

**Appendix I.**

**Health-Promoting Lifestyle Profile II**

DIRECTIONS: This questionnaire contains statements about your *present* way of life or personal habits. Please respond to each item as accurately as possible, and try not to skip any item. Indicate the frequency with which you engage in each behavior by circling:

	Never	Sometimes	Often	Routinely
1. Discuss my problems and concerns with people close to me.	N	S	O	R
2. Choose a diet low in fat, saturate fat, and cholesterol.	N	S	O	R
3. Report any unusual signs or symptoms to a physician or other health professional.	N	S	O	R
4. Follow a planned exercise program.	N	S	O	R
5. Get enough sleep.	N	S	O	R
6. Feel I am growing and changing in positive ways.	N	S	O	R
7. Praise other people easily for their achievements.	N	S	O	R
8. Limit use of sugars and food containing sugar (sweets).	N	S	O	R
9. Read or watch TV programs about improving health.	N	S	O	R
10. Exercise vigorously for 20 or more minutes at least three times a week (such as brisk walking, bicycling, aerobic dancing, using a stair climber).	N	S	O	R
11. Take some time for relaxation each day.	N	S	O	R
12. Believe that my life has purpose.	N	S	O	R
13. Maintain meaningful and fulfilling relationships with others.	N	S	O	R
14. Eat 6-11 servings of bread, cereal, rice and pasta each day.	N	S	O	R
15. Question health professionals in order to understand their instructions.	N	S	O	R
16. Take part in light to moderate physical activity (such as sustained walking 30-40 minutes 5 or more times a week).	N	S	O	R
17. Accept those things in my life which I cannot change.	N	S	O	R
18. Look forward to the future.	N	S	O	R
19. Spend time with close friends.	N	S	O	R
20. Eat 2-4 servings of fruit each day.	N	S	O	R
21. Get a second opinion when I question my health care provider's advice.	N	S	O	R
22. Take part in leisure-time (recreational) physical activities (such as swimming, dancing, bicycling).	N	S	O	R
23. Concentrate on pleasant thoughts at bedtime.	N	S	O	R

	Never	Sometimes	Often	Routinely
24. Feel content and at peace with myself.	N	S	O	R
25. Find it easy to show concern, love and warmth to others.	N	S	O	R
26. Eat 3-5 servings of vegetables each day.	N	S	O	R
27. Discuss my health concerns with health professionals.	N	S	O	R
28. Do stretching exercises at least 3 times per week.	N	S	O	R
29. Use specific methods to control my stress.	N	S	O	R
30. Work toward long-term goals in my life.	N	S	O	R
31. Touch and am touched by people I care about.	N	S	O	R
32. Eat 2-3 servings of milk, yogurt or cheese each day.	N	S	O	R
33. Inspect my body at least monthly for physical changes/danger signs.	N	S	O	R
34. Get exercise during usual daily activities (such as walking during lunch, using stairs instead of elevators, parting car away from destination and walking).	N	S	O	R
35. Balance time between work and play.	N	S	O	R
36. Find each day interesting and challenging.	N	S	O	R
37. Find ways to meet my needs for intimacy.	N	S	O	R
38. Eat only 2-3 servings from the meat, poultry, fish, dried beans, eggs, and nuts group each day.	N	S	O	R
39. Ask for information from health professionals about how to take good care of myself.	N	S	O	R
40. Check my pulse rate when exercising.	N	S	O	R
41. Practice relaxation or mediation for 15-20 minutes daily.	N	S	O	R
42. Am aware of what is important to me in life.	N	S	O	R
43. Get support from a network of caring people.	N	S	O	R
44. Read labels to identify nutrients, fats, sodium content in packaged food.	N	S	O	R
45. Attend educational programs on personal health care.	N	S	O	R
46. Reach my target heart rate when exercising.	N	S	O	R
47. Pace myself to prevent tiredness.	N	S	O	R
48. Feel connected with some force greater than myself.	N	S	O	R
49. Settle conflicts with other through discussion and compromise.	N	S	O	R
50. Eat breakfast.	N	S	O	R
51. Seek guidance or counseling when necessary.	N	S	O	R
52. Expose myself to new experiences and challenges.	N	S	O	R

## Appendix II. Polycystic Ovary Syndrome Questionnaire (PCOSQ)

<b>How much of the time during the last two weeks did you:</b>							
	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	Hardly any of the time	None of the time
22. Feel like you are not sexy because of being overweight?							
23. Feel a lack of control over the situation with PCOS?							
24. Have difficulties staying at your ideal weight?							
25. Feel sad because of infertility problems?							
<b>To what extent has growth of visible body hair been a problem for you during the last two weeks:</b>							
	A severe problem	A major problem	A moderate problem	Some problem	A little problem	Hardly any problem	No problem
26. Growth of visible body hair?							
<b>Over the last two weeks, to what extent the following issues have been a problem for you:</b>							
	A severe problem	A major problem	A moderate problem	Some problem	A little problem	Hardly any problem	No problem
15. Growth of visible hair on your face?							
16. Embarrassment about excessive body hair?							
<b>During the past two weeks how much of the time have you been:</b>							
	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	Hardly any of the time	None of the time
17. Worried about having PCOS?							
18. Self-conscious as a result of having PCOS?							

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**In relation to your last menstruation, how much the following issues were a problem for you:**

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A severe problem	A major problem	A moderate problem	Some problem	A little problem	Hardly any problem	No problem
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19. Abdominal Bloating?  
20. Late menstrual period?  
21. Menstrual cramps?
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**In relation to you last menstruation, how much the following issues were a problem for you:**

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A severe problem	A major problem	A moderate problem	Some problem	A little problem	Hardly any problem	No problem
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7. Headaches?  
8. Irregular menstrual periods?
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**To what extent has growth of visible hair on your upper lip been a problem for you during the last two weeks:**

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A severe problem	A major problem	A moderate problem	Some problem	A little problem	Hardly any problem	No problem
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9. Growth of visible hair on upper lip?
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**During the past two weeks, how much of the time have you:**

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All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	Hardly any of the time	None of the time
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10. Had trouble dealing with your weight?  
11. Had low self-esteem as a result of having your PCOS?
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	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	Hardly any of the time	None of the time
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12. Felt frustration in trying to lose weight?

13. Felt afraid of not being able to have children?

14. Felt frightened of getting cancer?

**To what extent have you felt that growth of visible hair on your chin has been a problem for you during the last two weeks:**

	A severe problem	A major problem	A moderate problem	Some problem	A little problem	Hardly any problem	No problem
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1. Growth of visible hair on chin?

**During the past two weeks, hoe much of the time have you felt:**

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	Hardly any of the time	None of the time
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2. Depressed as a result of having PCOS?

3. Concerned about being overweight?

4. Easily tired?

5. Concerned with infertility problems?

6 Moody as a result of having PCOS?