

Annex 1. Questionnaire translated in English



University of Belgrade
Faculty of Medicine

Thank you for agreeing to take part in this important survey.

We will be gaining your thoughts and opinions in order to improve your health and to plan interventions for providing University students the best health care possible.

The main promoters of this research are physicians belonging to the academic staff of the Institute of Social Medicine Faculty of Medicine University of Belgrade.

Be assured that all answers you provide will be kept in the strictest confidentiality.

We ask you to fill in a secret code. Your code is made up of your birth date, the last two letters of your first name and the first two letters of your last name.

For instance:

Mary's day of birth		Mary's month of birth			Last two letters of Mary's name		First two letter of Mary's surname	
1	4	O	C	T	R	Y	R	O

Following the example, create your own secret code:

Your day of birth		Your month of birth			Last two letters of your name		First two letter of your surname	

A01. **Gender:** Male Female

A02. **Age:** _____

A03. **Nationality:** _____

A04. **Mode of transport to School:**

Walk Bike Scooter/motorcycle
 Car Public transportation other: _____

A05. **Average mark on university:**

A06. **Commuting time to School** (in minutes): _____

A07. **Height** (in cm, measured today by physician): _____

A08. **Weight** (in kg, measured today by physician): _____

A09. **Waist circumference (in cm) for females:** _____

A10. **Waist circumference (in cm) for males:** _____

A11. **Marital status:**

Single (never married) In a relationship (including marriage and registered partnership)
 Widowed Divorced

A12. **What is approximately your monthly income?**

<100€ 100-200€ 200-300€ 300-400€ >400€

A13. **How would you rate the said monthly income?**

Very good Good Fair Not good Not good at all

A14. **What is approximately the monthly income per capita of your family?**

<300€ 300-400€ 400-500€ 500-600€ >600€

A15. **How would you rate the said monthly income?**

Very good Good Fair Not good Not good at all

A16. **How is your health in general?**

Very good Good Fair Not good Not good at all

Actual level of physical activity

Next questions regard the time you spend doing different types of physical activity **in the last 7 days**. Please note that 'vigorous-intensity activities' are activities that require hard physical effort and cause large increases in

breathing or heart rate, while 'moderate-intensity activities' are activities that require moderate physical effort and cause small increases in breathing or heart rate.

B01. How many days did you do vigorous physical activities? _____ **days per week**

B02. How many minutes did you spend on one of those days doing vigorous physical activities? _____ **minutes per day**

B03. How many days did you do moderate physical activities? _____ **days per week**

B04. How many minutes did you spend on one of those days doing moderate physical activities? _____ **minutes per day**

B05. How many days did you walk for at least 10 minutes at a time? _____ **days per week**

B06. How many minutes did you spend on one of those days walking? _____ **minutes per day**

B07. How many minutes did you spend sitting? _____ **minutes per day**

Attitude toward level of physical activity

B08. Have you been satisfy with the level of physical activity during previous week?

- Yes No

B09. If not, which sentence describe your reasons?

- No time Too tired No wish Do not like Other

B10. Do you have a wish to be more active in the next 6 months?

- Yes No

Wish for physical activity

Please, do think: what is optimal level of your physical activity aligned with your daily obligations.

B11. How many days would you do vigorous physical activities? _____ **days per week**

B12. How many minutes would you spend on one of those days doing vigorous physical activities? _____ **minutes per day**

B13. How many days would you do moderate physical activities? _____ **days per week**

B14. How many minutes would you spend on one of those days doing moderate physical activities? _____ **minutes per day**

B15. How many days would you walk for at least 10 minutes at a time? _____ **days per week**

B16. How many minutes would you spend on one of those days walking? _____ **minutes per day**

Type of preferred physical activity

B17. Which one is your favorite physical activity?

- Walk Jogging Individual jim Group jim Group sports Swimming Skiing
 Dance Other: _____

Planned physical activity

B18. In the next 1 months, do you have a plan to practice some od the following physical activities?

For each of the following questions in this page, number zero represents the worst and number ten the best your life can be. For every domain, please think about present, past and future.

When it comes to the **best possible life** for you, on which number...

C01.1. ... do you stand now ?	0	1	2	3	4	5	6	7	8	9	10
C01.2. ... did you stand a year ago ?	0	1	2	3	4	5	6	7	8	9	10
C01.3. ... do you think you will stand a year from now ?	0	1	2	3	4	5	6	7	8	9	10

When it comes to **relationships with important people** in your life, on which number...

C02.1. ... do you stand now ?	0	1	2	3	4	5	6	7	8	9	10
C02.2. ... did you stand a year ago ?	0	1	2	3	4	5	6	7	8	9	10
C02.3. ... do you think you will stand a year from now ?	0	1	2	3	4	5	6	7	8	9	10

When it comes to the **community** where you live, on which number...

C03.1. ... do you stand now ?	0	1	2	3	4	5	6	7	8	9	10
C03.2. ... did you stand a year ago ?	0	1	2	3	4	5	6	7	8	9	10
C03.3. ... do you think you will stand a year from now ?	0	1	2	3	4	5	6	7	8	9	10

When it comes to your **student status**, on which number...

C04.1. ... do you stand now ?	0	1	2	3	4	5	6	7	8	9	10
C04.2. ... did you stand a year ago ?	0	1	2	3	4	5	6	7	8	9	10
B04.3. ... do you think you will stand a year from now ?	0	1	2	3	4	5	6	7	8	9	10

When it comes to your **physical health and wellness**, on which number...

C05.1. ... do you stand now ?	0	1	2	3	4	5	6	7	8	9	10
C05.2. ... did you stand a year ago ?	0	1	2	3	4	5	6	7	8	9	10
C05.3. ... do you think you will stand a year from now ?	0	1	2	3	4	5	6	7	8	9	10

When it comes to your **emotional and psychological well-being**, on which number...

C06.1. ... do you stand now ?	0	1	2	3	4	5	6	7	8	9	10
C06.2. ... did you stand a year ago ?	0	1	2	3	4	5	6	7	8	9	10
C06.3. ... do you think you will stand a year from now ?	0	1	2	3	4	5	6	7	8	9	10

When it comes to your **economic situation**, on which number...

C07.1. ... do you stand now ?	0	1	2	3	4	5	6	7	8	9	10
C07.2. ... did you stand a year ago ?	0	1	2	3	4	5	6	7	8	9	10
C07.3. ... do you think you will stand a year from now ?	0	1	2	3	4	5	6	7	8	9	10

When it comes to your **sexual life**, on which number...

C08.1. ... do you stand now ?	0	1	2	3	4	5	6	7	8	9	10
C08.2. ... did you stand a year ago ?	0	1	2	3	4	5	6	7	8	9	10
C08.3. ... do you think you will stand a year from now ?	0	1	2	3	4	5	6	7	8	9	10

Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
D01. Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D02. Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D03. Trouble falling or staying asleep, or sleeping too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D04. Feeling tired or having little energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D05. Poor appetite or overeating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D06. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D07. Trouble concentrating on things, such as reading the newspaper or watching television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D08. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The last set of questions regards lifestyle factors

E01. Have you ever used antihypertensive medicines?

- Yes No

E02. Have you ever measured high blood sugar level (during routine check or during pregnancy)?

- Yes No

E03. Do you have diabetes in your family?

- Yes (parents, brother, sister, child) Yes (grandparents, uncle, aunt, first relatives) No

E04. Do you smoke at all nowadays?

- Yes, daily Yes, occasionally (less than 30 cigarettes in the last month) Not at all

E05. During the past 12 months, have you taken any cannabis? Yes No

E06. During the past 12 months, have you taken any other substance, such as cocaine, amphetamines, ecstasy or other similar substances? Yes No

E07. During the past 12 months, how often did you have 6 or more drinks on one occasion?

- Never Less than monthly Weekly Daily or almost daily

E08. How often do you eat fruits (excluding juice)?

- Never Less than once a week 1-3 times per week
 4-6 times per week Once a day Twice or more a day

E09. How often do you eat vegetables or salad (excluding juice and potatoes)?

- Never Less than once a week 1-3 times per week
 4-6 times per week Once a day Twice or more a day

Write your email address: _____

The survey is complete. Thank you once more for the time you dedicated us. If you want more information or details on this research, please contact your teaching assistant at the Institute of Social Medicine.

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