhat<br>negative       | neither<br>negative<br>nor positive | somewhat<br>positive       | positive                   | very<br>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<br>negative           | negative                   | somewhat<br>negative       | neither<br>negative<br>nor positive | somewhat<br>positive       | positive                   | very<br>positive           |



What cholesterol reading 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	somewhat low cholesterol	normal cholesterol	somewhat cholesterol	high cholesterol	very high cholesterol

How confident were you of your assessment?

I was \_\_\_\_\_% confident.

### 10.6 Processing depth regarding the results

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

---

---

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

---

---

## 11 Cognitions regarding risk status and its implication for the future

### 11.1 Progression

**Please tick only one answer!**

**In my opinion, elevated *blood pressure*...**

- <sub>1</sub> ...is acute (curable, can last from one week to several months).  
<sub>2</sub> ...comes and goes (medication or other treatment necessary in stressful situations).  
<sub>3</sub> ...is chronic (regular medication or other treatment necessary; can be treated but not cured).

**Please tick only one answer!**

**In my opinion, an elevated *cholesterol level*...**

- <sub>1</sub> ...is acute (curable, can last from one week to several months).  
<sub>2</sub> ...comes and goes (medication or other treatment necessary in stressful situations).  
<sub>3</sub> ...is chronic (regular medication or other treatment necessary; can be treated but not cured).

Adopted from Croyle, R. T. (1990). Biased appraisal of high blood pressure. *Preventive Medicine*, 19, 49-44.

### 11.2 Base rate

#### 11.2.1 Base rate of risk factors for cardiovascular disease

• **What do you think, how many percent of Koreans have...**

...an elevated cholesterol level? \_\_\_\_\_ %  
 ...elevated blood pressure? \_\_\_\_\_ %

#### 11.2.2 Base rate of cardiovascular disease

• **What do you think, how many percent of Koreans experience .... in the course of their lives?**

...a heart attack? \_\_\_\_\_ %  
 ...a stroke? \_\_\_\_\_ %  
 ...a cardiovascular disease? \_\_\_\_\_ %

### 11.3 Current concern

How concerned are you about the result of your *cholesterol* test? I am...

not at all concerned		concerned		extremely concerned
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>			

How concerned are you about the result of your *blood pressure* test? I am...

not at all concerned		concerned		extremely concerned
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>			

Adopted from Croyle, R. T., & Hunt, J. R. (1991). Coping with health threat: Social influence processes in reactions to medical test results. *Journal of Personality & Social Psychology*, 60(3), 382-389.

### 11.4 Probability of lowering risk status

- If your cholesterol level is elevated, how do you think are your chances to have a normal cholesterol level in half a year?

extremely low		medium		extremely high
↓		↓		↓
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>			

- If your blood pressure is elevated, how do you think are your chances to have normal blood pressure in half a year?

extremely low		medium		extremely high
↓		↓		↓
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>			

### 11.5 Perceived barriers of protective actions

What do you think, how difficult would lowering your <i>cholesterol</i> level be for you?						
very easy			medium			very difficult
↓			↓			↓
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>

What do you think, how difficult would lowering your <i>blood pressure</i> level be for you?						
very easy			medium			very difficult
↓			↓			↓
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>

Adopted from Weinstein, N. D., Sandman, P. M., & Roberts, N. E. (1991). Perceived susceptibility and self-protective behavior: A field experiment to encourage home radon testing. *Health Psychology*, 10(1), 25-33.

### 11.6 Subjective pressure to change

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

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

More information at

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

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