

Theoretical Framework or Concept	Description
Self-Efficacy Theory	Self-efficacy is a central construct within Social Cognitive Theory, which was developed by Alfred Bandura (1986), and suggests that the observation of others within social interactions, media or other experiences is critical for knowledge acquisition. Self-efficacy is defined as the belief in one's ability to succeed in specific situations. In the context of interventions for increasing physical activity participation, self-efficacy is typically described as the confidence a person has in conducting the various behaviours required to engage in physical activity (e.g., overcoming barriers to participation, scheduling or in performing the specific physical activity itself). In addition to self-efficacy, other key determinants of social cognitive theory as applied to health promotion practices include knowledge of health risks and benefits, outcome expectations, health goals and associated strategies, and perceived facilitators and barriers (Bandura 2004).
Transtheoretical Model	The transtheoretical model (TTM) is a model of health behaviour change that was developed by James Prochaska and colleagues in the late 1970's in the area of addictive behaviours (Prochaska and Velicer 1997). More recently, the core constructs of the TTM have been employed to guide the development of interventions that seek to promote physical activity participation (Marcus and Simkin 1994). These core constructs include stages and processes of change, decisional balance and self-efficacy.
Action Phase Model	The action phase model is a health behaviour change theory that specifies that goal-oriented behaviour consists of various phenomena such as deliberating, planning, acting and evaluating and that these are ruled by different principles (Gollwitzer, 1993). A significant aspect of this model is the importance of mind-sets in achieving successful behaviour change. For example, various techniques may be employed to assist the person to view goal attainment in a more positive light and avoid negative thoughts that might undermine their goal pursuits (Gollwitzer and Kinney, 1989). In turn, this positive thinking is thought to yield optimistic perceptions of control over the intended outcome.
Coping Planning (as part of the Health Action Process Approach)	Coping planning is a specific method that involves the pairing of anticipated barriers with self-regulatory strategies. Examples of self-regulatory strategies are self-monitoring or cognitive restructuring. By forming coping plans, persons may anticipate and develop plans to manage potential barriers that may interfere with goal attainment (Schwarzer 1992).
Implementation Intentions	Implementation intentions are action plans that specify when, where and how a goal is to be accomplished. Implementation intentions commit an individual to performing a behaviour within the situational cues (i.e., when, where, and how to act) as they are

	encountered (Gollwitzer, 1993). They have been identified as a useful technique that is consistent with the Action Phase Model.
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