

**6-month Follow-up**  
**(ENR2)**


**This Page For Office Use Only**

Visit date: ENRdate

  /   /    

month

day

year

**Participation:**

 Study\_H  H

 Study\_L  L → **For Lifestyle participants only:** Which Phase 2 intervention program did the participant select? [Mark only one.]

 Study\_G  G

L group

 Weight loss - 16 weekly group sessions

 Weight loss - combination of group sessions and phone contacts

 Lifestyle phone counseling

**BMI must be ≥ 25.0**
**Form completed by:**

 Form  participant only

 interviewer only

 both

 ENRintrv Interviewer ID:  

Quality of interview:

 ENRratng  excellent  good  fair  poor  not sure

**Was part of interview completed by phone?**

 Phone  no

 yes → Interviewer ID:

 ENRintrv 2  

Date completed:

 ENRdate 2   /   /    

month

day

year

Quality of interview:

 ENRratng 2  excellent  good  fair  poor  not sure

PracticeMerge

 Practice: 

ProviderFirstMerge

 Provider: 

ProviderLastMerge

first name

last name

**Section B: Demographic Information***Questions 1-7 are not asked this time.*

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 → no9a. 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 rarely or less than 1 day/week 1 day/week 2 days/week 3 days/week 4 days/week 5 days/week 6 days/week 7 days/week**Section C: Health Related Questions***Questions 1-6 are not asked this time.*

7. Do you take prescription medicines?

*C7*  yes  no → *if no, skip to 21 on page 5*

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 → **C11n other**  
*specify* \_\_\_\_\_

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

**C12**  yes  no → **if no, skip to 21b on page 5**

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. Do you use a home blood pressure monitor to take your own blood pressure readings at home?

*C21 6m*  yes  no

→ 21a. Have you talked to your doctor about your home blood pressure monitor readings in the past 6 months?

*C21a 6m*  yes  no  not sure

21b. Do you know what your last blood pressure reading was?

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

*D16sys*    /     
*D16dias*  
*systolic* *diastolic*

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 <b>past 4 weeks</b> , how much of the time has your <b>physical health or emotional problems</b> 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"/>

**Sections D and E are not included at this visit.**

## 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"/>
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. 11*

***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. Which of the following places do 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

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

*G4c*  to or from store

*G4f 1* \_\_\_\_\_

*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*    
times

→ *if 0, skip to Other Leisure Time Physical Activities below*

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*    
hours

*G6mins*     
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

*G7b*  neighborhood

*G7g*  other place #1 →

*G7g 1* \_\_\_\_\_

*G7c*  school

*G7d*  to or from restaurant

*G7h*  other place #2 →

*G7h 1* \_\_\_\_\_

*G7e*  to or from a store

**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 →

*G9e 1* \_\_\_\_\_

*G9b*  neighborhood

*G9c*  school

*G9f*  other place #2 →

*G9f 1* \_\_\_\_\_

*G9d*  fitness center

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**   **G15mins**     
hours 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

17. Below is a list of social networking websites that many people use.  
 - Fill in the bubble for each site that you use.  
 - For each site that you use, please indicate how often you use it.

<i>website</i>	<i>every day</i>	<i>a few times per week</i>	<i>a few times per month</i>	<i>once a month or less</i>
<i>G17a</i> <input type="radio"/> Facebook →	<i>G17a 1</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>G17b</i> <input type="radio"/> MySpace →	<i>G17b 1</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>G17c</i> <input type="radio"/> Google Plus+ →	<i>G17c 1</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>G17d</i> <input type="radio"/> Twitter →	<i>G17d 1</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>G17e</i> <input type="radio"/> LinkedIn →	<i>G17e 1</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>G17f</i> <input type="radio"/> other <i>if other, specify site on line below</i> →	<i>G17f 1</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>G17f other</i>				

**Section H: Questions About Your Community**

*This section is about the neighborhood or the community in which you live. For the statements listed below, please indicate the degree to which you agree or disagree with each statement. Your choices are **strongly disagree**, **disagree**, **neutral**, **agree**, or **strongly agree**.*

	<i>disagree strongly</i>	<i>disagree</i>	<i>neutral</i>	<i>agree</i>	<i>agree strongly</i>
1. I can count on adults in my neighborhood or community to watch out that children are safe and don't get in trouble. <i>H1</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. When I am away from home, I know that my neighbors will keep their eyes open for possible trouble at my place. <i>H2</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. In my neighborhood/community, people mostly go their own way. <i>H3</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. People in my neighborhood/community do not share the same values. <i>H4</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. If I were sick, I could count on my neighbors to shop for groceries for me. <i>H5</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. People in this neighborhood/community can be trusted. <i>H6</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Parents in this neighborhood/community know their children's friends. <i>H7</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Children around here have no place to play but the street. <i>H8</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Adults in my neighborhood/community know who the local children are. <i>H9</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. The equipment and buildings are well kept in the park or playground that is closest to where I live. <i>H10</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. The park or playground that is closest to where I live is safe during the day. <i>H11</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. The park or playground that is closest to where I live is safe at night. <i>H12</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. People in this neighborhood/community generally know each other. <i>H13</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- |  | <i>disagree strongly</i>         | <i>disagree</i>       | <i>neutral</i>        | <i>agree</i>          | <i>agree strongly</i> |
|--|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 14. I know the first name of most of the people who live in my community/neighborhood. | <i>H14</i> <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. If I had to borrow \$30 in an emergency, I could borrow it from someone.           | <i>H15</i> <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

16. If you had to borrow \$30 in an emergency, who would you borrow it from?  
[Mark all that apply. If you don't know someone you could borrow from, mark "no one."]

*H16a*  church member    *H16e*  neighbor

*H16b*  co-worker    *H16f*  someone at school

*H16c*  family member    *H16g*  other → *specify* *H16g other*

*H16d*  friend    *H16h*  no one \_\_\_\_\_

17. How long have you lived in this neighborhood/community?  
[Answer in **either** months **or** years, depending on how long you have lived there.]

*H17months*   number of months, if less than 12 months   month(s)

*H17years*   number of years, if 1 year or more   year(s)

18. Where did you live before?  
[Write in previous address or zip code.]

*H18*

19. If you had to take your best guess, how long do you think you'll be living in this neighborhood/community? [You may choose to answer in **either** months **or** years.]

*H19months*   number of months, if less than 12 months   month(s)

*H19years*   number of years, if 1 year or more   year(s)



These next questions ask about your involvement in your community.

20. Are you currently registered to vote?

*H20*  yes  no  don't know

21. Did you vote in the most recent election?

*H21*  yes  no  don't know

22. Did you vote in the 2008 presidential election?

*H22*  yes  no  don't know

23. Are you a member of a formal or informal organization in your community? *[This includes things like local government, Rotary, gleaner groups, Parent Teacher Association (PTA), recovery or support groups, and/or sports teams. Do not include churches.]*

*H23*  yes → 23a. If yes, list the organizations of which you are a member.

no *H23a*  
 don't know

24. How often, if ever, do you go to church, synagogue, or some other place of worship?

*H24*  more than once a week  
 weekly  
 1-2 times/month  
 several times a year  
 occasionally  
 never

25. If you were invited to a picnic, say at a church or with a group of neighbors, and they asked you to bring something to share, what would you be most likely to bring?

*H25*

26. If you were invited to a picnic, say at a church or with a group of neighbors, what food would you think would be at the picnic?

*H26*

*These next questions ask about your friends and family.*

**Considering the people to whom you are related, either by birth or marriage. . .**

27. How many relatives do you see or hear from at least once a month?

*H27*  none  1  2  3-4  5-8  9 or more

28. How many relatives do you feel close to such that you would call on them for help?

*H28*  none  1  2  3-4  5-8  9 or more

29. How many relatives do you feel at ease enough with to talk with about private matters?

*H29*  none  1  2  3-4  5-8  9 or more

**Considering all of your friends, including those who live in your neighborhood/community. . .**

30. How many of your friends do you see or hear from at least once a month?

*H30*  none  1  2  3-4  5-8  9 or more

31. How many friends do you feel close to such that you would call on them for help?

*H31*  none  1  2  3-4  5-8  9 or more

32. How many friends do you feel at ease enough with to talk with about private matters?

*H32*  none  1  2  3-4  5-8  9 or more

33. If you had a very personal and serious problem, are there any people with whom you could discuss it?

*H33*  yes  no

*UNC to review?* *Errors*  yes

no

*QC done by:*

*QC ID*

**Lifestyle Survey-6-month**  
**(DRA2)**

## Nuts, Oils, Dressings, and Spreads

In an average **WEEK**,

2

1

0

1. How many servings of <b>peanut butter</b> or <b>nuts</b> (like peanuts, almonds, pecans, walnuts, or cashews) do you usually eat?	<b>NUT1</b> <input type="radio"/> 3+	<input type="radio"/> 2	<input type="radio"/> 0-1
2. What type of <b>butter</b> or <b>margarine</b> do you usually use?	<b>NUT2</b> <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 <b>trans fat free margarine</b> as a topping for bread, biscuits, corn, potatoes, rice, or noodles?	<b>NUT3</b> <input type="radio"/> 3+	<input type="radio"/> 1-2	<input type="radio"/> 0
4a. Eat <b>foods fried or sautéed at home using vegetable oil</b> (olive, soybean, canola, corn oil, or tub/liquid margarine)?	<b>NUT4a</b> <input type="radio"/> 3+	<input type="radio"/> 1-2	<input type="radio"/> 0
4b. Eat food <b>baked at home</b> using <b>vegetable oil</b> or <b>trans fat free margarine</b> ?	<b>NUT4b</b> <input type="radio"/> 3+	<input type="radio"/> 1-2	<input type="radio"/> 0
5. Use "full fat" <b>salad dressing</b> (excluding NO FAT, FAT FREE, and LOW-FAT dressings)?	<b>NUT5</b> <input type="radio"/> 3+	<input type="radio"/> 1-2	<input type="radio"/> 0
6. Eat regular <b>mayonnaise</b> (excluding NO FAT, FAT FREE, and LOW-FAT mayonnaise) on sandwiches or in tuna, chicken, or egg salads?	<b>NUT6</b> <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. <b>Dark-green or orange vegetables</b> like collard greens, broccoli, tossed salad made with dark-green leafy lettuces, sweet potatoes, butternut squash, or carrots	<b>VEG1a</b> <input type="radio"/> 2+	<input type="radio"/> 1	<input type="radio"/> 0
1b. <b>Other vegetables</b> like corn, green peas, lima beans, okra, zucchini, turnips, onions, cabbage, green beans, or tomatoes (including tomato sauce)	<b>VEG1b</b> <input type="radio"/> 2+	<input type="radio"/> 1	<input type="radio"/> 0
2. Fresh, canned, or frozen <b>fruit</b> or 100% fruit juice (1/2 cup equals a serving)	<b>VEG2</b> <input type="radio"/> 3+	<input type="radio"/> 2	<input type="radio"/> 0-1
3. Bread, rolls, or tortillas made all or mostly with <b>white flour</b>	<b>VEG3</b> <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. <b>Beans or peas</b> like pinto beans, kidney beans, lentils, or black-eyed peas	<b>VEG4</b> <input type="radio"/> 3+	<input type="radio"/> 1-2	<input type="radio"/> 0
5. <b>White rice or regular pasta</b> , like noodles, spaghetti, or macaroni	<b>VEG5</b> <input type="radio"/> 0	<input type="radio"/> 1-2	<input type="radio"/> 3+
6. <b>Regular cold or hot cereals</b> , like sugar frosted flakes, cocoa cereals, grits, or cream of wheat	<b>VEG6</b> <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 <b>restaurants, get food delivered, or eat restaurant carry-out</b> 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 <b>low-sodium</b> or have <b>no added salt</b> ?	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 Eggs***In an average **WEEK**, how many servings of these foods do you eat?

1. <b>Fish</b> , including tuna and shell fish (like shrimp)	<i>FMP1</i> <input type="radio"/> 2+	<input type="radio"/> 1	<input type="radio"/> 0
2. <b>Bacon, sausage, hot dogs</b> or <b>cold cuts</b> 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. <b>Chicken</b> or <b>turkey</b> , 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. <b>Red meat</b> 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. <b>Dairy products</b> , 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. <b>Eggs</b> , 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 <b>walk</b> for recreation, health, fitness, or transportation such as walking around the block, walking your dog, or walking to work? (Do <b>not</b> include walking that you do as part of your job.)	<b>WLK1</b> <input type="radio"/> 5+ times	<input type="radio"/> 3-4 times	<input type="radio"/> 1-2 times <input type="radio"/>  if 0 skip to the next page
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On a typical **DAY**, when you **WALK** for recreation, health, fitness, or transportation. . .

2. What is the <b>total time</b> you spend <b>walking</b> ?	<b>WLK2</b> <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 <b>speed</b> ?	<b>WLK3</b> <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 <b>total time</b> you spend <b>walking</b> ?	<b>WLK4</b> <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  skip Q. 5
5. What is your usual <b>speed</b> ?	<b>WLK5</b> <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 <b>moderate</b> leisure time physical activities like dancing, cycling, social tennis, golf, or gardening?	<b>PA1</b> <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 <b>total time</b> you spend doing this activity?	<b>PA2</b> <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 <b>vigorous</b> leisure time physical activities like jogging, aerobics, swimming laps, or competitive tennis?	<b>PA3</b> <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 <b>total time</b> 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
<p>5. On a typical <b>WORK DAY</b> do you do <b>MODERATE</b> or <b>VIGOROUS ACTIVITY</b> other than walking?</p> <p><i>PA5</i> <input type="radio"/> yes  <input type="radio"/> no (stop here)  <input type="radio"/> not employed (stop here)</p>			
6. What is the <b>total time</b> 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*

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>month</i>		<i>day</i>		<i>2</i>	<i>0</i>	<i>year</i>	

8. Interviewer:

*DRAintrv*

*UNC to review?*  
*Errors*  yes  no

*QC done by:*  
*QC ID*

**Lifestyle Questionnaire-6-month  
(LIFE2)**


 
  
**Part A: Fat Quality**

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

	<i>0</i>	<i>1</i>	<i>2</i>
1. How many pats of margarine do you use <b>each day</b> ?	<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**--[Questions 1-18 are not asked this time.] 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**  
name:

**B20bLocation**  
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

no

don't know

22a. If yes, how often? **B22a\_L**

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

no

don't know

23a. If yes, how often? **B23a\_L**

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**

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 at 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?

*know nothing* **B26\_L**  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?

*know nothing* **B27\_L**  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?

*know nothing* **B28\_L**  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* <sup>B29\_L</sup>  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* <sup>B30\_L</sup>  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* <sup>B31\_L</sup>  1  2  3  4  5  6  7  8  9  10 *a great*  
*deal*

QC done by: <sup>QC ID</sup>

UNC to review? <sup>Errors</sup>  yes  no

**LabCorp Test Results-6 month follow-up  
(LAB2)**



Date test run:  /  / 2 0 1   
*LABdate*  
month day year

Hemoglobin A1c:   .   
*LABa1c*  
4 - 20

Transcription by Staff ID:    
*LABstaff*

*UNC to review?* **Errors**  
 yes  no

*QC done by:* **QC ID**

**Acceptability Questionnaire-6-month**  
**[*Lifestyle only*]**  
**(ACC2)**



*Your answers to this last group of questions will help us learn what you thought about this study and how to improve this program in the future. Please answer all questions to the best of your ability. There are no right or wrong answers; we just want to know what you think.*

1. How helpful were the following parts of the program on improving your diet?

	very helpful	somewhat helpful	neither helpful nor unhelpful	somewhat unhelpful	very unhelpful	not applicable
a. Information on Nuts, Spreads, Dressings, and Oils <b>ACC1a</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Information on Vegetables, Fruit, Whole Grains, and Beans <b>ACC1b</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Information on Drinks, Desserts, Snacks, Eating Out, and Salt <b>ACC1c</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Information on Fish, Meat, Poultry, Dairy, and Eggs <b>ACC1d</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Reviewing your diet and choosing healthy eating goals <b>ACC1e</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Writing goals and first steps toward your healthy eating goals <b>ACC1f</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Handouts and resources (for example, Best Oils for Cooking, Eating Healthy on a Budget) <b>ACC1g</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Community resource guide <b>ACC1h</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Cookbook <b>ACC1i</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Which of the sessions on healthy eating were most helpful to you? Choose **two** from the list below.

- ACC2a**  Information about Nuts, Spreads, Dressings, and Oils
- ACC2b**  Information about Vegetables, Fruit, Whole Grains, and Beans
- ACC2c**  Information about Drinks, Desserts, Snacks, Eating Out, and Salt
- ACC2d**  Information about Fish, Meat, Poultry, Dairy, and Eggs

3. Which of the following were most useful to you in helping you to change your diet?  
Choose **two** from the list below.

- ACC3a**  Reviewing your diet and choosing healthy eating goals
- ACC3b**  Writing goals and first steps toward your healthy eating goals
- ACC3c**  Handouts and resources (for example, Best Oils for Cooking, Eating Healthy on a Budget)
- ACC3d**  Community Resource Guide
- ACC3e**  Cookbook

4. Write additional comments or suggestions about the Healthy Eating portion of this program in the box below:

**ACC4**

5. Did you decide to work on physical activity as part of this program?

**ACC5**  yes  no → skip to question 10

↓  
continue  
with Q. 6

6. How helpful were the following parts of the program on increasing your physical activity?

	very helpful	somewhat helpful	neither helpful nor unhelpful	somewhat unhelpful	very unhelpful	not applicable
a. Information about Why Physical Activity is Important <i>ACC6a</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Information about Walking <i>ACC6b</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Information on Muscle Strengthening Activities <i>ACC6c</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Information about Making Plans to Stay Active <i>ACC6d</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Reviewing your physical activity habits and choosing physical activity goals <i>ACC6e</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Writing goals and first steps toward your physical activity goals <i>ACC6f</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Handouts and resources (for example, Guide to Chair Exercises) <i>ACC6g</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Community Resource Guide <i>ACC6h</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Pedometer <i>ACC6i</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Physical activity logs (using steps or minutes) <i>ACC6j</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

-

7. Which of the sessions on physical activity were most helpful to you? Choose **two** from the list below.

- ACC7a**  Information about Why Physical Activity is Important
- ACC7b**  Information about Walking
- ACC7c**  Information about Muscle Strengthening Activities
- ACC7d**  Information about Making Plans to Stay Active

8. Which of the following were most useful to you in helping you to increase your physical activity? Choose **two** from the list below.

- ACC8a**  Reviewing your physical activity and choosing physical activity goals
- ACC8b**  Writing goals and first steps toward your physical activity goals
- ACC8c**  Handouts and Resources (for example, Guide to Chair Exercises)
- ACC8d**  Community Resource Guide
- ACC8e**  Pedometer
- ACC8f**  Physical activity logs (using steps or minutes)

9. Write additional comments or suggestions about the Physical Activity portion in the box below:

**ACC9**



10. **Thinking about the Lifestyle Program as a whole**, please indicate how much you agree or disagree with the following statements

		strongly agree	agree	neither agree nor disagree	disagree	strongly disagree
a. The information provided was easy to understand.	ACC10a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. The information was trustworthy.	ACC10b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. The program helped me improve my lifestyle to reduce the risk of heart disease.	ACC10c	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I would recommend the program to others	ACC10d	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11 Overall, how would you rate the **amount of information** you received in this program?

- ACC11  too much information  
 just the right amount of information  
 not enough information

12. Overall, how would you rate the **number of sessions**?

- ACC12  too many  
 just the right number  
 too few

13. Overall, how would you rate the **amount of time** you spent in the sessions?

- ACC13  far too short  
 somewhat too short  
 just the right amount of time  
 somewhat too long  
 far too long

14. Did you feel that the counseling sessions were relevant to you?

- ACC14  yes  no  don't know

15. Did you miss or have to reschedule any study visits?

**ACC15**  yes → 15a. What kept you from getting to the study visits?

no

[Mark all that apply.]

**ACC15a\_1**  getting time off work

**ACC15a\_2**  childcare responsibilities

**ACC15a\_3**  eldercare responsibilities

**ACC15a\_4**  transportations issues (lack of transportation, costs)

**ACC15a\_5**  other →

**ACC13a 5other** \_\_\_\_\_

16. Who, if anyone, attended your sessions with you? [Mark all that apply.]

**ACC16a**  friend

**ACC16b**  spouse or partner

**ACC16c**  family member

**ACC16d**  child/children **ACC16e other**

**ACC16e**  other →

**ACC16f**  No one \_\_\_\_\_

17. Did you look at the binder outside of your counseling session?

**ACC17**  yes, a lot

yes, a little

no, I did not look at the binder outside of counseling sessions

18. How satisfied were you with the format in which you received the information (one-on-one with a counselor, versus in a group)?

**ACC18**  very satisfied

satisfied

neither satisfied nor dissatisfied

somewhat dissatisfied

very dissatisfied

19. If you had it to do over again, how would you choose to receive this intervention?

- ACC19**  individual counseling
- group counseling
- some of both

20. Is there anything else you would like to add about the program as a whole? If so, write your comments in the box below:

**ACC20**

21. Date: **ACCdate**   /   / 2 0

month                      day                      year

22. Interviewer: **ACCintrv**

**Errors**  
UNC to review?  yes  no

**QC ID**  
QC done by: