*Instruction: Where check boxes* 🞏 *are provided, check ✓ one or more boxes; where radio buttons* ⭘ *are provided, check ✓ one box only.*

Thank you for agreeing to join the VPGC study. Your responses are vital for objectively assessing the effectiveness of the VPGC in improving your overall health.

Your responses to all the questions will be kept confidential. After completing the questionnaires, you will be directed to a physical assessment station, where our study personnel will perform simple blood pressure, height, weight, hip-waist circumference and body mass measurement.

|  |  |
| --- | --- |
| SITE NAME |  |
| SITE CODE |  |  |  |
| SUBJECT ID | A |  |  |  |  | - |  |  |  |
| VISIT NUMBER | ⭘ BASELINE (BL) ⭘ WITHIN 2 WEEKS AFTER VPGC PROGRAMME COMPLETION (4M) ⭘ 3 MONTHS POST VPGC PROGRAMME COMPLETION (7M) |
| ENROLMENT DATE | D | D | M | M | Y | Y | Y | Y |
| ASSESSMENT DATE | D | D | M | M | Y | Y | Y | Y |

SUBJECT ID CODE:

PREFIX A = MAY 2019 INTAKE PREFIX B = SEPTEMBER 2019 INTAKE

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A/B | 1 | 2 | 3 | 0 | - | 4 | 1 | 7 |

 MONTH OF BIRTH DAY OF BIRTH PARTICIPANT NUMBER 001 – 420

(*allocated by researcher*)

Sample Complete Code: 001-A1230-417

|  |
| --- |
| **PART I: SUBJECT ELIGIBILITY SCREENING** |
| *Note: This section is to be* ***completed by the researcher.*** |
|  | Has the subject **consented** to participate in the VPGC study? | ⭘ Yes | ⭘ No |
|  | Has the subject **agreed** to adhere to lifestyle consideration throughout the study duration? i.e.1. Not discuss the VPGC programme with the team assigned to the control arm
2. Fasted before any blood tests, collected by the participants’ respective physicians or pathologists
3. Abstain from caffeine, alcohol and strenuous exercise 4-6 hours before each study visit assessment
 | ⭘ Yes | ⭘ No |
|  | Is subject male or female, aged 18 or over? | ⭘ Yes | ⭘ No |
|  | Is the subject in good general health as evidenced by the medical history? | ⭘ Yes | ⭘ No |
|  | Has the subject previously participated in the Virgin Pulse Global Challenge (VPGC) programme? | ⭘ Yes | ⭘ No |
|  | Is the subject pregnant or planning to get pregnant in the next year? | ⭘ Yes | ⭘ No |
|  | Does the subject weigh more than 150kg? | ⭘ Yes | ⭘ No |
|  | Is the subject unable to follow the VPGC programme due to physical limitations? | ⭘ Yes | ⭘ No |
|  | Is the subject unable to follow the VPGC programme due to language barriers? | ⭘ Yes | ⭘ No |

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| **PART II: SUBJECT DEMOGRAPHICS** |
|  |  |  |
|  | Age |  | Years |
|  |
|  | Gender | ⭘ Male ⭘ Female ⭘ Others, please specify \_\_\_\_\_\_\_\_\_\_\_ |
|  |
|  | Ethnicity | ⭘ Australian ⭘ Indigenous Australian or Torres Strait Islander |
| ⭘ New Zealander |
| ⭘ East Asian ⭘ South East Asian ⭘ South Asian  |
| ⭘ Middle Eastern ⭘ European⭘ North American ⭘ South American⭘ African⭘ Others, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
|  | Marital Status | ⭘ Married ⭘ Divorced ⭘ Never Married⭘ Separated ⭘ Widowed ⭘ Others, please specify \_\_\_\_\_\_\_\_\_\_\_ |
|  |
|  | Residential postal code |  |  |  |  |  |  |
|  |
|  | Highest Educational Attainment | ⭘ No educational attainment⭘ Year 9 or below ⭘ Year 10, 11 or 12⭘ Certificate Level I ⭘ Certificate Level II ⭘ Certificate Level III ⭘ Certificate Level IV⭘ Advanced Diploma and Diploma Level⭘ Bachelor Degree Level⭘ Master Degree Level⭘ Doctorate Degree Level and higher |
|  |
|  | Employment | ⭘ Full Time ⭘Part Time ⭘ Casual ⭘ Contractor⭘ Job Share⭘ Others, please specify \_\_\_\_\_\_\_\_\_\_\_ |
| Hours worked per week \_\_\_\_\_\_\_\_\_\_\_\_\_\_hours |
|  |
|  | Job Industry |  |
|  |  |  |
|  | Job Title |  |
|  |
|  | Current company tenure | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Months \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years |
|  |
|  | Occupation | ⭘ Professional ⭘ Manager |
| ⭘ Clerical and Administrative Work ⭘ Labourer |
| ⭘ Technicians and Trades Work ⭘ Sales Work |
| ⭘ Community & Personal Service Work ⭘ Machinery Operators & Drivers |

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| **PART III: SOCIAL ACTIVITY****(To be completed at baseline, within 2 weeks after VPGC programme completion and 3 months post VPGC programme completion)** |
|  | Smoking Status:Do you smoke? | ⭘ Yes, active smoker ⮱ Proceed to complete **Fagerström Test**⭘ No, never smoked ⮱ Proceed to question 13 (next page)⭘ Ex-smoker If ex-smoker, when was your last cigarette? \_\_\_\_\_\_ days \_\_\_\_\_\_\_ months \_\_\_\_\_\_\_\_years  ⮱ Proceed to question 13 (next page) |
| **Fagerström Test for Nicotine Dependence** |  |
| 1. How soon after waking do you smoke your first cigarette?
 | ⭘ within 5 minutes (3)⭘ 5-30 minutes (2)⭘ 31-60 minutes (1)⭘ >60 minutes (0) |
| 1. Do you find it difficult to refrain from smoking in places where it is forbidden?
 | ⭘ Yes (1)⭘ No (0) |
| 1. Which cigarette would you hate to give up?
 | ⭘ The first in the morning (1)⭘Any other (0) |
| 1. How many cigarettes a day do you smoke?
 | ⭘ 10 or less (0)⭘ 11-20 (1)⭘ 21-30 (2)⭘ 31 or more (3) |
| 1. Do you smoke more frequently in the morning?
 | ⭘ Yes (1)⭘ No (0) |
| 1. Do you smoke throughout the day even if you are sick in bed?
 | ⭘ Yes (1)⭘ No (0) |
| Total Score =Score 1-2 = Low dependence Score 3-4 = Low to moderate dependenceScore 5-7 = Moderate dependence Score 8+ = High dependence |  |
|  |
|  | Alcohol consumption: Do you consider yourself to be | ⭘ Non-drinker (No alcohol on an average day)⭘ Light drinker (≤2 standard drinks on an average day)⭘ Moderate drinker (> 2 standard drinks on average day)⭘ Heavy drinker (≥4 standard drinks on average day) |
| Related imageRelated imageRelated image***You can use the pictures here to calculate your average day standard drink consumption.***

|  |  |
| --- | --- |
| **Alcohol**  | **No. of Standard Drink per Day** |
| **Beer** |  |
| **Wine** |  |
| **Spirit** |  |
| **Total per Day** |  |

 |
|  |
|  | Physical activity:**International Physical Activity Questionnaire (IPAQ) – Short Form** |
| We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. The questions will ask you about the time you spent being physically active in the last 7 days. Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise or sport. Think about all the vigorous activities that you did in the last 7 days. Vigorous physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time. |
| 1. During the last one week, on how many days did you do **vigorous** physical activities like heavy lifting, digging, aerobics, or fast bicycling?
 | \_\_\_\_\_\_\_\_ days, OR⭘ No vigorous physical activities ⮱ Proceed to question iii |
| 1. How much time did you usually spend doing **vigorous** physical activities on one of those days?
 | \_\_\_\_\_\_ hours \_\_\_\_\_ minute per day⭘ Don’t know / Not sure |
| Think about all the moderate activities that you did in the last 7 days. Moderate activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time. |
| 1. During the last one week, on how many days did you do **moderate** physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking.
 | \_\_\_\_\_\_\_\_ days, OR⭘ No moderate physical activities ⮱ Proceed to question v |
| 1. How much time did you usually spend doing **moderate** physical activities on one of those days?
 | \_\_\_\_\_\_ hours \_\_\_\_\_ minute per day⭘ Don’t know / Not sure |
| Think about the time you spent walking in the last 7 days. This includes at work and at home, walking to travel from place to place, and any other walking that you have done solely for recreation, sport, exercise, or leisure. |
| 1. During the last one week, on how many days did you walk for at least 10 minutes at a time?
 | \_\_\_\_\_\_\_\_ days, OR⭘ No walking ⮱ Proceed to question vii |
|  | 1. How much time did you usually spend walking on one of those days?
 | \_\_\_\_\_\_ hours \_\_\_\_\_ minute per day⭘ Don’t know / Not sure |
| The last question is about the time you spent sitting on weekdays during the last one week. Include time spent at work, at home, while travelling and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television, or driving. |
| 1. During the last one week, how much time did you spend sitting?
 | \_\_\_\_\_\_ hours \_\_\_\_\_ minute per day⭘ Don’t know / Not sure |
|  |
|  | Access to local parks or sports & recreational centre | 1. On average, how many times do you visit your local parks or sports and recreational centre

⭘ Less than once a week⭘ Once per week⭘ Twice per week⭘ Three or four times per week⭘ Five or more times per week |
| 1. What are the MAIN activities that you usually participate in at these locations? ***You can choose one or more answers***.

🞏 Walk the dogs or other pets🞏 Family activities🞏 Jogging🞏 Swimming🞏 Gym / Health club🞏 Group fitness / exercise classes🞏 Ohers, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. On average, how much time do you spend per visit to the local parks or sports and recreational centre

⭘ Less than 30 minutes⭘ 30 to less than 60 minutes⭘ 60 to less than 90 minutes⭘ 90 to less than 120 minutes⭘ 120 minutes or more |
|  |  |  |
|  | 1. Household composition
 | ⭘ Family households  ⮱ Proceed to question 16b⭘ Single person households ⮱ Proceed to question 17⭘ Group households ⮱ Proceed to question 17 |
|  |
|  | 1. Family structure
 | ⭘ Couple family without children⭘ Couple family with children⭘ Single parent family⭘ Other family |
|  |
|  | Type of dwelling | ⭘ Detached house⭘ Semi-detached, row or terrace house, townhouse⭘ Flat or apartment⭘ Other dwelling |
|  |

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| **PART IV: MEDICAL HISTORY****(To be completed at baseline, within 2 weeks after VPGC programme completion and 3 months post VPGC programme completion)** |
|  | Do you have / had any of the following conditions that may limit your participation in the VPGC programme? ***Select one or more***🞏 Myocardial infarction / heart attack🞏 Stroke / transient ischaemic attack🞏 Peripheral vascular disease 🞏 Any other coronary / cardiac disorders, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞏 Chronic kidney disease with or without dialysis🞏 Chronic liver diseases, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞏 Chronic lung diseases, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞏 Gastrointestinal disorders, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞏 Arthritis or bone diseases, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞏 Impaired vision not associated with long / short sightedness🞏 Diagnosed mental / psychiatric disorders🞏 Benign tumour / malignant cancer🞏 Other co-morbidity, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
|  | Are you currently being treated for the following conditions? ***Select one or more***🞏 Hypertension (High blood pressure)🞏 Diabetes mellitus (High blood sugar)🞏 Hyperlipidaemia (High blood cholesterol)🞏 Any other conditions, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
|  | It is important for us to know what medication (over the counter / prescribed) you are currently taking that may affect you in the VPGC programme. Please kindly provide us the details of the medication you are **currently** taking:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Medication** | **Dose Strength** | **Dose Frequency** | **Reason** |
| *Example: Allopurinol* | *300mg* | *Once a day* | *Gout* |
|  |  |  |  |
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|  | Routine blood assessment by your family physician / general practitioner is conducted to assess your physical health status. It is important for us to know how the VPGC programme affects your physical health. Thus, it will be very useful if you can provide us the results of the following blood tests.

|  |  |
| --- | --- |
| **Date of Last Blood Test** | DD / MM / YYYY |
| **Blood Test** | **Results** |
| Total Cholesterol (TC) | mmol/L |
| High-density lipoprotein (HDL) | mmol/L |
| Low-density lipoprotein (LDL) | mmol/L |
| Fasting blood glucose (FBG) | mmol/L |
| Glycosylated Haemoglobin (HbA1C)  | % |

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| **PART V: COMPUTERISED COGNITIVE ASSESSMENT (CogState)** **(To be completed at baseline, within 2 weeks post VPGC programme completion and 3 months post VPGC programme completion)** |
|  | **Behavioural Pattern Separation Object Test****Cognitive Domain: Memory****Administration Time: 4 Minutes****Test Description****The Behavioural Pattern Separation Object test measures recognition memory using photos of objects. The participant is presented with a series of photos of common objects and must decide whether each object is used indoors or outdoors. The participant is then presented with a photo of an object and must recall whether the object is the same, similar or different to the photos they have already been shown.** |
|  | **Face name Associative Memory Exam****Cognitive Domain: Memory****Administration Time: 4 Minutes****Test Description****The Face Name Associative Memory Exam measures associative memory using photos of real-life faces. The participant is presented with a series of facial photos and names, with each face paired with a name. The participant must remember the face-name pair.** |
|  | **One Back Test****Cognitive Domain: Working Memory****Administration Time: 4 Minutes****Test Description****The One Back test measures working memory using an n-back paradigm. The on-screen instructions ask: “Is the previous card the same?”. A playing card is presented face up in the center of the screen. The participant must decide whether the card is the same as the previous card. If the card is the same the participant should press “Yes”, and if it is not the same the participant should press “No”. The participant is encouraged to work as quickly as they can and be as accurate as possible.** |
|  | **Two Back Test****Cognitive Domain: Working Memory****Administration Time: 4 Minutes****Test Description****The Two Back test measures working memory using an n-back paradigm. The on-screen instructions ask: “Is the card the same as that shown two cards ago?”. A playing card is presented face up in the center of the screen. The participant must decide whether the card is the same as the card shown two cards previously. If the card is the same the participant should press “Yes”, and if it is not the same the participant should press “No”. The participant is encouraged to work as quickly as they can and be as accurate as possible.** |
|  | **Continuous Paired Associate Learning Test****Cognitive Domain: Paired Associate Learning****Administration Time: 7 Minutes****Test Description****The Continuous Paired Associate Learning test measures visual memory using a paired associative learning paradigm. In this test, the participant must learn and remember the pictures hidden beneath different locations on the screen. In the first stage of the test the pre-test on-screen instructions ask: “In what locations do these pictures belong”. A picture is presented in the centre of the screen. The participant taps the peripheral location of the picture and must remember its location. During the second stage of the test the same pictures are presented in the centre of the screen, however the peripheral location of each picture is hidden. The participant must tap on the peripheral location where the picture previously appeared.****The Continuous Paired Associate Learning Test is also available in a “Delayed Recall” version, which measures memory.** |
|  | **Detection Test****Cognitive Domain: Psychomotor Function****Administration Time: 3 Minutes****Test Description****The Detection test measures processing speed using a simple reaction time paradigm. The on-screen instructions ask: “Has the card turned over?”. A playing card is presented face down in the center of the screen. The card flips over so it is face up. As soon as the card flips over the participant must press “Yes”. The participant is encouraged to work as quickly as they can and be as accurate as possible.** |
|  | **Groton Maze Learning Test****Cognitive Domain**: Executive Function**Administration Time**: 7 Minutes**Test Description**The Groton Maze Learning Test measures executive function using a maze learning paradigm. A 10 x 10 grid of tiles is presented to the participant on the screen. A 28-step pathway is hidden among these tiles. A blue tile indicates the start and a tile with red circles indicates the finish. The participant must move one step at a time from the start toward the end by touching a tile next to their current location. If the correct move is made a green checkmark appears and if the move is incorrect a red cross is revealed. Once completed, they are returned to the start location to repeat the test and must try to remember the pathway they have just completed.The Groton Maze Learning Test is also available in a “Delayed Recall” version, which measures visual memory and a “Delayed Reverse Recall” version, which measures spatial working memory. |
|  | **Go No-Go Test****Cognitive Domain:** Response Inhibition (Executive Function)**Administration Time:** 4 MinutesTest DescriptionThe Go-No Go Test is a measure of response inhibition and uses a well-validated recognition reaction time paradigm with playing card stimuli. In this test, the playing cards are all either red or black jokers. The subject is asked whether the card displayed in the center of the screen is black. The subject is to press the Yes key when the joker card is black and to withhold a response (i.e., not respond) when it is red. |
|  | **Identification Test****Cognitive Domain:** Attention**Administration Time:** 3 Minutes**Test description****The Identification test measures attention using a choice reaction time paradigm. The on-screen instructions ask: “Is the card red?”. A playing card is presented face down in the centre of the screen. The card flips over so it is face up. As soon as it flips over the participant must decide whether the card is red or not. If it is red the participant should press “Yes”, and if it is not red the participant should press “No”. The participant is encouraged to work as quickly as they can and be as accurate as possible.** |
|  | **International Shopping List Test****Cognitive Domain: Verbal Learning****Administration Time: 5 Minutes****Test Description****The International Shopping List Test measures verbal learning using a word list learning paradigm. The participant is read a shopping list and must remember and recall as many items from the list as possible.****The International Shopping List Test is also available in a “Delayed Recall” version, which measures verbal memory and a “Recognition” version, which measures memory.** |
|  | **One Card Learning Test****Cognitive Domain: Visual Learning****Administration Time: 6 Minutes****Test Description****The One Card Learning test measures visual memory using a pattern separation paradigm. The on-screen instructions ask: “Have you seen this card before in this test?”. A playing card is presented face up in the center of the screen and the participant must decide whether they have seen the card before in this test. The participant is encouraged to work as quickly as they can and be as accurate as possible.** |
|  | **Set Shifting Test****Cognitive Domain: Set Shifting (Executive Function)****Administration Time: 7 Minutes****Test Description****The Set-Shifting test uses a set shifting paradigm to measure executive function. The on-screen instructions ask: “Is this a target card?”. A playing card is presented face up in the center of the screen with the word “Number” or “Color” above it. If the word is “Color” the participant must guess whether the target card is black or red. If the word is “Number” the participant must guess whether the current number displayed on the card is correct. At the beginning of the test, the participant simply needs to guess whether the current card is the target card. If they think the card is the target card, the participant should press “Yes”. If they think the card is not the target card, they must press “No”. As the participant makes their guesses, feedback is provided and the next card is not displayed until a correct response has been made. Once the participant has made their way through a set of cards the hidden rule changes (e.g., from one color to the other color [intra-dimensional shift], or from color to number [extra-dimensional shift]). The participant is not told when these set-shifts occur, and they must learn the new target rule to proceed through the test. The participant is encouraged to work as quickly as they can and be as accurate as possible.** |
|  | **Social-Emotional Cognition Test****Cognitive Domain: Emotional Recognition****Administration Time: 6 Minutes****Test Description****The Social-Emotional Cognition Test measures emotional recognition using an odd-man out paradigm. The on-screen instructions ask: “Tap the odd one out”. Four pictures are presented on the screen. One of these pictures will be different to the others and the participant must decide which picture is different and tap that picture. The participant is encouraged to work as quickly as they can and be as accurate as possible.** |

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| **PART VI: EMOTIONAL ASSESSMENT (DASS-21)****(To be completed at baseline, within 2 weeks after VPGC programme completion and 3 months post VPGC programme completion)** |
|  | Please read each statement and select a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the last one week. There are no right or wrong answers. Do not spend too much time on any statement. |
|  |  | **0**Did not apply to me at all | **1**Applied to me to some degree, or some of the time | **2**Applied to me to a considerable degree or a good part of time | **3**Applied to me very much or most of the time |
|  | I found it hard to wind down (s) | ⭘ 0 | ⭘ 1 | ⭘ 2 | ⭘ 3 |
|  | I was aware of dryness of my mouth (a) | ⭘ 0 | ⭘ 1 | ⭘ 2 | ⭘ 3 |
|  | I couldn’t seem to experience any positive feeling at all (d) | ⭘ 0 | ⭘ 1 | ⭘ 2 | ⭘ 3 |
|  | I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion) (a) | ⭘ 0 | ⭘ 1 | ⭘ 2 | ⭘ 3 |
|  | I found it difficult to work up the initiative to do things (d) | ⭘ 0 | ⭘ 1 | ⭘ 2 | ⭘ 3 |
|  | I tended to over-react to situations (s) | ⭘ 0 | ⭘ 1 | ⭘ 2 | ⭘ 3 |
|  | I experienced trembling (e.g. in the hands) (a) | ⭘ 0 | ⭘ 1 | ⭘ 2 | ⭘ 3 |
|  | I felt that I was using a lot of nervous energy (s) | ⭘ 0 | ⭘ 1 | ⭘ 2 | ⭘ 3 |
|  | I was worried about situations in which I might panic and make a fool of myself (a) | ⭘ 0 | ⭘ 1 | ⭘ 2 | ⭘ 3 |
|  | I felt that I had nothing to look forward to (d) | ⭘ 0 | ⭘ 1 | ⭘ 2 | ⭘ 3 |
|  | I found myself getting agitated (s) | ⭘ 0 | ⭘ 1 | ⭘ 2 | ⭘ 3 |
|  | I found it difficult to relax (s) | ⭘ 0 | ⭘ 1 | ⭘ 2 | ⭘ 3 |
|  | I felt down-hearted and blue (d) | ⭘ 0 | ⭘ 1 | ⭘ 2 | ⭘ 3 |
|  | I was intolerant of anything that kept me from getting on with what I was doing (s) | ⭘ 0 | ⭘ 1 | ⭘ 2 | ⭘ 3 |
|  | I felt I was close to panic (a) | ⭘ 0 | ⭘ 1 | ⭘ 2 | ⭘ 3 |
|  | I was unable to become enthusiastic about anything (d) | ⭘ 0 | ⭘ 1 | ⭘ 2 | ⭘ 3 |
|  | I felt I wasn’t worth much as a person (d) | ⭘ 0 | ⭘ 1 | ⭘ 2 | ⭘ 3 |
|  | I felt that I was rather touchy (s) | ⭘ 0 | ⭘ 1 | ⭘ 2 | ⭘ 3 |
|  | I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat) (a) | ⭘ 0 | ⭘ 1 | ⭘ 2 | ⭘ 3 |
|  | I felt scared without any good reason (a) | ⭘ 0 | ⭘ 1 | ⭘ 2 | ⭘ 3 |
|  | I felt that life was meaningless (d) | ⭘ 0 | ⭘ 1 | ⭘ 2 | ⭘ 3 |

**DASS-21 Scoring Instructions**

**(For Researcher Reference Only)**

The DASS-21 should not be used to replace a face to face clinical interview. If you are experiencing significant emotional difficulties you should contact your GP for a referral to a qualified professional.

**Depression, Anxiety and Stress Scale - 21 Items (DASS-21)**

The Depression, Anxiety and Stress Scale - 21 Items (DASS-21) is a set of three self-report scales designed to measure the emotional states of depression, anxiety and stress.

Each of the three DASS-21 scales contains 7 items, divided into subscales with similar content. The depression scale assesses dysphoria, hopelessness, devaluation of life, self-deprecation, lack of interest / involvement, anhedonia and inertia. The anxiety scale assesses autonomic arousal, skeletal muscle effects, situational anxiety, and subjective experience of anxious affect. The stress scale is sensitive to levels of chronic nonspecific arousal. It assesses difficulty relaxing, nervous arousal, and being easily upset / agitated, irritable / over-reactive and impatient. Scores for depression, anxiety and stress are calculated by summing the scores for the relevant items.

The DASS-21 is based on a dimensional rather than a categorical conception of psychological disorder. The assumption on which the DASS-21 development was based (and which was confirmed by the research data) is that the differences between the depression, anxiety and the stress experienced by normal subjects and clinical populations are essentially differences of degree. The DASS-21 therefore has no direct implications for the allocation of patients to discrete diagnostic categories postulated in classificatory systems such as the DSM and ICD.

Recommended cut-off scores for conventional severity labels (normal, moderate, severe) are as follows:

**NB** Scores on the DASS-21 will need to be multiplied by 2 to calculate the final score.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Depression** | **Anxiety** | **Stress** |
| Normal | 0-9 | 0-7 | 0-14 |
| Mild | 10-13 | 8-9 | 15-18 |
| Moderate | 14-20 | 10-14 | 19-25 |
| Severe | 21-27 | 15-19 | 26-33 |
| Extremely Severe | 28+ | 20+ | 34+ |

Reference: Lovibond, S.H. & Lovibond, P.F. (1995). Manual for the Depression Anxiety & Stress Scales. (2nd Ed.)Sydney: Psychology Foundation.

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| **PART VII: QUALITY OF LIFE ASSESSMENT (Personal Wellbeing Index – 5th Edition)****(To be completed at baseline, within 2 weeks after VPGC programme completion and 3 months post VPGC programme completion)** |
|  | The following questions ask how satisfied you feel, on a scale from zero to 10. **Zero** means you feel no satisfaction at all and **10** means you feel completely satisfied  |
|  | Thinking about your own life and personal circumstances, how satisfied are you **with your life as a whole?**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No Satisfaction at all** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Completely Satisfied** |
| **0** |  | **1** |  | **2** |  | **3** |  | **4** |  | **5** |  | **6** |  | **7** |  | **8** |  | **9** |  | **10** |
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|  | How satisfied are you **with your standard of living**?

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| **No Satisfaction at all** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Completely Satisfied** |
| **0** |  | **1** |  | **2** |  | **3** |  | **4** |  | **5** |  | **6** |  | **7** |  | **8** |  | **9** |  | **10** |
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|  | How satisfied are you **with your health**?

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| **No Satisfaction at all** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Completely Satisfied** |
| **0** |  | **1** |  | **2** |  | **3** |  | **4** |  | **5** |  | **6** |  | **7** |  | **8** |  | **9** |  | **10** |
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|  | How satisfied are you **with what you are achieving in life**?

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| **No Satisfaction at all** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Completely Satisfied** |
| **0** |  | **1** |  | **2** |  | **3** |  | **4** |  | **5** |  | **6** |  | **7** |  | **8** |  | **9** |  | **10** |
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|  | How satisfied are you **with your personal relationships**?

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| **No Satisfaction at all** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Completely Satisfied** |
| **0** |  | **1** |  | **2** |  | **3** |  | **4** |  | **5** |  | **6** |  | **7** |  | **8** |  | **9** |  | **10** |
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|  | How satisfied are you **with how safe you feel**?

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| **No Satisfaction at all** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Completely Satisfied** |
| **0** |  | **1** |  | **2** |  | **3** |  | **4** |  | **5** |  | **6** |  | **7** |  | **8** |  | **9** |  | **10** |
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|  | How satisfied are you **with feeling part of your community**?

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| **No Satisfaction at all** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Completely Satisfied** |
| **0** |  | **1** |  | **2** |  | **3** |  | **4** |  | **5** |  | **6** |  | **7** |  | **8** |  | **9** |  | **10** |
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|  | How satisfied are you **with your future security**?

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| **No Satisfaction at all** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Completely Satisfied** |
| **0** |  | **1** |  | **2** |  | **3** |  | **4** |  | **5** |  | **6** |  | **7** |  | **8** |  | **9** |  | **10** |
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|  | How satisfied are you **with your spirituality or religion**?

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| **No Satisfaction at all** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Completely Satisfied** |
| **0** |  | **1** |  | **2** |  | **3** |  | **4** |  | **5** |  | **6** |  | **7** |  | **8** |  | **9** |  | **10** |
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***END OF QUALITY OF LIFE ASSESSMENT*** |
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| **PART VIII: SLEEP ASSESSMENT (PSQI & ESS)****(To be completed at baseline, within 2 weeks after VPGC programme completion and 3 months post VPGC programme completion)** |
|  | **Pittsburgh Sleep Quality Index (PSQI)**Instructions: The following questions relate to your usual sleep habits during the LAST 30 DAYS only. Your answers should indicate the most accurate reply for the majority of days and nights in the past month. Please answer all questions. |
| **Questions** | **Answers** |
|  | During the past month, what time have you usually gone to bed at night? |  |
|  | During the past month, how long (in minutes) has it usually taken you to fall asleep each night? |  |
|  | During the past month, what time have you usually gotten up in the morning? |  |
|  | During the past month, how many hours of actual sleep did you get at night? (This may be different than the number of hours you spent in bed.) |  |
|  | During the past month, how often have you had Not during Less than Once or Three or more trouble sleeping because you… | **Not during the past Month** | **Less than once a week** | **Once or twice a week** | **≥3 times a week** |
| 1. Cannot get to sleep within 30 minutes
 |  |  |  |  |
| 1. Wake up in the middle of the night or early morning
 |  |  |  |  |
| 1. Have to get up to use the bathroom
 |  |  |  |  |
| 1. Cannot breathe comfortably
 |  |  |  |  |
| 1. Cough or snore loudly
 |  |  |  |  |
| 1. Feel too cold
 |  |  |  |  |
| 1. Feel too hot
 |  |  |  |  |
| 1. Have bad dreams
 |  |  |  |  |
| 1. Have pain
 |  |  |  |  |
| 1. Other reason(s), please describe:
 |  |  |  |  |
|  | During the past month, how often have you taken medicine to help you sleep (prescribed or “over the counter”)? |  |  |  |  |
|  | During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity? |  |  |  |  |
|  |  | **No problem at all** | **Only a very slight problem** | **Somewhat of a problem** | **A very big problem** |
|  | During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done? |  |  |  |  |
|  |  | **Very good** | **Fairly good** | **Fairly bad** | **Very bad** |
|  | During the past month, how would you rate your sleep quality overall? |  |  |  |  |
|  |  | **No bed partner or roommate** | **Partner / roommate in other room** | **Partner in same room but not same bed** | **Partner in same bed** |
|  | Do you have a bed partner or roommate? |  |  |  |  |
|  | **Not during the past month** | **Less than once a week** | **Once or twice a week** | **≥3 times a week** |
| If you have a roommate or bed partner, ask him/her how often in the past month you have had: |  |  |  |  |
| 1. Loud snoring
 |  |  |  |  |
| 1. Long pauses between breaths while asleep
 |  |  |  |  |
| 1. Legs twitching or jerking while you sleep
 |  |  |  |  |
| 1. Episodes of disorientation or confusion during sleep
 |  |  |  |  |
| 1. Other restlessness while you sleep, please describe:
 |  |  |  |  |

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|  | **Scoring the PSQI****(For Researcher Reference Only)**The order of the PSQI items has been modified from the original order in order to fit the first 9 items (which are the only items that contribute to the total score) on a single page. Item 10, which is the second page of the scale, does not contribute to the PSQI score. In scoring the PSQI, seven component scores are derived, each scored 0 (no difficulty) to 3 (severe difficulty). The component scores are summed to produce a global score (range 0 to 21). Higher scores indicate worse sleep quality.**Component 1: Subjective sleep quality—question 9** Response to Q9 Component 1 score Very good 0 Fairly good 1 Fairly bad 2 Very bad 3 Component 1 score:\_\_\_\_\_**Component 2: Sleep latency—questions 2 and 5a** Response to Q2 Component 2/Q2 subscore < 15 minutes 0 16-30 minutes 1 31-60 minutes 2 > 60 minutes 3 Response to Q5a Component 2/Q5a subscore Not during past month 0 Less than once a week 1 Once or twice a week 2 Three or more times a week 3 Sum of Q2 and Q5a subscores Component 2 score0 0 1-2 1 3-4 2 5-6 3 Component 2 score:\_\_\_\_\_**Component 3: Sleep duration—question 4** Response to Q4 Component 3 score > 7 hours 0 6-7 hours 15-6 hours 2 < 5 hours 3 Component 3 score:\_\_\_\_\_**Component 4: Sleep efficiency—questions 1, 3, and 4** Sleep efficiency = (# hours slept/# hours in bed) X 100% # hours slept—question 4 # hours in bed—calculated from responses to questions 1 and 3 Sleep efficiency Component 4 score > 85% 0 75-84% 1 65-74% 2 < 65% 3 Component 4 score:\_\_\_\_\_**Component 5: Sleep disturbance—questions 5b-5j should be scored as follows:** Not during past month 0 Less than once a week 1 Once or twice a week 2 Three or more times a week 3 Sum of 5b to 5j scores Component 5 score 0 0 1-9 1 10-18 2 19-27 3 Component 5 score:\_\_\_\_\_**Component 6: Use of sleep medication—question 6** Response to Q6 Component 6 score Not during past month 0 Less than once a week 1 Once or twice a week 2 Three or more times a week 3 Component 6 score:\_\_\_\_\_**Component 7: Daytime dysfunction—questions 7 and 8** Response to Q7 Component 7/Q7 subscore Not during past month 0 Less than once a week 1 Once or twice a week 2 Three or more times a week 3 Response to Q8 Component 7/Q8 subscore No problem at all 0 Only a very slight problem 1 Somewhat of a problem 2 A very big problem 3 Sum of Q7 and Q8 subscores Component 7 score 0 0 1-2 1 3-4 2 5-6 3 Component 7 score:\_\_\_\_\_Global PSQI Score: Sum of seven component scores:\_\_\_\_\_\_\_\_\_\_\_ Copyright notice: The Pittsburgh Sleep Quality Index (PSQI) is copyrighted by Daniel J. Buysse, M.D. Permission has been granted to reproduce the scale on this website for clinicians to use in their practice and for researchers to use in non- industry studies. For other uses of the scale, the owner of the copyright should be contacted. Citation: Buysse, DJ, Reynolds CF, Monk TH, Berman SR, Kupfer DJ: The Pittsburgh Sleep Quality Index (PSQI): A new instrument for psychiatric research and practice. Psychiatry Research 28:193-213, 1989 |

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|  | **EPWORTH SLEEPINESS SCALE (ESS)**Instructions: How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent times. Even if you haven’t done some of these things recently try to work out how they would have affected you. Use the following scale to choose the most appropriate number for each situation: 0 = would never doze 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing It is important that you answer each question as best you can. |
| **Situation** | **Chance of Dozing (0-3)** |
| Sitting and reading |  |
| Watching TV |  |
| Sitting, inactive in a public place (e.g. a theatre or a meeting) |  |
| As a passenger in a car for an hour without a break |  |
| Lying down to rest in the afternoon when circumstances permit |  |
| Sitting and talking to someone |  |
| Sitting quietly after a lunch without alcohol |  |
| In a car, while stopped for a few minutes in the traffic |  |
|  |  |
| **TOTAL SCORE** |  |
| **THANK YOU FOR YOUR COOPERATION****© M. W. Johns 1990-97** |

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| **PART IX: PROGRAMME PARTICIPATION SATISFACTION SURVEY** **(To be completed at 3 months post VPGC programme completion)** |
| **#** | **Questions** | **Answers** |
|  | From the following, which part of the journey helped you achieve your health and wellbeing goals? (You can select more than one) | 🞏 Physical activity challenge🞏 VPGC Me🞏 VPGC Sleep🞏 VPGC Nutrition🞏 VPGC Balance🞏 Others, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | After participated in VPGC, I… |  |
| 1. Feel more positive
 | 0 1 2 3 4 5 6 7 8 9 10Strongly disagree Strongly agree |
| 1. Feel more in control of my emotions
 | 0 1 2 3 4 5 6 7 8 9 10Strongly disagree Strongly agree |
| 1. Feel more capable in handling stressful situations
 | 0 1 2 3 4 5 6 7 8 9 10Strongly disagree Strongly agree |
| 1. Feel happier
 | 0 1 2 3 4 5 6 7 8 9 10Strongly disagree Strongly agree |
| 1. Feel more productive at work
 | 0 1 2 3 4 5 6 7 8 9 10Strongly disagree Strongly agree |
| 1. Feel more engaged at work
 | 0 1 2 3 4 5 6 7 8 9 10Strongly disagree Strongly agree |
| 1. Feel better able to concentrate at work
 | 0 1 2 3 4 5 6 7 8 9 10Strongly disagree Strongly agree |
| 1. Feel more energetic overall
 | 0 1 2 3 4 5 6 7 8 9 10Strongly disagree Strongly agree |
| 1. Feel that I can sustain the overall outcomes I have achieved for the next 6 months
 | 0 1 2 3 4 5 6 7 8 9 10Strongly disagree Strongly agree |
|  | 1. There are several modules offered in the VPGC programme, did you use the **physical activity challenge** module?
 | ⭘ Yes ⭘ No ⮱ Go to Q4 ⮱ complete Q3b |
|  | 1. If no, why not?
 | 🞏 I didn’t know about it🞏 It wasn’t relevant to me🞏 I didn’t have the time 🞏 I’m already using other tools🞏 It didn’t look appealing🞏 Other reasons, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | 1. There are several modules offered in the VPGC programme, did you use the **VPGC Me** module?
 | ⭘ Yes ⭘ No ⮱ Go to Q5 ⮱ complete Q4b |
| 1. If no, why not?
 | 🞏 I didn’t know about it🞏 It wasn’t relevant to me🞏 I didn’t have the time 🞏 I’m already using other tools🞏 It didn’t look appealing🞏 Other reasons, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | 1. There are several modules offered in the VPGC programme, did you use the **VPGC Sleep** module?
 | ⭘ Yes ⭘ No ⮱ Go to Q6 ⮱ complete Q5b |
| 1. If no, why not?
 | 🞏 I didn’t know about it🞏 It wasn’t relevant to me🞏 I didn’t have the time 🞏 I’m already using other tools🞏 It didn’t look appealing🞏 Other reasons, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | 1. There are several modules offered in the VPGC programme, did you use the **VPGC Nutrition** module?
 | ⭘ Yes ⭘ No ⮱ Go to Q7 ⮱ complete Q6b |
| 1. If no, why not?
 | 🞏 I didn’t know about it🞏 It wasn’t relevant to me🞏 I didn’t have the time 🞏 I’m already using other tools🞏 It didn’t look appealing🞏 Other reasons, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | 1. There are several modules offered in the VPGC programme, did you use the **VPGC Balance** module?
 | ⭘ Yes ⭘ No |
| 1. If no, why not?
 | 🞏 I didn’t know about it🞏 It wasn’t relevant to me🞏 I didn’t have the time 🞏 I’m already using other tools🞏 It didn’t look appealing🞏 Not applicable as I had taken part in all 3 sub-modules🞏 Other reasons, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Did taking part in the VPGC make you feel more connected with your work colleague? | 0 1 2 3 4 5 6 7 8 9 10Strongly disagree Strongly agree |
|  | Currently, what is your biggest area of concern regarding your health and wellbeing? | 🞏 Physical fitness🞏 Mental wellbeing🞏 Weight loss/gain🞏 Pre-existing chronic illnesses🞏 Disease prevention🞏 Others, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Looking back at your VPGC experience, how could VPGC have motivated you more? |  |
|  | Would you be interested in participating in future Swinburne research in relation to the VPGC? | ⭘ Yes⭘ No |

**Thank you for completing the questionnaire. Please proceed to the physical assessment station for your blood pressure, height, weight, hip-waist circumference and body mass measurement.**

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| **PART X: PHYSICAL ASSESSMENT****(To be completed at baseline, within 2 weeks after VPGC programme completion and 3 months post VPGC programme completion)** |
| **Vital Signs** | **Results** |
| Blood pressure 1 (mmHg) | Systolic |  |
| Diastolic |  |
| Heart rate 1 (beats/min) |  |
| **5 minutes Break** |  |
| Blood pressure 2 (mmHg) | Systolic  |  |
| Diastolic |  |
| Heart rate 2 (beats/min) |  |
|  |
| Average blood pressure reading (mmHg) | Systolic |  |
| Diastolic |  |
| Average heart rate (beats/min) |  |

|  |  |
| --- | --- |
| **Anthropometric Measurement** | **Results** |
| Height (cm) |  |
| Weight (kg) |  |
| Body Mass Index, BMI (kg/m2) |  |
|  |  |
| Waist Circumference (cm) |  |
| Hip Circumference (cm) |  |
|  |  |
| Body Fat (%) |  |
| Calculated Fat Mass (kg) = Weight (kg) x Body Fat (%) |  |
| Calculated Lean Body Mass (kg) = Weight (kg) – Fat Mass (kg) |  |
| Muscle Mass (kg) |  |
| Total Body Water (%) |  |
| Visceral Fat |  |
| Muscle Mass : Fat Mass ratio |  |

*For researcher reference only*

|  |  |  |
| --- | --- | --- |
|  | **Women** | **Men** |
| Essential fat | 10-12% | 2-4% |
| Athletes | 14-20% | 6-13% |
| Fitness | 21-24% | 14-17% |
| Acceptable | 25-31% | 18-25% |
| Obese | 32% plus | 26% plus |