

LIFESTYLE PRACTICES AND HEALTH BELIEFS QUESTIONNAIRE

The following questionnaire aims to assess practices and beliefs related to healthy lifestyle. Put an "x" in the box that best describes your behavior. Answer truthfully. There are no right or wrong answers.

Sexo: Male ___ Female ___
Your age is between: 18-20 ___ 21-25 ___ 26-30 ___ >30
Degree:
Course: 1º ___ 2º ___ 3º ___ 4º ___
Your weight is between: 40-50 ___ 51-60 ___ 61-70 ___ 71-80 ___ 81-90 ___ More than 90 ___
Your height is between: 1.50-1.60 ___ 1.61-1.70 ___ 1.71-1.80 ___ 1.81-1.90 ___ More than 1.90 ___

A.- PHYSICAL EXERCISE: PRACTICES

1 - Do you exercise, walk or play sports?: YES ___ NO ___
2 - Do you have time to do sport: YES ___ NO ___
3 - Approximately how many days a week do you do sport?:
1 a 2 days <input type="checkbox"/> 3 days <input type="checkbox"/> 4 <input type="checkbox"/> 5 or more <input type="checkbox"/>
4 - Approximately how many hours a day do you do it?:
30 minutes <input type="checkbox"/> 30 minutes to 1 hour <input type="checkbox"/> 1 to 2 hours <input type="checkbox"/> More than 2 hours <input type="checkbox"/>
5 - Does it keep your body weight stable?: YES ___ NO ___
6 - I go to university: walking ___ by car ___ by Public transport ___

B.- EATING HABITS: PRACTICES

7 - I drink between 4 and 8 glasses of water a day.: YES ___ NO ___
8 - I eat sweets, ice cream, cakes more than 2 times a week: YES ___ NO ___
9 - I eat less than 2 rations of fruit per day.: YES ___ NO ___
10 - I eat less than 1 ration of vegetables per day: YES ___ NO ___
11- I eat 2 or more rations of meat products per day: YES ___ NO ___
12 - I consume less than 3 servings of milk/derivatives per day: YES ___ NO ___
13 - I eat 2 or more rations of pastries per day: YES ___ NO ___
14 - I eat salty snacks (crisps, chips, snacks...) 2 or more rations per week: YES ___ NO ___
15 - In the last 12 months I have been on a weight loss diet.: YES ___ NO ___
16 - I go to university without breakfast: YES ___ NO ___

C.- USE OF TOBACCO, ALCOHOL AND OTHER DRUGS: PRACTICES**17** - I have ever smoked: **YES** ___ **NO** ___**18** - I currently smoke: **YES** ___ **NO** ___**19** - Number of cigarettes per day: _____**20** - I allow smoking in my presence: **YES** ___ **NO** ___**21** - Have I ever had any of the following drinks:

	YES	NO
BEER		
WINE		
SPIRITS OR MIXERS		

22 - How often do you currently drink alcoholic beverages??

	All days	All weeks	All month	Less than once a month	Never
BEER					
WINE					
SPIRITS OR MIXERS					

23 - At what age do you remember having your first drink of any alcoholic beverage?: _____**24**- Have you ever drank so much that you got drunk?:**yes, 1 time:** _____ **Yes, 4-10 times:** _____**Yes, 2-3 times:** _____ **Yes, more than 10 times:** _____**25** - Have you ever taken these drugs??

	3 times or more	1 or 2 times	Never
Hashish, joints-marijuana			
Solvent glues			
Cocaine			
Heroin, morphine, opium			
LSD			
Medicines or pills to get high			

D.- SEXUAL RELATIONS: PRACTICES**26** - At what age did you have your first sexual intercourse?: _____**27** - I have a steady partner: **YES** ___ **NO** ___**28** - I use contraception in sexual intercourse with my regular partner: **YES** ___ **NO:** _____**29** - I use contraception in sexual intercourse with NON-stable partners: **YES** ___ **NO** ___**30** - I know about sexually transmitted diseases: **YES** ___ **NO** ___**31** - I use the morning-after pill if I do not use another method of contraception: **YES** ___ **NO** ___**32** - Considero haber tenido alguna vez relaciones de riesgo: **YES** ___ **NO** ___

E.- ROAD SAFETY: PRACTICES

33 - If I get on a motorbike, I wear a helmet: YES ___ NO ___
34 - If I get into a car as a driver or co-driver, I wear my seatbelt: YES ___ NO ___
35 - I have ever driven under the influence of alcohol/drugs: YES ___ NO ___
36 - I have ever ridden with someone in a car under the influence of alcohol/drugs: YES ___ NO ___
37 - I have ever driven with excessive speed: YES ___ NO ___
38 - I have ever driven while using my mobile phone at the same time: YES ___ NO ___

A.- PHYSICAL EXERCISE: BELIEFS

39 - Physical activity helps to improve health: YES ___ NO ___
40 - Exercising can prevent some diseases: YES ___ NO ___
41 - Exercise improves mood: YES ___ NO ___
42 - Physical exercise is useless: YES ___ NO ___
43 - Physical exercise is boring: YES ___ NO ___
44 - Since I have been exercising I have more vitality: YES ___ NO ___

B.- EATING HABITS: BELIEFS

45 - How much slimmer the more healthy you are: Agreed ___ Disagree ___
46 - The most important thing is the body shape: Agreed ___ Disagree ___
47 - Water is important for health: Agreed ___ Disagree ___
48 - A good diet is important for studying performance: Agreed ___ Disagree ___
49 - Fast food makes better use of time: Agreed ___ Disagree ___

C.- USE OF TOBACCO, ALCOHOL AND OTHER DRUGS: BELIEFS

50 - I would like to stop smoking: YES ___ NO ___
51 - I would ask for help from health services to stop smoking: YES ___ NO ___
52 - Drinking alcohol is normal in social relationships: YES ___ NO ___
53 - Drinking alcohol is fun: YES ___ NO ___
54 - I consider illegal drugs to be easily accessible: YES ___ NO ___
55 - I consider that I have enough information about illegal drugs: YES ___ NO ___

D.- SEXUAL RELATIONS: BELIEFS

56 - Condoms are the best method of contraception: YES ___ NO ___
57 - Condoms are very uncomfortable: YES ___ NO ___
58 - Condoms prevent AIDS/STDs/unwanted pregnancies: YES ___ NO ___
59 - The morning-after pill is just like any other normal method of contraception: YES ___

NO ____
60 - It is better to enjoy sex without any method of contraception: YES ____ NO ____
61 - I have good information about sex in terms of STD/STD/unwanted pregnancy prevention YES ____ NO ____

E.- ROAD SAFETY: BELIEFS

62 - Traffic accidents can be avoided: YES ____ NO ____
63 - I see traffic accidents as a health and life problem: YES ____ NO ____
64 - Drugs do not affect driving: YES ____ NO ____