

# Questionnaire for Wellbeing and Fitness data collection

The aim of the activities comprised in WP2 is to scan the current situation of participant well-being before the adaptive sport program. The **Warwick-Edinburgh Mental Well-being Scale (WEMWBS)**

is a validated and widely used tool designed to assess mental well-being in a positive and holistic way. Developed by researchers at the Universities of Warwick and Edinburgh, the scale was introduced in 2007 as a response to the growing need for a reliable measure that focuses on **positive mental health**, rather than solely on mental illness or distress.

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\* **Indică o întrebare obligatorie**

1. Please let us know your age \*

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2. Which of the following health conditions is applicable to you \*

*Bifează toate variantele aplicabile.*

- None of this
- Diabetes
- High blood pressure
- Overweight

3. Please select your partner country \*

*Bifează toate variantele aplicabile.*



Romania FRF



Belgium



Romania CG



Italy



Kosovo

4. We'd appreciate your feedback on how you feel about: \*

*Bifează toate variantele aplicabile.*

	None of the time	Rarely	Some of the time	Often	All of the time
<b>I've been feeling optimistic about the future</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I've been feeling useful</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I've been feeling relaxed</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I've been feeling interested in other people</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I've been feeling confident</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I've been able to make up my own mind about things</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Please select the option that best represents how you're feeling right now. Your input is valuable in helping us understand your current well-being

\*

*Bifează toate variantele aplicabile.*

	None of the time	Rarely	Some of the time	Often	All of the time
<b>I've had energy to spare</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I've been dealing with problems well</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I've been thinking clearly</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I've been feeling good about myself</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I've been feeling close to other people</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I've been feeling loved</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I've been interested in new things</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I've been feeling</b>					

feeling  
I've been  
happy  
feeling  
happy

6. Please take a moment to describe your current state of well-being. How do you feel physically, mentally, and emotionally right now?

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7. **How would you describe your body composition? Please rate yourself on the following scale, where 1 = very underweight and 5 = overweight** \*

*Bifează toate variantele aplicabile.*

- Very Underweight  
 Slightly Underweight  
 Average Weight  
 Slightly Overweight  
 Overweight

8. What is your Resting Blood Pressure (mmHg)? \*

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9. What is your resting heart rate (beats per minute)? \*

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10. How many days per week do you do at least 30 minutes of moderate activity (e.g., \* walking, swimming, cycling, gardening, dog walking, going to a gym, or playing a team sport)?

*Bifează toate variantele aplicabile.*

- 0 days  
 1-3 days  
 4-5 days  
 6-7 days

11. How would you rate your daily energy levels (1 is very low and 5 is high energy)? \*

1 2 3 4 5



12. How confident are you in your balance during daily activities (e.g., walking, \* turning, standing on one leg)? Not confident is 1 and 5 is very confident

1 2 3 4 5



13. On a scale from 1 to 10, how would you rate your current physical fitness? \*

1 2 3 4 5 6 7 8 9 10





