Beliefs Differentiating Levels of Exercise Adherence in Males Age 30 and Older

Linda S. Amaral
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BELIEFS DIFFERENTIATING LEVELS OF EXERCISE ADHERENCE IN MALES AGE 30 AND OLDER

BY

LINDA S. AMARAL

A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF SCIENCE IN

PHYSICAL EDUCATION

UNIVERSITY OF RHODE ISLAND
1985
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OF

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APPROVED:

Thesis Committee
Major Professor

Dean of the Graduate School

UNIVERSITY OF RHODE ISLAND
1985
ABSTRACT

Beliefs were studied in five groups of individuals representing different levels or stages of adherence to exercise. The five groups were immotives, contemplators, recruits, adherers and dropouts.

Based on Fishbein's model of behavioral intention, a survey instrument was developed. First, 23 exercise professionals were interviewed for what they had found people to believe about exercise. A 69-item belief survey was formulated from this information, and it was administered to 220 males. Additionally, a background questionnaire was administered, evaluating exercise behavior and other demographic variables.

An analysis of variance was conducted, and comparisons were made between pairs of the five groups. Most significant comparisons involved the immotive group. Time and mental health benefits distinguished almost all groups, with adherers relating most negatively to the fact that time is a problem and most positively to the mental health benefits that exercise provides. Immotives were opposite in nature. Recruits and adherers were found to think quite similarly.
A discriminant function analysis was done, and nine items were found which correctly classified subjects into the five groups with 50.73% degree of accuracy. Much of the error was with the dropout group which was consistent with the results of the analysis of variance which showed the beliefs of dropouts to be quite diversified.

The findings of the study were consistent with past research in so far as belief differences were concerned, but the results of the discriminant function analysis were unique.
ACKNOWLEDGEMENTS

The author would like to thank her thesis committee, Dr. Robert Sonstroem, Chairman, Dr. Leo O'Donnell, and Dr. Gene Knott for their assistance and encouragement. Thanks must be expressed to the Narragansett Lions Club for allowing a portion of the study to take part at their festival. Also, the North Kingstown Knights of Columbus, the South Kingstown Kiwanis Club and the South Kingstown Rotary Club, as well as the Bonnet Shores Beach Club are offered gratitude for their participation in the study.

I am grateful to my parents for giving me the inspiration to educate myself, the rest of my family for their support, and Chris Lupton for her motivation.

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CHAPTER I - INTRODUCTION

In America, as in many European countries, the trend in health care is leaning toward prevention rather than cure. No longer do we die from epidemics of biological disease, but instead, in epidemic proportions from disease resulting from poor lifestyle practices. Logically, medical professionals, hospitals, school systems, insurance companies, health organizations and fitness centers have jumped on the band wagon promoting "total well-being" and positive health behaviors. Nutrition, smoking cessation, stress management, substance abuse control and exercise are the priorities in health education.

The practices of Americans, however, remain poor. One out of three adults smokes (American Cancer Society, 1978). One out of four men and women between the ages of 30 and 39 are 20% or more above ideal body weight (Metropolitan Life Insurance Co., 1978). In a report issued by the Alcohol, Drug Abuse & Mental Health Administration, it was found that American society loses close to $50 billion each year because of alcohol abuse ("Drug, Alcohol Abuse," 1982), and in a study conducted by the President's Council on Physical Fitness and Sports, less than 45% of American adults were found to participate in

This final statistic is of particular interest, for circulatory-respiratory endurance activities have been found to reduce such risk factors as serum cholesterol, hypertension, obesity, stress, and dysrhythmias - all risk factors of the leading cause of death in the U.S., heart disease.

So, why is physical activity participation so low? Or, better yet, why do some people exercise regularly, some inconsistently, and some people refrain from exercise altogether?

As a health educator, it is this author's concern to study the belief patterns of exercisers as compared to other groups of individuals that do not exercise enough in an effort to find out what focus professionals need to take in educating individuals about the benefits of exercise so that they will undertake and maintain the behavior.

The Fishbein model of behavioral intention suggests that beliefs are the underlying key to behavior (Azjen and Fishbein, 1980). The research of McConnaughy, Prochaska, and Velicer (1980) delineates five stages of change that individuals pass through in implementing a behavior change. Referencing these researchers, this study attempted to identify differences in beliefs which may exist among the following groups: those that have no intention of exercising (immotives), those that are thinking of starting
starting an exercise program (contemplators), those that have recently started an exercise program (recruits), and those that have been maintaining a regular exercise program for at least two years (adherers), as well as those that have dropped out of exercise programs (dropouts).

It is believed that through such research, health professionals will better understand and be better prepared to motivate the American population to exercise.

Statement of the Problem

The Fishbein model of behavioral intention (Azjen and Fishbein, 1980), which posits that actual behavior is a function of behavioral intention, has recently gained acceptance in predicting health behaviors. Some applications have been with weight loss (Saltzer, 1981), alcohol consumption (Beck, 1981), and exercise participation (Riddle, 1980). The model states that behavioral intention is determined by an attitudinal component, as well as a social component, and that each of these can be further reduced into subcomponents.

The attitudinal component can be segmented into (1) beliefs about an attitude object and (2) evaluation of the consequences of this belief. The social component can be reduced to (1) a perception of beliefs that significant others have toward the attitude object and (2) the person's motivation to comply with those referents.
McConnaughy, et al. (1980) have delineated five stages associated with behavior change that can be used in combination with Fishbein's model to study beliefs in different exercise groups.

The purpose of this study was threefold. First, the research was undertaken to explore the possible beliefs that could affect the behavioral intention of exercising through their influence of attitudes. Second, it was undertaken to expand the purview of previous studies to include various types of exercise. And third, it was undertaken to compare the beliefs concerning exercise with five groups. These groups were immotives, contemplators, recruits, adherers, and dropouts. The purpose was considered to be one of identifying differences in specific beliefs between these groups. Studies examining the reliability of beliefs of these groups is recommended for future investigation.

The author first needed to gather information from the general public regarding their beliefs about exercise. This could be misconception or fact. This was in order to develop a pool of items to be evaluated. It was felt, however, that if the public was interviewed directly, interviewees might not be sincere in their responses. If they were only to relate concepts that they felt were universally accepted, rather than those representative of their true ideas, a wealth of material would be overlooked. It was, therefore, concluded that if the
professionals that spent time with the public in exercise situations were interviewed in regard to what they had heard people say they believe about exercise, a more accurate account of the public beliefs would be generated. After interviewing exercise professionals for the information, the survey instrument was developed according to specifications (Azjen and Fishbein, 1980). Along with a background questionnaire that measured exercise participation history and other demographic information the survey was administered to 267 males over the age of 30.

Subjects were grouped into one of the five exercise categories dependent upon behavior reported in the background questionnaire, and items were then analyzed for similarities and differences between pairs of groups.

Justification for and Significance of the Study

The objective of health educators is to influence health behavior (Rash & Pigg, 1979). To be considered successful, however, such an influence must result in permanent changes - maintenance of the health behavior. Substantiating the need for an emphasis on exercise behavior particularly, Pollock (Pollock, Wilmore, and Fox, 1979) states that physical activity may reduce the occurrence or severity of coronary heart disease by increasing collateral vascularization, vessel size, myocardial
efficiency, efficiency of peripheral blood distribution and return, tolerance to stress, and red blood cell mass and volume, and by decreasing serum lipid levels, obesity, arterial blood pressure and heart rate.

Consistent with such research, Froelicher & Oberman (1972) have discussed the risks associated with sedentary living. Further, exercise adherence seems to be presenting a challenge. Dishman (1980) has found that roughly half of initial participants discontinue programs within the first six months of involvement. Even more alarming, Kentala (1972) reports the dropout statistic as high as 87% in a cardiac rehabilitation program for post infarction patients.

Exercise-adherence research has basically followed two paths. One has been to analyze the effects of situational factors, such as proximity to the exercise site and attitudes of the spouse; and the second, more recently emphasized, analyzing the effects of the personal factors - what an individual thinks or feels about a behavior (Andrew, et al., 1981). Behavior change techniques such as balanced decision making and contracting are based on such research. Though researchers have already experienced some success in applying these intervention methods to health behavior change, it would seem that future applications would be enhanced with a better understanding of the thought patterns associated with the behaviors.

Jaccard (1975) outlined two major problems in under-
standing health behavior: "(1) the identification of those variables that determine an individual's intention to perform a health behavior; and (2) the extent to which these intentions are predictive of behavior."

The Fishbein model of behavioral intentions (Fishbein and Azjen, 1975) affords a framework by which both can be investigated. By breaking down attitudes into (1) beliefs about an attitude object and (2) evaluation of the consequences of this belief; and social influences into (1) a perception of beliefs that significant others have toward the attitude object and (2) the person's motivation to comply with those referents, the variables that make up the mode, attitudes and social influences, become identifiable as well as measurable.

In addition, the heuristic quality of the model assists research by providing a breakdown of the directly-measurable components of attitude and social influence to sub-components that can be indirectly measured. Attitudes are measured indirectly by multiplying belief responses by their respective evaluation responses and summing over all belief-evaluation products.

In relation to exercise, Riddle (1980) and Sonstroem (1981) have already examined the efficacy of the model. Riddle found a correlation between the intent to jog and jogging behavior of .82. Further, attitudes and social evaluation provided a multiple correlation of .74 with behavioral intention. Thus, the Fishbein model was found
to be valid in terms of its internal components and in the strong relationship between behavioral intention and actual behavior. Riddle's application also suggested a correlation between positive beliefs about jogging and actual jogging behavior. Joggers were found to have more positive beliefs about exercise whereas non-exercisers tended to hold more neutral beliefs about the consequences of regular jogging.

Analyzing stages of change in psychotherapy, McConnaughy, et al. delineated four groups that suggest levels of adherence as follows: (1) immotives - non-exercisers who have no intention of changing their behavior, (2) contemplators - those that are considering a behavior change, (3) recruits - those that have recently implemented a behavior change, and (4) adherers - those that are maintaining a behavior change. An additional group that must be considered is dropouts.

Since exercise participation has been shown to assume essentially the same attrition curve over time as medical and psychological therapies (Dishman, Ickes, and Morgan, 1980), it is assumed that the psychological processes involved may be similar. Since no established model of adherence levels specific to exercise exists to the best of this author's knowledge, the author applied the McConnaughy, et al. research results to the study of beliefs about exercise participation.

It was decided that if the beliefs representing the
five groups mentioned could be isolated, and the belief systems analyzed, health professionals would be even closer to influencing the exercise behavior of individuals.

Limitations

1. Volunteers were used for the study.
2. Subjects encountered difficulty understanding the directions of the complex text.
3. Only males were evaluated.
4. Age as a factor was not explored in this research.
5. Only a single present belief measure was utilized in predicting past and present exercise behavior. However, it is recognized that beliefs may change over time.
CHAPTER II - THE REVIEW OF THE LITERATURE

The review of the Literature is divided into five sections. They are (1) The Adherence Problem, (2) Early Attitudinal Research, (3) The Fishbein Model - Introduction and Measurement, (4) Applications of the Model to Health Education, and (5) The Adherence Cycle.

The Adherence Problem

Though heart disease is the leading cause of death in the U.S., and the benefits of physical activity are directly correlated with the reduction of at least five of the risk factors associated with the onset of heart disease - namely, obesity, cholesterol levels, high blood pressure, stress, and physical inactivity (Pollock, et al., 1979), the President's Council on Physical Fitness and Sports reports that less than 45% of the adult American population takes part in physical activity for exercise (U.S. Office of Consumer Affairs, 1973). Further, with groups that do begin rehabilitative exercise programs, as well as with those taking part for preventive reasons, the adherence rate following the first six months is approximately 50% (Dishman, 1980).

In part, it has been found that the reason for such
poor adherence can be explained through situational factors such as the distance of the individual from the exercise facility or how the spouse thinks or feels about exercise (Andrew, et al., 1981). But, additionally, research on more personal factors, such as attitudes needs to be carried out.

Early Attitudinal Research

Attitudes are, basically, underlying variables that guide or influence behavior. As such, they are subjective in nature and offer difficulty in measurement.

Some early measurement techniques in the field of attitudinal theory made use of various scales. One such scale was developed by L.L. Thurstone. According to Thurstone, attitudes could be measured in the following manner.

First, the attitude was specified. A collection of a wide variety of opinions relating to the attitude was then carried out. The information was edited to form approximately 100 statements of opinion. The statements were scaled by a few hundred people. Some were disregarded due to ambivalence or irrelevance, and an attitude scale resulted from the remaining statements. Attitudes were then measured by requesting that participants either endorse (indicated by a + sign) or reject (indicated by a - sign) each statement. The score was the average value of all the statements he/she had endorsed. As is obvious,
the formulation of such a scale was quite time consuming (Fishbein, 1967).

Another theorist, Rensis Likert, believed that attitudes could be measured through the use of scales that consisted of a number of statements which were evaluated on a continuum basis. A number of alternative responses were available for each statement, and each would be given a numerical equivalent. For example, if five alternatives were provided, values of one to five would be assigned to the responses. An individual's score would be arrived at by summing the numerical evaluations of each statement (Fishbein, 1967).

According to Azjen and Fishbein (1980), it was Allport, however, who finally pointed out that attitudes were made up of both a cognitive, as well as an affective component, and it was Charles Osgood who recognized that the semantic differential scale, one that scales from one extreme to the other, offered more sensitivity in measurement than the two-point system.

In attempting to measure health-related attitudes as they relate to behavior, Jaccard (1975) pointed out two major problems - the first being the identification of those variables that determine behavioral intention in the specific area of health, and the second being the extent to which the intentions are predictive of behavior.
The Fishbein Model - Introduction and Measurement

The Fishbein model of behavioral intention affords the framework by which both of Jaccard's problems can be evaluated. In addition, it represents a developmental step from the measurement techniques discussed earlier. First, the model posits that actual behavior is a function of behavioral intention - basically, people do what they plan to do. Thus, to ascertain whether or not an individual will perform a behavior, we can obtain an accurate prediction by asking them if they intend to perform that behavior. Second, according to Fishbein (Azjen and Fishbein, 1980), behavioral intention can be predicted through a combination of the measurement of attitude toward performing the behavior and subjective norm.

The attitude toward the behavior is defined as a person's predisposition to respond in a consistently favorable or unfavorable manner with respect to the behavior. The subjective norm is defined as the various normative (external) pressures concerning the subject's performance of the behavior. In other words, how the "significant others" in an individual's life would evaluate the importance of the individual taking part in the behavior.

Symbolically, the model is represented as follows:

$$ B = BI = (AB)w_1 + (SN)w_2 $$

where $B$ is the behavior, $BI$ is behavioral intention,
$A_B$ is attitude toward the behavior, $SN$ is the subjective norm, and $w_1$ and $w_2$ are the empirically determined weights (Azjen and Fishbein, 1980).

The attitudinal component can be segmented further into (1) beliefs about an attitude object and (2) evaluation of the consequences of this belief. The subjective norm can be reduced to (1) a perception of beliefs that significant others have to the subject's behavior toward the attitude object and (2) the person's motivation to comply with those referents.

In measuring attitude, thus, the sum of all beliefs multiplied by their evaluative worth is symbolically represented as follows:

$$N = \sum_{i=1}^{N} b_i e_i$$

where $b_i$ is beliefs "i" about the object, $e_i$ is the evaluative aspect of $b_i$, and $N$ is the number of beliefs (Azjen and Fishbein, 1980).

The belief items are measured on a semantic differential scale which is bipolar in nature as shown below:

My participation in a regular program of exercise would make me lose weight.

Likely

Unlikely

extremely quite slightly neither slightly quite extremely
Subjects respond as to whether they believe the statement is likely or unlikely. Similarly, evaluation items are measured on the same type of scale as shown below:

My losing weight would be . . .

GOOD BAD

extremely quite slightly neither slightly quite extremely

Subjects respond as to whether they believe the consequence is good or bad.

To insure accurate measurement of the behavioral intention of concern, Fishbein emphasizes the importance of specification of four behavioral elements in each statement. These are action, either a single behavior or a behavioral category; target, what the behavior is directed toward; context, in what situations the behavior will take place; and time, when the behavior will be carried out.

To illustrate this, the following example is provided. If we were measuring an individual's beliefs regarding drinking, the action would be the drinking behavior, the target would be the substance drunk, the context would be the occasions of drinking, and the time would be the period measured. Thus, a statement to be used to measure the beliefs regarding the behavioral intention of concern would begin as follows:
My drinking alcoholic beverages in any location (ACTION) (TARGET) (CONTEXT) within the next two weeks... (TIME)

The absence of any of the elements in the statement reduces the predictive accuracy of that statement. If the target were omitted, for example, we would be measuring all drinking behavior. That would include soda, milk, water, etc. If we omitted the context, we would be unsure of the scope of our behavioral measurement. This would also be true with the omission of the time element.

Applications of the Model to Health Education

Weight Control

Applications of the Fishbein model to health education research have been made. In her study on weight loss, Saltzer (1981) concluded that behavioral intention predicted behavior for internally-oriented subjects, but for those with high measures of external control, behavioral intentions were unrelated to behavior. The study combined the research on behavioral intention with that of locus of control.

In another weight-loss study, Sejwacz, Azjen, and Fishbein (1980) evaluated 88 women over a two-month period
to examine the relationship of intention to behavior.
At the outset, participants were questioned as to their
attitudes toward dieting and exercise, which were de-
termined to be the two behaviors correlated with weight
loss. The behavioral measurement consisted of five speci-
fic dieting techniques representative of dieting behavior
in general and three indices of physical activity repre-
sentative of exercising in general.

For dieting, the techniques were:

1. Avoid snacking between meals and in the evening.
2. Cut down on all starchy foods.
3. Avoid being in places where one might be
tempted to eat starchy food and/or eat too much.
4. Decrease food intake in general by eating
tighter meals, not having seconds, and not
overeating.
5. Eat on a consistent and regular schedule.

For exercise, the indices were:

1. Avoid long periods of physical inactivity.
2. Do exercises on a regular basis.
3. Participate in sports on a regular basis.

These behaviors were measured weekly as was weight
loss.

The direct measure of intention to lose weight cor-
related with the intentional indices just previously
mentioned (r = .60 for dieting and r = .66 for physical
activity). Both the general measures of intention and the intentional indices permitted prediction of the corresponding behavior, though the index of dieting intention (five behaviors) was more predictive of dieting behavior \((r = .60)\) than the direct measure of intention \((r = .40)\). The same was true of the index of intention to perform physical activity \((r = .60)\) as compared to the general intention \((r = .45)\). Performance was found to be related to intention.

**Family Planning**

In a study on family planning (Azjen and Fishbein, 1980), a relationship was found between intention to have a child and behavior. As expected, women that evaluated beliefs such as "leading to lack of time" and "interfering with plans" negatively were less likely to have a child. Further, women were more likely to have a child if they (1) felt they could afford a child, (2) felt they were at a good age for child bearing, and (3) felt that the addition would make the family stronger.

In a similar study on the use of the pill, attitudes were found to be highly predictive of behavior. Questions fell into one of three general categories - physical effects, morality, and effectiveness. The more confident the tested women were of the low-percentage chance of negative outcomes associated with the use of the pill, the more likely they were to be found using it.
disadvantage beliefs were quite important. Interestingly, it was found that college women were more influenced by the attitudinal aspect of intention, whereas married women were more influenced by the normative component (Azjen and Fishbein, 1980).

**Alcohol**

In a study on driving under the influence of alcohol, the Fishbein model was utilized in comparison with the Health Belief Model. In contrast to the Fishbein model which views the influence of beliefs upon behaviors to be indirect and mediated by evaluation of consequences and subjective norms, the Health Belief Model promotes that behavior is directly related to three specific beliefs. These are (1) seriousness of the consequences associated with a behavior, (2) susceptibility to the consequences provided no action is taken to avoid them, and (3) the effectiveness of a course of action at being able to avoid these consequences. In the study, attitude was more predictive of behavior than subjective norm, and intention was more predictive of behavior than attitude. The Health Belief Model was less successful in predicting intention to drive while under the influence of alcohol (Beck, 1981).

**Exercise**

Recently, the Fishbein model was applied to two studies of the prediction of exercise participation. Sonstroem
(1981) compared the beliefs of high and low attenders in a faculty fitness program at the University of Rhode Island. High attenders were found to have more positive beliefs about exercise and feel less strongly about negative outcomes. Low attenders were found to have stronger feelings about negative outcomes.

Riddle (1980) found significant differences between the beliefs of joggers and non-exercisers. Non-exercisers evaluated jogging as a behavior requiring too much discipline and time, and further, one that would make them too tired. Joggers believed, in most cases, that regular jogging would have positive effects, such as making them feel good mentally and working off tensions and frustrations. In addition, joggers evaluated the positive consequences of jogging more favorably than non-exercisers.

In reviewing Riddle's research, however, it does not seem that the possible domain of beliefs was actually studied. It is quite possible that additional beliefs regarding positive and negative outcomes of exercise participation exist. Further, it would seem helpful if exercising behavior of all aerobic types were evaluated rather than jogging specifically.

The Adherence Cycle

McConnaughy's, et al. (1980) research on stages of change in psychotherapy outlined four groups that suggest levels of adherence as follows: (1) immotives - non-exercisers
who have no intention of taking part in the behavior. If they are involved in a program, it is probably out of force from a spouse or family member; (2) contemplators - those that are considering participation in the behavior. They are struggling to understand the problem. They want more information, but are not yet committed to change; (3) recruits - those that have recently started taking part in the behavior. They feel ready for change, willing to invest to make change, but have not yet reached a maintenance of change of the behavior; and (4) adherers - those that regularly participate in the behavior but may still be struggling with the possibility of relapse.

In addition, a fifth group, dropouts, appear to complete the cycle that Prochaska and DiClimente (1981) have documented to exist in behavior change therapy. According to Prochaska, individuals tend to move through stages one to four in a cyclical fashion relapsing occasionally and starting back at the beginning. They then move through the same stages again. Additionally, Prochaska has found participants to drop out of therapy at all stages, thus breaking away from the cycle. The resultant dropout group consists of participants at all levels of behavior change. These same participants frequently return repeatedly, moving through the cycle in the same pattern.

McConnaughy, et al. (1980) developed a 32-item inventory which proved highly predictive in delineating
stages of change in smoking cessation and maintenance. As they point out, by evaluating the stage of change a client is in, readiness for change can be ascertained, and the appropriate processes of change can be matched to the level that the client is at, producing a more systematic approach to psychotherapy.

For example, if a subject is in stage 3, recruit, he may be very turned off by talk but much more receptive to behavior change techniques. Immotives, however, may be quite far from behavior change readiness but quite receptive to information.

Since exercise participation has been shown to assume essentially the same attrition curve over time as medical and psychological therapies (Dishman, et al., 1980), it is assumed that the psychological processes involved may be similar, thus applicable to the present study.
CHAPTER III - PROCEDURES

The procedures are broken into three major sections and several sub-sections. The first section describes the Inventory Development. Both the Belief Questionnaire and the Background Questionnaire are discussed. Methods of evaluation both are also reviewed. Second, Data Collection is reviewed. This consisted of the pilot study, the sample, and the method of administration. Finally, the statistical Analyses are discussed.

Inventory Development

Belief Questionnaire

The belief questionnaire consisted of 69 items developed from information gained as described below.

Development of Item Pool. The first stage of the research consisted of the development of the items for the attitude survey. This process began with interviews of professionals in the field of exercise. The rationale for this is described in Chapter 1. Table 3-1 lists those interviewed.

Each was questioned as to what they had found, through
their experience, people believed about exercise. Each interview lasted between 30 and 60 minutes and elicited one and two pages of information.

Table 3-1

Interviewees

<table>
<thead>
<tr>
<th>2 Nautilus instructors</th>
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</thead>
<tbody>
<tr>
<td>3 Aerobic dance instructors</td>
</tr>
<tr>
<td>4 Weight lifting instructors</td>
</tr>
<tr>
<td>1 Slimnastics instructor</td>
</tr>
<tr>
<td>1 Yoga instructor</td>
</tr>
<tr>
<td>1 Women's fitness center manager/instructor</td>
</tr>
<tr>
<td>2 Nautilus center managers/instructors</td>
</tr>
<tr>
<td>3 YMCA directors</td>
</tr>
<tr>
<td>1 Elderly swim program director</td>
</tr>
<tr>
<td>1 Dance professor</td>
</tr>
<tr>
<td>2 Physical education professors</td>
</tr>
</tbody>
</table>

Following Fishbein's specifications, the information from the interviews was worded into 94 items.

Instrument Development. Each item of the 94 was analyzed for clarity and similarity. Any items that seemed similar were discarded. The best item was retained and any others were disregarded. Sixty-nine items were approved in the final evaluation. These 69 were then categorized according to their principal concept into one of the 13 groups listed in Table 3-2. These categories represent the different areas of belief that were found to exist according to two evaluators.
The entire instrument, which is reproduced in Appendix A-D, consisted, in order, of an informed consent sheet, the background questionnaire, directions for completing the survey, the survey itself, and a sheet evaluating medical conditions that would interfere with exercise participation.

TABLE 3-2
Belief Concept Groups

<table>
<thead>
<tr>
<th>Pain - discomfort</th>
<th>Discipline - competition</th>
<th>Eating - weight</th>
<th>Prerequisites</th>
<th>Socializing</th>
<th>Time Commitment</th>
<th>Appearance</th>
<th>Age</th>
<th>Physical - endurance</th>
<th>Mental - relaxation</th>
<th>Cost</th>
<th>Recreation</th>
<th>Self-image</th>
</tr>
</thead>
</table>

Method of Scoring. The survey was scored in the following manner. A score of 0 was given to the leftmost response. Additionally, consecutive numbers were applied to the rest as shown below:

**Likely Good**

0 extremely 1 quite 2 slightly 3 neither 4 slightly 5 quite 6 extremely

A score of 0 supported the statement most highly (extremely likely - extremely good), and a score of six rejected the
item completely (extremely unlikely - extremely bad). Illustrating the scoring system, a subject that responded "slightly unlikely" to a belief statement received a score of "4" for that statement.

**Background Questionnaire**

The background questionnaire was utilized to differentiate groups to be analyzed. According to responses on each of the eight questions, subjects were grouped in regard to their exercise behavior, their socioeconomic status, their weight, their smoking habits and their sex.

**Method of Scoring.** According to responses to questions one, two, and three, participants were categorized into one of five groups regarding their exercise behaviors. The five groups were immotives, contemplators, recruits, adherers, and dropouts. Table 3-3 shows the categorization method used to group subjects. To see the actual questions (1 - 3), readers are referred to the Appendix.

Exercisers that did not meet the standard of 20-30 minutes of aerobic exercise three times per week, laid out by the author for categorization as some type of exerciser, but did exercise at times, were categorized as contemplators. For example, someone who played tennis once a week for two hours would be a contemplator.
<table>
<thead>
<tr>
<th>Exercise Group</th>
<th>Responses to Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1A</td>
</tr>
<tr>
<td>Immotive</td>
<td>No</td>
</tr>
<tr>
<td>Contemplator</td>
<td>No</td>
</tr>
<tr>
<td>Recruit</td>
<td>Yes</td>
</tr>
<tr>
<td>Adherer</td>
<td>Yes</td>
</tr>
<tr>
<td>Dropout</td>
<td>No</td>
</tr>
</tbody>
</table>

According to responses to questions four and five, subjects were categorized into one of five groups regarding socio-economic status. The Two-factor Index of Social Position (Hollingshead, 1957) was used, updated by the Bureau of Labor Statistics, U.S. Department of Labor, New England Regional Office, Boston. Dennis McSweeny (Personal communication, April 4, 1982), a regional economist from the office, recommended that we apply an inflation rate of 188.25% to all financial status evaluations to make the classifications current.

Based on responses to questions 6A, 6B, and 6C, subjects were classified into one of three groups regarding weight: normal - within 10% of ideal body weight, overweight - within 30% of ideal body weight, and obese - more than 30% above ideal body weight according to the Pacific Mutual Life Insurance Company (cited in Health Management: Promotion and Self Care, 1982).
From the response to question 7, subjects were grouped into one of five levels regarding smoking behavior.

Subjects were differentiated according to sex according to their responses to question 8.

It should be noted that questions four to seven were collected for informational purposes only. Though brief comparisons were made, these areas did not represent the focus of the research.

Data Collection

Pilot Study

After completing the development of the survey, a pilot study was carried out to uncover any administration problems. Fifteen participants were asked to complete the survey. Through their evaluation, as well as our own, a few format modifications were made, and the instrument format was finalized.

Sample

For the purpose of this study, only male data was evaluated. The number of surveys included in the final computer analysis was 220. All participants were over the age of 30. All participants were volunteers. Test administration lasted approximately two months.
Method of Administration

Heritage Festival. Annually a festival is held in this area. People from around the state attend. Approximately 1,000 people attend the three-day gathering that offers food, goods, and games. A booth was set up at the entrance to the three-day festival. Signs invited individuals over 30 to participate in a study being done by the University of Rhode Island. Approximately a little more than half the data resulted from this testing.

Beach

A local beach was targeted on several weekends throughout the summer. Randomly, individuals were asked to complete the survey. Slightly more than a quarter of the data resulted from this testing.

Service Organizations

An attempt was made to contact intact groups, such as unions, rotary clubs and community groups. The unions were unable to participate due to a legal technicality which prevents any outsider from taking advantage of the membership gathering by making any type of group presentation - research included.

Though some of the community and rotary groups did comply, their total participation accounted for less than a quarter of the data.
Test Instructions

Participants were instructed to read and sign the informed consent sheet, read directions carefully, and complete all survey items. They were told that this information was being gathered so that the author could learn more about people's beliefs concerning exercise. They were informed that there were no right or wrong answers and that they should respond according to the way they truly feel in regard to each survey item. Individuals with questions regarding the completion of the instrument were referred back to the direction sheet. No time limit was given for completion of the survey.

Data Deletion

Tests were disregarded if any of the following conditions existed:

Lack of variation - if one full page showed no variation in response.

Lack of independence - if three items or less were different on the entire test.

Missing data - if more than five items were incomplete.

Medical clearance - if a subject was refraining from exercise for medical reasons.

Of the 267 surveys collected, 47 were disregarded for one of the above reasons, leaving 220 for evaluation.
Statistical Analyses

Utilizing the five classifications of people, an F ratio analysis was carried out to measure significant differences between groups. The Duncan Multiple Range statistic was used to identify which pairs of means were significantly different.

Two analyses were performed on the resultant data. First, the McConnaughy, et al. model was used to identify beliefs distinguishing steps on the continuum of adherence. Four comparisons were studied: immotives/contemplators, contemplators/recruits, recruits/adherents, and adherers/dropouts. Second, exercisers (recruits/adherers) were compared to non-exercisers (immotives) for belief identification. Univariate F Ratios were computed for these analyses.

A Discriminant Function Analysis was carried out to outline the items that collectively predicted most accurately exercise groupings.
CHAPTER IV - RESULTS

The Results section is divided into six major areas. These areas and their sub-sections are outlined below.

Outline of the Chapter

The first section involves the group comparisons. There were five comparisons discussed and a summary provided. The five comparisons were immotives/contemplators, contemplators/recruits, recruits/adherers, adherers/dropouts, and immotives/recruits, adherers.

The next section provided the results of the discrimination function analysis followed by a discussion of all the research. This discussion was further broken into six sections: group comparisons, discriminant function analysis, a comparison discriminant function analysis; a comparison of results to past research, a look at the demographic data results and an analysis of the problems encountered in carrying out the research.

The last three sections were conclusions, implications for future research, and practical implications of the study.
Analysis of Variance

Group Comparisons

Table 4-1 presents a summary of the belief items that differentiated any two groups of the five studied. Any item that appears on the chart was found to differentiate with a .05 level of significance.

Subjects were classified into five groups via the system explained in Chapter 3. Following, is a description of the comparisons between groups that were made. Five comparisons were carried out.

Immotives vs. Contemplators

This pair was studied to identify the initial change in thought that exists when a person considers making a change to exercise behavior. Table 4-2 indicates that a large number of beliefs (26) significantly differentiated between immotives and contemplators. All of the 26 items suggested positive outcomes of exercise, and in all cases contemplators agreed with these statements to a significantly greater extent than immotives. The largest group difference was observed in item 60; "help me cope with stressful situations." Other large group differences greater than 1.00 were observed for item 4; "help me to sleep better," item 19; "increase my enjoyment of life," item 41; "make me look better," item 44; "increase my strength," item 47; "make me feel better about myself," and item 64; "result in my reaching personal fitness goals."
### TABLE 4-1

**Differentiating Belief Items**

<table>
<thead>
<tr>
<th>IMMOTIVES</th>
<th>CONTEMPLATORS</th>
<th>RECRUITS</th>
<th>ADHERERS</th>
<th>DROPOUTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>4, 7, 10, 15, 19, 20, 24, 27, 30, 32, 34, 37, 41, 44, 46, 47, 49, 55, 56, 58, 59, 60, 62, 64, 66, 69</td>
<td>6, 7, 8, 19, 20, 23, 25, 26, 27, 28, 30, 34, 35, 36, 39, 41, 47, 48, 49, 54, 55, 56, 58, 60, 64, 67</td>
<td>1, 2, 4, 5, 6, 7, 8, 10, 14, 19, 20, 24, 27, 30, 32, 34, 35, 37, 41, 44, 46, 47, 48, 52, 54, 55, 60, 62, 64, 66, 67, 68, 69</td>
<td>1, 2, 5, 6, 7, 14, 15, 19, 24, 27, 28, 32, 34, 35, 39, 41, 44, 46, 47, 48, 49, 52, 55, 56, 58, 59, 60, 62, 64, 66, 67, 68, 69</td>
<td></td>
</tr>
<tr>
<td>IMMOTIVES</td>
<td>49, 55, 56, 58, 59, 60, 62, 64, 66, 69</td>
<td>56, 58, 60, 64, 67</td>
<td>60, 68</td>
<td>52, 61, 67, 68, 25, 39, 54, 68, 8, 10, 14, 34, 39, 54</td>
</tr>
<tr>
<td>------</td>
<td>----------------</td>
<td>--------</td>
<td>---------</td>
<td>---------</td>
</tr>
<tr>
<td>4.</td>
<td>help me to sleep better</td>
<td>3.52</td>
<td>2.40</td>
<td>1.12</td>
</tr>
<tr>
<td>7.</td>
<td>relax me</td>
<td>3.33</td>
<td>2.49</td>
<td>0.84</td>
</tr>
<tr>
<td>10.</td>
<td>give me a muscular appearance</td>
<td>4.32</td>
<td>3.37</td>
<td>0.97</td>
</tr>
<tr>
<td>15.</td>
<td>rid me of minor muscular pains</td>
<td>3.90</td>
<td>2.98</td>
<td>0.92</td>
</tr>
<tr>
<td>19.</td>
<td>increase my enjoyment of life</td>
<td>3.83</td>
<td>2.53</td>
<td>1.30</td>
</tr>
<tr>
<td>20.</td>
<td>cause other people to respect me more</td>
<td>4.67</td>
<td>3.98</td>
<td>0.69</td>
</tr>
<tr>
<td>24.</td>
<td>increase my energy level</td>
<td>2.77</td>
<td>1.98</td>
<td>0.79</td>
</tr>
<tr>
<td>27.</td>
<td>make me feel younger</td>
<td>3.90</td>
<td>3.07</td>
<td>0.83</td>
</tr>
<tr>
<td>29.</td>
<td>bring beauty and grace into my life</td>
<td>4.98</td>
<td>4.17</td>
<td>0.81</td>
</tr>
<tr>
<td>30.</td>
<td>increase my overall health</td>
<td>2.75</td>
<td>1.95</td>
<td>0.80</td>
</tr>
<tr>
<td>32.</td>
<td>increase my ability to perform physical tasks</td>
<td>2.95</td>
<td>2.21</td>
<td>0.74</td>
</tr>
<tr>
<td>34.</td>
<td>increase my self respect</td>
<td>4.13</td>
<td>3.19</td>
<td>0.94</td>
</tr>
<tr>
<td>37.</td>
<td>make my heart work better</td>
<td>2.32</td>
<td>1.70</td>
<td>0.62</td>
</tr>
<tr>
<td>41.</td>
<td>make me look better</td>
<td>3.62</td>
<td>2.69</td>
<td>1.02</td>
</tr>
<tr>
<td>44.</td>
<td>increase my strength</td>
<td>3.25</td>
<td>2.16</td>
<td>1.09</td>
</tr>
<tr>
<td>45.</td>
<td>help my physical conditioning</td>
<td>2.36</td>
<td>1.86</td>
<td>0.50</td>
</tr>
<tr>
<td>47.</td>
<td>make me feel better about myself</td>
<td>3.45</td>
<td>2.23</td>
<td>1.22</td>
</tr>
<tr>
<td>49.</td>
<td>make me feel good mentally</td>
<td>3.25</td>
<td>2.42</td>
<td>0.83</td>
</tr>
<tr>
<td>55.</td>
<td>help me work off tensions and frustrations</td>
<td>3.32</td>
<td>2.44</td>
<td>0.88</td>
</tr>
<tr>
<td>56.</td>
<td>help me feel good physically</td>
<td>2.48</td>
<td>1.88</td>
<td>0.60</td>
</tr>
<tr>
<td>58.</td>
<td>let me push myself in reaching my goals</td>
<td>3.72</td>
<td>2.86</td>
<td>0.86</td>
</tr>
<tr>
<td>59.</td>
<td>show that I care for my body</td>
<td>3.23</td>
<td>2.53</td>
<td>0.70</td>
</tr>
<tr>
<td>60.</td>
<td>help me cope with stressful situations</td>
<td>5.00</td>
<td>2.56</td>
<td>2.44</td>
</tr>
<tr>
<td>62.</td>
<td>help me tone my muscles</td>
<td>2.80</td>
<td>2.02</td>
<td>0.78</td>
</tr>
<tr>
<td>64.</td>
<td>result in my reaching personal fitness goals</td>
<td>3.55</td>
<td>2.51</td>
<td>1.04</td>
</tr>
<tr>
<td>66.</td>
<td>make me live longer</td>
<td>3.02</td>
<td>2.28</td>
<td>0.74</td>
</tr>
</tbody>
</table>
It is important to note that, in general, immotives held favorable beliefs about exercise. Only five of the 26 values for immotives were above the median response (4) of the scoring scale. Differences between groups were essentially caused by the more favorable responses of the contemplators.

**Contemplators vs. Recruits**

This pair was evaluated because it represents the entry bridge of involvement in exercise. Table 4-3 compares the contemplators to the recruits. Five items differentiated the groups, four of which were negative items. These four, 25; "take too much time from family responsibilities," 36; "make me stiff and sore," 48; "take too much time," and 54; "be difficult to schedule," were disagreed to by recruits.

Three of the five items that differentiated the groups were concerned with time required to exercise and whether or not it was possible to afford such time (25, 48, 54). In all three cases contemplators agreed more strongly than recruits that time would be a problem. Additionally, contemplators related less to the possibility of exercise giving them time by themselves to think (29). "Time" was obviously the major factor at this bridge of the adherence cycle as was the focus on negative thinking. These were, in fact, the only variations.
TABLE 4-3
Belief Items Differentiating Contemplators from Recruits

<table>
<thead>
<tr>
<th>Item # and statement</th>
<th>Contem.</th>
<th>Recruits</th>
<th>Differ.</th>
</tr>
</thead>
<tbody>
<tr>
<td>25. take too much time from family responsi-</td>
<td>4.05</td>
<td>5.31</td>
<td>1.26</td>
</tr>
<tr>
<td>bilities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29. give me time by myself to think</td>
<td>3.58</td>
<td>2.53</td>
<td>1.05</td>
</tr>
<tr>
<td>36. make me stiff and sore</td>
<td>3.42</td>
<td>4.79</td>
<td>1.37</td>
</tr>
<tr>
<td>48. take too much time</td>
<td>3.63</td>
<td>4.63</td>
<td>1.00</td>
</tr>
<tr>
<td>54. be difficult to schedule</td>
<td>3.30</td>
<td>4.26</td>
<td>0.96</td>
</tr>
</tbody>
</table>

Recruits vs. Adherers

The third comparison studied recruits and adherers. It was made to elicit information about the stage of therapy change whereby a new exerciser begins to exercise regularly. Table 4-4 compares these groups. Little information was unfolded. This would suggest that the thinking of the groups is quite similar. This leaves the question of exactly what differentiates the recruit from the adherer. The two items that did differentiate recruits from adherers, 60, "help me cope with stressful situations," and 68, "allow me to compete with others," were answered in a noteworthy manner. Adherers felt less strongly about item 60 and more strongly about item 68. This would mean that adherers appreciate the competition that
exercise provides, but are not as convinced regarding its benefits for coping behavior.

TABLE 4-4

Belief Items Differentiating Recruits from Adherers

<table>
<thead>
<tr>
<th>Item # and statement</th>
<th>Recruits</th>
<th>Adherers</th>
<th>Differ.</th>
</tr>
</thead>
<tbody>
<tr>
<td>60. help me cope with stressful situations</td>
<td>3.00</td>
<td>4.10</td>
<td>1.10</td>
</tr>
<tr>
<td>68. allow me to compete with others</td>
<td>4.16</td>
<td>3.12</td>
<td>1.04</td>
</tr>
</tbody>
</table>

Adherers vs. Dropouts

The fourth comparison that was done was of adherers and dropouts. It was carried out to provide information regarding the quitters as compared to the maintainers. Table 4-5 contains the results. Time, once again, was a differentiating factor - item 39; "give me time by myself to think," and item 54; "be difficult to schedule." Adherers related more positively to the fact that exercise would give them time to think and less so to the fact that exercise would be difficult to schedule, whereas dropouts were just the opposite. One other item, 8, "show others how out of shape I am," was indicated at a 1.00 level of difference. Dropouts associated more strongly with the statement than adherers. Altogether, Table 4-5 had much
variation. The items focused on time, mental health, self-image and discipline-competition.

TABLE 4-5
Belief Items Differentiating Adherers from Dropouts

<table>
<thead>
<tr>
<th>Item # and statement</th>
<th>Adherers</th>
<th>Dropouts</th>
<th>Differ.</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. show others how out of shape I am</td>
<td>5.12</td>
<td>3.76</td>
<td>1.36</td>
</tr>
<tr>
<td>10. give me a muscular appearance</td>
<td>3.08</td>
<td>3.89</td>
<td>0.81</td>
</tr>
<tr>
<td>14. help me to think better</td>
<td>2.47</td>
<td>3.35</td>
<td>0.88</td>
</tr>
<tr>
<td>34. increase my self-respect</td>
<td>2.37</td>
<td>3.08</td>
<td>0.71</td>
</tr>
<tr>
<td>39. give me time by myself to think</td>
<td>2.33</td>
<td>3.43</td>
<td>1.10</td>
</tr>
<tr>
<td>54. be difficult to schedule</td>
<td>4.43</td>
<td>3.24</td>
<td>1.19</td>
</tr>
</tbody>
</table>

Immotives vs. Recruits and Adherers

The final groups that were compared were immotives and the combination of recruits and adherers. This was done to provide more information about the differences between the opposing ends of the behavioral spectrum.

Table 4-6 shows the comparison. Most of the survey items (43 out of the 69) differentiated the groups, indicating a vast area of beliefs that distinguish immotives (non-exercisers) from recruits and adherers (exercisers). All positive consequence statements were related to more strongly by the exercisers and less so by the non-exercisers. All
negative consequence statements were related to more strongly by the non-exercisers and less so by the exercisers.

(see page 41 for Table 4-6)
<table>
<thead>
<tr>
<th>Item #</th>
<th>Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>help me in controlling my weight</td>
</tr>
<tr>
<td>2.</td>
<td>increase my cardiovascular endurance</td>
</tr>
<tr>
<td>4.</td>
<td>help me to sleep better</td>
</tr>
<tr>
<td>5.</td>
<td>be boring</td>
</tr>
<tr>
<td>6.</td>
<td>interfere with lifestyle</td>
</tr>
<tr>
<td>7.</td>
<td>relax me</td>
</tr>
<tr>
<td>8.</td>
<td>show others how out of shape I am</td>
</tr>
<tr>
<td>10.</td>
<td>give me a muscular appearance</td>
</tr>
<tr>
<td>14.</td>
<td>help me to think better</td>
</tr>
<tr>
<td>19.</td>
<td>increase my enjoyment of life</td>
</tr>
<tr>
<td>20.</td>
<td>cause other people to respect me more</td>
</tr>
<tr>
<td>24.</td>
<td>increase my enjoyment of life</td>
</tr>
<tr>
<td>25.</td>
<td>take too much time from family responsibilities</td>
</tr>
<tr>
<td>26.</td>
<td>not be right for a person my age</td>
</tr>
<tr>
<td>27.</td>
<td>make me feel younger</td>
</tr>
<tr>
<td>28.</td>
<td>make me feel too tired</td>
</tr>
<tr>
<td>30.</td>
<td>improve my overall health</td>
</tr>
<tr>
<td>32.</td>
<td>increase my ability to perform physical tasks</td>
</tr>
<tr>
<td>34.</td>
<td>increase my self-respect</td>
</tr>
<tr>
<td>35.</td>
<td>make me need less sleep</td>
</tr>
<tr>
<td>36.</td>
<td>make me stiff and sore</td>
</tr>
<tr>
<td>37.</td>
<td>make my heart work better</td>
</tr>
<tr>
<td>39.</td>
<td>give me time by myself to think</td>
</tr>
<tr>
<td>41.</td>
<td>make me look better</td>
</tr>
<tr>
<td>44.</td>
<td>increase my strength</td>
</tr>
<tr>
<td>46.</td>
<td>help my physical conditioning</td>
</tr>
<tr>
<td>47.</td>
<td>make me feel better about myself</td>
</tr>
<tr>
<td>48.</td>
<td>take too much time</td>
</tr>
<tr>
<td>49.</td>
<td>make me feel good mentally</td>
</tr>
<tr>
<td>52.</td>
<td>lead to my having good companionship</td>
</tr>
<tr>
<td>54.</td>
<td>be difficult to schedule</td>
</tr>
<tr>
<td>55.</td>
<td>help me work off tensions and frustrations</td>
</tr>
<tr>
<td>56.</td>
<td>help me feel good physically</td>
</tr>
<tr>
<td>58.</td>
<td>let me push myself in reaching my goals</td>
</tr>
<tr>
<td>59.</td>
<td>show that I care for my body</td>
</tr>
<tr>
<td>60.</td>
<td>help me cope with stressful situations</td>
</tr>
<tr>
<td>61.</td>
<td>be a new experience for me</td>
</tr>
<tr>
<td>62.</td>
<td>help me tone my muscles</td>
</tr>
<tr>
<td>64.</td>
<td>result in my reaching personal fitness goals</td>
</tr>
<tr>
<td>66.</td>
<td>make me live longer</td>
</tr>
<tr>
<td>67.</td>
<td>provide me with excitement</td>
</tr>
<tr>
<td>68.</td>
<td>allow me to compete with others</td>
</tr>
<tr>
<td>69.</td>
<td>bring beauty and grace into my life</td>
</tr>
</tbody>
</table>
Summary of Group Comparisons

Several patterns existed in the comparisons regarding the responses. Certain belief concept groups were more popular than others. Certain types of items were more popular with one group than others. Below is a discussion of the similarities and differences.

Item characteristics. It is important to recognize that the higher adherence groups associated more highly with positive results of exercise and less so with negative outcomes. The lower groups tended to relate less strongly to positive outcomes and more strongly with negative outcomes.

Items 34; "increase my self respect," and 10; "give me a muscular appearance" distinguished immotives/contemplators, adherers/dropouts, and immotives/recruits, adherers. Item 39; "give me time by myself to think" distinguished contemplators/recruits, adherers. Item 54; "be difficult to schedule" differentiated contemplators/recruits and adherers/dropouts. Finally, item 60; "help me cope with stressful situations distinguished immotives/contemplators, recruits/adherers, and immotives/recruits adherers. All other items differentiated one group only.

Hypothesized item clusters. Referring back to Table 3-2 all items were grouped according to subject into one of 13 belief-concept groups. Of those groups, the areas of Pain-discomfort, Prerequisites, Cost and Recreation
were not found to distinguish any groups. Additionally, the areas of Eating-weight, Socializing, and Age were found to differentiate one set of groups only, immotives as compared to recruits/adherers (non-exercisers vs. exercisers). This would indicate that these six subject areas do not require emphasis in instruction but, are understood by most people better than other subject areas.

As Table 4-7 shows, the following belief-concept groups differentiated more than two groups: Discipline-competition, Time-commitment, Appearance, Physical-Endurance, Mental-relaxation, and self-image. It should be noted that the nine items from the Discriminant Function Analysis (DFA) included items from all six of these areas. Additionally, the Discipline-competition group was found to distinguish four of the sets of groups and the Mental-relaxation group to distinguish all sets of groups.

With the large size of the immotive/contemplator comparison, it was possible to further analyze the belief-concept groups that existed. In the Time-Commitment area both groups agreed with time as a problem, whereas groups 2 and 3 (contemplators, recruits) disagreed. This would indicate that recruits are the first group in the adherence cycle to lose fear of problems with time.

Two Appearance items (10, 41) and five Self-image items (20, 34, 47, 59, 64) were found to differentiate these same groups. In each case, contemplators agreed more strongly with the statement than immotives. This would indicate
TABLE 4-7

Exercise Classifications that were Differentiated by Belief-Concept Groups

<table>
<thead>
<tr>
<th>Subject Area</th>
<th>1-2</th>
<th>2-3</th>
<th>3-4</th>
<th>4-5</th>
<th>1-3/4</th>
<th>DFA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain-Discomfort</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prerequisites</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recreation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eating-weight</td>
<td>XX</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Socializing</td>
<td>XX</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>XX</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time-Commitment</td>
<td>XX</td>
<td>XX</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appearance</td>
<td>XX</td>
<td></td>
<td>XX</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical-endurance</td>
<td>XX</td>
<td>XX</td>
<td></td>
<td>XX</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental-relaxation</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-image</td>
<td>XX</td>
<td></td>
<td>XX</td>
<td>XX</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discipline-competition</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td></td>
<td>XX</td>
</tr>
</tbody>
</table>

1 - Immotive
2 - Contemplator
3 - Recruit
4 - Adherer
5 - Dropout
DFA - Discriminant Function Analysis

that those beginning to consider exercising are very conscious of the cosmetic benefits whereas immotives are not. Interestingly, during the interview phase of the study, almost each interviewee listed cosmetics as the major factor in exercising for most individuals.

The area of Physical-endurance beliefs was strong in
comparing these two groups as was the Mental-relaxation area. Ten (15, 19, 24, 30, 32, 37, 44, 46, 56, 62) Physical-endurance beliefs and six Mental-relaxation beliefs differentiated immotives from contemplators. This was most definitely the area of the adherence cycle where there was the most variation.

Discriminant Function Analysis

A discriminant function analysis was carried out to determine which of the 69 items were most capable of predicting group affiliation. Four significant functions resulted, explaining 84.80% of the variance. The Wilks Lambda for this function was .3986 indicating that most of the variance was accounted for. Table 4-8 lists the set of nine items which significantly contributed to this function and their Standardized Discriminant Function Coefficients. The items are listed in their order of selection in the Function. The canonical correlation coefficient was .72.

Table 4-9 provides the classification results of the Discriminant Function Analysis.

Collectively, nine items in the discriminant function equation correctly classified 50.83% of the subjects into their appropriate exercise groups. This represents a considerable improvement over an estimated correct classification value of 20% by chance.

Table 4-10 provides additional information regarding misclassifications. Next to each group is listed the
percentage (if greater than 10%) that appeared under another classification and the name of the particular group classification in which this occurred.

It should be noted that in each case, dropouts represented a strong percentage of the misclassifications. This would suggest a pattern of some sort. This is further analyzed in the Discussion section.

TABLE 4-8
Nine Best Predictors and Their Discriminant Function Coefficients

<table>
<thead>
<tr>
<th>Item # and statement</th>
<th>Standardized Discriminant Coeffic.</th>
</tr>
</thead>
<tbody>
<tr>
<td>19. increase my enjoyment of life</td>
<td>-.42741</td>
</tr>
<tr>
<td>68. allow me to compete with others</td>
<td>-.29803</td>
</tr>
<tr>
<td>10. give me a muscular appearance</td>
<td>-.26750</td>
</tr>
<tr>
<td>25. take too much time from family responsibilities</td>
<td>.14702</td>
</tr>
<tr>
<td>54. be difficult to schedule</td>
<td>.28832</td>
</tr>
<tr>
<td>8. show others how out of shape I am</td>
<td>.20344</td>
</tr>
<tr>
<td>47. make me feel better about myself</td>
<td>-.37703</td>
</tr>
<tr>
<td>15. rid me of minor muscular pains</td>
<td>.33883</td>
</tr>
</tbody>
</table>
### TABLE 4-9

**Classification Results**
**Discriminant Function Analysis**

<table>
<thead>
<tr>
<th>Actual Group</th>
<th>Predicted Group Membership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immotives</td>
<td>50.8%</td>
</tr>
<tr>
<td>Contemplator</td>
<td>14.3%</td>
</tr>
<tr>
<td>Recruit</td>
<td>0.0%</td>
</tr>
<tr>
<td>Adherer</td>
<td>2.0%</td>
</tr>
<tr>
<td>Dropout</td>
<td>5.4%</td>
</tr>
</tbody>
</table>

**Overall correct classification:** 50.73%

### TABLE 4-10

**Misclassifications and Their Percentages**

<table>
<thead>
<tr>
<th>Actual Group</th>
<th>Percentage</th>
<th>Misclassification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immotives</td>
<td>23.7%</td>
<td>Contemplators</td>
</tr>
<tr>
<td></td>
<td>16.9%</td>
<td>Dropouts</td>
</tr>
<tr>
<td>Contemplators</td>
<td>14.3%</td>
<td>Immotives</td>
</tr>
<tr>
<td></td>
<td>19.0%</td>
<td>Dropouts</td>
</tr>
<tr>
<td>Recruits</td>
<td>27.8%</td>
<td>Contemplators</td>
</tr>
<tr>
<td></td>
<td>22.2%</td>
<td>Dropouts</td>
</tr>
<tr>
<td></td>
<td>22.2%</td>
<td>Adherers</td>
</tr>
<tr>
<td>Adherers</td>
<td>16.3%</td>
<td>Contemplators</td>
</tr>
<tr>
<td></td>
<td>20.4%</td>
<td>Dropouts</td>
</tr>
<tr>
<td>Dropouts</td>
<td>29.7%</td>
<td>Contemplators</td>
</tr>
<tr>
<td></td>
<td>18.9%</td>
<td>Adherers</td>
</tr>
</tbody>
</table>

*Remainder of misclassifications may be obtained from Table 4-9.*
Discussion

As described in Chapter 3, Prochaska and DiClemente have found behavior change to follow a sequential pattern. Individuals tend to move through stages on a step-by-step basis from immotive to contemplator to recruit to adherer and, possibly during any stage, drop out. Accordingly, it seemed appropriate to study the differences in beliefs between sequentially-located groups.

It must be noted that much more information was found to differentiate immotives from each other group than was found to differentiate most pairs of groups, whereas the immotive comparisons consisted of approximately 20 items. This confirmed the fact that individuals at this stage are full of misconceptions regarding both costs and benefits of regular exercise.

Contemplators and recruits were differentiated in an interesting way. Four out of the five items differentiating the two were negatively oriented. It would seem that contemplators have already recognized benefits and are presently leery of costs of exercising.

As for the recruit/adherer relationship, the beliefs were quite similar suggesting more of an educational need at the immotive, contemplator, and dropout stages.

With the variation of the adherer/dropout table, it would seem that the dropout group was quite diversified as Prochaska and DiClimente would predict.

The overwhelming number of beliefs that differentiated
immotives from recruits/adherers confirmed the theory that those that do not exercise are full of misconceptions.

Referring back to Chapter 3, page 3, Fishbein's model is described as consisting of two major components - an attitudinal and a normative component. In this particular study only one half of one of the components (attitudinal) was evaluated. A 50.73% Prediction level was reached using only one-fourth of the model in the discriminant function analysis study.

As for the misclassifications, the fact that dropouts represented much of the error supports Prochaska and DiClemente's research which states that dropouts can exit from any level of the behavioral cycle. It is possible, therefore, that the misclassifications actually represent tendencies within the subjects to be ready to drop out. Also, these misclassifications reflect similarities within groups or levels of variation in beliefs with groups.

Comparing the results of the discriminant function analysis with that of the Analysis of Variance, several similarities were found. On Tables 4-2 and 4-8, items 10, 15, 19, and 47 were reflected in both analyses. Tables 4-3 and 4-8 both show items 25 and 54 as predictors. A comparison of Table 4-5 and 4-8 show items 8, 10, and 54 to differentiate groups in both cases. And, in comparing Tables 4-6 and 4-8, items 8, 10, 19, 25, 47, 61, and 68 were all reflected in both analyses. The two analyses validated each other.
The findings in this study were in one way consistent with that of both Riddle (1980) and Sonstrom (1981). In Riddle's research, as well as in the present study, exercisers (recruits and adherents) were found to relate more highly to the positive consequences and less so to the negative outcomes. The non-exercisers (immotives and contemplators) associated more strongly with negative beliefs and less so with positive outcomes. Further, both studies found exercisers to relate more highly to the mental health benefits and non-exercisers to relate more strongly to the benefits associated with time required to exercise.

In Sonstroem's study, this was also found when comparing high program attenders with low program attenders. Table 4-11 lists the similarities in results of Riddle's Sonstroem's and the present research in these two areas. In the present study, immotives represent non-exercisers and recruits and adherers represent exercisers for the purpose of clear comparison. In Sonstroem's study low-attenders are compared as non-exercisers and high-attenders as exercisers.

The major variation between the present study and the Riddle study was in the results of the Discriminant Function Analysis. None of the items that accurately predicted 50.83% of the groups were found to differentiate in Riddle's study. In fact, they did not even appear in her study. It was concluded that the greater pool of items in the present study was responsible.
TABLE 4-11
Beliefs Distinguishing Exercisers from Non-exercisers in Three Different Studies

<table>
<thead>
<tr>
<th>Item #/Statement</th>
<th>Present Study</th>
<th>Riddle</th>
<th>Sonstroem</th>
</tr>
</thead>
<tbody>
<tr>
<td>28. make me feel too tired</td>
<td>5.07</td>
<td>3.88</td>
<td>4.84*</td>
</tr>
<tr>
<td>48. take too much time</td>
<td>4.69</td>
<td>3.17</td>
<td>4.83*</td>
</tr>
<tr>
<td>49. make me feel good mentally</td>
<td>2.01</td>
<td>3.25</td>
<td>0.81*</td>
</tr>
</tbody>
</table>

*Riddle's and Sonstroem's scores were set to the same system as that of the present study. Originally, both Riddle and Sonstroem used a scale of -3 to +3 whereas the present study used a 0 to 6 scale.

Additional analyses with the background questionnaire revealed that adherers were significantly lighter than immotives and contemplators. This would suggest that the exercise does result in reduced weight or that lighter people tend to adhere better to exercise, supporting the importance of prevention.

Adherers and recruits were found to smoke significantly less than immotives. This suggests an orientation to a healthy lifestyle with exercise.

Adherers, as compared to dropouts, had significantly less of a perceived medical history which keeps them from exercising. This might account for much of the dropout group.
And finally, oddly enough, immotives were found to have a significantly higher socio-economic status than three other groups, recruits, adherers, and dropouts.

PROBLEMS

Two major problems were encountered in the administration of the survey. First it was difficult finding the numbers that were required for the study. Many people refused to complete this lengthy instrument.

The second problem occurred with the instrument itself. Many individuals had a problem understanding the complex directions. Additionally, the directions were very long. Many people tried to ignore them and take the test. Consistently, however, they turned to testing personnel for assistance. As stated earlier, 47 of the 267 completed inventories had to be discarded because of incomplete or faulty responses.

Conclusions

1. In the belief-concept areas of Eating-weight, Age, Cost, Prerequisites, Pain-discomfort, Socializing, and Recreation, little variation exists between any groups.

2. Time is the most distinguishing factor between the immotive stage through the recruit stage. It is at the recruit stage that this changes.

3. Time is the only factor distinguishing between contemplators and recruits with the exception of one pain
4. The most variation in beliefs exists between the immotive and contemplator stages suggesting an overwhelming lack of information at this stage.

5. Recruits and adherers have very similar belief systems.

6. Immotives vary from recruits and adherers in their beliefs overwhelmingly. Recruits/adherers evaluate all items positively that immotives evaluate negatively, and immotives relate more to all negative statements where recruits/adherers do not.

7. Beliefs distinguishing dropouts from adherers are widely varied suggesting that the dropout group is made up of dropouts from various stages.

8. Major beliefs distinguishing levels of adherence vary in conceptual basis.

Implications for Future Research

Follow-up studies could branch in several directions. First, both female and male data should be studied and compared.

Second, research should include the implementation and evaluation of an educational program aimed at changing the beliefs of immotives and contemplators and analyzing the results of belief changes as compared to behavior change.

Third, follow-up should include research with the Discriminant Function Analysis results. Those nine items
with additional items representing the normative component of the Fishbein model should be put together to form another test instrument for predictive purposes. The instrument should be tested for its predictive ability.

Fourth, a follow-up studying the paths of recruits should be undertaken to identify the differences in beliefs of recruits that went on to become adherers and recruits that dropped out.

Finally, more research has to be done on the recruit/adherer relationship and the dropout group to ascertain the differentiating beliefs.

Practical Implications

The findings of the study can be utilized in all phases of exercise programming. To start, all findings reflective of each bridge between adherence levels in the cycle can be used as tools for individuals involved in exercise promotion. Advertisers can analyze the findings and identify loopholes in their presentations aimed at various targets. With a better understanding of what the target population thinks, they can more clearly design their packages to focus on the appropriate points. If aiming toward an immotive group, for example, the unrecognized benefits might be emphasized while the illogically perceived threats are downplayed.

One step closer, sales personnel can make use of the information similarly. After ascertaining where a pro-
pective member to a health club is, the sales person can move into the advertising mode and offer enticing information (unforeseen benefits).

From a more therapeutic standpoint, exercise instructors can utilize the information to assist clients through their adherence development. At each stage, misconceptions can be cleared up as positive foundations (accurate information) are laid down.

Finally, by analyzing dropouts, instructors will be better prepared to prevent repeat behavior if that behavior is belief oriented.
APPENDIX A

APPENDIX A

Date

The purpose of my participation is...

These procedures have been explained to me. I freely consent to participate and I may withdraw participation at any time.

Signature

Print name

Date of birth

Sex

Telephone

Robert James Smith
Human Performance Laboratory
University of Western Ontario
Kingston, Ontario, Canada K7L 3N6

Telephone (613) 546-2430
INFORMED CONSENT - BEHAVIORAL DATA

You are being asked to answer some questions on the following pages. The purpose of these questions is to develop some ideas about what people think about physical activity and what they think about themselves in relation to physical activity. This type of information will be helpful in planning exercise programs for people.

It should be emphasized that there are no right or wrong, no good or bad responses to the questions you are answering. Please answer each item as you really feel about it.

Data will remain strictly confidential. All data will be coded and will not be identified by name. You do not have to complete these inventories and you may refuse to do so at any time. Please feel free to ask any questions you may have.

Voluntary Consent

Date ________________

The purpose of my participation in these procedures has been explained to me. I freely consent to participate. I understand that I am not required to participate and that I may stop participation at any time.

Name ________________________________

Address ________________________________

Telephone ________________________________

_____________________________

SIGNATURE

Robert J. Sonstroem
Human Performance Laboratory
University of Rhode Island
Kingston, Rhode Island 02881

Tel. (401) 792-2925
APPENDIX B

1. Outcomes for responsibilities: Are you presently engaged in a regular program of physical exercise that includes vigorous endurance and resistance exercises for a total of 20-30 minutes three times a week?

2. In the past four years, how have you been involved in a regular program of physical exercise? If "YES", at what percent times?

3. In the past 3 months, how did you feel about starting a program of regular exercise?

4. How precisely in terms of work and do you feel the size of the company for which you would assist in the event of illness or injury?
BACKGROUND QUESTIONNAIRE

1a. Outside of job responsibilities, are you presently engaged in a regular program of physical exercise (By this is meant a program that includes vigorous endurance and aerobic exercises for at least 20-30 minutes three times a week.)?

   Yes  No

b. If "YES" how long have you been engaged in such exercise?

   YEARS  MONTHS

c. If "YES" please describe the type of exercise; also describe the amount of walking, running, lifting, calisthenics, swimming, bicycling, etc. that you engage in during each session. Then PROCEED TO QUESTION 4.

2. At any time in the past four years have you been involved in a regular program of physical exercise? If "YES" how many different times?

   YES  NO  # OF TIMES

3. During the past 3 months, have you thought seriously about joining or starting a program of regular exercise?

   YES  NO

4. Please describe precisely the type of work you do, your position, and the size of the company for which you work.
5. Please indicate with a checkmark the highest level of formal schooling you received as described below:

____ Did not complete the seventh grade.
____ Completed seventh, eighth, or ninth grade.
____ Completed tenth or eleventh grade, but not twelve.
____ Completed high school.
____ Completed at least one year of college, but not a full college course.
____ Completed a four-year college or university course leading to a recognized college degree.
____ Completed a recognized professional course leading to a graduate degree.


7. Number of cigarettes smoked per day?

NONE 0-10 10-20 20-40 40+

8. Please check one. MALE ____ FEMALE ____
We asked participants to rate their feelings about an event that occurred in Rhode Island in the month of January. Following each statement, they were asked to rate how likely it was that they felt a particular way. The statements and rating scales used are as follows:


**APPENDIX C**

We used the same procedure and asked participants whether they felt a particular way. The statements and rating scales used are as follows:


At the beginning of the survey, participants were asked to indicate whether they felt a particular way. If they felt a particular way, they were asked to rate their feelings using the same scale as follows:


GENERAL INSTRUCTIONS

The questionnaire you are about to complete we ask questions which make use of rating scales with seven places; you are to make check mark in the place that best describes your own opinion. For example, if you believed that the next statement was generally true, you would respond as follows:

The weather in Rhode Island is cold in January.

**LIKELY X : : : : UNLIKELY**

*extremely quite slightly neither slightly quite extremely*

If you believe that the above statement is very much true, you would respond as follows:


*extremely quite slightly neither slightly quite extremely*

If you felt that the statement was somewhat untrue, you would place your mark as follows:


*extremely quite slightly neither slightly quite extremely*

If you felt that the statement was neither true nor untrue, you would place your X on the "neither" line. In the same way, you may use all of the seven categories to indicate the exact nature of your belief.

EXT, in our inventory we will take a portion of the sentence you have just responded to and ask you to indicate whether the idea is good" or "bad". As an example:


*extremely quite slightly neither slightly quite extremely*

You would check the category shown above if you feel that cold weather in January is generally quite bad.

On the other hand, some people, such as skiing enthusiasts, who enjoy cold weather very much, might mark the scale as follows:


*extremely quite slightly neither slightly quite extremely*
In order to reduce space, the response "extremely, quite, slightly, and neither" have been abbreviated to "e, q, s, and n" as shown below. In making your ratings, please remember the following:

1) Place your marks in the middle of spaces, not in the boundaries.

   LIKELY: e q s n s q e
   UNLIKELY

2) Never put more than one check mark on a single scale:

   LIKELY: e q s n s q e
   UNLIKELY

3) BE SURE TO ANSWER ALL ITEMS - PLEASE DO NOT OMIT ANY!!

FINAL INSTRUCTIONS. PLEASE READ CAREFULLY!!

In this particular questionnaire we are interested in people's views regarding participating in a regular exercise program. It should be a program that includes vigorous endurance and aerobic exercises for at least 20-30 minutes three times per week. This could be a program conducted at home, at a health spa, YMCA, or in our adult exercise program at URI.

In completing this questionnaire it is not important whether you presently exercise or not. We want you to think of exercise in relation to yourself. Please respond to all of the items below from the viewpoint of your own possible future participation in an exercise program.

For each numbered item below you are asked to indicate:

A. To what extent is the item TRUE (LIKELY) or UNTRUE (UNLIKELY) in representing your own belief, AND -

   To what extent is the idea itself either GOOD or BAD, in your opinion.

B. To what extent is the idea itself either GOOD or BAD,
APPENDIX D
MY PARTICIPATION IN A REGULAR PROGRAM OF EXERCISE WOULD:

1a. help me in controlling my weight.  

1b. controlling my weight  

2a. increase my cardiovascular endurance.  

2b. increasing my cv. endurance.  

3a. involve me in activities admired by people  

3b. my involvement in such activities.  

4a. help me to sleep better  

4b. my sleeping better  

5a. be boring  

5b. my being bored  

6a. interfere with my lifestyle  

6b. interfering with my lifestyle  

7a. relax me  

7b. my being relaxed  

8a. show others how out of shape I am  

8b. showing others how out of shape I am  

9a. improve my posture  

9b. improving my posture  
MY PARTICIPATION IN A REGULAR PROGRAM OF EXERCISE WOULD:

10a. give me a muscular appearance. LIKELY e q s n s q e UNLIKELY e q s n s q e
b. my getting a muscular appearance GOOD e q s n s q e BAD e q s n s q e

11a. make me lose weight. LIKELY e q s n s q e UNLIKELY e q s n s q e
b. my losing weight GOOD e q s n s q e BAD e q s n s q e

12a. result in an injury. LIKELY e q s n s q e UNLIKELY e q s n s q e
b. my getting an injury GOOD e q s n s q e BAD e q s n s q e

13a. cause me to become like people I've admired. LIKELY e q s n s q e UNLIKELY e q s n s q e
b. my becoming like people I've admired GOOD e q s n s q e BAD e q s n s q e

14a. help me to think better. LIKELY e q s n s q e UNLIKELY e q s n s q e
b. my thinking better GOOD e q s n s q e BAD e q s n s q e

15a. rid me of minor muscular pains. LIKELY e q s n s q e UNLIKELY e q s n s q e
b. ridding myself of minor muscular pains GOOD e q s n s q e BAD e q s n s q e

16a. be fashionable. LIKELY e q s n s q e UNLIKELY e q s n s q e
b. my being fashionable GOOD e q s n s q e BAD e q s n s q e

17a. be expensive. LIKELY e q s n s q e UNLIKELY e q s n s q e
b. being expensive to me GOOD e q s n s q e BAD e q s n s q e

18a. require that I be able to stretch. LIKELY e q s n s q e UNLIKELY e q s n s q e
MY PARTICIPATION IN A REGULAR PROGRAM OF EXERCISE WOULD:

18b. being able to stretch
19a. increase my enjoyment of life.

20a. cause other people to respect me more.
21a. cause me to experience perspiration and odors.

22a. require too much discipline.
23a. provide a change from my work.

24a. increase my energy level.
25a. take too much time from family responsibilities.

26a. not be right for a person my age.


MY PARTICIPATION IN A **REGULAR** PROGRAM OF EXERCISE WOULD:

27a. make me feel younger.  
   b. my feeling younger  
   LIKELY: ___________ UNLIKELY: ___________  
   GOOD: ___________ BAD: ___________  

28a. make me feel too tired.  
   b. my feeling too tired  
   LIKELY: ___________ UNLIKELY: ___________  
   GOOD: ___________ BAD: ___________  

29a. cause me to give up bad health habits.  
   b. giving up my bad health habits  
   LIKELY: ___________ UNLIKELY: ___________  
   GOOD: ___________ BAD: ___________  

30a. improve my overall health.  
   b. improving my overall health  
   LIKELY: ___________ UNLIKELY: ___________  
   GOOD: ___________ BAD: ___________  

31a. make me hungrier.  
   b. my being hungrier  
   LIKELY: ___________ UNLIKELY: ___________  
   GOOD: ___________ BAD: ___________  

32a. increase my ability to perform physical tasks.  
   b. increasing my ability to perform physical tasks  
   LIKELY: ___________ UNLIKELY: ___________  
   GOOD: ___________ BAD: ___________  

33a. require previous experience with exercise.  
   b. requiring previous experience of me w/exercise  
   LIKELY: ___________ UNLIKELY: ___________  
   GOOD: ___________ BAD: ___________  

34a. increase my self-respect.  
   b. increasing my self-respect  
   LIKELY: ___________ UNLIKELY: ___________  
   GOOD: ___________ BAD: ___________
MY PARTICIPATION IN A REGULAR PROGRAM OF EXERCISE WOULD:

35a. make me need less sleep

b. my needing less sleep

36a. make me stiff and sore.

b. my being stiff and sore

37a. make my heart work better.

b. having my heart work better

38a. be unnecessary after I got into shape.

b. being unnecessary after I got into shape

39a. give me time by myself to think.

b. having time by myself to think

40a. be embarrassing.

b. my being embarrassed

41a. make me look better.

b. my looking better

42a. make me have a fatal heart attack.

b. my having a fatal heart attack

43a. provides me with social outlet.

b. my having a social outlet
MY PARTICIPATION IN A REGULAR PROGRAM OF EXERCISE WOULD:

44a. increase my strength
b. increasing my strength

45a. be unpleasant.
b. my doing unpleasant things

46a. help my physical conditioning.
b. helping my physical conditioning

47a. make me feel better about myself.
b. feeling better about myself

48a. take too much time.
b. taking too much of my time

49a. make me feel good mentally.
b. my feeling good mentally

50a. require pain in order to be effective.
b. my experiencing pain in achieving effectiveness

51a. help to minimize the effects of my other bad habits.
b. minimizing the effects of my other bad habits
MY PARTICIPATION IN A REGULAR PROGRAM OF EXERCISE WOULD:

52a. lead to my having good companionship.
   b. my having good companionship

53a. have to last several years for me to reach desirable fitness.
   b. committing myself for several years

54a. be difficult to schedule.
   b. my having difficulty scheduling something

55a. help me work off tensions and frustrations.
   b. working off my tensions and frustrations

56a. help me feel good physically.
   b. my feeling good physically

57a. require hard work.
   b. working myself hard

58a. let me push myself in reaching my goals.
   b. pushing myself to reach goals

59a. show that I care for my body.
   b. showing that I care for my body
MY PARTICIPATION IN A REGULAR PROGRAM OF EXERCISE WOULD:

60a. help me cope with stressful situations.  

   b. getting help in coping with stressful situations

61a. be a new experience for me.  

   b. my experiencing new things

62a. help me tone my muscles.  

   b. toning my muscles

63a. allow me to eat more without gaining weight.  

   b. my being able to eat more without gaining weight

64a. result in my reaching personal fitness goals.  

   b. my reaching personal fitness goals

65a. help me to meet people.  

   b. my meeting people

66a. make me live longer.  

   b. my living longer

67a. provide me with excitement.  

   b. my experiencing excitement
MY PARTICIPATION IN A REGULAR PROGRAM OF EXERCISE WOULD:

68a. allow me to compete with others. LIKELY___:___:___:___:___UNLIKELY
b. competing with others GOOD___:___:___:___:___BAD

69a. bring beauty and grace into my life. LIKELY___:___:___:___:___UNLIKELY
b. having beauty and grace in my life GOOD___:___:___:___:___BAD

Do you have any medical condition which has caused a physician to advise you to limit or to refrain from exercise? If so, please indicate the nature of this condition below.

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
BIBLIOGRAPHY


Hollingshead, A.B. (1957). The two-factor index of social position.


