choices
choosing healthy options in college environments and settings

Participant ID: _____ BP Machine #: _____

Date: |___|___| / |___|___| / |___|___| Staff ID: |___|___|___|

# Blood Pressure Data Collection Form

**1. Arm Circumference (cm)**

| Measure 1 | Measure 2 | Mean Value of Measures 1 & 2 |
|---|---|---|
| \|___\|___\|___\| . \|___\| | \|___\|___\|___\| . \|___\| | \|___\|___\|___\| . \|___\| |

***Repeat a third measure if difference is > 1.0 cm***

| Measure 3 (if needed) | New Mean Value of Measures 1, 2 & 3 |
|---|---|
| \|___\|___\|___\| . \|___\| | \|___\|___\|___\| . \|___\| |

**2. Cuff Size Used:**

1☐ Small Adult
2☐ Adult
3☐ Large Adult
4☐ Large Adult Long

| Arm Circumference | Cuff Size |
|---|---|
| 17.0 to < 24.0 cm | Small Adult |
| 24.0 to < 33.0 cm | Adult |
| 33.0 to < 41.0 cm | Large Adult |
| ≥ 41.0 cm | Large Adult Long |

| | 3. Mean Arterial Pressure (mmHg) | 4. Pulse Rate (per min) | 5. Systolic Pressure (mmHg) | | 6. Diastolic Pressure (mmHg) |
|---|---|---|---|---|---|
| **a. Measure 1:** (Taken after 5 minutes of rest) | \|___\|___\|___\| | \|___\|___\|___\| | \|___\|___\|___\| | / | \|___\|___\|___\| |
| **b. Measure 2:** | \|___\|___\|___\| | \|___\|___\|___\| | \|___\|___\|___\| | / | \|___\|___\|___\| |
| **c. Mean Value of Measures 1 & 2:** | | | \|___\|___\|___\| | / | \|___\|___\|___\| |

***Repeat a third measure if the first two measures differ by > 10 mmHg systolic AND > 6 mmHg diastolic.***

| | | | | | |
|---|---|---|---|---|---|
| **d. Measure 3:** (If needed) | \|___\|___\|___\| | \|___\|___\|___\| | \|___\|___\|___\| | / | \|___\|___\|___\| |
| **e. Mean Value of Measures 1, 2 & 3:** (If needed) | | | \|___\|___\|___\| | / | \|___\|___\|___\| |

* Note: The participant will be EXCLUDED from the CHOICES study if the systolic BP is ≥ 160 mmHg **OR** the diastolic BP is ≥ 100 mmHg.

**Comments:**

_____

_____

_____

choices
choosing healthy options in college environments and settings

Participant ID: _____ Age: |___|___| years old

Date: |___|___| / |___|___| / |___|___| Staff ID: |___|___|___|

# Body Composition Data Collection Form

**1. Height (cm)**

**a. Measure 1** **b. Measure 2** **c. Mean Value of Measures 1 & 2**

|___|___|___| . |___| |___|___|___| . |___| |___|___|___| . |___|

***Repeat a third measure if difference is > 0.5 cm***

**d. Measure 3 (if needed)** **e. New Mean Value of Measures 1, 2 & 3**

|___|___|___| . |___| |___|___|___| . |___|

**2. Weight (kg)**

**a. Measure 1** **b. Measure 2** **c. Mean Value of Measures 1 & 2**

|___|___|___| . |___| |___|___|___| . |___| |___|___|___| . |___|

***Repeat a third measure if difference is > 0.2 kg***

**d. Measure 3 (if needed)** **e. New Mean Value of Measures 1, 2 & 3**

|___|___|___| . |___| |___|___|___| . |___|

**3. Tanita – Body Fat (%)**

**a. Measure 1** **b. Measure 2** **c. Mean Value of Measures 1 & 2**

|___|___|___| . |___| |___|___|___| . |___| |___|___|___| . |___|

***Repeat a third measure if difference is > 0.5%***

**d. Measure 3 (if needed)** **e. New Mean Value of Measures 1, 2 & 3**

|___|___|___| . |___| |___|___|___| . |___|

**4. Waist Circumference (cm)** **Tape Measure Used: _____**

**a. Measure 1** **b. Measure 2** **c. Mean Value of Measures 1 & 2**

|___|___|___| . |___| |___|___|___| . |___| |___|___|___| . |___|

***Repeat a third measure if difference is > 1.0 cm***

**d. Measure 3 (if needed)** **e. New Mean Value of Measures 1, 2 & 3**

|___|___|___| . |___| |___|___|___| . |___|

**5. Comments, check here if comments:** 1☐

_____

choices
choosing healthy options in college environments and settings

Participant ID: _____

Visit Date: _____

Measurement Visit:

1☐ Baseline 3☐ 12 Month
2☐ 4 Month 4☒ 24 Month

# MEDICAL EVENTS FORM

**NOTES FOR STAFF**:

A. This form must be administered by a CHOICES study staff member (not self-reported by the participant) at each measurement visit (and only at the measurement visits).
B. Please ask participant to explain all "yes" answers in Questions 1 and 2.
C. If there are any "yes" answers in Questions 1 and 2, this form must be reviewed by the CHOICES study physician to determine if a Serious Adverse Events (SAE) form is required (except at baseline when SAEs will not be reported as they will not be study-related).
D. If the participant answers "no" to all items in Questions 1 and 2, the form is complete after Question 2 and the study staff member should sign the "completed by" and "date completed" lines in the Staff Info section at the end of the document and give to the study coordinator.

**1. Since your last study visit on _____, have you been hospitalized overnight for any reason?**
***Note: For baseline visits, this question should ask, "In the past 6 months, have you been…"**

1☐ Yes
2☐ No

If Yes:
On what date? _____
Please describe what occurred that led to the hospitalization:

_____
_____
_____
_____

**Note:** ALL hospitalizations require an SAE form to be completed by the CHOICES study physician. (Emergency room visits or stays do not count as hospitalizations.)

| **2. Since your last study visit on _____, have you had any of the following (check all that apply)?** ***Note: For baseline visits, this should ask, "In the past 6 months…"** | **Yes** | **No** | **Date of Event Onset** | **Date of Event Resolution[1]** | **Life Threatening[2]** | **Resulted in Disability[3]** | **SAE Form Required** |
|---|---|---|---|---|---|---|---|
| a. Heart Trouble | 1☐ | 2☐ | | | 1☐ Yes 2☐ No | 1☐ Yes 2☐ No | 1☐ Yes 2☐ No |
| b. Fainting | 1☐ | 2☐ | | | 1☐ Yes 2☐ No | 1☐ Yes 2☐ No | 1☐ Yes 2☐ No |

| | Yes | No | Date of Event Onset | Date of Event Resolution[1] | Life Threatening[2] | Resulted in Disability[3] | SAE Form Required |
|---|---|---|---|---|---|---|---|
| c. Stroke, mini-stroke (TIA) or another neurological problem | 1☐ | 2☐ | | | 1☐ Yes<br>2☐ No | 1☐ Yes<br>2☐ No | 1☐ Yes<br>2☐ No |
| d. Muscle or bone injury (e.g., broken bone, torn ligament, sprain) | 1☐ | 2☐ | | | 1☐ Yes<br>2☐ No | 1☐ Yes<br>2☐ No | 1☐ Yes<br>2☐ No |
| e. New diagnosis of or hospitalization for diabetes | 1☐ | 2☐ | | | 1☐ Yes<br>2☐ No | 1☐ Yes<br>2☐ No | 1☐ Yes<br>2☐ No |
| f. Gallbladder attack, surgery, or gallstone pancreatitis | 1☐ | 2☐ | | | 1☐ Yes<br>2☐ No | 1☐ Yes<br>2☐ No | 1☐ Yes<br>2☐ No |
| g. New diagnosis of, started treatment for, or hospitalization for depression | 1☐ | 2☐ | | | 1☐ Yes<br>2☐ No | 1☐ Yes<br>2☐ No | 1☐ Yes<br>2☐ No |
| h. Eating disorder (e.g., anorexia or bulimia) | 1☐ | 2☐ | | | 1☐ Yes<br>2☐ No | 1☐ Yes<br>2☐ No | 1☐ Yes<br>2☐ No |
| i. New diagnosis of, started treatment for, or hospitalization for any other mental health problem | 1☐ | 2☐ | | | 1☐ Yes<br>2☐ No | 1☐ Yes<br>2☐ No | 1☐ Yes<br>2☐ No |
| j. Asthma: New diagnosis of, started treatment for, or hospitalization or emergency room or urgent care visit for an asthma attack | 1☐ | 2☐ | | | 1☐ Yes<br>2☐ No | 1☐ Yes<br>2☐ No | 1☐ Yes<br>2☐ No |
| k. Pregnancy | 1☐ | 2☐ | | | 1☐ Yes<br>2☐ No | 1☐ Yes<br>2☐ No | 1☐ Yes<br>2☐ No |
| l. Weight loss treatment/procedure (e.g., bariatric surgery, stomach banding, liposuction) | 1☐ | 2☐ | | | 1☐ Yes<br>2☐ No | 1☐ Yes<br>2☐ No | 1☐ Yes<br>2☐ No |
| m. Motor vehicle accident (See Question 4, below) | 1☐ | 2☐ | | | 1☐ Yes<br>2☐ No | 1☐ Yes<br>2☐ No | 1☐ Yes<br>2☐ No |
| n. Other: _____ | 1☐ | 2☐ | | | 1☐ Yes<br>2☐ No | 1☐ Yes<br>2☐ No | 1☐ Yes<br>2☐ No |

[1] If not resolved, write "N/A"

[2] A Life Threatening Event is defined as placing the participant at immediate risk of death from the event as it occurred (per NHLBI).

[3] Disability that is significant or persistent.

**3. For any of the events or conditions marked "yes" in Question 1 and/or 2a – 2n (for 2m, see Question 4), please describe what occurred. Please include the corresponding letter (e.g., 2a, 2b…).**

0☐ N/A
1☐ Yes, describe below.

_____

_____

_____

_____

**4. If you were in a motor vehicle accident (Q2m), please describe what occurred.**

0☐ N/A
1☐ Yes, describe below.

_____

_____

_____

_____

**4a. Was the accident related to your participation in this study in any way?** 1☐ Yes 2☐ No

If Yes: Why? _____

_____

_____

**QUESTIONS 5 – 7 ARE FOR STAFF USE ONLY**

***Note: Complete Questions 5 -7 if a participant marked "yes" to any item in Questions 1 and 2.**

5. Are any events/conditions marked "yes" in Questions 1 or 2 a **possible** serious adverse event (SAE)?
   1☐ Yes 2☐ No

   **If Yes: Inform the study coordinator so she can work with the study physician to finalize an SAE Form.**
   An SAE is defined as an event that:

   a. Is life threatening or placed the participant at immediate risk of death.
   b. Caused persistent or significant disability or incapacity.
   c. Required or prolonged a hospitalization.
   d. A pregnancy that resulted in a congenital anomaly or birth defect.
   e. Death
   f. Caused other significant hazards or potentially serious harm to research subjects or others.

   **If No: This event/condition would be considered an Adverse Event (AE). Record the AE on the Events/Condition Categories for Coding at the end of this form.**

6. Did a study terminating event occur? 1☐ Yes 2☐ No

**<u>If Yes</u>: CHOICES study project coordinator must initiate termination and complete Participation Termination Form**

A study-terminating event is defined as:

- An answer of "yes" to 2c, 2e, 2h, 2k, or 2l
- The occurrence of any event or condition that would make continued participation in the study unsafe for the participant or others

7. Is a referral to a health care provider needed? 1☐ Yes 2☐ No

**<u>If Yes</u>:**

1. Advise participant to see his/her physician or go to his/her clinic on campus
2. Send a letter to the participant repeating and thereby documenting our advice to him/her to see his/her physician or clinic.

   Date Sent _____

   By Whom _____

**<u>STAFF INFO</u>**

Completed by (staff member): _____

Date Completed: _____

Reviewed by: Pamela Carr-Manthe

Signature: _____

Date Reviewed: _____

Physician Name: Scott Crow, MD (complete only if an SAE)

Physician Signature: _____

Date: _____

## CHOICES Study Event/Condition Categories for Coding

| Event/Condition | Coding Category | Adverse Event: Mark with an "X" in the appropriate box. |
|---|---|---|
| a. Heart trouble | Cardiovascular | 01☐ |
| b. Fainting | Cardiovascular or other | 02☐ |
| c. Stroke, mini-stroke (TIA) or another neurological problem | Cardiovascular | 03☐ |
| d. Muscle or bone injury (e.g., broken bone, torn ligament, sprain) | Musculoskeletal | 04☐ |
| e. New diagnosis of or hospitalization for diabetes | Diabetes | 05☐ |
| f. Gallbladder attack, surgery or gallstone pancreatitis | Gallbladder disease | 06☐ |
| g. New diagnosis of, started treatment for or hospitalization for depression | Psychiatric | 07☐ |
| h. Eating disorder (e.g., anorexia or bulimia) | Psychiatric | 08☐ |
| i. New diagnosis of, started treatment for, or hospitalization for any other mental health problem | Psychiatric | 09☐ |
| j. Asthma: New diagnosis of, started treatment for, or hospitalization or emergency room or urgent care visit for an asthma attack | Asthma | 10☐ |
| k. Pregnancy | Obstetric | 11☐ |
| l. Weight loss treatment/procedure (e.g., bariatric surgery, stomach banding, liposuction) | Weight loss related | 12☐ |
| m. Motor vehicle accident (Note: See Question 4 on Medical Events Form) | MVA | 13☐ |
| n. Other: _____ | Other | 14☐ |

choices
choosing healthy options in college environments and settings

Participant ID: _____

Visit Date: _____

Measurement Visit:

1☐ Baseline 4☐ 24 Month
2☐ 4 Month 5☐ Interim SAE
3☐ 12 Month

# SERIOUS ADVERSE EVENTS (SAE) FORM

**NOTES FOR STAFF ONLY**

1. This form must be completed by a CHOICES study staff member through Question 6.
2. Study staff members should inform participants that the study physician may contact them if the event is a possible SAE.
3. This form should be completed within 48 hours of learning of the event if:
   a. The Medical Events Form indicates a possible SAE occurred.
   b. An Interim SAE occurred.
4. This form should be completed regardless of how long after the event the study is informed of the event.
5. Complete only one event per form.

1. Based on the Medical Events Form or information received between regular measurement visits (Interim SAE), did any of the following possible Serious Adverse Events (SAE) occur? 1☐ Yes 2☐ No

   a. An event that is life threatening or places the participant at immediate risk of death.
   b. An event that causes persistent or significant disability or incapacity.
   c. An event that requires or prolongs a hospitalization (an emergency room visit/stay is not a hospitalization).
   d. A pregnancy that results in a congenital anomaly or birth defect.
   e. Death
   f. An event that causes other significant hazards or potentially serious harm to study participants or others.

Please provide detail of the event.

_____

_____

_____

_____

_____

2. What was the date of this event or the date of onset of this event? _____

3. How did this possible SAE come to the attention of the CHOICES study staff? (Check one)

   1☐ Medical Events Form at a regular measurement visit (baseline, 4, 12 or 24 month encounter)

   2☐ Obtained between measurement visits (e.g., during an intervention encounter, on the phone, during unexpected public contact, or via participant-initiated contact)

4. Describe the possible SAE:

_____

_____

4a. Did a health care professional diagnose the event? 1☐ Yes 2☐ No

4b. Did the condition exist prior to the study? 1☐ Yes 2☐ No

4c. What activity was the participant doing at the time of the event?

_____

_____

4d. Was the above-listed activity being performed in order to lose weight? 1☐ Yes 2☐ No

4e. Was the above-listed activity otherwise related to participation in the CHOICES study? 1☐ Yes 2☐ No

4f. Did the participant receive treatment for the event? 1☐ Yes 2☐ No

**If Yes**: Please describe the treatment administered:

_____

_____

5. What is the current status of the participant as a result of the event?

1☐ Completely recovered

2☐ Recovered with some residual problems

3☐ Condition improving

4☐ Condition present and unchanged

5☐ Condition deteriorated

6☐ Death due to the event

7☐ Other, please specify: _____

6. What was the impact of the event on participation in the CHOICES study?

1☐ No impact on study participation

2☐ Study participation temporarily interrupted

3☐ Study participation permanently stopped

4☐ Study participation modified (*If intervention was modified, complete the Intervention Modification Form)

7. In the opinion of the CHOICES study physician, did an SAE occur? 1☐ Yes 2☐ No

**IF YES, COMPLETE QUESTIONS 8 – 10. IF NO, DO *NOT* COMPLETE QUESTIONS 8 – 10.**

8. In the opinion of the CHOICES study physician, was this SAE related to (or caused by) participation in the CHOICES study?

   1☐ Definitely

   2☐ Probably

   3☐ Possibly

   4☐ Probably not

   5☐ Definitely not related

9. In the opinion of the CHOICES study physician, was this SAE:

   1☐ Expected (usually defined by whether the event has been mentioned in the protocol and/or consent form and is known to be associated with an event)

   2☐ Unexpected

*__Note about expedited reporting rules__: All events that are fatal or life threatening or otherwise serious AND unexpected AND definitely, probably or possibly related to the study must be reported to the IRB within 10 days
AND to NHLBI within 7 days
AND to OHRP within 30 days
per http://www.nhlbi.nih.gov/funding/polocies/adverse.htm.

10. Choose the event-coding category. If more than one applies, choose the one most likely to be study-related and/or unexpected.

   01☐ Cardiovascular

   02☐ Musculoskeletal

   03☐ Diabetes

   04☐ Gallbladder disease

   05☐ Psychiatric

   06☐ Asthma

   07☐ Obstetric

   08☐ Weight loss-related

   09☐ Motor vehicle accident

   10☐ Other: _____

**STAFF INFO**

Completed by (staff member/coordinator): _____

Date Completed: _____

Physician Name: Scott Crow, MD

Physician Signature: _____

Date Reviewed: _____

# CHOICES Survey

## Demographics

1. When were you born?

   MONTH |___|___| DAY |___|___| YEAR 19|___|___|

2. What is your gender?* (Check one response.)

   1❑ Male
   2❑ Female

3. Are you of Hispanic or Latino origin?*

   1❑ Yes
   2❑ No

4. Which race best describes you?* (Check all that apply.)

   1❑ Black or African-American
   2❑ American Indian or Alaska Native
   3❑ Asian
   4❑ White or Caucasian
   5❑ Native Hawaiian or other Pacific Islander
   6❑ Other, specify: _____

5. What is the highest grade in school you have finished?* (Check one response.)

   1❑ Did not finish elementary school
   2❑ Finished middle school (8th grade)
   3❑ Finished some high school
   4❑ High school graduate or G.E.D.
   5❑ Vocational or training school after high school
   6❑ Some College or Associate degree
   7❑ College graduate or Baccalaureate Degree
   8❑ Masters or Doctoral Degree (PhD, MD, JD, etc.)

6. Which of the following best describes your current student status?

   1❑ Not a student
   2❑ Part-time student at a community or technical college
   3❑ Full-time student at a community or technical college
   4❑ Part-time student at a four-year college
   5❑ Full-time student at a four-year college



* Denotes Common Elements Questions 24-month data collection period: 06/01/13

7. What is the highest grade in school which your father (stepfather or male guardian) and mother (stepmother or female guardian) have completed? (Check one response for EACH parent or guardian.)

| | Father or Male Guardian | Mother or Female Guardian |
|---|---|---|
| a. Did not finish high school. | 1❑ | 1❑ |
| b. Finished high school (or got a GED). | 2❑ | 2❑ |
| c. Went to vocational school (computer/electrician/mechanic). | 3❑ | 3❑ |
| d. Took some college (but did not graduate). | 4❑ | 4❑ |
| e. Graduated from college or a university. | 5❑ | 5❑ |
| f. Has professional training beyond a four-year college degree. | 6❑ | 6❑ |
| g. I don't know. | 7❑ | 7❑ |

8. Where do you currently live?

1❑ Rented apartment or house
2❑ Parents' home
3❑ Residence hall
4❑ Fraternity/Sorority
5❑ Own a house, condo, townhome
6❑ Other, specify: _____|___|___|

9. With whom do you live? (Check all that apply.)

1❑ I live alone
2❑ My parent(s)
3❑ Roommates, friends
4❑ Significant other
5❑ My child/children
6❑ Other family members ☐
7❑ Other, specify: _____|___|___|

10. How many children under the age of 18 live in your home?* _____

11. How many adults (age 18 or older) live in your home?* (Be sure to count yourself.) _____

12. What is your current relationship status?* (Check one response.)

1❑ Single or casually dating
2❑ In a committed relationship or engaged
3❑ Living in a marriage-like relationship
4❑ Presently married
5❑ Separated
6❑ Divorced
7❑ Widowed

13. Which of these categories best describe your income (not the income of your household, but your own income) for the *past 12 months*? This should include income (before taxes) from all sources, wages, veteran's benefits, help from relatives, rent from properties and so on.*

| | |
|---|---|
| 01❑ Less than $5,000 | 06❑ $35,000 through $49,999 |
| 02❑ $5,000 through $11,999 | 07❑ $50,000 through $74,999 |
| 03❑ $12,000 through $15,999 | 08❑ $75,000 through $99,999 |
| 04❑ $16,000 through $24,999 | 09❑ $100,000 and greater |
| 05❑ $25,000 through $34,999 | 10❑ Don't know |

14. How difficult is it for you to live on your total household income right now?

1❑ Not at all difficult
2❑ Somewhat difficult
3❑ Difficult
4❑ Very difficult or can barely get by
5❑ Extremely difficult or impossible

15. How many hours a week do you work for pay? If you are in school, please check the number of hours you work for pay during the school year.

1❑ 0 hours
2❑ 1-9 hours
3❑ 10-19 hours
4❑ 20-29 hours
5❑ 30-39 hours
6❑ 40 hours
7❑ More than 40 hours

16. Are you currently actively involved in any weight loss program (e.g., Jenny Craig, Weight Watchers, etc.)?

1❑ Yes
2❑ No

17. Have you taken any nutrition or physical education classes in the *past 6 months*?

1❑ Yes
2❑ No

18. How many times in the *past month* have you used the following websites or apps as resources?

| | Rarely or Never | Once or twice in past month | Once or twice a week in past month | Almost every day in past month |
|---|---|---|---|---|
| a. Lose it! | 1❑ | 2❑ | 3❑ | 4❑ |
| b. iBody | 1❑ | 2❑ | 3❑ | 4❑ |
| c. Nutrition Menu | 1❑ | 2❑ | 3❑ | 4❑ |
| d. CHOICES website | 1❑ | 2❑ | 3❑ | 4❑ |
| e. Calorie King | 1❑ | 2❑ | 3❑ | 4❑ |
| f. Sparkpeople | 1❑ | 2❑ | 3❑ | 4❑ |
| g. Fitday | 1❑ | 2❑ | 3❑ | 4❑ |
| h. Livestrong | 1❑ | 2❑ | 3❑ | 4❑ |
| i. Traineo | 1❑ | 2❑ | 3❑ | 4❑ |
| j. The Daily Plate | 1❑ | 2❑ | 3❑ | 4❑ |
| k. Other, specify: _____ | 1❑ | 2❑ | 3❑ | 4❑ |
| l. Other, specify: _____ | 1❑ | 2❑ | 3❑ | 4❑ |
| m. Other, specify: _____ | 1❑ | 2❑ | 3❑ | 4❑ |

**Sleep**

During the *last month*:

19. What time do you usually go to bed in the evening (turn out the lights in order to go to sleep)? Please circle A.M. or P.M. (Note: Midnight = A.M., Noon = P.M.; Example: 07:00 PM)*

a. Weekday ___ ___:___ ___ A.M. / P.M.
b. Weekend ___ ___:___ ___ A.M. / P.M.

20. What time do you usually get out of bed in the morning? Please circle A.M. or P.M. (Note: Midnight = A.M., Noon = P.M.)*

a. Weekday ___ ___:___ ___ A.M. / P.M.
b. Weekend ___ ___:___ ___ A.M. / P.M.

21. On average, how often has it taken you more than 30 minutes to fall asleep after lights out?*

1❑ 0-2 nights/week
2❑ 3-5 nights/week
3❑ 6-7 nights/week

22. During the *past 30 days*, for about how many days have you felt you did not get enough rest or sleep? Please fill in your estimate of the number of days.*

____ Number of days

23. In the *past week*, how many days have you had trouble staying awake while driving, eating meals, in class or engaging in social activity?*

1❑ 0-2 days/week
2❑ 3-5 days/week
3❑ 6-7 days/week

24. In the *past year*, have you been told that you snore loudly or gasp or stop breathing during sleep?*

1❑ Yes
2❑ No

**Eating Away from Home**

25. Over the *past 30 days*, how many times did you buy food at a fast food restaurant, such as McDonald's, Burger King, Arby's, Wendy's, Hardee's, Taco Bell, Taco Johns, Chipotle, KFC, Pizza Hut, Panera, Quiznos, Noodles & Company, Bruegger's Bagels?*

1❑ Never or rarely
2❑ 1 time per month
3❑ 2-3 times per month
4❑ 1-2 times per week
5❑ 3-4 times per week
6❑ 5-6 times per week
7❑ 1 time per day
8❑ 2 times per day
9❑ 3 or more times per day

26. Not including the fast food restaurants listed above, in the *past 30 days*, how many times did you buy food at any other sit down (full service) restaurant and order from a waiter/waitress?*

1❑ Never or rarely
2❑ 1 time per month
3❑ 2-3 times per month
4❑ 1-2 times per week
5❑ 3-4 times per week
6❑ 5-6 times per week
7❑ 1 time per day
8❑ 2 times per day
9❑ 3 or more times per day

27. Over the ***past 30 days***, how many times did you buy food from an all-you-can-eat buffet, such as CiCi's Pizza, Old Country Buffet, Chinese buffet, Indian buffet, an all-you-can-eat café at college or university dining halls?*

1❑ Never or rarely
2❑ 1 time per month
3❑ 2-3 times per month
4❑ 1-2 times per week
5❑ 3-4 times per week
6❑ 5-6 times per week
7❑ 1 time per day
8❑ 2 times per day
9❑ 3 or more times per day

28. Over the ***past week***, how many times did you eat the following meals that were prepared in your home or in the place where you live?* (Fill in the number of days per week for each meal)

Breakfast _____ days per week
Lunch _____ days per week
Dinner _____ days per week

**Sugar-Sweetened Beverage Consumption**

29. Over the ***past 30 days***, how often did you drink soda or pop?*

01❑ Never → Skip to Question 30
02❑ 1 time per month or less
03❑ 2–3 times per month
04❑ 1–2 times per week
05❑ 3–4 times per week
06❑ 5–6 times per week
07❑ 1 time per day
08❑ 2–3 times per day
09❑ 4–5 times per day
10❑ 6 or more times per day

29a. How often were these sodas or pop diet or sugar-free?*

1❑ Almost never or never
2❑ About ¼ of the time
3❑ About ½ of the time
4❑ About ¾ of the time
5❑ Almost always or always

30. Over the *past 30 days*, how often did you drink fruit drinks? Please **do not** include 100% juice beverages like orange juice, but **do** include drinks such as cranberry cocktail, Hi-C, lemonade, or Kool-Aid, diet or regular?*

01❑ Never → Skip to Question 31
02❑ 1 time per month or less
03❑ 2–3 times per month
04❑ 1–2 times per week
05❑ 3–4 times per week
06❑ 5–6 times per week
07❑ 1 time per day
08❑ 2–3 times per day
09❑ 4–5 times per day
10❑ 6 or more times per day

30a. How often were your fruit drinks diet or sugar-free drinks?*

1❑ Almost never or never
2❑ About ¼ of the time
3❑ About ½ of the time
4❑ About ¾ of the time
5❑ Almost always or always

31. Over the *past 30 days*, how often did you drink sports drinks (such as Propel, PowerAde, or Gatorade)?*

01❑ Never
02❑ 1 time per month or less
03❑ 2–3 times per month
04❑ 1–2 times per week
05❑ 3–4 times per week
06❑ 5–6 times per week
07❑ 1 time per day
08❑ 2–3 times per day
09❑ 4–5 times per day
10❑ 6 or more times per day

32. Over the *past 30 days*, how often did you drink energy drinks (such as Red Bull or Jolt)?*

01❑ Never
02❑ 1 time per month or less
03❑ 2–3 times per month
04❑ 1–2 times per week
05❑ 3–4 times per week
06❑ 5–6 times per week
07❑ 1 time per day
08❑ 2–3 times per day
09❑ 4–5 times per day
10❑ 6 or more times per day

## Smoking

33. Do you currently use chewing tobacco, snuff, snus, pipes, cigars or any other tobacco product other than cigarettes?*

1❑ Yes
2❑ No

34. Have you smoked at least 100 cigarettes in your entire life?* (Note: 5 packs = 100 cigarettes)

1❑ Yes
2❑ No

35. Do you now smoke cigarettes every day, some days, or not at all?*

1❑ Every day
2❑ Some days
3❑ Not at all → Skip to Question 37

36. On average, how many cigarettes do you smoke each day?*

1❑ I did not smoke cigarettes during the past 30 days
2❑ 1 cigarette or less per day
3❑ 2 to 5 cigarettes per day
4❑ 6 to 10 cigarettes per day
5❑ 11 to 20 cigarettes per day
6❑ More than 20 cigarettes per day

37. During the *past 12 months*, have you stopped smoking for one day or longer because you were trying to quit smoking?*

1❑ Yes
2❑ No → Skip to Question 39

38. How long has it been since you last smoked cigarettes regularly?*

1❑ Within the past month (less than 1 month ago)
2❑ Within the past 3 months (1 month but less than 3 months ago)
3❑ Within the past 6 months (3 months but less than 6 months ago)
4❑ Within the past year (6 months but less than 1 year ago)
5❑ Within the past 5 years (1 year but less than 5 years ago)
6❑ Within the past 10 years (5 years but less than 10 years ago)
7❑ 10 years or more

## Alcohol

39. During the *past 30 days*, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (Note: One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.)*

    1❑ Yes
    2❑ No → Skip to Question 43

40. During the *past 30 days*, how many days did you have at least one drink of any alcoholic beverage?*

    _____ Days in past 30 days

41. During the *past 30 days*, on the days when you drank, about how many drinks did you drink on average? (Note: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.)*

    _____ Number of drinks per day

42. Considering all types of alcoholic beverages, how many times during the *past 30 days* did you have 4 or more drinks (for women) or 5 or more drinks (for men)?*

    _____ Number of times

## Daily Meal Patterns

43. In a *typical week*, how many times do you…?*

| | 0 times | 1-2 times | 3-4 times | 5-6 times | 7 times |
|---|---|---|---|---|---|
| a. Eat breakfast | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
| b. Eat a mid-morning snack | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
| c. Eat lunch | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
| d. Eat a mid-afternoon snack | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
| e. Eat dinner | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
| f. Eat an evening snack | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
| g. Eat within an hour of bedtime | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |

**General Weight Control**

44. How do you think of yourself?

1❑ Very underweight
2❑ Slightly underweight
3❑ About the right weight
4❑ Slightly overweight
5❑ Very overweight

45. How satisfied are you with your weight?

1❑ Very dissatisfied
2❑ Dissatisfied
3❑ Neither dissatisfied nor satisfied
4❑ Satisfied
5❑ Very satisfied

46. Are you currently trying to:

1❑ Lose weight
2❑ Stay the same weight
3❑ Gain weight
4❑ I am not trying to do anything about my weight

47. How often have you gone on a diet during the last year? By "diet" we mean changing the way you eat so you can lose weight.

1❑ Never
2❑ 1-4 times
3❑ 5-10 times
4❑ More than 10 times
5❑ I am always dieting

**Weight Management Practices**

48. Over the *past 30 days*, have you done any of the following things in order to lose weight or to keep from gaining weight?* (Check all that apply.)

01❑ Fasted
02❑ Ate very little food
03❑ Took diet pills
04❑ Made myself vomit (throw up)
05❑ Used laxatives
06❑ Used diuretics
07❑ Used food substitutes (powder/special drinks)
08❑ Skipped meals
09❑ Smoked cigarettes
10❑ None of the above

49. How often do you weigh yourself?* (Check <u>one</u> response.)

1❑ Never
2❑ Once a year or less
3❑ Every couple of months
4❑ About once a month
5❑ About once a week
6❑ About once a day
7❑ More than once a day

50. Do you have access to a bathroom scale at home?*

1❑ Yes
2❑ No

**<u>Strategies for Weight Management</u>**

In the ***<u>past 30 days</u>***, how often have you used the following strategies to manage your weight?

| | Never or hardly ever | Some of the time | About half of the time | Much of the time | Always or almost always |
|---|---|---|---|---|---|
| 51. Shopped from a list. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
| 52. Kept portion-controlled snacks for myself. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
| 53. Removed high calorie foods from my home, office or room. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
| 54. Left food on my plate if I was served too much. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
| 55. Ate only when I was hungry. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
| 56. Reduced portion sizes. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
| 57. Changed food preparation techniques. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
| 58. Recorded or wrote down the type and quantity of food eaten. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
| 59. Avoided eating while watching TV. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
| 60. Cut out sweets or junk food. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
| 61. Cut out between-meal snacks. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
| 62. Cut out late night snacking. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |

Continued on next page…

In the *past 30 days*, how often have you used the following strategies to manage your weight?

| | Never or hardly ever | Some of the time | About half of the time | Much of the time | Always or almost always |
|---|---|---|---|---|---|
| 63. Drank less alcohol or changed type of drink to reduce calories. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
| 64. Increased eating of fruits and vegetables. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
| 65. Altered my daily routine to get more lifestyle physical activity. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
| 66. Wore a pedometer. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
| 67. Reduced the amount of time spent watching TV. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
| 68. Exercised at a gym or participated in an exercise class. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
| 69. Exercised for a period of 30 minutes or more. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
| 70. Recorded or graphed my physical activity. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |

**Paffenbarger Exercise Habits Questionnaire***

71. Was there anything about the past week that made exercising especially different for you in terms of extended illness, injury, or vacation?

    1❑ Yes  If "Yes", please complete this questionnaire about the previous "typical" week that occurred within the past 30 days.

    2❑ No  If "No", please complete this questionnaire about this past week.

72. First, we are interested in the number of flights of stairs you climbed on average EACH DAY in this week. We only want to know the number of flights you climbed going UP - not down.

    *When answering this question, One Flight of Stairs = 10 steps, if you know the number of steps.

    _____Flights Per Day

73. We want to know how much time you spent this past week brisk walking for exercise or transportation. We are interested in bouts of walking that were at least 10 continuous minutes in duration. This would include walking outside, at an indoor facility, or on a treadmill.

73a. How many days this week did you walk briskly for the purpose of exercise or transportation for at least 10 continuous minutes outside, at an indoor facility, or on a treadmill?

_____ Days in the Past Week

73b. On these days in which you walked briskly at least 10 continuous minutes, on average, how many minutes per day did you walk briskly?

_____ Minutes Per Day

74. Were there any other sport, fitness, or recreational activities in which you participated during the past week? We are interested only in time that you were physically active while performing the activity.

*Note: Do not include "occupational" or "job-related" activity as these are NOT considered to be sport, fitness, or recreational activity.

*Note: Household activities such as cleaning, laundry, yard work and gardening are NOT to be included here as they are not considered to be a sport, fitness, or recreational activity.

| Sport, Fitness or Recreation | Days per week | Average time per day |
|---|---|---|
| a. | | _____ Minutes per day |
| b. | | _____ Minutes per day |
| c. | | _____ Minutes per day |
| d. | | _____ Minutes per day |
| e. | | _____ Minutes per day |
| f. | | _____ Minutes per day |

75. Would you say that during the past week (the week used for questions 72-74) you were:

1❑ Less active than usual
2❑ More active than usual
3❑ About as active as usual

76. In general, at least once per week, do you engage in regular activity similar to brisk walking, jogging, bicycling, etc. long enough to work up a sweat, get your heart thumping, or get out of breath?

1❑ Yes If "Yes", please indicate the number of days per week: _____
2❑ No

**Global Physical Activity Questionnaire***

| | |
|---|---|
| The next questions ask about the time you spend doing different types of physical activity in a typical week. Please answer these questions even if you do not consider yourself to be a physically active person. In answering the following questions, 'vigorous-intensity activities' are activities that require hard physical effort and cause large increases in breathing or heart rate, 'moderate-intensity activities' are activities that require moderate physical effort and cause small increases in breathing or heart rate. | |
| **Activity at work/school (occupational or job-related):**<br>Think first about the time you spend doing work/school. Think of work/school as the things that you have to do such as paid or unpaid work. | |
| 77. Does your work/school involve **vigorous**-intensity activity that causes large increases in breathing or heart rate (such as carrying or lifting heavy loads, digging or construction work) for at least 10 minutes continuously? | 1❑ Yes<br>2❑ No → Skip to Question 80 |
| 78. In a typical week, on how many days do you do vigorous-intensity activities as part of your work/school? | Number of days _____ |
| 79. How much time do you spend doing vigorous-intensity activities at work/school on a typical day? | ___ ___ : ___ ___<br>Hours Minutes |
| 80. Does your work/school involve **moderate**-intensity activity that causes small increases in breathing or heart rate (such as brisk walking or carrying light loads) for at least 10 minutes continuously? | 1❑ Yes<br>2❑ No → Skip to Question 83 |
| 81. In a typical week, on how many days do you do moderate-intensity activities as part of your work/school? | Number of days ____ |
| 82. How much time do you spend doing moderate-intensity activities at work/school on a typical day? | ___ ___ : ___ ___<br>Hours Minutes |
| **Household Activity:**<br>Next think of household activities that you do such as house cleaning (examples: vacuuming, sweeping, mopping, etc.), yard work (examples: mowing grass, pruning shrubs, gardening, etc.), or other non-work and non-exercise related activity you do around the house (example: washing the car, etc.). Again, in answering the following questions 'vigorous-intensity activities' are activities that require hard physical effort and cause large increases in breathing or heart rate, 'moderate-intensity activities' are activities that require moderate physical effort and cause small increases in breathing or heart rate. | |
| 83. Does your household activity involve **vigorous**-intensity activity that causes large increases in breathing or heart rate for at least 10 minutes continuously? | 1❑ Yes<br>2❑ No → Skip to Question 86 |
| 84. In a typical week, on how many days do you do vigorous-intensity household activities? | Number of days ____ |

| | |
|---|---|
| 85. How much time do you spend doing vigorous-intensity household activities on a typical day? | ___ ___ : ___ ___<br>Hours Minutes |
| 86. Does your household work involve **moderate**-intensity activity that causes small increases in breathing or heart rate for at least 10 minutes continuously? | 1❑ Yes<br>2❑ No → Skip to Question 89 |
| 87. In a typical week, on how many days do you do moderate-intensity household activities? | Number of days ____ |
| 88. How much time do you spend doing moderate-intensity household activities on a typical day? | ___ ___ : ___ ___<br>Hours Minutes |
| **Travel to and from places:**<br>The next questions **exclude** the work/school and household activities that you have already mentioned above. Now, think about the usual way you travel to and from places. For example, to work, for shopping, to the market, to places of worship. | |
| 89. Do you walk or use a bicycle (pedal cycle) for at least 10 minutes continuously to get to and from places? | 1❑ Yes<br>2❑ No → Skip to Question 92 |
| 90. In a typical week, on how many days do you walk or bicycle for at least 10 minutes continuously to get to and from places? | Number of days ____ |
| 91. How much time do you spend walking or bicycling for travel on a typical day? | ___ ___ : ___ ___<br>Hours Minutes |
| **Recreational activities:**<br>The next questions **exclude** the work/school, household and transport activities that you have already mentioned. Now, think about sports (examples: basketball, soccer, tennis, etc.), fitness (examples: weight training, fitness classes, etc.) and recreational activities (examples: hiking, canoeing, etc.). | |
| 92. Do you do any **vigorous**-intensity sports, fitness or recreational (leisure) activities that cause large increases in breathing or heart rate (such as jogging, a fitness class, etc.) for at least 10 minutes continuously? | 1❑ Yes<br>2❑ No → Skip to Question 95 |
| 93. In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (leisure) activities? | Number of days ____ |
| 94. How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day? | ___ ___ : ___ ___<br>Hours Minutes |
| 95. Do you do any **moderate**-intensity sports, fitness or recreational (leisure) activities that cause a small increase in breathing or heart rate (such as brisk walking, cycling, swimming, volleyball) for at least 10 minutes continuously? | 1❑ Yes<br>2❑ No → Skip to Question 98 |
| 96. In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (leisure) activities? | Number of days ____ |

| | |
|---|---|
| 97. How much time do you spend doing moderate-intensity sports, fitness or recreational (leisure) activities on a typical day? | ___ ___ : ___ ___<br>Hours Minutes |
| **Sedentary behavior:**<br>The following question is about sitting or reclining at work/school, at home, getting to and from places, or with friends including time spent sitting at a desk, sitting with friends, travelling in car, bus, train, reading, playing cards or watching television, but **do not** include time spent sleeping. | |
| 98. How much time do you usually spend sitting or reclining on a typical day? | ___ ___ : ___ ___<br>Hours Minutes |

**Sedentary Behavior**

99. On a typical **WEEKDAY**, how much time do you spend (from when you wake up until you go to bed) doing the following?* (Check one response for EACH question.)

| | None | 15 min. or less | 30 min. | 1 hour | 2 hours | 3 hours | 4 hours | 5 hours | 6 hours or more |
|---|---|---|---|---|---|---|---|---|---|
| a. Sitting while watching television (including videos on VCR/DVD). | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ | 6❑ | 7❑ | 8❑ | 9❑ |
| b. Sitting at work/school doing computer work (email, word or data processing, web-based applications, etc.). | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ | 6❑ | 7❑ | 8❑ | 9❑ |
| c. Sitting while using the computer for non-work/non-school activities or playing video games. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ | 6❑ | 7❑ | 8❑ | 9❑ |
| d. Sitting at work/school doing non-computer office/school work or paperwork. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ | 6❑ | 7❑ | 8❑ | 9❑ |
| e. Sitting while doing non-computer office work or paperwork not related to your job/school (paying bills, etc). | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ | 6❑ | 7❑ | 8❑ | 9❑ |

Continued on next page…

On a typical **WEEKDAY**, how much time do you spend (from when you wake up until you go to bed) doing the following?* (Check one response for EACH question.)

| | None | 15 min. or less | 30 min. | 1 hour | 2 hours | 3 hours | 4 hours | 5 hours | 6 hours or more |
|---|---|---|---|---|---|---|---|---|---|
| f. Sitting listening to music, reading a book or magazine, or doing arts and crafts. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ | 6❑ | 7❑ | 8❑ | 9❑ |
| g. Sitting and talking on the phone or texting. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ | 6❑ | 7❑ | 8❑ | 9❑ |
| h. Sitting in a car, bus, train or other mode of transportation. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ | 6❑ | 7❑ | 8❑ | 9❑ |

100. On a typical **WEEKEND DAY**, how much time do you spend (from when you wake up until you go to bed) doing the following?* (Check one response for EACH question.)

| | None | 15 min. or less | 30 min. | 1 hour | 2 hours | 3 hours | 4 hours | 5 hours | 6 hours or more |
|---|---|---|---|---|---|---|---|---|---|
| a. Sitting while watching television (including videos on VCR/DVD). | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ | 6❑ | 7❑ | 8❑ | 9❑ |
| b. Sitting at work/school doing computer work (email, word or data processing, web-based applications, etc.). | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ | 6❑ | 7❑ | 8❑ | 9❑ |
| c. Sitting while using the computer for non-work/non-school activities or playing video games. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ | 6❑ | 7❑ | 8❑ | 9❑ |
| d. Sitting at work/school doing non-computer office/school work or paperwork. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ | 6❑ | 7❑ | 8❑ | 9❑ |

Continued on next page…

On a typical **WEEKEND DAY**, how much time do you spend (from when you wake up until you go to bed) doing the following?* (Check one response for EACH question.)

| | None | 15 min. or less | 30 min. | 1 hour | 2 hours | 3 hours | 4 hours | 5 hours | 6 hours or more |
|---|---|---|---|---|---|---|---|---|---|
| e. Sitting while doing non-computer office work or paperwork not related to your job/school (paying bills, etc). | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ | 6❑ | 7❑ | 8❑ | 9❑ |
| f. Sitting listening to music, reading a book or magazine, or doing arts and crafts. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ | 6❑ | 7❑ | 8❑ | 9❑ |
| g. Sitting and talking on the phone or texting. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ | 6❑ | 7❑ | 8❑ | 9❑ |
| h. Sitting in a car, bus, train or other mode of transportation. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ | 6❑ | 7❑ | 8❑ | 9❑ |

101. In a *typical week*, how much time do you spend doing the following? (Check one response for EACH question.)

| | None | 15 min. or less | 30 min. | 1 hour | 2 hours | 3 hours | 4 hours | 5 hours | 6 hours or more |
|---|---|---|---|---|---|---|---|---|---|
| a. Taking a yoga class. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ | 6❑ | 7❑ | 8❑ | 9❑ |
| b. Doing yoga at home (including yoga stretching). | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ | 6❑ | 7❑ | 8❑ | 9❑ |
| c. Meditating. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ | 6❑ | 7❑ | 8❑ | 9❑ |
| d. Practicing stress-reduction strategies, such as breathing exercises or guided imagery. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ | 6❑ | 7❑ | 8❑ | 9❑ |
| e. Listening to a stress-reduction program (e.g., on a CD, online or on a podcast). | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ | 6❑ | 7❑ | 8❑ | 9❑ |

## Depression

102. During the *past week*:*

| | Rarely or none of the time (less than 1 day) | Some or a little of the time (1-2 days) | Occasionally or a moderate amount of time (3-4 days) | All of the time (5-7 days) |
|---|---|---|---|---|
| a. I was bothered by things that don't usually bother me. | 1❑ | 2❑ | 3❑ | 4❑ |
| b. I had trouble keeping my mind on what I was doing. | 1❑ | 2❑ | 3❑ | 4❑ |
| c. I felt depressed. | 1❑ | 2❑ | 3❑ | 4❑ |
| d. I felt that everything I did was an effort. | 1❑ | 2❑ | 3❑ | 4❑ |
| e. I was happy. | 1❑ | 2❑ | 3❑ | 4❑ |
| f. I felt fearful. | 1❑ | 2❑ | 3❑ | 4❑ |
| g. My sleep was restless. | 1❑ | 2❑ | 3❑ | 4❑ |
| h. I felt hopeful about the future. | 1❑ | 2❑ | 3❑ | 4❑ |
| i. I felt lonely. | 1❑ | 2❑ | 3❑ | 4❑ |
| j. I could not "get going". | 1❑ | 2❑ | 3❑ | 4❑ |

## Perceived Stress Scale

These questions ask about your thoughts and feelings during the last month. In each case, please indicate how often you thought or felt a certain way.

| | Never | Almost never | Sometimes | Fairly often | Very often |
|---|---|---|---|---|---|
| 103. In the last month, how often have you felt that you were unable to control the important things in your life? | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
| 104. In the last month, how often have you felt confident about your ability to handle your personal problems? | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |

Continued on next page…



* Denotes Common Elements Question

These questions ask about your thoughts and feelings during the last month. In each case, please indicate how often you thought or felt a certain way.

| | Never | Almost never | Sometimes | Fairly often | Very often |
|---|---|---|---|---|---|
| 105. In the last month, how often have you felt that things were going your way? | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
| 106. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them? | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |

**How confident are you that you would be able to:**

107. Make healthy food choices when you are in a bad mood (e.g., anxious, depressed, irritable)?

| Not at all confident | | | | Somewhat confident | | | | Extremely confident |
|---|---|---|---|---|---|---|---|---|
| 0❑ | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ | 6❑ | 7❑ | 8❑ |

108. Make healthy food choices on the weekends?

| Not at all confident | | | | Somewhat confident | | | | Extremely confident |
|---|---|---|---|---|---|---|---|---|
| 0❑ | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ | 6❑ | 7❑ | 8❑ |

109. Make healthy food choices when you are at a party or out to dinner with friends or family?

| Not at all confident | | | | Somewhat confident | | | | Extremely confident |
|---|---|---|---|---|---|---|---|---|
| 0❑ | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ | 6❑ | 7❑ | 8❑ |

110. Make healthy food choices when many appealing high-calorie foods are available?

| Not at all confident | | | | Somewhat confident | | | | Extremely confident |
|---|---|---|---|---|---|---|---|---|
| 0❑ | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ | 6❑ | 7❑ | 8❑ |

111. Be physically active or exercise when you get very busy?

| Not at all confident | | | | Somewhat confident | | | | Extremely confident |
|---|---|---|---|---|---|---|---|---|
| 0❑ | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ | 6❑ | 7❑ | 8❑ |

112. Be physically active or exercise when it interferes with spending time with your friends or family?

| Not at all confident | | | | Somewhat confident | | | | Extremely confident |
|---|---|---|---|---|---|---|---|---|
| 0❑ | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ | 6❑ | 7❑ | 8❑ |

113. Be physically active or exercise when you are sore or tired?

| Not at all confident | | | | Somewhat confident | | | | Extremely confident |
|---|---|---|---|---|---|---|---|---|
| 0❑ | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ | 6❑ | 7❑ | 8❑ |

114. Be physically active or exercise when you are in a bad mood (e.g., anxious, depressed, irritable)?

| Not at all confident | | | | Somewhat confident | | | | Extremely confident |
|---|---|---|---|---|---|---|---|---|
| 0❑ | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ | 6❑ | 7❑ | 8❑ |

115. Exercise when your workout is not enjoyable?

| Not at all confident | | | | Somewhat confident | | | | Extremely confident |
|---|---|---|---|---|---|---|---|---|
| 0❑ | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ | 6❑ | 7❑ | 8❑ |

**Opinions on a Healthy Weight**

Please mark the answer that best fits how you feel about the following statements.

| | Strongly disagree | Disagree | Neither disagree nor agree | Agree | Strongly agree |
|---|---|---|---|---|---|
| 116. How I look is important to me. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
| 117. It is important for me to be around other people. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
| 118. Doing well at work/school is important to me. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
| 119. It is important to me to feel good about myself. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
| 120. It is difficult to maintain a healthy weight. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |

Continued on next page…

Please mark the answer that best fits how you feel about the following statements.

| | Strongly disagree | Disagree | Neither disagree nor agree | Agree | Strongly agree |
|---|---|---|---|---|---|
| 121. It takes too much work to maintain a healthy weight. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
| 122. I don't know how to maintain a healthy weight. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
| 123. It costs too much to maintain a healthy weight. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
| 124. I have to exercise too much to maintain a healthy weight. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
| 125. I have to give up the foods that I like to maintain a healthy weight. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
| 126. It takes too much time to maintain a healthy weight. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
| 127. I am not able to maintain a healthy weight. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
| 128. I think people worry too much about weight. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
| 129. I intend to lose weight in the next 6 months. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
| 130. People who care about me think that I should lose weight. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
| 131. In general, I do what people who care about me think that I should do. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
| 132. It is important to me to lose weight. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
| 133. My weight affects how I look. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
| 134. My weight affects how much I want to be around other people. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |

Continued on next page…

Please mark the answer that best fits how you feel about the following statements.

| | Strongly disagree | Disagree | Neither disagree nor agree | Agree | Strongly agree |
|---|---|---|---|---|---|
| 135. My weight affects how successful I am at work/school. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
| 136. My weight affects how I feel about myself. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |

**Coping Strategies**

We are interested in how people respond when they confront difficult or stressful events in their lives. The following questions ask you to indicate what you generally do and feel when you experience stressful events. Please respond to each of the following items by checking the response option that is closest to what you do when you are under stress.

| | I usually don't do this at all | I usually do this a little bit | I usually do this a medium amount | I usually do this a lot |
|---|---|---|---|---|
| 137. I try to get advice from someone about what to do. | 1❑ | 2❑ | 3❑ | 4❑ |
| 138. I concentrate my efforts on doing something about it. | 1❑ | 2❑ | 3❑ | 4❑ |
| 139. I discuss my feelings with someone. | 1❑ | 2❑ | 3❑ | 4❑ |
| 140. I make a plan of action. | 1❑ | 2❑ | 3❑ | 4❑ |
| 141. I try to get emotional support from friends or relatives. | 1❑ | 2❑ | 3❑ | 4❑ |
| 142. I take additional action to try to get rid of the problem. | 1❑ | 2❑ | 3❑ | 4❑ |
| 143. I talk to someone who could help me with the problem. | 1❑ | 2❑ | 3❑ | 4❑ |
| 144. I try to come up with a strategy about what to do. | 1❑ | 2❑ | 3❑ | 4❑ |
| 145. I get sympathy and understanding from someone. | 1❑ | 2❑ | 3❑ | 4❑ |
| 146. I think about how I might best handle the problem. | 1❑ | 2❑ | 3❑ | 4❑ |
| 147. I ask people who have had similar experiences what they did. | 1❑ | 2❑ | 3❑ | 4❑ |

Continued on next page…

| | I usually don't do this at all | I usually do this a little bit | I usually do this a medium amount | I usually do this a lot |
|---|---|---|---|---|
| 148. I take direct action to solve the problem. | 1❑ | 2❑ | 3❑ | 4❑ |
| 149. I talk to someone about how I feel. | 1❑ | 2❑ | 3❑ | 4❑ |
| 150. I think hard about what steps to take. | 1❑ | 2❑ | 3❑ | 4❑ |
| 151. I do what has to be done, one step at a time. | 1❑ | 2❑ | 3❑ | 4❑ |

**Physical Activity Neighborhood Environment**

152. What is the main type of housing in your neighborhood (where you currently reside most days of the week)?* (Check one response.)

1❑ Dormitory or residence hall
2❑ Detached single-family housing
3❑ Townhouses, row houses, apartments, or condos of 2-3 stories
4❑ Mix of single-family residences and townhouses, row houses, apartments or condos
5❑ Apartments or condos of 4-12 stories
6❑ Apartments or condos of more than 12 stories
7❑ Don't know/Not sure

**The next items are statements about your neighborhood related to walking and bicycling.***

| | Strongly disagree | Disagree | Agree | Strongly agree | Don't know |
|---|---|---|---|---|---|
| 153. Many shops, stores, markets or other places to buy things I need are within easy walking distance of my home. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
| 154. It is within a 10-15 minute walk to a transit stop (such as bus, train, trolley, or tram) from my home. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
| 155. There are sidewalks on most of the streets in my neighborhood. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
| 156. There are facilities to bicycle in or near my neighborhood, such as special lanes, separate paths or trails, shared-use paths for cycles and pedestrians. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |

Continued on next page…

| | Strongly disagree | Disagree | Agree | Strongly agree | Don't know |
|---|---|---|---|---|---|
| 157. My neighborhood has several free or low-cost recreation facilities, such as parks, walking trails, bike paths, recreation centers, playgrounds, public swimming pools, etc. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
| 158. The crime rate in my neighborhood makes it unsafe to go on walks at night. | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |

159. How many motor vehicles in working order (e.g., cars, trucks, motorcycles) are there at your household/where you live?*

_____ Motor Vehicles

160. In the *past 30 days*, how often have you asked a friend to:

| | Never | 1 or 2 times a month | 1 time per week | Several times a week | Daily |
|---|---|---|---|---|---|
| a. Participate in some physical activity with you (e.g., a walk, a bike ride, playing basketball)? | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
| b. Eat a healthful meal together? | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
| c. Do some activity to help manage your stress? | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |

161. In the *past 30 days*, how often have you asked someone in your family to:

| | Never | 1 or 2 times a month | 1 time per week | Several times a week | Daily |
|---|---|---|---|---|---|
| a. Participate in some physical activity with you (e.g., a walk, a bike ride, playing basketball)? | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
| b. Eat a healthful meal together? | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
| c. Do some activity to help manage your stress? | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |

162. In the *past 30 days*, how often have you asked a fellow student to:

| | Never | 1 or 2 times a month | 1 time per week | Several times a week | Daily | N/A –Not a student |
|---|---|---|---|---|---|---|
| a. Participate in some physical activity with you (e.g., a walk, a bike ride, playing basketball)? | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ | 6❑ |
| b. Eat a healthful meal together? | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ | 6❑ |
| c. Do some activity to help manage your stress? | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ | 6❑ |

163. In the *past 30 days*, how often have you asked someone you work with to:

| | Never | 1 or 2 times a month | 1 time per week | Several times a week | Daily |
|---|---|---|---|---|---|
| a. Participate in some physical activity with you (e.g., a walk, a bike ride, playing basketball)? | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
| b. Eat a healthful meal together? | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
| c. Do some activity to help manage your stress? | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |

**Weight Management Support Inventory**

Below is a list of things that people in your life may do or say to help you achieve and/or maintain healthy weight. "Others" includes family members, friends, and any other important people in your life. **Please rate how often the following things have happened over the *past month*.**

164. Others remind me to watch what I eat.

| 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
|---|---|---|---|---|
| Never | 1 or 2 times a month | 1 time per week | Several times a week | Daily |

165. Other members of my household avoid buying junk food or having it in the house.

| 1❑ | 2❑ | 3❑ | 4❑ | 5❑ | 6❑ |
|---|---|---|---|---|---|
| Never | 1 or 2 times a month | 1 time per week | Several times a week | Daily | N/A – I live alone |

166. Others tell me they're concerned about my eating habits.

| 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
|---|---|---|---|---|
| Never | 1 or 2 times a month | 1 time per week | Several times a week | Daily |

167. Others split a dessert or meal with me to help me eat less.

| 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
|---|---|---|---|---|
| Never | 1 or 2 times a month | 1 time per week | Several times a week | Daily |

168. Others tell me I look like I'm in shape.

| 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
|---|---|---|---|---|
| Never | 1 or 2 times a month | 1 time per week | Several times a week | Daily |

169. Others go walking or jogging with me for exercise.

| 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
|---|---|---|---|---|
| Never | 1 or 2 times a month | 1 time per week | Several times a week | Daily |

170. Others in my household eat low calorie/low fat foods even though they aren't trying to lose weight.

| 1❑ | 2❑ | 3❑ | 4❑ | 5❑ | 6❑ |
|---|---|---|---|---|---|
| Never | 1 or 2 times a month | 1 time per week | Several times a week | Daily | N/A – I live alone |

171. Others compliment me on my appearance.

| 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
|---|---|---|---|---|
| Never | 1 or 2 times a month | 1 time per week | Several times a week | Daily |

172. Others suggest other ways for me to be active.

| 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
|---|---|---|---|---|
| Never | 1 or 2 times a month | 1 time per week | Several times a week | Daily |

173. Others tell me they are confident I can maintain a healthy weight.

| 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
|---|---|---|---|---|
| Never | 1 or 2 times a month | 1 time per week | Several times a week | Daily |

174. Others tell me about different types of exercise I should do in order to get a better workout.

| 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
|---|---|---|---|---|
| Never | 1 or 2 times a month | 1 time per week | Several times a week | Daily |

175. Others compliment me on sticking to an exercise routine.

| 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
|---|---|---|---|---|
| Never | 1 or 2 times a month | 1 time per week | Several times a week | Daily |

176. Others play sports or exercise with me.

| 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
|---|---|---|---|---|
| Never | 1 or 2 times a month | 1 time per week | Several times a week | Daily |

177. Others tell me about the calorie or fat content of foods.

| 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
|---|---|---|---|---|
| Never | 1 or 2 times a month | 1 time per week | Several times a week | Daily |

178. Others tell me they are impressed with how physically fit I am.

| 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
|---|---|---|---|---|
| Never | 1 or 2 times a month | 1 time per week | Several times a week | Daily |

179. Others encourage me to eat healthy foods.

| 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
|---|---|---|---|---|
| Never | 1 or 2 times a month | 1 time per week | Several times a week | Daily |

180. Others will eat healthy foods with me.

| 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
|---|---|---|---|---|
| Never | 1 or 2 times a month | 1 time per week | Several times a week | Daily |

181. Others tell me about the exercises that have helped them to maintain a healthy weight.

| 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
|---|---|---|---|---|
| Never | 1 or 2 times a month | 1 time per week | Several times a week | Daily |

182. Others tell me about healthy foods I could try.

| 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
|---|---|---|---|---|
| Never | 1 or 2 times a month | 1 time per week | Several times a week | Daily |

183. Others avoid eating junk food or fattening foods in front of me.

| 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
|---|---|---|---|---|
| Never | 1 or 2 times a month | 1 time per week | Several times a week | Daily |

184. Others remind me to exercise or to go to the gym.

| 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
|---|---|---|---|---|
| Never | 1 or 2 times a month | 1 time per week | Several times a week | Daily |

185. Others tell me the best way to do exercises to maintain a healthy weight.

| 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
|---|---|---|---|---|
| Never | 1 or 2 times a month | 1 time per week | Several times a week | Daily |

186. Others tell me about the things they have done to maintain a healthy weight.

| 1❑ | 2❑ | 3❑ | 4❑ | 5❑ |
|---|---|---|---|---|
| Never | 1 or 2 times a month | 1 time per week | Several times a week | Daily |

187. Have you been diagnosed with any of the following medical conditions in the *past year*?

| | **Yes** | **No** |
|---|---|---|
| a. Thyroid disease. | 1❑ | 2❑ |
| b. Liver disease | 1❑ | 2❑ |
| c. Renal/Kidney disease | 1❑ | 2❑ |
| d. Kidney stones | 1❑ | 2❑ |
| e. Gastrointestinal disease (e.g., Colitis, Irritable Bowel Syndrome, Crohn's disease) | 1❑ | 2❑ |
| f. Heart disease (including high blood pressure and high cholesterol) | 1❑ | 2❑ |
| g. Cancer | 1❑ | 2❑ |

Continued on next page…

| | Yes | No |
|---|---|---|
| h. Type 1 diabetes (requires insulin injections or pump) | 1❑ | 2❑ |
| i. Type 2 diabetes (does not require insulin injections or pump) | 1❑ | 2❑ |
| j. Gestational diabetes | 1❑ | 2❑ |
| k. Growth problems | 1❑ | 2❑ |
| l. Depression and/or anxiety disorders | 1❑ | 2❑ |
| m. Mental health condition(s) other than depression and anxiety disorders | 1❑ | 2❑ |
| n. Eating disorders (e.g., anorexia, bulimia) | 1❑ | 2❑ |

188. How many children, natural or adopted, do you have?

| | | | |
|---|---|---|---|
| 1❑ 0 | 2❑ 1 | 3❑ 2 | 4❑ 3 |
| 5❑ 4 | 6❑ 5 | 7❑ 6 | 8❑ 7 |
| 9❑ 8 | 10❑ 9 | 11❑ 10 | 12❑ >10 |

For this last set of questions, please tell us how satisfied you are overall with the healthy lifestyle program you received from CHOICES. We want to know your honest opinions, whether they are positive or negative. Please rate only your satisfaction with the program itself, not the research measures we also had you complete (e.g., surveys, height/weight, etc).

189a. How satisfied are you overall with the healthy lifestyle program you received from CHOICES?

| 1❑ | 2❑ | 3❑ | 4❑ |
|---|---|---|---|
| Very dissatisfied | Somewhat dissatisfied | Somewhat satisfied | Very satisfied |

*189b. If you were "Very dissatisfied" or "Somewhat dissatisfied" with the program please tell us why:*

_____

_____

190a. Would you recommend the healthy lifestyle program you received from CHOICES to others?

| 1❑ | 2❑ | 3❑ | 4❑ |
|---|---|---|---|
| Definitely not | Probably not | Probably would | Definitely would |

*190b. If you would "Definitely not" or "Probably not" recommend the program to others, please tell us why:*

_____

_____

191. Given the effort you put into following the healthy lifestyle program you received from CHOICES, how satisfied are you with your progress over the past year? (please circle one)

| 0❑ | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ | 6❑ | 7❑ | 8❑ |
|---|---|---|---|---|---|---|---|---|
| Very dissatisfied | | | | Neither satisfied nor dissatisfied | | | | Very satisfied |

**Thank you for completing this survey!**