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**ACTIVITY COUNSELING TRIAL
TELEPHONE PRE-SCREENING**

INTERVIEWER: Please do not complete any information on this form until the potential participant has agreed to be interviewed.

"Hello, this is <interviewer name>, and I'm calling you on behalf of your physician, Dr. <physician name>, who is taking part in a national study to help patients increase their physical activity.

Participating in regular physical activity, such as walking or moderate exercise, can be good for people of all ages. It can reduce your chances of developing heart disease. Since you are a patient of Dr. <physician name>, you have the opportunity to join the study, if you qualify. Do you think you might be interested?"

IF NO: "Thank you for your time."

IF YES: " I would like to ask you a few questions to find out if you can take part in the study. Answering these questions will take about ten minutes. If you are not eligible for the study, I'll let you know right away. Your answers will be kept confidential. You can refuse to answer any question or stop me at any time. Are you ready to begin?"

Phone number called: - -

"What is your full name?"		
(First)	(Middle or Maiden)	(Last)

"What is your address?"		
(Street name and number or P.O. Box)		
(City)	(State)	(ZIP code)

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Acrostic	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

DATA SET NAME: TELEPHON

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Date of Interview	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Interviewer	<input type="text"/> <input type="text"/>	(Staff code)
Date of Scheduled Physician Visit	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	VISIT	Physician ID	<input type="text"/> <input type="text"/> <input type="text"/>

PART I

1. "What is your date of birth?" //
2. "What is your age?" **AGE**
3. "Are you a woman or a man?" 1 Female **SEX** 2 Male
4. "Are you of Spanish or Hispanic origin or descent?" 1 Yes **SPORIGIN** 2 No
5. "What race do you consider yourself to be?" **RACE**
 - 1 White or Caucasian
 - 2 Black or African American
 - 3 American Indian or Native American
 - 4 Native Alaskan
 - 5 Aleutian
 - 6 Asian or Pacific Islander
 - 7 Other race _____
(specify) **RACE_SP**

PART II

"The next questions are about your health habits and medical history."

6. "Do you currently and regularly participate in and physical activity such as walking, running, aerobic dance, swimming, or playing sports at least three times per week for 30 minutes or longer each time?" **REG1PART**
1 Yes 2 No
7. "If you have a job, does your job require you to do heavy manual labor or vigorous physical exercise for most of your shift?" **JOBLABOR**
1 Yes 2 No

DATA SET NAME: TELEPHON

Acrostic

8. "Has a doctor ever told you that you have heart problems?" **HEARTPRB**

- 1 Yes ⇒ "Please specify the type of problem you have."
2 No

9. "Has a doctor ever told you that you have had a stroke?" **STROKE** 1 Yes 2 No

10. "Have you ever been diagnosed or treated for skin cancer?" **SKINCNCR**

- 1 Yes ⇒ "Was it melanoma?" **MELANOMA**
2 No
- 1 Yes ⇒ "Was this within the last 5 years?" 1 Yes 2 No
2 No

11. "Have you ever been diagnosed or treated for any types of cancer other than skin cancer?" **OTHNCNCR**

- 1 Yes ⇒ "What kind of cancer?" _____
2 No "Was this within the last 5 years?" 1 Yes 2 No **OTHNCNRS**

12. "Do you have diabetes that require you to take insulin?" **DIABETES** 1 Yes 2 No

13. "Has a doctor ever told you that you have asthma?" **ASTHMA**

- 1 Yes ⇒ "Have you taken any medications to treat it in the last 6 months?"
2 No **ASTHMEDS** 1 Yes 2 No

14. **WOMEN ONLY:** "Are you pregnant or currently trying to get pregnant?" **PREGNANT** 1 Yes 2 No

15. "Are you able to walk one-quarter of a mile (about 3 blocks) or climb ten stairs without difficulty?" **WALKCLIM** 1 Yes 2 No

16. "Are you willing to increase your level of physical activity?" **INCRACT** 1 Yes 2 No

DATA SET NAME: TELEPHON

Acrostic

17. "Are you currently participating in another medical research study?" **PARTOTH**
1 Yes ⇒ "As part of this study are you receiving any medical treatments, taking any medications, or being asked to change your usual health habits?"
2 No **OTHTX** 1 Yes 2 No

18. "Are any members of your household already participating in the Activity Counseling Trial?" **PARTACT** 1 Yes 2 No

19. "Do you live within 50 miles of your doctor's office?" **LIVE50MI** 1 Yes 2 No

20. "Do you plan to stay in this area for the next two years?" **STAY2YR** 1 Yes 2 No

Eligibility status: **STATUS**

1 Possibly eligible ⇒ "Would you be interested in learning more about the study?"
1 Yes ⇒ Complete scheduling information below. **LEARNMOR**
2 No ⇒ End of questionnaire.

2 Ineligible ⇒ End of questionnaire

Scheduling Information

Date and time of appointment

Date	Time
<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM
Mo Day Yr	

Date Reviewed / /

Mon Day Year

Reviewed by (staff code)