

ACT FOLLOW-UP HEALTH HABITS FORM

ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	NEWID	CLEGG USE ONLY	Acrostic	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Visit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	VISIT	Visit Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Mon	Day	Year								

1. The following questions are about cigarette smoking.

(a) Have you ever smoked cigarettes? **EVERSMOK** Yes No (Please skip to question 2.)

(b) Do you currently smoke cigarettes? **CURSMOKE**

Yes — On an average day, how many cigarettes do you smoke? **AVGSMOKE** cigarettes

No — Did you quit smoking before you began participating in ACT? **QUITSMOK**

Yes (Please skip to question 2.)

No — When did you quit smoking?
Mon Year

No — Before quitting, on an average day, how many cigarettes did you smoke? **SMOKEAMT** cigarettes

2. Since your last visit, have you tried to lose weight? **TRYLOSWT**

Yes — Did you try to lose this weight by: **LOSWTBY**

No —

1 dieting alone?

2 exercise alone?

3 dieting and exercise?

4 other? (specify: _____)

3. What is your current marital status? **M_STATUS**

- never married
- presently married
- living in a marriage-like relationship
- divorced or separated
- widowed

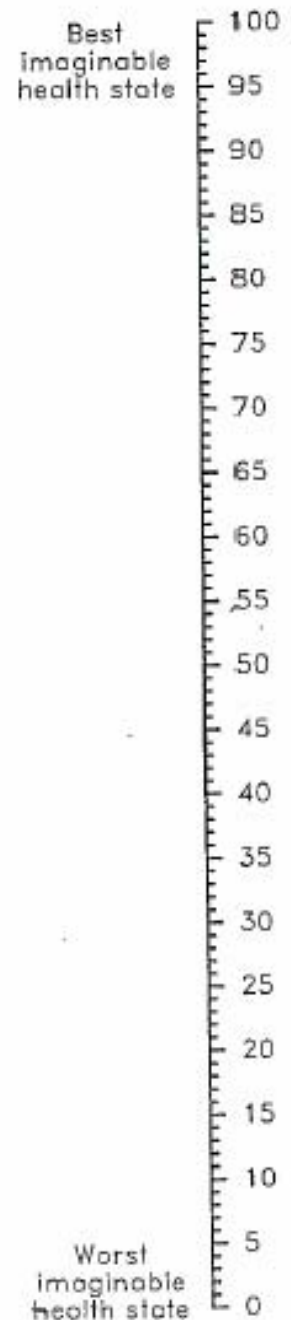
Acrostic

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4. To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked by 100 and the worst state you can imagine is marked by 0.

We would like for you to indicate on this scale how good or bad is your own health today, in your opinion. Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad your current health state is.

Your own health state today



Euroqol Score

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 EUROQOL



5. What is your current employment status? **EMPLOY**
(please indicate the **one** that best describes you now)

- 1 Unemployed
- 2 Full-time homemaker
- 3 Employed full-time or part-time
- 4 Permanently disabled

- 5 Retired
- 6 Full-time or part-time student
- 7 On temporary medical leave