

MEN'S FITNESS AND HEALTHY LIVING PROGRAMME

SUPPLEMENTARY QUESTIONNAIRE



Researchers from the Universities of Glasgow, Edinburgh and Dundee, and the Medical Research Council are working with the SPFL Trust to evaluate the long term impact following participation in Football Fans in Training.



The first few questions in this questionnaire are about you doing the FFIT programme

I Please can you remind us, which FFIT programme did you do?
Please tick ALL THAT APPLY

I have never attended a FFIT programme ₁ If ticked NEVER, please go to Question 5 →

I attended FFIT from Aug/Sept to Nov/Dec 2011 ₂

I attended FFIT from Aug/Sept to Nov/Dec 2012 ₃

I attended FFIT at another time(s) ₄ If ticked ANOTHER TIME, please give dates below ↙

Ia Whilst you were on the FFIT programme you might have learnt about different strategies to help you lose weight, become fitter and feel better.

To what extent do you STILL USE these strategies to help you eat a healthy diet, be physically active and manage your weight?

Please tick ONE box on EACH LINE

		Never	Rarely	Sometimes	Frequently	Always
A	The pedometer (or self-monitoring of walking)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
B	Weighing yourself (self-monitoring of weight)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C	SMART goal setting	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
D	Tips on how to overcome setbacks	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
E	Getting support from friends and/or family in doing more exercise	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
F	Getting support from friends and/or family in eating a healthier diet	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Ia To what extent do you STILL USE these strategies to help you eat a healthy diet, be physically active and manage your weight?

Please tick ONE box on EACH LINE

Never Rarely Sometimes Frequently Always

Physical Activity						
G	Walking as part of your daily life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	Attending a gym	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I	Cycling, swimming or other forms of exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J	Attending a group exercise programme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy Eating						
K	Eating regular meals (including breakfast) on a daily basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L	Limiting the quantity of food you eat (watching portion sizes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M	Limiting intake of certain types of food (such as fats, sugars)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N	Limiting overall calorie intake (i.e. following a personal eating plan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O	Limiting intake of sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P	Limiting intake of alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q	Consciously eating slowly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R	Reading food labels to make healthy food choices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ib

Thinking back over the last 2½ years **SINCE WE LAST SAW YOU IN 2012**, have you experienced any injuries, joint problems or newly diagnosed medical conditions that you feel are **RELATED TO THE FACT THAT YOU TOOK PART IN A FOOTBALL FANS IN TRAINING PROGRAMME** at your club?

Please tick ONE box

No Please go to question 2 →

Yes Please complete section below ↙

If 'Yes', please give details of the injury, joint problem or newly diagnosed medical condition and an indication of when it first happened.



Date / /



Date / /



Date / /



Date / /

The next questions assess your SATISFACTION following any CHANGES you made to your diet, physical activity and weight as a result of participation in the FFIT programme.

2 Thinking back to when your 12 week FFIT programme HAD JUST FINISHED, how satisfied were you THEN with what you experienced...

Please circle ONE NUMBER ON EACH LINE		Very dissatisfied			Neither satisfied nor dissatisfied			Very satisfied			I did not make any changes
A	As a result of eating a healthier diet?	1	2	3	4	5	6	7	8	9	0
B	As a result of being more physically active?	1	2	3	4	5	6	7	8	9	0
C	As a result of losing weight?	1	2	3	4	5	6	7	8	9	0

3 NOW, thinking about how you feel TODAY, how satisfied are you CURRENTLY with what you are experiencing...

Please circle ONE NUMBER ON EACH LINE		Very dissatisfied			Neither satisfied nor dissatisfied			Very satisfied			This does not apply to me at the moment
A	As a result of eating a healthier diet?	1	2	3	4	5	6	7	8	9	0
B	As a result of being more physically active?	1	2	3	4	5	6	7	8	9	0
C	As a result of losing weight?	1	2	3	4	5	6	7	8	9	0

4

Here is a list of statements about what you may CURRENTLY feel towards other men who were with you on the FFIT programme. Please indicate to what extent you agree with each of the following items.

In my relationships with other men who were with me on the FFIT programme, I feel...

Please circle ONE NUMBER ON EACH LINE

	Do not agree at all	Very slightly agree	Slightly agree	Moderately agree	Agree	Strongly agree	Very strongly agree
A Supported	1	2	3	4	5	6	7
B Close to them	1	2	3	4	5	6	7
C Understood	1	2	3	4	5	6	7
D Attached to them	1	2	3	4	5	6	7
E Listened to	1	2	3	4	5	6	7
F Bonded to them	1	2	3	4	5	6	7
G Valued	1	2	3	4	5	6	7
H Close knit	1	2	3	4	5	6	7
I Safe	1	2	3	4	5	6	7
J As a friend	1	2	3	4	5	6	7

5

Here is a list of statements about what you may currently feel towards YOUR IMMEDIATE FAMILY MEMBERS (such as your wife, partner, children, sister, brother, mother, father). Please indicate to what extent you agree with each of the following items.

If you don't have **any** immediate family members (such as a wife, partner, children, sister, brother, mother, father) please TICK HERE and please go to Question 6 →

In my relationships with my immediate family members, I feel...

Please circle ONE NUMBER ON EACH LINE

		Do not agree at all	Very slightly agree	Slightly agree	Moderately agree	Agree	Strongly agree	Very strongly agree
A	Supported	1	2	3	4	5	6	7
B	Close to them	1	2	3	4	5	6	7
C	Understood	1	2	3	4	5	6	7
D	Attached to them	1	2	3	4	5	6	7
E	Listened to	1	2	3	4	5	6	7
F	Bonded to them	1	2	3	4	5	6	7
G	Valued	1	2	3	4	5	6	7
H	Close knit	1	2	3	4	5	6	7
I	Safe	1	2	3	4	5	6	7
J	As a friend	1	2	3	4	5	6	7

The next three questions are about what you eat

6

This question relates to the reasons why you would either start eating a healthier diet or continue to do so. Different people have different reasons for eating a healthier diet, and we want to know how true each of the following reasons is for you.

Using the scale below, please indicate the extent to which each reason is true for you.

The reason I would EAT A HEALTHY DIET is...

Please circle ONE NUMBER ON EACH LINE

		Not at all true			Somewhat true			Very true
A	Because I feel that I want to take responsibility for my own health	1	2	3	4	5	6	7
B	Because I would feel guilty or ashamed of myself if I did not eat a healthy diet	1	2	3	4	5	6	7
C	Because I personally believe it is the best thing for my health	1	2	3	4	5	6	7
D	Because others would be upset with me if I did not	1	2	3	4	5	6	7
E	I really don't think about it	1	2	3	4	5	6	7
F	Because I have carefully thought about it and believe it is very important for many aspects of my life	1	2	3	4	5	6	7
G	Because I would feel bad about myself if I did not eat a healthy diet	1	2	3	4	5	6	7
H	Because it is an important choice I really want to make	1	2	3	4	5	6	7
I	Because I feel pressure from others to do so	1	2	3	4	5	6	7
J	Because it is easier to do what I am told than think about it	1	2	3	4	5	6	7

6**The reason I would EAT A HEALTHY DIET is...**

Please circle ONE NUMBER ON EACH LINE

Not at
all trueSomewhat
trueVery
true

K	Because it is consistent with my life goals	1	2	3	4	5	6	7
L	Because I want others to approve of me	1	2	3	4	5	6	7
M	Because it is very important for being as healthy as possible	1	2	3	4	5	6	7
N	Because I want others to see I can do it	1	2	3	4	5	6	7
O	I don't really know why	1	2	3	4	5	6	7

7**Please indicate the extent to which each statement is true for you.**

Please circle ONE NUMBER ON EACH LINE

Not at
all trueSomewhat
trueVery
true

A	I feel confident in my ability to maintain a healthy diet	1	2	3	4	5	6	7
B	I now feel capable of maintaining a healthy diet	1	2	3	4	5	6	7
C	I am able to maintain a healthy diet permanently	1	2	3	4	5	6	7
D	I am able to meet the challenge of maintaining a healthy diet	1	2	3	4	5	6	7

8**Please indicate the extent to which you agree with the following statements.**

Please circle ONE NUMBER ON EACH LINE

		Strongly disagree						Strongly agree
A	I eat a healthy diet because I like to rather than because I feel I have to	1	2	3	4	5	6	7
B	Healthy eating is not something I would necessarily choose to do, rather it is something that I feel I ought to do	1	2	3	4	5	6	7
C	Having to eat healthily is a bit of a bind but it has to be done	1	2	3	4	5	6	7

The next three questions relate to being physically active (or taking exercise)

9

This question relates to the reasons why you would either start to do physical activity regularly or continue to do so. Different people have different reasons for doing that, and we want to know how true each of the following reasons is for you.

Using the scale below, please indicate the extent to which each reason is true for you.

The reason I would BE PHYSICALLY ACTIVE REGULARLY is...

Please circle ONE NUMBER ON EACH LINE

		Not at all true			Somewhat true			Very true
A	Because I feel that I want to take responsibility for my own health	1	2	3	4	5	6	7
B	Because I would feel guilty or ashamed of myself if I were not physically active regularly	1	2	3	4	5	6	7
C	Because I personally believe it is the best thing for my health	1	2	3	4	5	6	7
D	Because others would be upset with me if I did not	1	2	3	4	5	6	7
E	I really don't think about it	1	2	3	4	5	6	7
F	Because I have carefully thought about it and believe it is very important for many aspects of my life	1	2	3	4	5	6	7
G	Because I would feel bad about myself if I were not physically active regularly	1	2	3	4	5	6	7
H	Because it is an important choice I really want to make	1	2	3	4	5	6	7
I	Because I feel pressure from others to do so	1	2	3	4	5	6	7
J	Because it is easier to do what I am told than think about it	1	2	3	4	5	6	7

9**The reason I would BE PHYSICALLY ACTIVE REGULARLY is...**

Please circle ONE NUMBER ON EACH LINE

Not at
all trueSomewhat
trueVery
true

K	Because it is consistent with my life goals	1	2	3	4	5	6	7
L	Because I want others to approve of me	1	2	3	4	5	6	7
M	Because it is very important for being as healthy as possible	1	2	3	4	5	6	7
N	Because I want others to see I can do it	1	2	3	4	5	6	7
O	I don't really know why	1	2	3	4	5	6	7

10 Please indicate the extent to which each statement is true for you.

Please circle ONE NUMBER ON EACH LINE

		Not at all true			Somewhat true			Very true
A	I feel confident in my ability to be physically active regularly	1	2	3	4	5	6	7
B	I now feel capable of being physically active regularly	1	2	3	4	5	6	7
C	I am able to be physically active regularly over the long term	1	2	3	4	5	6	7
D	I am able to meet the challenge of being physically active regularly	1	2	3	4	5	6	7

11 Please indicate the extent to which you agree with the following statements.

Please circle ONE NUMBER ON EACH LINE

		Strongly disagree						Strongly agree
A	I do physical activity because I like to rather than because I feel I have to	1	2	3	4	5	6	7
B	Physical activity is not something I would necessarily choose to do, rather it is something that I feel I ought to do	1	2	3	4	5	6	7
C	Having to do physical activity is a bit of a bind but it has to be done	1	2	3	4	5	6	7

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And finally, we may want to continue to follow you up in future (e.g. to record your measurements and/or ask you to complete a questionnaire) in relation to the FFIT research study.

Nowadays, many researchers are using online questionnaires instead of paper-based ones.

If you were to take part in any future FFIT research study, how would you feel about completing an online questionnaire, instead of a paper questionnaire like you have completed today?

Please tick ONE box

I would be happy to complete an online questionnaire in any future FFIT research ₁

I would prefer to complete a paper questionnaire in any future FFIT research ₂

I do not want to take part in any future FFIT research ₃

Thank you for helping with the FFIT Follow Up research.

We really appreciate your time and effort.

It would not be possible without your assistance.

QUESTIONNAIRE

Questionnaire
(Checker)

IDNO		

INITIALS		

SAHR
(Completer)

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