

Enrollment Form
(ENR1)



This Page For Office Use Only

Date enrolled: *ENRdate*

/ / 2 0 1

month *day* *year*

Participation: *StudyH* H } *PRE ID*
 [Mark all that apply.] *StudyL* L } Pre-screening ID:
StudyG G

Form completed by: *Form*

participant only

interviewer only } *ENRintrv*
 both } Interviewer ID:

Quality of interview:

ENRratng excellent good fair poor not sure

Was part of interview completed by phone? *Phone*

no

yes } *ENRintrv 2*
 Interviewer ID:

Date completed: *ENRdate 2*
 / / 2 0 1

month *day* *year*

Quality of interview:

ENRratng 2 excellent good fair poor not sure

Practice: *PracticeMerge*

Provider: *ProviderFirst* *ProviderLast*

first name *last name*

Section A: Contact Information

A_last

Last Name

A_first

First Name

A_mi

MI

A_mailing

Mailing Address

A_street

Street Address

A_city

City

A_state
N C

State

A_zip

Zip

A_home
1. - -

Home Phone

Best time to call at home: *(Mark all that apply)*

morning afternoon evening

A_work
2. - -

Work Phone (if applicable)

Best time to call at work: *(Mark all that apply)*

morning no calls at work
 afternoon (NA)
 evening

A_cell - -

Cell Phone

Place of employment if applicable

Name of spouse if applicable

Name of alternate contact:

Telephone number of alternate contact:

E-mail address:

Change of address updates:

Street address:

Street address:

City:

City:

State

Zip:

State

Zip:

Phone:

Phone:

Date updated:

Date updated:

Section B: Demographic Information

1. What is your date of birth? ^{B1} / / 1 9
month day year

2. What is your sex? ^{B2} male female ^{B3a_1}

3. Are you of Hispanic, Latin, or Spanish origin?

^{B3} yes no 3a. *→ yes, mark all that apply to you:*

^{B3a_1} <input type="radio"/> Argentinian	^{B3a_7} <input type="radio"/> Mexican American
^{B3a_2} <input type="radio"/> Chicano	^{B3a_8} <input type="radio"/> Nicaraguan
^{B3a_3} <input type="radio"/> Columbian	^{B3a_9} <input type="radio"/> Puerto Rican
^{B3a_4} <input type="radio"/> Cuban	^{B3a_10} <input type="radio"/> Salvadorian
^{B3a_5} <input type="radio"/> Dominican	^{B3a_11} <input type="radio"/> Spaniard
^{B3a_6} <input type="radio"/> Mexican	

4. What is your race? *[Mark all that apply.]*

^{B4a} White

^{B4b} Black, African American, or Negro

^{B4c} Asian American, Native Hawaiian, other Pacific Islander

^{B4d} American Indian or Alaska Native *→ specify tribe* _____

^{B4e} some other race *→ specify* _____ ^{B4d tribe}

^{B4e other}

5. What is the highest grade or year of regular school you have completed? *[Mark only one.]*

^{B5} never attended school

1 2 3 4 5 6 7 8 9 10 11

12 13 14 15 16 17 18 19 20 21+

6. Are you now: *[choose one]* ^{B6} married separated

widowed never married

divorced living with partner

7. Have you smoked at least 100 cigarettes in your entire life?

B7 yes no

8. Do you smoke cigarettes now?

B8 every day

some days

not at all

8a. If every day or some days, on average, how many packs of cigarettes do you now smoke a day?

B8a
packs per day

9. In a usual week, do you or **anyone who lives with you**, smoke cigarettes, cigars, or pipes anywhere inside your home?

B9 yes →

no

9a. If yes, in a usual week, how many people who **live** with you including yourself, smoke cigarettes, cigars, or pipes anywhere **inside** your home? *[Write number in box below.]*

B9a
number of people

9b. Usually about how many days per week do people who **live** with you smoke anywhere **inside** your home?

- B9b** never 4 days/week
 rarely or less than 1 day/week 5 days/week
 1 day/week 6 days/week
 2 days/week 7 days/week
 3 days/week

10. Do you currently have health insurance?

B10 yes no

11. During the past 12 months, was there any time when you had no health insurance at all?

- B11** yes →
 no

11a. For how many months of the past 12 months did you have no health insurance?

- B11a** 1 2 3 4 5 6
 7 8 9 10 11 12

11b. What is the **one main** reason why you did not have any health insurance?

- B11b** can't afford/too expensive
 not eligible due to working status/changed employer/lost job
 not eligible due to citizenship/immigration status
 family situation changed
 can get health care for free/pay for own care
 not eligible due to health or other problems
 don't believe in insurance
 switched insurance companies, delay between jobs
 other →

B11b other

12. Which of the following best describes your current main daily activities and/or responsibilities?
[Choose one.]

- B12** working full time (30 or more hours/week)
 working part time (less than 30 hours/week)
 unemployed or laid off
 looking for work
 student
 keeping house or raising children full-time
 do not work due to health reasons
 retired

13. What type of work do/did you do in your current or most recent job? *[Choose one.]*

- B13** management, business, and financial (chief executives, financial managers, etc.)
- professional and related (engineer, architect, dentist, etc.)
- service (waitress, cook maintenance, house or hotel cleaner, etc.)
- sales (cashier, counter clerk, telemarketing, etc.)
- administrative support, clerical (file clerk, answering service, hotel clerk, etc.)
- construction (carpentry, electrician, painter, plumber, etc.)
- installation, maintenance and repair (auto mechanic, building maintenance, electronic installation & repair, etc.)
- production (assembly line, meat packing, printing, farming, etc.)
- transportation & material moving (bus or truck driver, railroad, service station or parking lot attendant, garbage or recycling collector, etc.)
- other → *specify*

B13 other

The next questions are important to help us understand your economic situation. Please answer as accurately as possible. The information will not be reported in any way that allow you to be personally identified.

14. What was the total combined income of your household in the past year including income from all sources such as wages, salaries, Social Security, or retirement benefits, help from relatives and so forth? Please tell us the total income before taxes.

- B14** less than \$5000 \$30,000 to \$39,999 \$80,000 to \$89,999
- \$5,000 to \$9,999 \$40,000 to \$49,999 \$90,000 to \$99,999
- \$10,000 to \$14,999 \$50,000 to \$59,999 \$100,000 or more
- \$15,000 to \$19,999 \$60,000 to \$69,999 don't know
- \$20,000 to \$29,999 \$70,000 to \$79,999 refused to answer

15. How many people live in your household, including you?

B15

--	--

number of people

16. Of the persons living in your household (including you), how many are 18 years and older?

B16

--	--

number of people

17. Of the persons living in your household how many are under 18 years of age?

B17

--	--

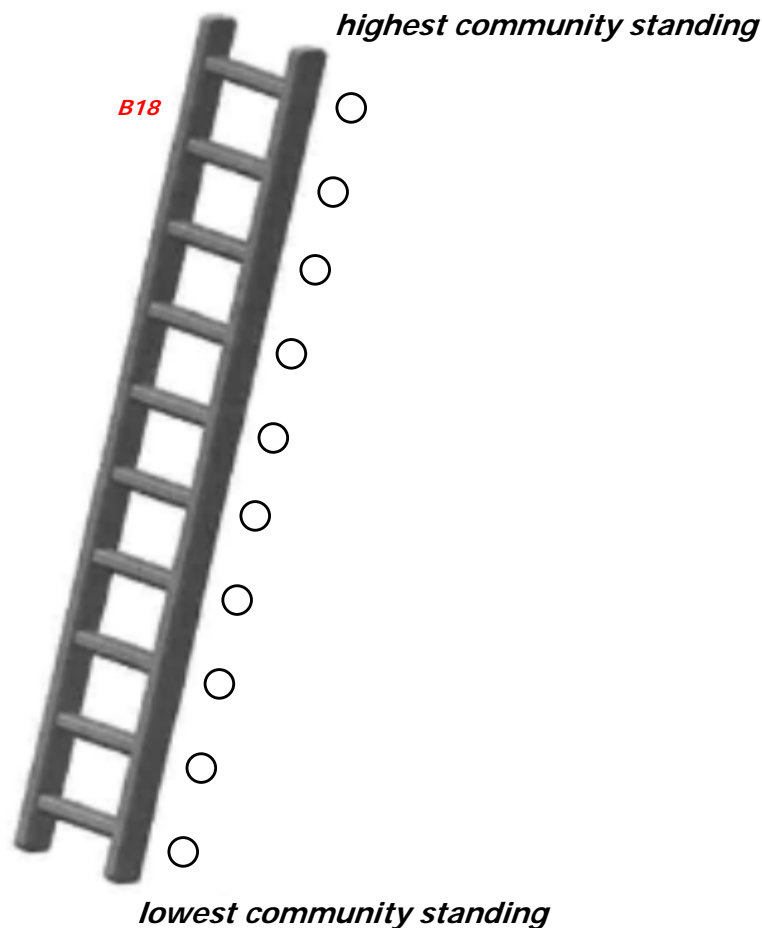
number of people

18. Think of this ladder as representing where people stand in their communities.

People define community in different ways. Please define it in whatever way is most meaningful to you. At the top of the ladder are the people who have the highest standing in their community. At the bottom are the people who have the lowest standing in their community.

Where would you place yourself on this ladder?

Fill in the bubble beside the rung where you think you would stand at this time in your life, relative to other people in your **community**.

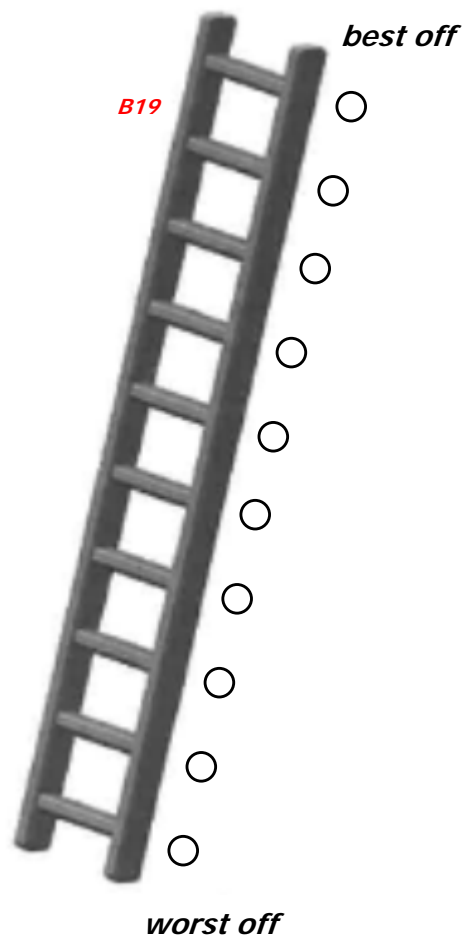


19. Think of this ladder as representing where people stand in the United States.

At the top of the ladder are the people who are the best off--those who have the most money, the most education and the most respected jobs. At the bottom are the people who are the worst off--who have the least money, least education, and the least respected jobs or no job. The higher up you are on this ladder, the closer you are to the people at the very top; the lower you are the closer you are to the people at the very bottom.

Where would you place yourself on this ladder?

Fill in the bubble beside the rung where you think you would stand at this time in your life, relative to other people in the **United States**



Section C: Health Related Questions

1. In the last ten (10) years, please indicate whether or not a doctor or other health professional has told you that you have any of the following common problems:

	<i>yes</i>	<i>no</i>	<i>don't know</i>
a. heart failure	<i>C1a</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. high blood pressure or hypertension	<i>C1b</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. high cholesterol	<i>C1c</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. chronic obstructive pulmonary disease	<i>C1d</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. kidney disease	<i>C1e</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. lung disease	<i>C1f</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. stroke or mini-stroke	<i>C1g</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. depression	<i>C1h</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. chronic back pain	<i>C1i</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. cancer	<i>C1j</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. diabetes	<i>C1k</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. arthritis	<i>C1l</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. fibromyalgia	<i>C1m</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. obstructive sleep apnea	<i>C1n</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Has a doctor ever told you that you have had a heart attack? *C2* yes no
3. Have you had by-pass surgery or another procedure to open blood vessels in your heart like angioplasty, stent placement or atherectomy? *C3* yes no
4. Has a doctor ever told you that you have angina; that is, chest pain that comes from your heart? *C4* yes no
5. Has your **father** or any of your **brothers** had a heart attack before the age of **55** or died suddenly of unexplained causes before the age of **55**? *C5* yes no [unknown]
6. Has your **mother** or any of your **sisters** had a heart attack before the age of **65** or died suddenly of unexplained causes before the age of **65**? *C6* yes no [unknown]

7. Do you take prescription medicines?

C7 yes no → **if no, skip to 21 on page 12**

8. On average, about how much do you pay out-of-pocket per month for your prescriptions?

C8
\$

9. In the past 3 months, have you ever taken less medicine than prescribed by your doctor because of the cost?

C9 yes no

10. Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? **How often did you . . .**

	<i>at least once a week</i>	<i>at least once a month</i>	<i>very rarely</i>	<i>never</i>	<i>refused to answer</i>	<i>don't know</i>
a. take fewer pills or a smaller dose because of cost?	<i>C10a</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. not fill a prescription because of cost?	<i>C10b</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. put off or postponed getting a prescription filled because of cost?	<i>C10c</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. use herbal medicines or vitamins when you felt sick rather than take your prescription medicine because of the cost?	<i>C10d</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. take medicine less frequently than recommended to "stretch out" the time before getting a refill because of the cost?	<i>C10e</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it. *[Mark all that apply.]*

C11a fatigue (tiredness)

C11h dizziness

C11b swelling of feet or ankles

C11i fast heart beat

C11c increased urination

C11j wheezing/shortness of breath

C11d sexual problems

C11k constipation

C11e flushing (warmth or redness of face) *C11l* dry mouth

C11f swelling of face or tongue

C11m leg cramping or weakness

C11g cough

C11n other → *specify* _____

C11n other

12. Do you take medicine for high blood pressure or hypertension?

C12 yes no → *if no, skip to 21 on page 12*

13. Do you sometimes forget to take you high blood pressure medicine or pills?

C13 yes no

14. Over the past 2 weeks, were there any days when you did **not** take your high blood pressure pills?

C14 yes no

15. Have you ever cut back or stopped taking your high blood pressure pills without telling your doctor because the pills made you feel worse when you took them?

C15 yes no

16. When you leave home or travel, do you sometimes forget to bring along your high blood pressure pills?

C16 yes no

17. Did you take your high blood pressure pills yesterday?

C17 yes no

18. When you feel like your blood pressure is under control, do you sometimes stop taking your pills?

C18 yes no

19. Do you ever get fed up with having to stick to a blood pressure treatment plan?

C19 yes no

20. How often do you have difficulty remembering to take all of your blood pressure pills?

C20 never almost never sometimes quite often always

21. For the following three statements, please rate your doctor's likelihood to do each of the statements on a scale from 1 to 10, with 1 being **very unlikely** or **never**, and 10 being **very likely** or **always**.

a. How likely is your doctor to involve you in treatment decisions?

C21a
very unlikely or never 1 2 3 4 5 6 7 8 9 10 *very likely or always*

b. How likely is your doctor to ask you to take some responsibility in your care?

C21b
very unlikely or never 1 2 3 4 5 6 7 8 9 10 *very likely or always*

c. How likely is your doctor to give you a sense of control over your medical care?

C21c
very unlikely or never 1 2 3 4 5 6 7 8 9 10 *very likely or always*

22. In general, would you say your health is:

C22 excellent very good good fair poor

The following two questions are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much?

23. **moderate activities**, such as moving a table, pushing a vacuum cleaner, bowling or playing golf:

C23 yes, limited a lot yes, limited a little no, not limited at all

24. climbing **several** flights of stairs:

C24 yes, limited a lot yes, limited a little no, not limited at all

During the **past 4 weeks**, have you had any of the following problems with your work or other regular activities **as a result of your physical health**?

25. **accomplished less** than you would like:

C25 yes no

26. were limited in the **kind** of work or other activities:

C26 yes no

During the **past 4 weeks**, were you limited in the kind of work you do or other regular activities **as a result of any emotional problems** (such as feeling depressed or anxious)?

27. **accomplished less** than you would like:

C27 yes no

28. didn't do work or other activities as **carefully** as usual:

C28 yes no

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

C29 not at all a little bit moderately quite a bit extremely

The next few questions are about how you feel and how things have been **during the past 4 weeks**. For each question please give the one answer that comes closest to the way you have been feeling.

How much of the time during the **past 4 weeks** . . .

	<i>all of the time</i>	<i>most of the time</i>	<i>a good bit of the time</i>	<i>some of the time</i>	<i>a little of the time</i>	<i>none of the time</i>
30. have you felt calm and peaceful?	<i>C30</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. did you have a lot of energy?	<i>C31</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. have you felt downhearted and blue?	<i>C32</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. During the past 4 weeks , how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)	<i>C33</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much of the time during the **last month** have you . . .

	<i>all of the time</i>	<i>most of the time</i>	<i>a good bit of the time</i>	<i>some of the time</i>	<i>a little of the time</i>	<i>none of the time</i>
34. been a very nervous person?	<i>C34</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. felt so down in the dumps that nothing could cheer you up?	<i>C35</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. been a happy person?	<i>C36</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

37. Below are some statements that people sometimes make when they talk about their health. Please fill in the bubble to indicate how much you agree or disagree with each statement as it applies to you personally. *Your answers should be what is true for you and not just what you think the study staff want you to say.* If the statement does not apply to you, fill in the bubble for N/A.

	<i>disagree strongly</i>	<i>disagree</i>	<i>agree</i>	<i>agree strongly</i>	<i>N/A</i>
a. When all is said and done, I am the person who is responsible for managing my health condition(s). <i>C37a</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Taking an active role in my own health care is the most important factor in determining my health and ability to function. <i>C37b</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I am confident that I can take actions that will help prevent or minimize some symptoms or problems associated with my health condition(s). <i>C37c</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I know what each of my prescribed medicines does. <i>C37d</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I am confident that I can tell when I need to go get medical care and when I can handle a health problem myself. <i>C37e</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I am confident I can tell a doctor concerns I have even when (s)he does not ask. <i>C37f</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I am confident that I can follow through on medical treatments I need to do at home. <i>C37g</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I understand the nature and causes of my health condition(s). <i>C37h</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I know the different medical treatment options available for my health condition(s). <i>C37i</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. I have been able to maintain the lifestyle changes for my health condition(s) that I have made. <i>C37j</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. I know how to prevent further problems with my health condition(s). <i>C37k</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. I am confident I can figure out solutions when new situations or problems arise with my health condition(s). <i>C37l</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. I am confident that I can maintain lifestyle changes, like diet and exercise, even during times of stress. <i>C37m</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section D: Beliefs and Decision Making

1. Has your doctor ever told you that you have high blood pressure or hypertension?

D1 yes no → **if no, skip to Section E on page 17**

We'd like to find out what you know about high blood pressure and treatment of high blood pressure. For each of the following questions, choose the answer you think is correct. If you do not know the answer, fill in the bubble for "I don't know."

2. If the blood pressure is 130/80 it is:

D2 high low normal I don't know.

3. If the blood pressure is 160/100 it is:

D3 high low normal I don't know.

4. Once someone has high blood pressure, it usually lasts . . .

D4 for a few years for 5 to 10 years for the rest of your life I don't know.

5. Exercising every day makes blood pressure:

D5 go up go down stay the same I don't know.

6. Losing weight usually makes blood pressure:

D6 go up go down stay the same I don't know.

7. Having more than 2 drinks per day makes blood pressure (one drink is a glass of wine, a 12 oz. glass of beer, or one shot of hard liquor):

D7 go up go down stay the same I don't know.

8. People with high blood pressure should take their medicine:

D8 every day at least a few times a week only when they feel sick I don't know.

9. When someone's blood pressure is too high, they usually have a headache.

D9 yes no I don't know.

10. When someone's blood pressure is too high, they usually feel dizzy.

D10 yes no I don't know.

11. When someone's blood pressure is too high, they usually feel fine and don't know that it is high.

D11 yes no I don't know.

12. High blood pressure can cause heart attacks.

D12 yes no I don't know.

13. High blood pressure can cause cancer.

D13 yes no I don't know.

14. High blood pressure can cause strokes.

D14 yes no I don't know.

15. High blood pressure can cause kidney problems.

D15 yes no I don't know.

16. Do you know what your last blood pressure reading was?

D16 yes → *if yes, please write it in these boxes:*
 no

D16sys / *D16dias*
systolic *diastolic*

Section E: Support

These next questions are about other support that is available to you.

1. About how many close friends and close relatives do you have (people you feel at ease with and can talk to about what is on your mind)?

E1a
 Write in the number of close **friends** here : →

E1b
 Write in the number of close **relatives** here : →

People sometimes look to others for companionship, assistance, or other types of support.

How often are each of the following kinds of support available to you if you need it?

	<i>none of the time</i>	<i>a little of the time</i>	<i>some of the time</i>	<i>most of the time</i>	<i>all of the time</i>
2. someone to help you if you were confined to bed	<i>E2</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. someone you can count on to listen to you when you need to talk	<i>E3</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. someone to give you good advice about a crisis	<i>E4</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. someone to take you to the doctor if you needed it	<i>E5</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. someone who shows you love and affection	<i>E6</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. someone to have a good time with	<i>E7</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. someone to give you information to help you understand a situation	<i>E8</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. someone to confide in or talk to about yourself or your problems	<i>E9</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. someone who hugs you	<i>E10</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. someone to get together with for relaxation	<i>E11</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. someone to prepare your meals if you were unable to do it yourself	<i>E12</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. someone whose advice you really want	<i>E13</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. someone to do things with to help you get your mind off things	<i>E14</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. someone to help with daily chores if you were sick	<i>E15</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. someone to share your most private worries and fears with	<i>E16</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	<i>none of the time</i>	<i>a little of the time</i>	<i>some of the time</i>	<i>most of the time</i>	<i>all of the time</i>
17. someone to turn to for suggestions about how to deal with a personal problem <i>E17</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. someone to do something enjoyable with <i>E18</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. someone who understands your problems <i>E19</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. someone to love and make you feel wanted <i>E20</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section F: Eating Habits

Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods? Remember breakfast, lunch, dinner, snacks and eating out.

	<i>less than 1/WEEK</i>	<i>once a WEEK</i>	<i>2-3 times a WEEK</i>	<i>4-6 times a WEEK</i>	<i>once a DAY</i>	<i>2+ a DAY</i>
1. Fruit juice, like orange, apple, grape, fresh, frozen or canned (not sodas or other drinks) <i>F1</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. How often do you eat any fruit, fresh or canned (not counting juice)? <i>F2</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Vegetable juice like tomato juice, V-8, or carrot <i>F3</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Green salad <i>F4</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Potatoes, any kind, including baked, mashed or french fried <i>F5</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Vegetable soup, or stew with vegetables <i>F6</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	<i>less than 1/WEEK</i>	<i>once a WEEK</i>	<i>2-3 times a WEEK</i>	<i>4-6 times a WEEK</i>	<i>once a DAY</i>	<i>2+ a DAY</i>
7. Any other vegetables, including string beans, peas, corn, broccoli or any other kind	<i>F7</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Fiber cereals like Raisin Bran, Shredded Wheat or Fruit-n-Fiber	<i>F8</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Beans such as baked beans, pinto, kidney, or lentils (not green beans)	<i>F9</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Dark bread such as whole wheat or rye	<i>F10</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section G: Neighborhood Physical Activity Questionnaire

Walking

In this section we ask you about two types of walking: **walking for transportation** (e.g., to the store or work), then **walking for recreation, health and fitness**. If the walking that you do for transportation is also for recreation, health or fitness, please report it only once.

For example:

Linda lives 20 minutes away from work. She chooses to walk there rather than drive mainly because she wants to improve her fitness. If Linda records that she walks for transportation (3 times per week for a total of 120 minutes), she would not repeat that information under walking for recreation, health or fitness.

1. In a **usual week**, do you walk to get to or from somewhere (such as walking to a store or bus stop) or for recreation, health or fitness (including walking your dog)?

G1 yes no → *if no, skip to Other Leisure Time Physical Activities on p. 22*

Walking for Transportation

2. In a **usual week**, how many times do you walk as a **means of transportation**, such as going to and from work, walking to the store, or walking to a bus stop?

G2 **→ if 0, skip to Q. 5**
times

3. Please estimate the total time you spend walking as a **means of transportation** in a **usual week**. (e.g., 5 times by 10 minutes = 50 minutes)

G3hrs *G3mins*
hours minutes

4. Let me know which of the following places you walk to as a **means of transportation** in a **usual week**. [Mark all that apply.]

G4a to or from work (or study) *G4e* to or from friend's house

G4f 1

G4b to or from bus stop *G4f* other place #1 → _____

G4c to or from store

G4d to or from restaurant *G4g* other place #2 → _____

*G4g 1***Walking for Recreation, Health or Fitness:**

If you have already reported recreational walking, please do not report it again for the following questions.

5. In a **usual week**, how many times do you walk for **recreation, health** or **fitness** (including walking your dog)?

G5 **→ if 0, skip to Other Leisure Time Physical Activities on p. 22**
times

6. Please estimate the total time you spend walking for **recreation, health** or **fitness** in a **usual week**. (e.g., 5 times by 10 minutes = 50 minutes)

G6hrs *G6mins*
hours minutes

7. Could you tell me where you walk for **recreation, health** or **fitness** in a **usual week**? [Mark all that apply.]

G7a park

G7f fitness center

G7g 1

G7b neighborhood

G7g other place #1 → _____

G7c school

G7d to or from restaurant

G7h other place #2 → _____

G7e to or from a store

G7h 1

Other Leisure Time Physical Activities

The next set of questions is about **other leisure time physical activities** that you do in a **usual week**, besides what you have already mentioned. Do not include walking.

8. In a **usual week**, do you do any other vigorous or moderate intensity leisure time physical activities? Do not include any walking.

G8 yes no → **Skip to Q. 16**

9. Could you tell me where you do these leisure time physical activities in a **usual week**?
[Mark all that apply.]

G9a park *G9e* other place #1 →

G9b neighborhood

G9c school *G9f* other place #2 →

G9d fitness center

G9e 1

G9f 1

10. In a **usual week**, do you do any vigorous intensity leisure time physical activities like jogging, aerobics, swimming laps, or competitive tennis? Do not include walking or moderate intensity physical activities. Vigorous intensity physical activities cause a large increase in breathing and heart rate.

G10 yes no → **if no, skip Q. 13**

11. In a **usual week**, how many times do you do vigorous intensity leisure time physical activities which cause a large increase in breathing and heart rate?

G11 → **if 0, skip to Q. 13**
times

12. What do you estimate is the total time you spend doing vigorous intensity leisure time physical activities in a **usual week**.
(e.g., 3 times by 20 minutes = 60 minutes)

G12hrs *G12mins*
hours minutes

13. Apart from what you have already mentioned, in a **usual week** do you do any other moderate intensity leisure time physical activities like dancing, cycling, social tennis, golf, or gardening? Moderate intensity physical activities cause a moderate increase in breathing and heart rate.

G13 yes no → *if no, skip to Q. 16*

14. In a **usual week**, how many times do you do moderate intensity leisure time physical activities which cause a moderate increase in breathing and heart rate?

G14 → *if 0, skip to Q. 16*
times

15. What do you estimate is the total time you spend doing moderate intensity leisure time physical activities in a **usual week**?
(e.g., 1 time for 1 hour = 1 hour)

G15hrs *hours* *G15mins* *minutes*

16. How confident are you that you could exercise more if you wanted to? Would you say you are **very confident**, **somewhat confident**, or **not at all confident**?

- G16* very confident
 somewhat confident
 not at all confident
 don't know
 refused to answer

QC ID
QC done by:

Errors
UNC to review? yes no

Lifestyle Survey
(DRA1)



 -

Nuts, Oils, Dressings, and Spreads

In an average **WEEK**,

1. How many servings of peanut butter or nuts (like peanuts, almonds, pecans, walnuts, or cashews) do you usually eat?	NUT1 <input type="radio"/> 3+	<input type="radio"/> 2	<input type="radio"/> 0-1
2. What type of butter or margarine do you usually use?	NUT2 <input type="radio"/> trans fat free margarine (most tub margarines are trans fat free)	<input type="radio"/> butter	<input type="radio"/> stick margarine

In an average **WEEK**, how many times do you . . .

3. Use trans fat free margarine as a topping for bread, biscuits, corn, potatoes, rice, or noodles?	NUT3 <input type="radio"/> 3+	<input type="radio"/> 1-2	<input type="radio"/> 0
4a. Eat foods fried or sautéed at home using vegetable oil (olive, soybean, canola, corn oil, or tub/liquid margarine)?	NUT4a <input type="radio"/> 3+	<input type="radio"/> 1-2	<input type="radio"/> 0
4b. Eat food baked at home using vegetable oil or trans fat free margarine ?	NUT4b <input type="radio"/> 3+	<input type="radio"/> 1-2	<input type="radio"/> 0
5. Use "full fat" salad dressing (excluding NO FAT, FAT FREE, and LOW-FAT dressings)?	NUT5 <input type="radio"/> 3+	<input type="radio"/> 1-2	<input type="radio"/> 0
6. Eat regular mayonnaise (excluding NO FAT, FAT FREE, and LOW-FAT mayonnaise) on sandwiches or in tuna, chicken, or egg salads?	NUT6 <input type="radio"/> 3+	<input type="radio"/> 1-2	<input type="radio"/> 0

Vegetables, Fruit, Whole Grains, and Beans

On an average **DAY**, how many servings of these foods do you eat or drink?

1a. Dark-green or orange vegetables like collard greens, broccoli, tossed salad made with dark-green leafy lettuces, sweet potatoes, butternut squash, or carrots	<i>VEG1a</i> <input type="radio"/> 2+	<input type="radio"/> 1	<input type="radio"/> 0
1b. Other vegetables like corn, green peas, lima beans, okra, zucchini, turnips, onions, cabbage, green beans, or tomatoes (including tomato sauce)	<i>VEG1b</i> <input type="radio"/> 2+	<input type="radio"/> 1	<input type="radio"/> 0
2. Fresh, canned, or frozen fruit or 100% fruit juice (1/2 cup equals a serving)	<i>VEG2</i> <input type="radio"/> 3+	<input type="radio"/> 2	<input type="radio"/> 0-1
3. Bread, rolls, or tortillas made all or mostly with white flour	<i>VEG3</i> <input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2+

In an average **WEEK**, how many servings of these foods do you eat?

4. Beans or peas like pinto beans, kidney beans, lentils, or black-eyed peas	<i>VEG4</i> <input type="radio"/> 3+	<input type="radio"/> 1-2	<input type="radio"/> 0
5. White rice or regular pasta , like noodles, spaghetti, or macaroni	<i>VEG5</i> <input type="radio"/> 0	<input type="radio"/> 1-2	<input type="radio"/> 3+
6. Regular cold or hot cereals , like sugar frosted flakes, cocoa cereals, grits, or cream of wheat	<i>VEG6</i> <input type="radio"/> 0	<input type="radio"/> 1-2	<input type="radio"/> 3+

-***Drinks, Desserts, Snacks, Eating Out, and Salt***

On an average **DAY**, how many 12-oz. servings of sugar-sweetened beverages do you drink with meals or in between meals? One regular can of a beverage is 12 oz.

1. Sugar sweetened beverages include regular non-diet sodas, bottled fruit drinks, Kool-Aid, iced or hot coffee or tea sweetened with sugar (including drinks like Coke, Pepsi, Sprite, Snapple, lemonade, or fruitade and sports or energy drinks)	DDS1 <input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2+
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In an average **WEEK**, how many servings of these foods do you eat?

2. Doughnuts, sweet rolls, pies, cakes, cookies, or candy	DDS2 <input type="radio"/> 0-1	<input type="radio"/> 2-3	<input type="radio"/> 4+
3. Ice cream, ice milk, sherbet, or frozen yogurt	DDS3 <input type="radio"/> 0-2	<input type="radio"/> 3-4	<input type="radio"/> 5+
4. Snack chips (like potato chips, corn chips, tortilla chips, or cheese puffs), crackers, or pretzels	DDS4 <input type="radio"/> 0-2	<input type="radio"/> 3-4	<input type="radio"/> 5+

In an average **WEEK** . . .

5. How many times do you eat out at restaurants, get food delivered, or eat restaurant carry-out at home? (Include food from fast-food restaurants.)	DDS5 <input type="radio"/> 0-2	<input type="radio"/> 3-4	<input type="radio"/> 5+
6. When you buy foods like canned soups or beans, snack chips, or crackers, do you usually get products that are low-sodium or have no added salt ?	DDS6 <input type="radio"/> all or most of the time	<input type="radio"/> sometimes	<input type="radio"/> rarely or never

Fish, Meat, Poultry, Dairy, and EggsIn an average **WEEK**, how many servings of these foods do you eat?

1. Fish , including tuna and shell fish (like shrimp)	<i>FMP1</i> <input type="radio"/> 2+	<input type="radio"/> 1	<input type="radio"/> 0
2. Bacon, sausage, hot dogs or cold cuts like bologna, salami, Spam, or deli meats including turkey and beef	<i>FMP2</i> <input type="radio"/> 0-2	<input type="radio"/> 3-4	<input type="radio"/> 5+
3. Chicken or turkey , excluding chicken or turkey cold cuts	<i>FMP3</i> <input type="radio"/> 3+	<input type="radio"/> 2	<input type="radio"/> 0-1

On an average **DAY**, how many servings of these foods do you eat?

4. Red meat like roasts, steaks, stew meat, ribs, chops, BBQ, or ham; or hamburger, either alone or in dishes like meatloaf and spaghetti sauce	<i>FMP4</i> <input type="radio"/> 0-1	<input type="radio"/> 2	<input type="radio"/> 3+
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On average, how many servings of these foods do you eat?

5. Dairy products , such as milk, cheese, and yogurt	<i>FMP5</i> <input type="text"/>	<i>FMP5a</i> <input type="radio"/> servings per day	<input type="radio"/> servings per week
6. Eggs , including in cooking	<i>FMP6</i> <input type="text"/>	<i>FMP6a</i> <input type="radio"/> eggs per day	<input type="radio"/> eggs per week

Walking

In a usual **WEEK**,

1. How many times do you walk for recreation, health, fitness, or transportation such as walking around the block, walking your dog, or walking to work? (Do not include walking that you do as part of your job.)	<i>WLK1</i> <input type="radio"/> 5+ times	<input type="radio"/> 3-4 times	<input type="radio"/> 1-2 times <input type="radio"/> 0 → <i>if 0 skip to the next page</i>
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On a typical **DAY**, when you **WALK** for recreation, health, fitness, or transportation. . .

2. What is the total time you spend walking ?	<i>WLK2</i> <input type="radio"/> 30 minutes or more	<input type="radio"/> 10-19 minutes <input type="radio"/> 20-29 minutes	<input type="radio"/> less than 10 minutes
3. What is your usual speed ?	<i>WLK3</i> <input type="radio"/> fairly fast (3-4 miles an hour) <input type="radio"/> very fast (more than 4 miles an hour)	<input type="radio"/> average or normal (2-3 miles an hour)	<input type="radio"/> casual strolling (less than 2 miles an hour)

On a typical **DAY**, at work. . .

4. What is the total time you spend walking ?	<i>WLK4</i> <input type="radio"/> 30 minutes or more	<input type="radio"/> 10-19 minutes <input type="radio"/> 20-29 minutes	<input type="radio"/> less than 10 minutes <input type="radio"/> do not walk at work/not employed → <i>skip Q. 5</i>
5. What is your usual speed ?	<i>WLK5</i> <input type="radio"/> fairly fast (3-4 miles an hour) <input type="radio"/> very fast (more than 4 miles an hour)	<input type="radio"/> average or normal (2-3 miles an hour)	<input type="radio"/> casual strolling or walking (less than 2 miles an hour)

Other Types of Physical Activity

The next questions are about **leisure time** physical activity other than walking. When answering these questions, DO NOT include walking. These questions ask about two levels of physical activity: **moderate** and **vigorous**.

MODERATE physical activities cause a moderate increase in breathing and heart rate. **You should be able to carry on a conversation when doing these activities.**

VIGOROUS physical activities cause a large increase in breathing and heart rate. **It is difficult to talk when doing these activities.**

In a usual **WEEK**,

1. How many times do you do moderate leisure time physical activities like dancing, cycling, social tennis, golf, or gardening?	<i>PA1</i> <input type="radio"/> 5+ times	<input type="radio"/> 3-4 times	<input type="radio"/> 1-2 times <input type="radio"/> 0 → if 0 skip to question 3
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On a typical **DAY**, when you do **MODERATE ACTIVITY**. . .

2. What is the total time you spend doing this activity?	<i>PA2</i> <input type="radio"/> 30 minutes or more	<input type="radio"/> 10-19 minutes <input type="radio"/> 20-29 minutes	<input type="radio"/> less than 10 minutes
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In a usual **WEEK**,

3. How many times do you do vigorous leisure time physical activities like jogging, aerobics, swimming laps, or competitive tennis?	<i>PA3</i> <input type="radio"/> 5+ times	<input type="radio"/> 3-4 times	<input type="radio"/> 1-2 times <input type="radio"/> 0 → if 0 skip to question 5
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On a typical **DAY**, when you do **VIGOROUS ACTIVITY** . . .

4. What is the total time you spend?	<i>PA4</i> <input type="radio"/> 20 minutes or more	<input type="radio"/> 10-19 minutes	<input type="radio"/> less than 10 minutes
5. On a typical WORK DAY do you do MODERATE or VIGOROUS ACTIVITY other than walking? <i>PA5</i> <input type="radio"/> yes <input type="radio"/> no (stop here) <input type="radio"/> not employed (stop here)			
6. What is the total time you spend doing this activity each day?	<i>PA6</i> <input type="radio"/> 30 minutes or more	<input type="radio"/> 10-19 minutes <input type="radio"/> 20-29 minutes	<input type="radio"/> less than 10 minutes

7. Date:

DRAdate
 / / 20
month day year
Errors

8. Interviewer:

DRAintrv

UNC to review? yes

no

QC done by:

QC_ID

Lifestyle Questionnaire
(LIFE1)



Part A: Fat Quality

Thinking about your eating habits over the past year or so, please answer the following questions:

1. How many pats of margarine do you use each day ?	<i>A1_L</i> <input type="radio"/> 2+	<input type="radio"/> 1	<input type="radio"/> 0
2. Is your margarine liquid, tub or stick? <i>[Mark all that apply.]</i>	<i>A2a_L</i> <input type="radio"/> liquid <i>A2b_L</i> <input type="radio"/> tub		<i>A2c_L</i> <input type="radio"/> stick
<i>In an average week, how many times do you eat foods fried or sautéed at home using the following:</i>			
3. olive oil, soybean or canola oil, corn oil, vegetable oil or tub/liquid margarine?	<i>A3_L</i> <input type="radio"/> 3	<input type="radio"/> 1-2	<input type="radio"/> 0
4. stick margarine?	<i>A4_L</i> <input type="radio"/> 0	<input type="radio"/> 1-2	<input type="radio"/> 3+
5. shortening?	<i>A5_L</i> <input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2+
<i>In an average week, how many times do you eat food baked or cooked at home using the following:</i>			
6. olive oil, soybean or canola oil, corn oil, vegetable oil or tub/liquid margarine?	<i>A6_L</i> <input type="radio"/> 3	<input type="radio"/> 1-2	<input type="radio"/> 0
7. stick margarine?	<i>A7_L</i> <input type="radio"/> 0	<input type="radio"/> 1-2	<input type="radio"/> 3+
8. shortening?	<i>A8_L</i> <input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2+

Part B: Environment--Sometimes the neighborhoods where we live make it either easier or harder to eat healthy and get enough exercise. Thinking about where you live, what things in your neighborhood keep you from exercising more or eating healthier?

Please fill in the bubble to indicate whether or not each one in the list below is a problem in your neighborhood, with 1 = **not a problem** and 5 = **a big problem**. Remember, the question is not just whether these things exist in your neighborhood, but whether they keep you from exercising more or eating healthier.

	not a problem				a big problem
1. not enough sidewalks	B1_L <input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
2. not enough bike lanes	B2_L <input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
3. too many fast food places	B3_L <input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
4. not enough parks, trails, or tracks for walking	B4_L <input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
5. not enough affordable exercise places	B5_L <input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
6. not enough physical activity programs that meet your needs (like through the Parks & Recreation Department)	B6_L <input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
7. too much crime	B7_L <input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
8. no street lights	B8_L <input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
9. unattended dogs	B9_L <input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
10. not enough food stores with affordable fruits & vegetables	B10_L <input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
11. not enough restaurants with healthy food choices	B11_L <input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
12. not enough farmer's markets or produce stands	B12_L <input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
13. heavy traffic	B13_L <input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
14. bad air from cars or factories	B14_L <input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
15. verbal abuse from people on the street	B15_L <input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
16. speeding drivers	B16_L <input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
17. no place to buy a quick, healthy meal to go	B17_L <input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
18. rural environment	B18_L <input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

The next few questions are about places where you (or the primary food shopper in your household) shop for groceries.

19. Do you (or the primary food shopper in your household) ever get groceries (food items) from a **discount superstore** such as WalMart or Fred's Foods?

B19_L yes 19a. If yes, how often? **B19a_L** One time per week
 no 2 or more times per week
 don't know once a month
 2-3 times per month
 a few times per year

20. Do you (or the primary food shopper in your household) ever get groceries (food items) from a **supermarket** such as Food Lion or Piggly-Wiggly?

B20_L yes 20a. If yes, how often? **B20a_L** One time per week
 no 2 or more times per week
 don't know once a month
 2-3 times per month
 a few times per year

20b. What is the name and location of the supermarket or other major food store where you (or the primary shopper) do most of your grocery shopping?

B20bName_L

name:

B20bLocation_L

location:

21. Do you (or the primary food shopper in your household) ever get groceries (food items) from a **dollar store** such as Dollar General or Family Dollar?

B21_L yes 21a. If yes, how often? **B21a_L** one time per week
 no 2 or more times per week
 don't know once a month
 2-3 times per month
 a few times per year

22. Do you (or the primary food shopper in your household) ever get groceries (food items) from a **corner store** or **convenience store** such as Wilco-Hess or Trade Mart?

B22_L

yes →

22a. If yes, how often?

B22a_L

no

don't know

one time per week

2 or more times per week

once a month

2-3 times per month

a few times per year

23. Do you (or the primary food shopper in your household) ever get food from a family or friend's garden?

B23_L

yes →

23a. If yes, how often?

B23a_L

no

don't know

one time per week

2 or more times per week

once a month

2-3 times per month

a few times per year

23b. If yes, what types of food?

B23b_L

24. How often do you and your family eat fruits and vegetables that have been homegrown? "Homegrown" is defined as fruits and vegetables that you, a friend, family member or a local farmer grew.

B24_L

almost always/always

sometimes

rarely

never

25. How often do you or the primary food shopper in your household shop for food at a **farmer's market** or **produce stand**? (By "farmer's market" and "produce stand," we mean places like a market where farmers come to sell their produce of like a roadside stand that sells fresh fruits and vegetables.)

B25_L

never → *continue with Use of Community Resources*

a few times per year

once a month

2-3 times per month

one time per week

2 or more times per week

25a. What is the name and location of the **farmer's market** or **produce stand** where you (or the primary shopper) **usually** shop?

B25aName

name:

B25aLocation

location:

Use of Community Resources

One way that people make changes in the way they eat or how much exercise they get is to join classes or programs in their community or use things like high school tracks, walking trails, or exercise clubs like the YMCA. Each community is different, and some places have more things like this than others.

If you decided you wanted to make use of some of these things to improve your health, first you have to know what is available.

How much do you feel you know about what kinds of things are in your community to help you eat healthier or exercise more? Using a scale of 1 to 10, where 1 means you know nothing about it and 10 means you know a lot, please mark how much you know about the following things in your community.

How much do you feel you know about . . .

26. what classes or sessions you could attend to learn how to get healthier?

B26_L*know nothing* 1 2 3 4 5 6 7 8 9 10*know a lot*

27. where to shop to get fruits and vegetables for the least money?

B27_L*know nothing* 1 2 3 4 5 6 7 8 9 10*know a lot*

28. affordable exercise places where you could join classes or use equipment?

B28_L*know nothing* 1 2 3 4 5 6 7 8 9 10*know a lot*

29. parks, walking trails or tracks where you could go to get more exercise?

know nothing **B29_L** 1 2 3 4 5 6 7 8 9 10 *know a lot*

The next questions are also on a scale of 1 to 10, where 1 means "not at all" and 10 means "a great deal."

30. How much would you say you currently make use of what your community has to offer in terms of being more physically active?

not at all **B30_L** 1 2 3 4 5 6 7 8 9 10 *a great deal*

31. How much would you say you currently make use of what your community has to offer in terms of healthy food options?

not at all **B31_L** 1 2 3 4 5 6 7 8 9 10 *a great deal*

We want to learn about your opinions about some community strategies related to health. Please indicate your support of the strategies listed below to support healthy eating and physical activity, where 1 means you "strongly do not support" this strategy and 10 means you "strongly support" this strategy.

32. Communities should provide incentives to food stores to locate in rural or low-income areas.

strongly do not support **B32_L** 1 2 3 4 5 6 7 8 9 10 *strongly support*

33. Communities should provide incentives to food stores to offer healthier food and beverage choices in rural or low-income areas.

strongly do not support **B33_L** 1 2 3 4 5 6 7 8 9 10 *strongly support*

34. Communities should improve access to outdoor exercise and recreation places, like parks and waterways.

strongly do not support **B34_L** 1 2 3 4 5 6 7 8 9 10 *strongly support*

35. Communities should improve sidewalks to support walking.

strongly do not support ^{B35_L} 1 2 3 4 5 6 7 8 9 10 *strongly support*

36. Communities should support locating schools within easy walking distance of where people live.

strongly do not support ^{B36_L} 1 2 3 4 5 6 7 8 9 10 *strongly support*

37. Communities should limit advertisements of less healthy foods and beverages.

strongly do not support ^{B37_L} 1 2 3 4 5 6 7 8 9 10 *strongly support*

38. Communities should increase support for breastfeeding.

strongly do not support ^{B38_L} 1 2 3 4 5 6 7 8 9 10 *strongly support*

Part C: Medical & Physical Activity Clearance

Heart Attack Screener

1. In the past 3 months has your doctor told you that you have had a heart attack?

^{C1_L} yes → if **yes**, skip to Q. 7
 no → if **no**, continue with Q. 2

2. Has a doctor ever said that you have a heart condition **and** that you should only do physical activity recommended by a doctor?

^{C2_L} yes
 no

3. Do you feel pain in your chest when you do physical activity?

^{C3_L} yes
 no

4. In the past month, have you had chest pain, **lasting more than one minute**, when you were **not** doing physical activity?

C4_L yes
 no

5. Do you lose your balance because of dizziness such that you are concerned you might fall, or do you ever lose consciousness?

C5_L yes → *specify*
 no

_____ **C5text**

6. Do you know of any other reason why you should not do physical activity such as walking at a modest pace?

C6_L yes → *specify*
 no

_____ **C6text**

If the response is "yes" to any of Questions 2-6 continue with Q. 7.

If the response is "no" to all of Questions 2-6, no clearance is needed. Stop here.

7. Do you have a primary care provider/physician?

C7_L yes
 no

8. Physician's Contact Info:

a. Physician Name:

C8a

b. Name of Medical Practice:

C8b

c. Phone Number:
[if known]

C8c

- -

d. FAX Number:

C8d

- -

QC ID

QC done by:

Errors

UNC to review? yes no

**Physician Permission Form-Lifestyle Study
(PPF1)**



1. Participant referred to physician due to positive: *[Mark all that apply.]*

PPF1a heart attack screener

PPF1b physical activity screener

2. Date letter sent to physician requesting medical clearance for participation in study:

PPF2

		/			/	2	0	1	
month			day			year			

Complete remainder of form 2 weeks after referral letter was mailed.

For participants referred with positive Heart Attack Screener:

[After indicating level of participation in Q. 3, skip to Q. 5 below.]

3. What level of participation has participant received clearance?

PPF3 diet component only

physical activity component only

both diet and physical activity components

medical clearance denied → ***Participant is not eligible to***

no response from physician → ***participate in study.***

For participants referred with positive Physical Activity Screener:

4. Did the provider give the participant clearance to participate in physical activity component?

PPF4 yes

no → ***Participant is eligible for study but may***

no response from physician → ***not engage in study-led physical activity.***

5. Date clearance form received from health care provider:

PPF5

		/			/	2	0	1	
month			day			year			

6. Date: *PPFdate*

		/			/	2	0	1	
month			day			year			

QC ID

QC done by:

Errors

7. Interviewer: *PPFintrv*

UNC to review? yes no

LabCorp Test Results
(LAB1)



-

LABdate

Date test run: / /

month day year

LABtc

Total Cholesterol:

50-800 mg/dL

LABhdl

HDL Cholesterol:

12-200 mg/dL

LABcreat

Creatinine: .

0.4-20.0 mg/L

LABgfr

GFR:

5-150 mL/min/1.73m²

LABa1c

Hemoglobin A1c: .

4 - 20

LABstaff

Transcription by Staff ID:

UNC to review? yes no
Errors

QC done by:

QC ID

**High Blood Pressure-Study Participant HBPM Readings
(HBPM1)**



1 - Left Systolic ^{HBPM1} → → → 2 - Right Systolic ^{HBPM2}



If the difference between left and right arm is ≤ 20 skip to 5.

If the difference between left and right arm is > 20 continue with 3.

4 - Left Systolic ^{HBPM4} ← ← ← 3 - Right Systolic ^{HBPM3}



5. Arm chosen: [Choose right arm only if systolic reading of right arm is 20 mm Hg more than the left arm on second reading. Otherwise, choose left arm.] ^{HBPM5}
 right left

6. Date: ^{HBPMdate} / / 20
month day year

7. Interviewer: ^{HBPMintrv}

QC done by: ^{QC ID} ^{Errors} UNC to review? yes no