

**18-month Follow-up for Lifestyle & Hypertension  
Participants  
(ENR4\_lshtn)**



## Section B: Demographic Information

*Questions 1-7 are not asked this time.*

8. Do you smoke cigarettes now?

*B8* every day some days not at all

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

*B8a* .  *packs per day*9. In a usual week, do you or **anyone who lives with you**, smoke cigarettes, cigars, or pipes anywhere inside your home?*B9* yes → no9a. If yes, in a usual week, how many people who **live** with you including yourself, smoke cigarettes, cigars, or pipes anywhere **inside** your home? *[Write number in 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*  never rarely or less than 1 day/week 1 day/week 2 days/week 3 days/week 4 days/week 5 days/week 6 days/week 7 days/week

**Section C: Health Related Questions***Questions 1-6 are not asked this time.*

7. Do you take prescription medicines?

*C7*  yes  no → **if no, skip to 22 on page 5**

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

*C8*  
\$    

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

*C9*  yes  no10. Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? **How often did you . . .**

	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>
	<i>at least once a week</i>	<i>at least once a month</i>	<i>very rarely</i>	<i>never</i>	<i>refused to answer</i>	<i>don't know</i>
a. take fewer pills or a smaller dose because of cost?	<i>C10a</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. not fill a prescription because of cost?	<i>C10b</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. put off or postponed getting a prescription filled because of cost?	<i>C10c</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. use herbal medicines or vitamins when you felt sick rather than take your prescription medicine because of the cost?	<i>C10d</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. take medicine less frequently than recommended to "stretch out" the time before getting a refill because of the cost?	<i>C10e</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*Question 11 is not asked this time.*

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

*C12*  yes  no → *if no, skip to 22 on page 5*

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

**Question 21 is not asked this time.**

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

<sup>C22</sup>  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:

<sup>C23</sup>  yes, limited a lot  yes, limited a little  no, not limited at all

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

<sup>C24</sup>  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:

<sup>C25</sup>  yes  no

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

<sup>C26</sup>  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:

<sup>C27</sup>  yes  no

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

<sup>C28</sup>  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)?

<sup>C29</sup>  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** . . .

	1 <i>all of the time</i>	2 <i>most of the time</i>	3 <i>a good bit of the time</i>	4 <i>some of the time</i>	5 <i>a little of the time</i>	6 <i>none of the time</i>
30. have you felt calm and peaceful?	<sup>C30</sup> <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?	<sup>C31</sup> <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?	<sup>C32</sup> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. During the <b>past 4 weeks</b> , how much of the time has your <b>physical health or emotional problems</b> interfered with your social activities (like visiting with friends, relatives, etc.)?	<sup>C33</sup> <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 . . .

	1 <i>all of the time</i>	2 <i>most of the time</i>	3 <i>a good bit of the time</i>	4 <i>some of the time</i>	5 <i>a little of the time</i>	6 <i>none of the time</i>
34. been a very nervous person?	<sup>C34</sup> <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?	<sup>C35</sup> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. been a happy person?	<sup>C36</sup> <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.

	1 <i>disagree strongly</i>	2 <i>disagree</i>	3 <i>agree</i>	4 <i>agree strongly</i>	5 <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***Questions 1-15 are not asked this time.*

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

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

<i>D16sys</i>	<i>D16dias</i>
<input type="text"/> <input type="text"/> <input type="text"/>	/ <input type="text"/> <input type="text"/> <input type="text"/>
<i>systolic</i>	<i>diastolic</i>

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

*C21\_6m*  yes →  
 no  
↓  
*if no, stop here*

17a. Have you talked to your doctor about your home blood pressure monitor readings in the past 6 months?

*C21a\_6m*  yes  no  not sure

17b. How often do you measure your blood pressure using the monitor given to you when you started the study?

- D17b\_18m*  every day
- 2-6 days a week
- once a week
- 1-3 times a month
- less than once a month

17c. How easy or difficult do you find using the home blood pressure monitor given to you when you started the study?

- D17c\_18m*  very easy
- somewhat easy
- neither easy nor difficult
- somewhat difficult →
- very difficult →

*explain**D17cText\_18m*Interviewer ID: *ENRintrv\_3*  QC done by: *QC\_ID*  *Errors*  
UNC to review?  yes  no

**Lifestyle Questionnaire-18-month  
(LIFE4)**



Pt ID

**Part A: is not asked this time**

**Part B: Environment**

**Questions 1 - 22 are not asked this time**

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

**B23\_L**

- 1  yes → 23a. If yes, how often?
- 0  no
- 2  don't know

**B23a\_L**

- 1  one time per week
- 2  2 or more times per week
- 3  once a month
- 4  2-3 times per month
- 5  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**

1  never → *continue with Part D: Self-monitoring below*

2  a few times per year

3  once a month

4  2-3 times per month

5  one time per week

6  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:

**Part C: is not asked this time**

**Part D: Self-monitoring** *These questions ask about your keeping track of weight, food intake and physical activity habits during the last 7 days. If you were sick during the past 7 days, please think back to the last 7 days that you were not sick.*

1. During the last week, on how many days did you keep track of what you ate? [Ex. keeping track on paper (in food and fitness diary), or online.]

**D1\_L**  0  1  2  3  4  5  6  7

2. During the last week, how many days did you keep track of the time you spent doing physical activity? [Ex. keeping track on paper (in food and fitness diary), or online.]

**D2\_L**  0  1  2  3  4  5  6  7

3. During the last week, on how many days did you weigh yourself?

**D3\_L**  0  1  2  3  4  5  6  7

4. Thinking back to before you started the Heart Healthy Lenoir study, how often did you weigh yourself?

**D4\_L**  never  every year  every month  every week  every day

5. Do you have a scale at home?

**D5\_L**  yes  no

6. These questions are about your eating patterns. Please choose the answer that best fits you.

	<i>4</i> definitely true	<i>3</i> mostly true	<i>2</i> mostly false	<i>1</i> definitely false
a. When I smell a sizzling steak or juicy piece of meat, I find it very difficult to keep from eating, even if I have just finished a meal.	<i>D6a_L</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I deliberately take small helpings as a means of controlling my weight.	<i>D6b_L</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. When I feel anxious, I find myself eating.	<i>D6c_L</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Sometimes when I start eating, I just can't seem to stop.	<i>D6d_L</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Being with someone who is eating often makes me hungry enough to eat also.	<i>D6e_L</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. When I feel blue, I often overeat.	<i>D6f_L</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. When I see a real delicacy, I often get so hungry that I have to eat right away.	<i>D6g_L</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I get so hungry that my stomach often seems like a bottomless pit.	<i>D6h_L</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I am always hungry so it is hard for me to stop eating before I finish the food on my plate.	<i>D6i_L</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. When I feel lonely, I console myself by eating.	<i>D6j_L</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. I consciously hold back at meals in order not to gain weight.	<i>D6k_L</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. I do not eat some foods because they make me fat.	<i>D6l_L</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. I am always hungry enough to eat at any time.	<i>D6m_L</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. How often do you feel hungry?

*D7\_L*

- 1*  only at meal times
- 2*  sometimes between meals
- 3*  often between meals
- 4*  almost always

8. How frequently do you avoid "stocking up" on tempting foods?

- D8\_L*  <sup>1</sup> almost never    <sup>2</sup> seldom    <sup>3</sup> usually    <sup>4</sup> almost always

9. How likely are you to consciously eat less than you want?

- D9\_L*  unlikely    slightly likely    moderately likely    very likely

10. Do you go on eating binges though you are not hungry?

- D10\_L*  never    rarely    sometimes    at least once a week

11. On a scale of 1 to 8, where 1 means **no restraint** in eating (eating whatever you want, whenever you want it) and 8 means **total restraint** (constantly limiting food intake and never "giving in"), what number would you give yourself?

- D11\_L*  1    2    3    4    5    6    7    8

QC done by:

 

*QC ID*

UNC to review?  yes    no

*Errors*

**Maintenance 18-month follow-up  
(WLM4)**


 
  -  

*These questions are about your participation in and satisfaction with the first 6 months of your weight loss maintenance program. Your answers to these questions will help the people who developed the program improve it in the future.*

WLMdate

Date:   /   / 2 0 1

*The Heart Healthy Lenoir weight loss maintenance program included only phone calls. Please tell us how you feel about these calls.*

1. Have you spoken with your health counselor on **any** of the weight loss maintenance calls?

WLM1

- 1  yes  
 0  no → **If no, you may stop here.**

2. Would you say that the number of calls in the weight loss maintenance program are:

WLM2

- 1  not enough  
 2  just about right  
 3  too many

3. If you could choose how often you were called for this program, what would you choose?

WLM3

- 1  monthly calls  
 2  calls every other week (2 times per month)  
 3  weekly calls **WLM3other**  
 4  other → \_\_\_\_\_

4. How comfortable do you feel when talking with your health counselor on the phone?

WLM4

- 1  not very comfortable  
 2  somewhat comfortable  
 3  very comfortable

QC done by:

QC ID

 

Errors

UNC to review?  yes  no