

**12-month Follow-up for Lifestyle & Hypertension
Participants
(ENR3_lshtn)**



This Page For Office Use Only

Today's date: **ENRdate**

/ / 2 0 1

month day year

Participation: **Participation**
[Mark only one.]

1 Group 1 weight loss maintenance

2 Group 2 weight loss maintenance

3 lifestyle phone counseling

Form completed by: **Form**

participant only

interviewer only

both

Interviewer ID:

ENRintrv

Quality of interview:

ENRratng excellent good fair poor not sure

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

0 no

1 yes → Interviewer ID:

ENRintrv 2

Date completed: **ENRdate 2**

/ / 2 0 1

month day year

Quality of interview:

ENRratng 2 excellent good fair poor not sure

Practice: **PracticeMerge**

Provider: **ProviderFirst** **ProviderLast**

first name last name

Section B: Demographic Information

Questions 1-7 are not asked this time.

8. Do you smoke cigarettes now?

B8

1 every day

2 some days

3 not at all



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

B8a

 .

packs per day

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

B9

yes →

no

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

1 never

2 rarely or less than 1 day/week

3 1 day/week

4 2 days/week

5 3 days/week

6 4 days/week

7 5 days/week

8 6 days/week

9 7 days/week

10. Do you currently have health insurance?

B10 yes no

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

B11

yes →

no

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

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

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

B11b

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

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

B12

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

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

B13

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

B13 other

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 7**

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 . . .**

| | 1 <i>at least once a week</i> | 2 <i>at least once a month</i> | 3 <i>very rarely</i> | 4 <i>never</i> | 5 <i>refused to answer</i> | 6 <i>don't know</i> |
|--|--|---|-----------------------------|-----------------------|---------------------------------------|----------------------------|
| a. take fewer pills or a smaller dose because of cost? | C10a <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? | C10b <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? | C10c <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? | C10d <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? | C10e <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 <input type="radio"/> fatigue (tiredness) | C11h <input type="radio"/> dizziness |
| C11b <input type="radio"/> swelling of feet or ankles | C11i <input type="radio"/> fast heart beat |
| C11c <input type="radio"/> increased urination | C11j <input type="radio"/> wheezing/shortness of breath |
| C11d <input type="radio"/> sexual problems | C11k <input type="radio"/> constipation |
| C11e <input type="radio"/> flushing (warmth or redness of face) | C11l <input type="radio"/> dry mouth |
| C11f <input type="radio"/> swelling of face or tongue | C11m <input type="radio"/> leg cramping or weakness |
| C11g <input type="radio"/> cough | C11n <input type="radio"/> other → <i>specify</i> _____ |

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

C12 yes no → *if no, skip to 21 on page 7*

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

C13 yes no

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

C14 yes no

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

C15 yes no

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

C16 yes no

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

C17 yes no

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

C18 yes no

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

C19 yes no

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

C20 never almost never sometimes quite often always

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

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

C21a

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

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

C21b

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

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

C21c

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

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

C22 excellent very good good fair poor

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

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

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

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

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

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

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

C25 yes no

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

C26 yes no

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

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

C27 yes no

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

C28 yes no

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

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

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

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

| | <i>all of the time</i> | <i>most of the time</i> | <i>a good bit of the time</i> | <i>some of the time</i> | <i>a little of the time</i> | <i>none of the time</i> |
|---|----------------------------------|-----------------------------|---------------------------------------|-----------------------------|---------------------------------|-----------------------------|
| 30. have you felt calm and peaceful? | C30 <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? | C31 <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? | C32 <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 33. During the past 4 weeks , how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)? | C33 <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? | C34 <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? | C35 <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 36. been a happy person? | C36 <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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

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

Section D: Beliefs and Decision Making

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

D1 yes no → **if no, skip to Section F on page 13**

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

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

D2 ¹ high ² low ³ normal ⁴ I don't know.

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

D3 high low normal I don't know.

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

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

5. Exercising every day makes blood pressure:

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

6. Losing weight usually makes blood pressure:

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

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

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

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

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

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

D9 ¹ yes ⁰ no ² I don't know.

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

D10 yes no I don't know.

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

D11 yes no I don't know.

12. High blood pressure can cause heart attacks.

D12 yes no I don't know.

13. High blood pressure can cause cancer.

D13 yes no I don't know.

14. High blood pressure can cause strokes.

D14 yes no I don't know.

15. High blood pressure can cause kidney problems.

D15 yes no I don't know.

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

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

D16sys

| | | |
|--|--|--|
| | | |
|--|--|--|

 /

| | | |
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| | | |
|--|--|--|

systolic *diastolic*

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

C21 6m yes → 17a. Have you talked to your doctor about your home blood pressure monitor readings in the past 6 months?
 no

C21a 6m yes no not sure

Section E: is not being asked this time.

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>0</i> <i>less than</i> <i>1/WEEK</i> | <i>1</i> <i>once a</i> <i>WEEK</i> | <i>2</i> <i>2-3 times</i> <i>a WEEK</i> | <i>3</i> <i>4-6 times</i> <i>a WEEK</i> | <i>4</i> <i>once a</i> <i>DAY</i> | <i>5</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"/> |

| | |
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Pt ID

| | | | |
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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. 15*

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}

| | |
|--|--|
| | |
|--|--|

times

→ *if 0, skip to Q. 5*

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}

| | |
|--|--|
| | |
|--|--|

hours

^{G3mins}

| | | |
|--|--|--|
| | | |
|--|--|--|

minutes

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

^{G4a} to or from work (or study) ^{G4e} to or from friend's house

^{G4f 1}

^{G4b} to or from bus stop ^{G4f} other place #1 →

^{G4c} to or from store

^{G4g 1}

^{G4d} to or from restaurant ^{G4g} other place #2 →

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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 parkG7f fitness center

G7g 1

G7b neighborhoodG7g other place #1 →G7c school

G7h 1

G7d to or from restaurantG7h other place #2 →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 parkG9e other place #1 →

G9e 1

G9b neighborhood

G9f 1

G9c schoolG9f other place #2 →G9d fitness center

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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.

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

times

→ **if 0, skip to Q. 13**

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

hours

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.

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

times

→ **if 0, skip to Q. 16**

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

G15hrs

hours

G15mins

minutes

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

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

QC ID

Errors

QC done by:

UNC to review? yes no

12-Month Lifestyle Survey
(DRA3)


 -

Pt ID

Nuts, Oils, Dressings, and Spreads

 In an average **WEEK**,

2

1

0

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

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

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

Vegetables, Fruit, Whole Grains, and Beans

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

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

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

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

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

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

In an average **WEEK** . . .

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

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

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

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

| | | | |
|--|--|-------------------------|--------------------------|
| 4. Red meat like roasts, steaks, stew meat, ribs, chops, BBQ, or ham; or hamburger, either alone or in dishes like meatloaf and spaghetti sauce | FMP4 <input type="radio"/> 0-1 | <input type="radio"/> 2 | <input type="radio"/> 3+ |
|--|--|-------------------------|--------------------------|

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

| | | | |
|---|--|---|--|
| 5. Dairy products , such as milk, cheese, and yogurt | <input type="text"/> <input type="text"/> FMP5 | <input type="radio"/> ¹ servings per day | <input type="radio"/> ² servings per week |
| 6. Eggs , including in cooking | <input type="text"/> <input type="text"/> FMP6 | <input type="radio"/> eggs per day | <input type="radio"/> eggs per week |

WalkingIn a usual **WEEK**,

| | | | |
|--|---|-----------------------------------|---|
| 1. How many times do you walk for recreation, health, fitness, or transportation such as walking around the block, walking your dog, or walking to work? (Do not include walking that you do as part of your job.) | WLK1 1 <input type="radio"/> 5+ times | 2 <input type="radio"/> 3-4 times | 3 <input type="radio"/> 1-2 times 4 <input type="radio"/> 0 → 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 1 <input type="radio"/> 30 minutes or more | 2 <input type="radio"/> 10-19 minutes 3 <input type="radio"/> 20-29 minutes | 4 <input type="radio"/> less than 10 minutes |
| 3. What is your usual speed ? | WLK3 1 <input type="radio"/> fairly fast (3-4 miles an hour) 2 <input type="radio"/> very fast (more than 4 miles an hour) | 3 <input type="radio"/> average or normal (2-3 miles an hour) | 4 <input type="radio"/> casual strolling (less than 2 miles an hour) |

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

| | | | |
|---|---|--|--|
| 4. What is the total time you spend walking ? | WLK4 1 <input type="radio"/> 30 minutes or more | 2 <input type="radio"/> 10-19 minutes 3 <input type="radio"/> 20-29 minutes | 4 <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 speed ? | WLK5 1 <input type="radio"/> fairly fast (3-4 miles an hour) 2 <input type="radio"/> very fast (more than 4 miles an hour) | 3 <input type="radio"/> average or normal (2-3 miles an hour) | 4 <input type="radio"/> casual strolling or walking (less than 2 miles an hour) |

Other Types of Physical Activity

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

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

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

In a usual **WEEK**,

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

On a typical **DAY**, when you do **MODERATE ACTIVITY**. . .

| | | | |
|---|--|--|--|
| 2. What is the total time you spend doing this activity? | PA2 <input type="radio"/> 30 minutes or more 1 | <input type="radio"/> 10-19 minutes <input type="radio"/> 20-29 minutes 2 3 | <input type="radio"/> less than 10 minutes 4 |
|---|--|--|--|

In a usual **WEEK**,

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

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

| | | | |
|---|--|--|--|
| 4. What is the total time you spend? | <i>PA4</i> <input type="radio"/> 20 minutes <i>1</i> or more | <i>2</i> <input type="radio"/> 10-19 minutes | <i>3</i> <input type="radio"/> less than 10 minutes |
| 5. On a typical WORK DAY do you do MODERATE or VIGOROUS ACTIVITY other than walking? <i>PA5</i> <i>1</i> <input type="radio"/> yes <i>0</i> <input type="radio"/> no (stop here) <i>2</i> <input type="radio"/> not employed (stop here) | | | |
| 6. What is the total time you spend doing this activity each day? | <i>PA6</i> <input type="radio"/> 30 minutes <i>1</i> or more | <i>2</i> <input type="radio"/> 10-19 minutes <i>3</i> <input type="radio"/> 20-29 minutes | <input type="radio"/> less than 10 <i>4</i> minutes |

7. Date: / /

month *day* *year*

8. Interviewer:

UNC to review? yes no

Errors

QC done by:

QC ID

**Lifestyle Questionnaire-12-month
(LIFE3)**



| | |
|--|--|
| | |
|--|--|

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Pt ID

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 each day ? <i>A1_L</i> <input type="radio"/> 2+ <input type="radio"/> 1 <input type="radio"/> 0 | | | |
| 2. Is your margarine liquid, tub or stick? <i>[Mark all that apply.]</i> <i>A2a_L</i> <input type="radio"/> liquid <i>A2c_L</i> <input type="radio"/> stick <i>A2b_L</i> <input type="radio"/> tub | | | |
| <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

B19a_L

- 1 yes → 19a. If yes, how often? 1 one time per week
 0 no 2 2 or more times per week
 2 don't know 3 once a month
 4 2-3 times per month
 5 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

B20a_L

- yes → 20a. If yes, how often? 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

B21a_L

- yes → 21a. If yes, how often? 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

B22a_L

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

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

B23_L

B23a_L

- yes → 23a. If yes, how often?
- no
- don't know
- one time per week
- 2 or more times per week
- once a month
- 2-3 times per month
- a few times per year

23b. If yes, what types of food?

B23b

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

- 1** almost always/always
- 2** sometimes
- 3** rarely
- 4** 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 or like a roadside stand that sells fresh fruits and vegetables.)

B25_L

never → *continue with Use of Community Resources*

a few times per year

once a month

2-3 times per month

one time per week

2 or more times per week

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

B25aName

name:

B25aLocation

location:

Use of Community Resources

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

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

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

How much do you feel you know about . . .

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

B26_L

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

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

B27_L

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

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

B28_L

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

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

B29_L
know nothing 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?

B30_L
not at all 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?

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

QC done by:

UNC to review? yes no

LabCorp Test Results
12 Month (LAB3)



LABdate

Date test run:

month

day

year

LABtc

Total Cholesterol:

50-800 mg/dL

LABhdl

HDL Cholesterol:

12-200 mg/dL

LABcreat

Creatinine:

0.4-20.0 mg/L

LABgfr

GFR:

5-150 mL/min/1.73m2

LABa1c

Hemoglobin A1c:

4 - 20

LABstaff

Transcription by Staff ID:

UNC to review? yes

no

Errors

QC done by:

QC ID

**Weight Loss Program-Combination
Acceptability Survey-12-month follow-up
(ACC3_comb)**



Pt ID

1. Did you attend any Heart Healthy Lenoir Weight Loss Program group sessions?

COMB1 ¹ yes ⁰ no

2. Did you complete any phone contacts with the health counselor as part of the Heart Healthy Lenoir Weight Loss Program?

COMB2 yes no → If you answered "no" to both question 1 and 2, please stop here.

3. The Program included 15 weekly group or phone sessions.

- | | ¹ | ² | ³ |
|--|--|--|----------------------------------|
| a. Would you say that, overall a total of 15 sessions was: | COMB3a <input type="radio"/> too many | <input type="radio"/> just about right | <input type="radio"/> not enough |
| b. Would you say that 10 phone sessions were: | COMB3b <input type="radio"/> too many | <input type="radio"/> just about right | <input type="radio"/> not enough |
| c. Would you say that 5 group sessions were: | COMB3c <input type="radio"/> too many | <input type="radio"/> just about right | <input type="radio"/> not enough |

4. How would you rate these things about the Program.

[1=not very good to 5=very good]

- | | <i>not very good</i> | | | | <i>very good</i> |
|--|---------------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| a. the session materials (phone/group) | COMB4a <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| b. the incentives or gifts provided at sessions | COMB4b <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| c. the physical activity done at the group sessions | COMB4c <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| d. the foods prepared or provided for you to taste | COMB4d <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| e. the way your group members interacted with each other | COMB4e <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| f. the group session leader (health counselor) | COMB4f <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| g. the phone coach | COMB4g <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |

Pt ID

5. This question is about the phone calls with the phone coach.

[1=not very satisfied to 5=very satisfied]

| | <i>not very satisfied</i> | | | | | <i>very satisfied</i> | 6 <i>Did not talk with phone coach</i> |
|---|-------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|---------------------------|--|
| a. How satisfied were you with the length of the calls? | <i>COMB5a</i> | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> |
| b. How satisfied were you with the content of the calls (what you discussed)? | <i>COMB5b</i> | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> |

6. Did you receive a scale from the Program that you could use to weigh yourself at home?

COMB6 no, I already had one

yes → 6a. If yes, how helpful was it for you to be able to weigh yourself at home?

| | <i>not very helpful</i> | | | | <i>very helpful</i> |
|---------------|-----------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| <i>COMB6a</i> | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |

7. As part of the weight loss program, you were asked to keep a record of your food intake and physical activity. Did you keep these records?

COMB7 yes → 7a. If yes, how would you rate your record-keeping?

no

| | <i>not very hard</i> | | | | <i>very hard</i> |
|---------------|--------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| <i>COMB7a</i> | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |

7b. If yes, how important would you say your record-keeping was to your weight loss success?

| | <i>not very important</i> | | | | <i>very important</i> | 6 |
|---------------|-------------------------------|-------------------------|-------------------------|-------------------------|---------------------------|--|
| <i>COMB7b</i> | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> I did not lose weight. |

8. Thinking about the 15-week Program, how satisfied are you with what this weight loss program offered?

| | <i>not very satisfied</i> | | | | <i>very satisfied</i> |
|--------------|-------------------------------|-------------------------|-------------------------|-------------------------|---------------------------|
| <i>COMB8</i> | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |

Pt ID

9. Is there anything else you would like to add about the weight loss program you received during the last 6 months? If so, write your comments in the box below.

COMB9

10. Today's date: *COMBdate*
 / / 20
month day year

UNC to review? yes no

Errors

QC done by:

QC ID

Lifestyle Maintenance Acceptability Survey
12-month follow-up
(ACC3_lsm)



Heart Healthy Lenoir Project

Lifestyle Maintenance Acceptability Survey
12-month follow-up

| | | | | | |
|--|--|---|--|--|--|
| | | - | | | |
|--|--|---|--|--|--|

1 / 3
v. 1.0
ACC3_ism

Pt ID

Your answers to the questions in this survey will help us understand more about your experiences with this study and will help us 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.

These questions are about the **3 brief phone counseling sessions** that you received over the last 6 months. This is the period of time since you last came in to get your blood pressure checked and your blood work done as a part of the study.

| | 1 | 2 | 3 | 4 | 5 | 6 |
|--|-----------------------|-----------------------|-------------------------------|-----------------------|-----------------------|-----------------------|
| | very helpful | somewhat helpful | neither helpful nor unhelpful | somewhat unhelpful | very unhelpful | not applicable |
| 1. How helpful was: | | | | | | |
| a. the first session with information about identifying and handling high risk situations <i>LSM1a</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. the second session with information about problem solving <i>LSM1b</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. the third session with information about what everyone should know about maintaining heart health <i>LSM1c</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. During the last six months, did you use the program binder with the information on diet and physical activity? <i>LSM2</i> | | | | | | |
| 1 <input type="radio"/> yes, a lot | | | | | | |
| 2 <input type="radio"/> yes, a little | | | | | | |
| 3 <input type="radio"/> no | | | | | | |
| 3. During the last six months, did you use the Community Resource Guide with the information on local resources that promote a healthy lifestyle? <i>LSM3</i> | | | | | | |
| <input type="radio"/> yes, a lot | | | | | | |
| <input type="radio"/> yes, a little | | | | | | |
| <input type="radio"/> no | | | | | | |
| 4. During the last six months, did you use the cookbook? <i>LSM4</i> | | | | | | |
| <input type="radio"/> yes, a lot | | | | | | |
| <input type="radio"/> yes, a little | | | | | | |
| <input type="radio"/> no | | | | | | |

5. Overall, how would you rate the **number of phone sessions** you received?

LSM5

- 1 too many
- 2 just the right number
- 3 too few

6. Overall, how would you rate the **amount of time** you spent on the phone during phone counseling sessions over the last 6 months?

LSM6

- 1 far too short
- 2 somewhat too short
- 3 just the right amount of time
- 4 somewhat too long
- 5 far too long

7. Did you have to take time off from work for these phone calls?

LSM7

- 1 yes
- 0 no
- 2 does not apply/I do not work.

8. How satisfied were you with the format of these phone counseling sessions?

LSM8

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

9. How helpful would you say the sessions were?

LSM9

- very helpful
- somewhat helpful
- neither helpful nor unhelpful
- somewhat unhelpful
- very unhelpful

10. Overall, what did you like most about this part of the program?

LSM10

11. Overall, how would you recommend that we improve this part of the program?

LSM11

12. Is there anything else you would like to add about the **3 brief phone counseling sessions** that you received over the last 6 months? If so, write your comments in the box below.

LSM12

13. Today's date is: ^{LSMdate}

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month day year

UNC to review? yes no

Errors

QC done by:

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QC ID

Weight Loss Program-All Group Acceptability
12-month follow-up
(ACC3_wl)



Heart Healthy Lenoir Project

Weight Loss Program--All Group Acceptability
12-month follow-up

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Pt ID

1. Did you attend any Heart Healthy Lenoir Weight Loss Program group sessions?

¹ WL1 yes no ⁰ → *If no, stop here.*

2. The Program included 16 weekly group sessions. Would you say that the 16 sessions were:

¹ WL2 too many just about right not enough ³

3. How would you rate these things about the Program?

[1=not very good to 5=very good]

| | <i>not very good</i> | | | | <i>very good</i> | |
|--|----------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| a. the session materials | WL3a | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| b. the incentives or gifts provided at sessions | WL3b | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| c. the physical activity done at the group sessions | WL3c | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| d. the foods prepared or provided for you to taste | WL3d | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| e. the way your group members interacted with each other | WL3e | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| f. the group session leader (health counselor) | WL3f | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |

4. Did you receive a scale from the Program that you could use to weigh yourself at home?

^{WL4}
⁰ no, I already had one
¹ yes → 4a. If yes, how helpful was it for you to be able to weigh yourself at home?

| | <i>not very helpful</i> | | | | <i>very helpful</i> |
|------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| WL4a | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |

5. As part of the weight loss program, you were asked to keep a record of your food intake and physical activity. Did you keep these records?

WL5 yes → 5a. If yes, how would you rate your record-keeping?

no

not very hard

very hard

WL5a 1 2 3 4 5

5b. If yes, how important would you say your record-keeping was to your weight loss success?

not very important

very important

WL5b 1 2 3 4 5 I did not lose weight.

6. Thinking about the 16-week Program, how satisfied are you with what this weight loss program offered?

not very satisfied

very satisfied

WL6 1 2 3 4 5

7. Is there anything else you would like to add about the weight loss program you received during the last 6 months? If so, write your comments in the box below.

WL7

8. Today's date: WLdate / / 20
month day year

UNC to review? yes no

Errors

QC done by:

QC ID