

Health & Wellness Survey One for Falun Gong Practitioners (HW1)

Dear participant,

This is the Health & Wellness Survey (HW1) for Falun Gong practitioners. Your participation will help in the study of the effect of Falun Gong practice on health and wellness as compared with people who don't practise Falun Gong or other forms of meditation.

The online survey takes 20 minutes. Please read all instructions carefully and set aside enough time to complete the survey.

Participation is voluntary. You are under no obligation to participate. The researcher will not be approaching Falun Gong practitioners in China. Please do not complete this survey if Falun Gong is banned in your country, or if participating poses a security risk for you and your family.

All responses are confidential, anonymous, and no one will be identified. (However, the researcher cannot guarantee the confidentiality or anonymity of material transferred by email or Internet.)

Please complete each question before going to the next question.

SECTION 1 - ABOUT YOU:

The questions in the first section provide information on the global demographic characteristics of respondents.

To respond, please place a check in the box or click the button next to the most appropriate option.

1. Are you Male or Female?

2. Which age group do you belong to?

- Under 20 years
- 20 – 29 years
- 30 – 39 years
- 40 – 49 years
- 50 – 59 years
- 60 – 69 years
- 70 years and above

3. What is your relationship status?

- Now married
- De facto relationship (Cohabitation)
- Never married
- Divorced/Separated
- Widowed

4. How do you identify your ethnicity? Please specify. (E.g. Australian Aboriginal, African, Arabic, Chinese, Hispanic or Mediterranean, Indian, Japanese, Northern European and Slav, Sri Lankan, South Sea Islander, etc.)

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5. What is your country of birth? (E.g. Australia, Canada, China, France, India, Italy, Malaysia, Sweden, Taiwan, UK, USA, Vietnam, etc.)

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6. What is your current country of residence? (E.g. Australia, Canada, China, France, India, Italy, Malaysia, Sweden, Taiwan, UK, USA, etc.)

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7. Is English your first language? (The language you grew up with as a child)

- Yes No

8. If English is not your first language, what is your first language? (E.g. Chinese Mandarin, Chinese Dialect, French, Italian, Bahasa Malaysia, Portuguese, Russian, Spanish, Vietnamese, etc.)

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9. What is your highest educational attainment?

- Middle/Secondary/Primary School
- High/Senior School Diploma or equivalent
- Undergraduate degree (bachelor)
- Master or postgraduate degree
- PhD or Doctoral degree

10. What is your current occupation? (E.g. chef, counsellor, lawyer, medical doctor, plumber, secretary, police or secret agent, college or university student, retired, etc.)

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11. What is your gross annual household income? [in your local currency, for e.g. Yen180,000, US\$80,000, 100,000 rupees, £38,000]

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SECTION 2 – YOUR MEDICAL HISTORY AND HEALTH STATUS

12. How many times have you consulted a medical doctor during the past 6 months?
- None 1 - 3 times
 4 - 6 times 7 - 9 times
 Over 10 times
13. If you have consulted a medical doctor, briefly state main reason(s). (E.g. bone fracture, colds.)
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.....
14. Are you currently taking any of the following? (Check all that apply)
- None
 Prescription drugs (medical)
 Over counter drugs, e.g. Panadol, Aspirin
 Chinese herbal remedies
 Western herbal remedies
 Homeopathic remedies
 Multi-vitamins and health supplements
15. How much have you spent on all medical and health expenses (including prescriptions, herbal remedies, supplements) in the past six months? Write None or state total amount [in your local currency, e.g. US\$500, 10,000 rupees, etc.]
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16. Do you smoke tobacco cigarettes?
 No Yes
17. If yes, how many cigarettes per day? (E.g. 20 cigarettes per day.)
18. Do you plan to stop smoking?
 No Yes Not Applicable
19. Do you consume alcohol? No Yes
20. If yes, how much alcohol per day? (E.g. 50mls spirits, 200mls wine, 500mls beer.)
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21. Do you plan to stop consuming alcohol?
 No Yes Not Applicable
22. Do you use recreational drugs (e.g. heroin, ice, marijuana, ecstasy, etc.)?
 No Yes
23. If yes, what recreational drug(s) do you use?
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24. Do you plan to stop using recreational drugs?
 No Yes Not Applicable

SECTION 3: MEDITATION PRACTICE

25. What is Falun Gong? Check the most appropriate option.
- It is a form of religion with its origin from Buddhist teachings
 Also known as Falun Dafa, it is an advanced cultivation practice based on truthfulness, compassion and forbearance
 It is a type of Qigong practice
 It is a sect based on Taoist and Buddhist teachings
 Don't know
26. Which of the following is MOST important in the practice of Falun Gong?
- Practise the exercises daily
 Study teachings of Falun Gong
 Maintain a positive attitude
 Organise experience sharing conference
 Don't know
27. How long have you practised Falun Gong?
- 6 months-2 years 2-4 years
 4-6 years 6-8 years
 8-10 years Over 10 years
28. How often do you practise the exercises?
- Once a week 2-3 times a week
 4-5 times a week Daily
29. Please state time spent on the practice for each session.
- 30 minutes 1 hour
 1 hour 30 minutes 2 hours
30. How often do you study the teachings of Falun Gong?
- Once a week 2-3 times a week
 4-5 times a week Daily
31. Please state total time spent on the study each week.
- None 1 - 5 hours
 6 - 10 hours 11 - 15 hours
 16 - 20 hours Over 20 hours
32. How has your physical health changed since practising Falun Gong?
- Significantly worse
 Slightly worse
 No difference
 Slightly improved
 Significantly improved

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33. How has your mental and emotional health changed since practising Falun Gong?
 Significantly worse
 Slightly worse
 No difference
 Slightly improved
 Significantly improved
34. How has your stress coping ability changed since practising Falun Gong?
 Significantly worse
 Slightly worse
 No difference
 Slightly improved
 Significantly improved
35. How has your relationship with significant others changed since practising Falun Gong?
 Significantly worse
 Slightly worse
 No difference
 Slightly improved
 Significantly improved
36. How has your attitude to life changed since practising Falun Gong?
 Significantly worse
 Slightly worse
 No difference
 Slightly improved
 Significantly improved
37. Did you have any medical condition(s) as diagnosed by medical doctors before practising Falun Gong? No Yes
38. If yes, please specify, e.g. anxiety disorder, lung cancer, heart disease, chronic fatigue/pain, etc.

39. How would you rate your medical condition since practising Falun Gong?
 Significantly worse
 Slightly worse
 No difference
 Slightly improved
 Significantly improved
 Not Applicable
40. If you smoked tobacco cigarettes before you started Falun Gong practice, did you stop the smoking habit after starting practice?
 No Yes Not Applicable
41. If you drank alcohol before you started Falun Gong practice, did you stop your alcohol consumption since starting practice?
 No Yes Not Applicable
42. What first attracted you to Falun Gong practice? Select **THREE** that most apply.
 Search for meaning in life
 Family/friends practise Falun Gong
 Falun Gong exercises
 Teachings of Falun Gong
 Spiritual enlightenment offered by Falun Gong
 Physical and Mental Health Benefits
 A predestined relationship (*e.g. I just knew this is for me.*)
 Other
43. Please specify or explain what you mean by "Other" in Question 42.

44. How do you think Falun Gong practice has led to better health and wellness in your life? Check **THREE** that most apply.
 Falun Gong exercise routine
 Regular study of Falun Gong teachings
 Falun Gong community
 Improved stress coping ability
 Positive change of attitude towards life since practising Falun Gong
 Improving *xinxing* or moral character based on the principles of Truthfulness, Compassion and Forbearance.
 Falun Gong experience sharing conferences
 Other
45. Please specify or explain what you mean by "Other" in Question 44.

Please check Not Applicable if Q 40 & 41 don't apply to you.

SECTION 4: THE SF36 HEALTH SURVEY

Please turn the page and complete Section 4.

40. If you smoked tobacco cigarettes before you started Falun Gong practice, did you stop the smoking habit after starting practice?

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SECTION 4: SF36 HEALTH SURVEY

INSTRUCTIONS: This set of questions asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. Answer every question by marking the answer as indicated. If you are unsure about how to answer a question please give the best answer you can.

46. In general, would you say your health is: (Please check one box.)

- Excellent
- Very Good
- Good
- Fair
- Poor

47. Compared to one year ago, how would you rate your health in general now? (Please check one box.)

- Much better than one year ago
- Somewhat better than last year
- About the same as one year ago
- Somewhat worse now than one year ago
- Much worse than one year ago

The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much. **(Please circle one number on each line.)**

Activities	Yes, Limited A Lot	Yes, Limited A Little	Not Limited At All
48. a. Vigorous activities , such as running, lifting heavy objects, participating in strenuous sports	1	2	3
49. b. Moderate activities , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	1	2	3
50. c. Lifting or carrying groceries	1	2	3
51. d. Climbing several flights of stairs	1	2	3
52. e. Climbing one flight of stairs	1	2	3
53. f. Bending, kneeling, or stooping	1	2	3
54. g. Walking more than a mile	1	2	3
55. h. Walking several blocks	1	2	3
56. i. Walking one block	1	2	3
57. j. Bathing or dressing yourself	1	2	3

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health? **(Please circle one number on each line.)**

	Yes	No
58. a. Cut down on the amount of time you spent on work or other activities	1	2
59. b. Accomplished less than you would like	1	2
60. c. Were limited in the kind of work or other activities	1	2
61. d. Had difficulty performing the work or other activities	1	2

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (e.g. feeling depressed or anxious)?

(Please circle one number on each line.)

	Yes	No
62. a. Cut down on the amount of time you spent on work or other activities	1	2
63. b. Accomplished less than you would like	1	2
64. c. Didn't do work or other activities as carefully as usual	1	2

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65. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours, or groups? (Please check **one** box.)

Not at all
 Slightly
 Moderately
 Quite a bit
 Extremely

66. How much physical pain have you had during the past 4 weeks? (Please check **one** box.)

None Mild Moderate
 Severe Very Severe

67. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)? (Please check **one** box.)

Not at all
 Slightly
 Moderately
 Quite a bit
 Extremely

These questions are about how you feel and how things have been with you during the past 4 weeks. Please give the one answer that is closest to the way you have been feeling for each item.

(Please circle one number on each line.)	All of the Time	Most of the Time	A Good Bit of the Time	Some of the Time	A Little of the Time	None of the Time
68. a. Did you feel full of life?	1	2	3	4	5	6
69. b. Have you been a very nervous person?	1	2	3	4	5	6
70. c. Have you felt so down in the dumps that nothing could cheer you up?	1	2	3	4	5	6
71. d. Have you felt calm and peaceful?	1	2	3	4	5	6
72. e. Did you have a lot of energy?	1	2	3	4	5	6
73. f. Have you felt downhearted and blue?	1	2	3	4	5	6
74. g. Did you feel worn out?	1	2	3	4	5	6
75. h. Have you been a happy person?	1	2	3	4	5	6
76. i. Did you feel tired?	1	2	3	4	5	6

77. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.) (Please check **one** box.)

All of the time
 Most of the time
 Some of the time
 A little of the time
 None of the time

How TRUE or FALSE is each of the following statements for you?

(Please circle one number on each line.)	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
78. a. I seem to get sick a little easier than other people	1	2	3	4	5
79. b. I am as healthy as anybody I know	1	2	3	4	5
80. c. I expect my health to get worse	1	2	3	4	5
81. d. My health is excellent	1	2	3	4	5

Thank you for completing all FOUR sections of the survey. Your contribution to this research study project is much appreciated. If participating in this study has caused you concern or worry, please speak to fellow practitioners or the coordinator in your region. Or you could contact the researcher via email: margaret.lau@postgrads.unisa.edu.au.
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