6-month Follow-up

(ENR2)

2715141911 Heart Healthy Lenoir Project Pt ID 6-month Follow-up	- 1/18 ENR2 V. 1.0
This Page For Office Use Only Visit date:	
month Participation:	day year
Study_H O H	
<i>Study_L</i> ○ L → <i>For Lifestyle participants only:</i> Which Phase 2 intervention program did the participant select? [<i>Mark only one.</i>]	
L group O Weight loss - 16 weekly group sessions	BMI must be
O Weight loss - combination of group sessions and phone contacts	s ′ ≥ 25.0
O Lifestyle phone counseling	
Form completed by:	
Form \bigcirc participant only \bigcirc interviewer only \bigcirc Interviewer ID: \bigcirc both \bigcirc Quality of interview: $ENRrating \bigcirc$ excellent \bigcirc good \bigcirc fair \bigcirc poor \bigcirc not Was part of interview completed by phone? Phone \bigcirc no \bigcirc yes \Rightarrow Interviewer ID: \square Date completed: 2 \square / \square / 2 0 1 month day year Quality of interview: $ENRrating$ 2 \bigcirc excellent \bigcirc good \bigcirc fair \bigcirc poor \bigcirc not	
PracticeMerge Practice:	
ProviderFirstMerge Provider:	ProviderLastMerge
first name last name Developed by the Data Capture Services Unit in the UNC-CH Center for Health Promotion & Disease Preve	ention
www.hpdp.unc.edu/services/datacapture	

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Section B: Demographic Information

Questions 1-7 are not asked this time.

8. Do you smoke cigarettes now?

	every day some days	8a.	If every day or some days, on average, how many packs of cigarettes do you now smoke a day?	packs per day	
0	not at all				

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

^{B9} O yes → O no	9a. If yes, in a usual week, how many people including yourself, smoke cigarettes, ciga inside your home? [Write number is bo	ars, or pipes anywhere
	B9a number of people	
	9b. Usually about how many days per week of with you smoke anywhere inside your h	
	^{B9b} O never	O 4 days/week
	O rarely or less than 1 day/week	O 5 days/week
	O 1 day/week	O 6 days/week
	O 2 days/week	O 7 days/week
	O 3 days/week	

Section C: Health Related Questions

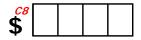
Questions 1-6 are not asked this time.

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7. Do you take prescription medicines?

^{C7} O yes O 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?



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

^{C9}O yes O 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**...

		at least once a week	at least once a month	very rarely	never	refused to answer	don't know
a.	take fewer pills or a smaller dose because of cost?	^{C10a} ()	0	0	0	0	0
b.	not fill a prescription because of cost?	<i>C10b</i> ()	0	0	0	0	0
C.	put off or postponed getting a prescription filled because of cost	? ^{C10c} ()	0	0	0	0	0
d.	use herbal medicines or vitamins when you felt sick rather than take your prescripton medicine because of the cost?	^{C10d}	0	0	0	0	0
e.	take medicine less frequently than recommended to "stretch out" the time before getting a refill because of the cost?	<i>С10е</i> ()	0	0	0	0	0

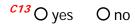
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C11a O fatigue (tiredness)	C11h O dizziness
C11b O swelling of feet or ankles	C111 O fast heart beat
<i>C11c</i> O increased urination	C11j O wheezing/shortness of breath
C11d O sexual problems	C11k O constipation
C11e O flushing (warmth or redness of fac	e) O dry mouth
<i>C11f</i> O swelling of face or tongue	<i>C11m</i> O leg cramping or weakness
C11g 🔿 cough	$\stackrel{C11n \text{ other}}{\rightarrow} specify$

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

C12 O yes O no \rightarrow if no, skip to 21b on page 5

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



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

C14 O yes O 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}O yes O no

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

^{C16}O yes O no

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

C17 O yes O no

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

C18 O yes O no

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



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

^{C20} O never	O almost never	O sometimes	O quite often	O always
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21. Do you use a home blood pressure monitor to take your own blood pressure readings at home?

C21 6m O yes → 21a. Have you talked to your doctor about your home blood pressure monitor readings in the past 6 months?

<i>C21a 6m</i> O yes O no	O not sure
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D16cur

D16diac

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

		DTOSYS	Diouas
-	➔ if yes, please write it in these boxes:		
O no		systolic	diastolic

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

C22 O excellent	O very good	O good	O fair	O poor
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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}O yes, limited a lot O yes, limited a little O no, not limited at all

24. climbing several flights of stairs:

^{C24} O yes, limited a lot O yes, limited a little O 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 O yes O no

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

C26 O yes O 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 O yes O no

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

C28 O yes O 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}O not at all O a little bit O moderately O quite a bit O 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 . . .

		all of the time	most of the time	<i>a good bit of the time</i>	some of the time	a little of the time	none of the time
30.	have you felt calm and peaceful?	^{C30} ()	0	0	0	0	0
31.	did you have a lot of energy?	^{C31} ()	0	0	0	0	0
32.	have you felt downhearted and blue?	^{C32} ()	0	0	0	0	0
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.)	^{C33} ()	Ο	Ο	Ο	Ο	Ο

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

	all of the time	most of the time	<i>a good bit of the time</i>	some of the time	a little of the time	none of the time
34. been a very nervous person?	^{C34} ()	0	0	0	0	0
35. felt so down in the dumps that nothing could cheer you up?	^{C35} ()	0	0	0	0	0
36. been a happy person?	^{C36} ()	0	0	0	0	0

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.

	disagree strongly	disagree	agree	agree strongly	N/A
 When all is said and done, I am the person who is responsible for managing my health condition(s). 	^{C37a} ()	0	0	0	0
 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> ()	0	0	0	0
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> ()	0	0	0	0
d. I know what each of my prescribed medicines does.	^{C37d} ()	0	0	0	0
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.	^{C37e} ()	0	0	0	0
 f. I am confident I can tell a doctor concerns I have even when (s)he does not ask. 	^{C37f}	0	0	0	0
g. I am confident that I can follow through on medical treatments I need to do at home.	^{C37g} ()	0	0	0	0
 I understand the nature and causes of my health condition(s). 	^{C37h} ()	0	0	0	0
 I know the different medical treatment options available for my health condition(s). 	^{C37i} ()	0	0	0	0
j. I have been able to maintain the lifestyle char for my health condition(s) that I have made.	nges <i>C37j</i> ()	0	0	0	0
 k. I know how to prevent further problems with my health condition(s). 	^{C37k} ()	0	0	0	0
 I am confident I can figure out solutions when new sitations or problems arise with my healt condition(s). 		0	0	0	0
 I am confident that I can maintain lifestyle changes, like diet and exercise, even during times of stress. 	<i>C37m</i> O	0	0	0	0

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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.

	less than 1/WEEK	once a WEEK	2-3 times a WEEK	4-6 times a WEEK	once a DAY	2+ a DAY
 Fruit juice, like orange, apple, grape, fresh, frozen or canned (not sodas or other drinks) 	^{F1} ()	0	0	0	0	0
 How often do you eat any fruit, fresh or canned (not counting juice)? 	^{F2} ()	0	0	0	0	0
 Vegetable juice like tomato juice, V-8, or carrot 	^{F3} ()	0	0	0	0	0
4. Green salad	F4 ()	0	0	0	0	0
5. Potatoes, any kind, including baked, mashed or french fried	^{F5} ()	0	0	0	0	0
 Vegetable soup, or stew with vegetables 	<i>^{F6}</i> ()	0	0	0	0	0
 Any other vegetables, including string beans, peas, corn, broccoli or any other kind 	F7 ()	0	0	0	0	0
 Fiber cereals like Raisin Bran, Shredded Wheat or Fruit-n-Fiber 	^{F8} ()	0	0	0	0	0
 Beans such as baked beans, pinto, kidney, or lentils (not green beans) 	^{F9} ()	0	0	0	0	0
10. Dark bread such as whole wheat or rye	F10 O	0	0	0	0	0

if 0, skip to Q. 5

minutes

times

hours

G3mins

G3hrs

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)?

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<sup>61</sup>O yes O no → if no, skip to Other Leisure Time Physical Activities on p. 11
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Walking for Transportation

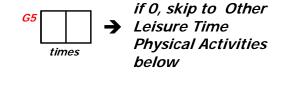
- 2. In a **usual week**, how many times do you walk **as a means of transportation**, such as going to and from work, walking to the store, or walking to a bus stop?
- Please estimate the total time you spend walking as a means of transportation in a usual week. (e.g., 5 times by 10 minutes = 50 minutes)
- 4. Which of the following places do you walk to as a **means of transportation** in a **usual week**. [Mark all that apply.]



Walking for Recreation, Health or Fitness:

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

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



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)



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

G7a () park	G7f O fitness center	
G7b O neighborhood	$_{\it G7g}$ O other place #1	→
G7c O school		G7g 1
G7d O to or from restaurant	G7h () other place #2	-
67e O 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.

GB O yes Ono → Skip to Q. 16

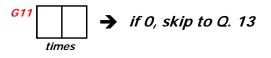
9. Could you tell me where you do these leisure time physical activities in a **usual week**? *[Mark all that apply.]*

<i>G9a</i> () park	G9e O other place #1	→	
G9bO neighborhood	I	G9e 1	
G9c 🔿 school	Gef O other place #2	\rightarrow G9f 1	
G9d fitness center		0911	

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.



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?



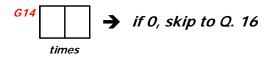
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- 12. What do you estimate is the total time you spend doing vigorous intensity leisure time physical activities in a usual week.
 (e.g., 3 times by 20 minutes = 60 minutes)
- G12hrs G12mins G12mins minutes
- 13. Apart from what you have already mentioned, 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.

G^{13} O yes O no \rightarrow	if no, skip to Q.	16
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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?



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)



ENR2

- 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} O very confident
 - O somewhat confident
 - O not at all confident
 - O don't know
 - O 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.

website	every day	a few times per week	a few times per month	once a month or less
G17a ○ Facebook →	G17a 1	0	0	0
<i>G17b</i> О МуЅрасе →	G17b 1	0	0	0
G17c ○ Google Plus+ →	G17c 1	0	0	0
G17d ○ Twitter →	617d 1	0	0	0
G17e O LinkedIn →	617e 1	0	0	0
G17f O other if other, specify site on line below G17f other	→ ^{G17f1} ○	Ο	0	0

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**.

		disagree strongly	disagree	neutral	agree	agree strongly
1.	I can count on adults in my neighborhood or community to watch out that children are safe and don't get in trouble.	^{H1} ()	0	0	0	0
2.	When I am away from home, I know that my neighbors will keep their eyes open for possible trouble at my place.	^{H2} O	0	0	0	0
3.	In my neighborhood/community, people mostly go their own way.	<i>нз</i> ()	0	0	0	0
4.	People in my neighborhood/community do not share the same values.	^{H4} ()	0	0	0	0
5.	If I were sick, I could count on my neighbors to shop for groceries for me.	^{H5} ()	0	0	0	0
6.	People in this neighborhood/community can be trusted.	H6 ()	0	0	0	0
7.	Parents in this neighborhood/community know their children's friends.	^{H7} ()	0	0	0	0
8.	Children around here have no place to play but the street.	H8 ()	0	0	0	0
9.	Adults in my neighborhood/community know who the local children are.	^{H9} ()	0	0	0	0
	. The equipment and buildings are well kept in the park or playground that is closest to where I live.	-	0	0	0	0
11	. The park or playground that is closest to where I live is safe during the day.	^{H11} O	0	0	0	0
12	. The park or playground that is closest to where I live is safe at night.	^{H12} ()	0	0	0	0
13	. People in this neighborhood/community generally know each other.	^{H13} ()	0	0	0	0

	disagree strongly	disagree	neutral	agree	agree strongly
14. I know the first name of most of the people who live in my community/neighborhood.	^{H14} ()	0	0	0	0
 If I had to borrow \$30 in an emergency, I could borrow it from someone. 	^{H15} ()	0	0	0	0

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 O church member	H16e O neighbor		
H16b 🔿 co-worker	H16f O someone at scho		
H16c O family member	H_{16g} \bigcirc other \rightarrow specify	H16g other	
H16d O 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.]

month(s)	H17months number of months, if less than 12 months
year(s)	H17years number of years, if 1 year or more

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

H18	8	

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 involvment in your community.

20. Are you currently registered to vote?

H20 O yes O no O don't know

21. Did you vote in the most recent election?

H21 O yes	O no	O don't know
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22. Did you vote in the 2008 presidential election?

H22 O yes O no O 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} O yes	→ 23a.	If yes, list the organizations of which you are a member.
O no	H23a	
O don't k	now	

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

^{H24} O more than once a week

O weekly

- O 1-2 times/month
- O several times a year
- O occasionally

O 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?

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

H25

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 O none O 1 O 2 O 3-4 O 5-8 O 9 or more

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

 H^{28} O none O 1 O 2 O 3-4 O 5-8 O 9 or more

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

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

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

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

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

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

H33 O yes O no



Lifestyle Survey-6-month (DRA2)



Heart Healthy Lenoir Project Lifestyle Survey--6-month

1/7 DRA2

Pt ID

v. 1.0

Nuts, Oils, Dressings, and Spreads

In an average WEEK ,	2	1	0
 How many servings of peanut butter or nuts (like peanuts, almonds, pecans, walnuts, or cashews) do you usually eat? 	<i>₩₩</i> 71 () 3+	O 2	O 0-1
2. What type of butter or margarine do you usually use?	NUT2 O trans fat free margarine (most tub margarines are trans fat free)	O butter	O stick margarine

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

 Use trans fat free margarine as a topping for bread, biscuits, corn, potatoes, rice, or noodles? 	<i>митз</i> () ₃₊	O 1-2	O 0
4a. Eat foods fried or sautéed at home using vegetable oil (olive, soybean, canola, corn oil, or tub/liquid margarine)?	№∪т4a () 3+	O 1-2	O 0
4b. Eat food baked at home using vegetable oil or trans fat free margarine ?	<i>NUT4b</i> O 3+	O 1-2	O 0
 Use "full fat" salad dressing (excluding NO FAT, FAT FREE, and LOW-FAT dressings)? 	<i>₩₩</i> 5 (3+	O 1-2	O 0
 Eat regular mayonnaise (excluding NO FAT, FAT FREE, and LOW-FAT mayonnaise) on sandwiches or in tuna, chicken, or egg salads? 	<i>NUT6</i> <u></u> 3+	O 1-2	O 0

DRA2



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

 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> () 2+	O 1	O 0
 Other vegetables like corn, green peas, lima beans, okra, zucchini, turnips, onions, cabbage, green beans, or tomatoes (including tomato sauce) 	VEG1b O 2+	O 1	O 0
 Fresh, canned, or frozen fruit or 100% fruit juice (1/2 cup equals a serving) 	VEG2 \(\) 3+	O 2	O 0-1
 Bread, rolls, or tortillas made all or mostly with white flour 	VEG3 🔿 ()	O 1	O 2+

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

 Beans or peas like pinto beans, kidney beans, lentils, or black-eyed peas 	VEG4 () 3+	O 1-2	O 0
 White rice or regular pasta, like noodles, spaghetti, or macaroni 	VEG5 ○ 0	O 1-2	O 3+
 Regular cold or hot cereals, like sugar frosted flakes, cocoa cereals, grits, or cream of wheat 	VEG6 ○ 0	O 1-2	O 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.

 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 🔿 🛛	O 1	O 2+
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In an average WEEK, how many servings of these foods do you eat?

 Doughnuts, sweet rolls, pies, cakes, cookies, or candy 	<i>DDS2</i> () 0-1	O 2-3	O 4+
3. Ice cream, ice milk, sherbet, or frozen yogurt	<i>DD53</i> () 0-2	O 3-4	O 5+
 Snack chips (like potato chips, corn chips, tortilla chips, or cheese puffs), crackers, or pretzels 	<i>DDS4</i> () 0-2	O 3-4	O 5+

In an average WEEK . . .

 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.) 	<i>DDS5</i> () 0-2	O 3-4	O 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 () all or most of the time	O sometimes	O rarely or never

4/7 DRA2

Fish, Meat, Poultry, Dairy, and Eggs

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

1. Fish, including tuna and shell fish (like shrimp)	<i>FMP1</i> () 2+	O 1	00		
 Bacon, sausage, hot dogs or cold cuts like bologna, salami, Spam, or deli meats including turkey and beef 	<i>FMP2</i> () 0-2	O 3-4	O 5+		
3. Chicken or turkey , excluding chicken or turkey cold cuts	<i>FMP3</i> () 3+	O 2	O 0-1		
On an average DAY , how many servings of these f	On an average DAY , how many servings of these foods do you eat?				
 Red meat like roasts, steaks, stew meat, ribs, chops, BBQ, or ham; or hamburger, either alone or in dishes like meatloaf and spaghetti sauce 	chops, BBQ, or ham; or hamburger, either alone $FMP4 \bigcirc 0.1$ $\bigcirc 2$ $\bigcirc 3+$				
On average, how many servings of these foods do you eat?					
5. Dairy products , such as milk, cheese, and yogurt <i>FMP5</i> O servings per day O servings per week					
6. Eggs, including in cooking FMP6 Oeggs per day Oeggs per week					

Heart Healthy Lenoir Project	Pt ID
Lifestyle Survey6-month	

5/7 DRA2

Walking

In a usual WEEK,

 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.) 	es O 3-4 times	 O 1-2 times → if 0 skip to the next page
---	----------------	---

On a typical DAY, when you WALK for recreation, health, fitness, or transportation. . .

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

On a typical DAY, at work. . .

4. What is the total time you spend walking?	WLK4 () 30 minutes or more	O 10-19 minutes O 20-29 minutes	O less than 10 minute O do not walk at work/not → skip employed
5. What is your usual speed ?	<i>WLK5</i> () fairly fast (3-4 miles an hour) (wery fast (more than 4 miles an hour)	O average or norn (2-3 miles an hour)	nal O 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,

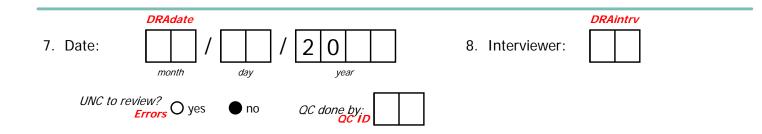
 How many times do you do moderate leisure time physical activities like dancing, cycling, social tennis, golf, or gardening? 	eisure ctivities like g, social		O 1-2 times O 0 → if 0 skip to question 3	
On a typical DAY , when you do	MODERATE ACTIVI	ΤΥ		
2. What is the total time you	PA2 () 30 minutes	O 10-19 minutes	O less than 10	
spend doing this activity?	or more	O 20-29 minutes	minutes	
In a usual WFFK				
In a usual WEEK,				
3. How many times do you	P43 O 5+ times	O 3-4 times	O 1-2 times	
	P43 O 5+ times	O 3-4 times	00	
 How many times do you do vigorous leisure time physical activities like jogging, aerobics, 	P43 O 5+ times	O 3-4 times	-	
 How many times do you do vigorous leisure time physical activities 	P43 O 5+ times	O 3-4 times	O 0 → if 0 skip to	

Pt ID

7/7 DRA2

On a typical DAY, when you do VIGOROUS ACTIVITY. . .

4. What is the total time you spend?	PA4 O 20 minutes or more	O 10-19 minute	s O less than 10 minutes
 On a typical WORK DAY do you than walking? 	u do MODERATE or V	IGOROUS ACTIVITY oth	ner
PA5 O yes			
O no (stop here)			
O not employed (stop here	e)		
6. What is the total time you spend doing this activity each day?	P46 () 30 minutes or more	O 10-19 minutes O 20-29 minutes	minutos



Lifestyle Questionnaire-6-month (LIFE2)



Pt ID



Part A: Fat Quality

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

	0	1	2
1. How many pats of margarine do you use each day?	A1_L O 2+	O1	O 0
2. Is your margarine liquid, tub or stick? [Mark all that apply.]	A2a_L ○ liquid A2b_L ○ tub	A	2c_L O stick
In an average week , how many times do you eat foods fried or sautéed at home using the following:			
 olive oil, soybean or canola oil, corn oil, vegetable oil or tub/liquid margarine? 	A3_L O 3	O 1-2	O 0
4. stick margarine?	A4_L ○ 0	O 1-2	O 3+
5. shortening?	A5_L ○ 0	O 1	O 2+
In an average week , how many times do you eat food baked or cooked at home using the following:			
 olive oil, soybean or canola oil, corn oil, vegetable oil or tub/liquid margarine? 	A6_L <u></u> 3	O 1-2	O 0
7. stick margarine?	A7_L O 0	O 1-2	O 3+
8. shortening?	A8_L 0 0	O 1	O 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.

Pt ID

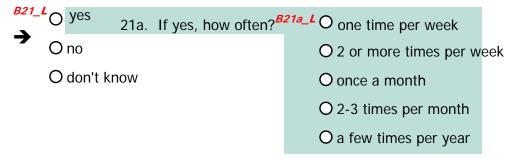
19. Do you (or the primary food shopper in your household) ever get groceries (food items) from a **discount superstore** such as WalMart or Fred's Foods?

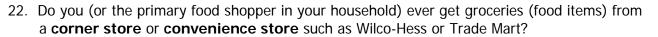
^{819_L} O yes → 19a. If yes, how often? ^B	^{19a_} Oone time per week
O no	O 2 or more times per week
O don't know	O once a month
	O 2-3 times per month
	O a few times per year

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} O yes 20a. I	If yes, how often? ^{B20a_L} O one time per week
→ O no	O 2 or more times per week
O don't know	O once a month
	O 2-3 times per month
	O 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?





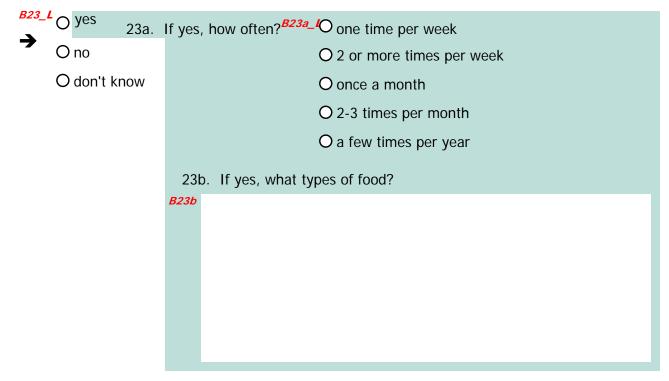
Pt ID

3/5

LIFE2 v. 1.0

B22_	² O yes	22a.	If yes, how often? B22a_	- ⁴ O one time per week
→	O no			O 2 or more times per week
	O don't k	know		O once a month
				O 2-3 times per month
				O a few times per year

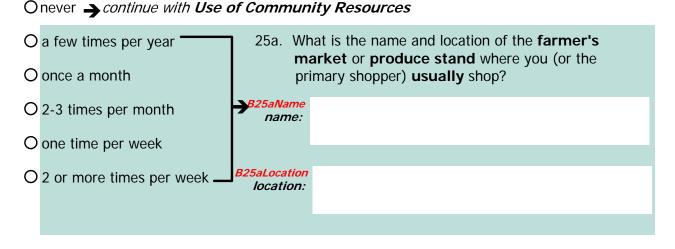
23. Do you (or the primary food shopper in your household) ever get food from a family or friend's garden?



- 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* O almost always/always
 - O sometimes
 - O rarely
 - O 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



Pt ID

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?

 $\frac{know_{B26}}{nothing} \bigcirc 1 \bigcirc 2 \bigcirc 3 \bigcirc 4 \bigcirc 5 \bigcirc 6 \bigcirc 7 \bigcirc 8 \bigcirc 9 \bigcirc 10^{a} \text{ a lot}$

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

know <u>B27_L</u>O 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O $10^{know}_{a lot}$

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

know _{B28_L} O1	O 2	O 3	O 4	O 5	Ο6	Ο7	O 8	О9	O 10 a lot

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

$$\frac{know}{nothing} O 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 10_a lot$$

Pt ID

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?

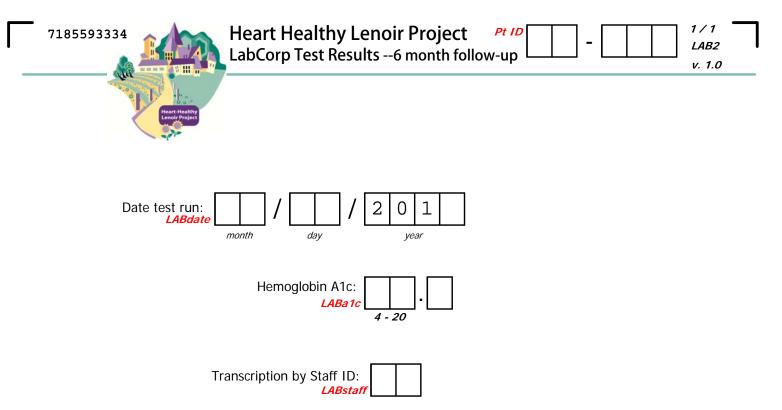
not at_{B30_}O1 O2 O3 O4 O5 O6 O7 O8 O9 O10 deal

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 all all a great of the second sec



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





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	ACC1a	0	0	0	0	0
b.	Information on Vegetables, Fru Whole Grains, and Beans	it, ^{ACC1b} O	0	0	0	0	0
C.	Information on Drinks, Dessert Snacks, Eating Out, and Salt	^S ' <mark>ACC1c</mark> ()	0	0	0	0	0
d.	Information on Fish, Meat, Poultry, Dairy, and Eggs	ACC1d	0	0	0	0	0
e.	Reviewing your diet and choosing healthy eating goals	ACC1e	0	0	0	0	0
f.	Writing goals and first steps toward your healthy eating g	als	0	0	0	0	0
g.	Handouts and resources (for example, Best Oils for Cookin Eating Healthy on a Budget)	g,	0	0	0	0	0
h.	Community resource guide	ACC1h	0	0	0	0	0
i.	Cookbook	ACC11	0	0	0	0	0

ACC2

- ACC2a O Information about Nuts, Spreads, Dressings, and Oils
- ACC2b O Information about Vegetables, Fruit, Whole Grains, and Beans
- ACC2C O Information about Drinks, Desserts, Snacks, Eating Out, and Salt
- ACC2d O 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 O Reviewing your diet and choosing healthy eating goals
 - ACC3b O Writing goals and first steps toward your healthy eating goals
 - ACC3c O Handouts and resources (for example, Best Oils for Cooking, Eating Healthy on a Budget)
 - ACC3d O Community Resource Guide
 - ACC3e O Cookbook
- 4. Write additional comments or suggestions about the Healthy Eating portion of this program in the box below:



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

ACC5 O yes \bigcirc no \rightarrow skip to question 10 continue with Q. 6

ACC2

		very helpful	somewhat helpful	neither helpful nor unhelpful	somewhat unhelpful	very unhelpful	not applicable
а.	Information about Why Phys Activity is Important	ical ^{ACC6a} ()	0	0	0	0	0
b.	Information about Walking	АСС6Ь	0	0	0	0	0
C.	Information on Muscle Strengthening Activities	ACC6C	0	0	0	0	0
d.	Information about Making Plato Stay Active	ans ACC6d	0	0	0	0	0
e.	Reviewing your physical active habits and choosing physical activity goals		0	0	0	0	0
f.	Writing goals and first steps toward your physical activity goals	ACC6f	0	0	Ο	0	0
g.	Handouts and resources (for example, Guide to Chair Exercises)	ACC6g	0	0	0	0	0
h.	Community Resource Guide	ACC6h	0	0	0	0	0
i.	Pedometer	ACC6i 🔿	0	0	0	0	0
j.	Physical activity logs (using steps or minutes)	<u>АСС6ј</u> ()	0	0	0	0	0

ACC2

7.	Which of the sessions on	physical	activity were	e most helpful to	you? (Choose two froi	m the list	below.

- ACC7a O Information about Why Physical Activity is Important
- ACC7b O Information about Walking
- ACC7c O Information about Muscle Strengthening Activities
- ACC7d O 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 O Reviewing your physical activity and choosing physical activity goals
 - ACC86 O Writing goals and first steps toward your physical activity goals
 - ACCBC O Handouts and Resources (for example, Guide to Chair Exercises)
 - ACC8d O Community Resource Guide
 - ACC8e O Pedometer
 - ACC8F O Physical activity logs (using steps or minutes)
- 9. Write additional comments or suggestions about the Physical Activity portion in the box below:

ACC9	

ACC2

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	0	0	0	0
b.	The information was trustworthy.	ACC10b	0	0	0	0
C.	The program helped me improve my lifesty reduce the risk of heart disease.	le to ACC10C	0	0	0	0
d.	I would recommend the program to others	ACC10d	0	0	0	0

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

ACC11 O too much information

O just the right amount of information

O not enough information

- 12. Overall, how would you rate the number of sessions?
 - ACC12 O too many
 - O just the right number

O too few

- 13. Overall, how would you rate the amount of time you spent in the sessions?
 - ACC13 O far too short
 - O somewhat too short
 - O just the right amount of time

O somewhat too long

- O far too long
- 14. Did you feel that the counseling sessions were relevant to you?

ACC14 O yes O no O don't know

ACC2

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

ACC15 O yes → O no	15a. What kept you from getting to the study visits? [Mark all that apply.]
Chie	ACC15a_1 O getting time off work
	ACC15a_2 O childcare responsibilities
	ACC15a_3 O eldercare responsibilities
	ACC15a_4 O transportations issues (lack of transportation, costs)
	$\begin{array}{c} ACC15a_5 \bigcirc \text{other} \\ ACC13a \ 5other \\ \end{array}$
16. Who, if anyo	one, attended your sessions with you? [Mark all that apply.]

ACC16a O friend

асс 166 О S	spouse	or	partner
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ACC16c O family member

ACC16d O child/children ACC16e other

ACC 16e O other 🔶

ACC16F O No one

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

ACC17 O yes, a lot

O yes, a little

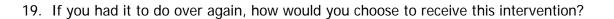
- O no, I did not look at the binder outside of counseling sessions
- 18. How satisfied were you with the format in which you received the information (one-on-one with a counselor, versus in a group)?

ACC18 O very satisfied

O satisfied

- O neither satisfied nor dissatisfied
- O somewhat dissatisfied
- O very dissatisfied

ACC2



ACC19 O individual counseling

O group counseling

- O 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:

