

**24-month Follow-up for Lifestyle & Hypertension
Participants
(ENR5_lshtn)**



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Today's date: *ENRdate* / / 2 0 1

month *day* *year*

Form completed by: *Form* participant only

interviewer only → Interviewer ID: *ENRintrv*

both →

Quality of interview:

ENRratng excellent good fair poor not sure

Was part of interview *Phone* no
completed by phone? 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

Were physical measures collected at *collection* yes no
home or another non-study site?

PracticeMerge
Practice:

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 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 day9. 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

10. Do you currently have health insurance?

B10 yes no

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

- B11* yes →
 no

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

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

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

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

Questions 12 and 13 are not asked this time.

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 6*

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

\$ *C8*

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

C9 yes no

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

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

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

C11a fatigue (tiredness)

C11h dizziness

C11b swelling of feet or ankles

C11i fast heart beat

C11c increased urination

C11j wheezing/shortness of breath

C11d sexual problems

C11k constipation

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

C11f swelling of face or tongue

C11m leg cramping or weakness
C11n other

C11g cough

C11n other → *specify* _____

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

C12 yes no → *if no, skip to 21 on page 6*

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?	<i>C30</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. did you have a lot of energy?	<i>C31</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. have you felt downhearted and blue?	<i>C32</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. During the past 4 weeks , how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?	<i>C33</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

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

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

Section D: Beliefs and Decision Making

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

D1 yes no → **if no, skip to Section F on page 12**

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

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

D2 high low normal I don't know.

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

D3 high low normal I don't know.

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

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

5. Exercising every day makes blood pressure:

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

6. Losing weight usually makes blood pressure:

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

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

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

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

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

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

D9 yes no I don't know.

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

D10 yes no I don't know.

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

D11 yes no I don't know.

12. High blood pressure can cause heart attacks.

D12 yes no I don't know.

13. High blood pressure can cause cancer.

D13 yes no I don't know.

14. High blood pressure can cause strokes.

D14 yes no I don't know.

15. High blood pressure can cause kidney problems.

D15 yes no I don't know.

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

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

D16sys / *D16dias*
systolic *diastolic*

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

Section G: Neighborhood Physical Activity Questionnaire***Walking***

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

For example:

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

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

G1 yes no → *if no, skip to Other Leisure Time Physical Activities on p. 14*

Walking for Transportation

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

G2 → *if 0, skip to Q. 5*
times

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

G3hrs *G3mins*
hours *minutes*

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

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

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

G4c to or from store

G4f 1 _____

G4d to or from restaurant

G4g other place #2 →

G4g 1 _____

Walking for Recreation, Health or Fitness:

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

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

G5
times

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

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

G6hrs
hours

G6mins
minutes

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

G7a park

G4f fitness center

G4b neighborhood

G4g other place #1 →

G4c school

G7g 1 _____

G4d to or from restaurant

G4h other place #2 →

G4e to or from a store

G7h 1 _____

Other Leisure Time Physical Activities

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

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

G8 yes no → **Skip to Q. 16**

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

G9a park

G9e other place #1 →

G9b neighborhood

G9e 1 _____

G9c school

G9f other place #2 →

G9d fitness center

G9f 1 _____

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

G10 yes no → *if no, skip Q. 13*

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

G11 → *if 0, skip to Q. 13*
times

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

G12hrs **G12mins**
hours minutes

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

G13 yes no → *if no, skip to Q. 16*

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

G14 → *if 0, skip to Q. 16*
times

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

G15hrs **G15mins**
hours minutes

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

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

Section H: Questions about Participation in the Study

1. In this study, we contacted you often by phone for counseling. Did you use a cell phone for one or more of these phone calls?
- H1* yes → 1a. If yes, was the expense in terms of "phone minutes used" for these calls . . . ?
- no *H1a* not a concern a small concern a big concern
- ↓
- 1b. If yes, how did the expense of phone minutes limit your participation in this study, if at all?
- H1b* not at all some quite a bit
2. In this study, we asked you to come to our research office or your clinic for several visits and for some, we asked you to come to the hospital for blood tests. Was the expense of transportation for these visits . . . ?
- H2* not a concern
- a small concern
- a big concern
3. How did the expense of transportation to study visits limit your participation in this study, if at all?
- H3* not at all
- some
- quite a bit
4. There is a possibility that we will be able to continue our research in the Lenoir County area in the future. If we are able to continue our research, would you be interested in participating? You can change your mind later if you want to.
- H4* yes, I am interested
- no, I am not interested
- maybe
5. In the high blood pressure portion of this program, you received one phone call per month for 12 months from a phone coach. Did you participate in at least one phone counseling call to discuss how to better control your blood pressure?
- H5* yes no → *Stop here.*
- ↓
- continue on
the next page*

6. Thinking about the High Blood Pressure Phone Coaching Program as a whole, please indicate how much you agree or disagree with the following statements.

	<i>disagree strongly</i>	<i>disagree</i>	<i>neither disagree nor agree</i>	<i>agree</i>	<i>agree strongly</i>
a. The phone coach understood me and my challenges.	<i>H6a</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. The phone coach helped me to make changes that were important to me.	<i>H6b</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I think setting goals was helpful for me.	<i>H6c</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. The phone coach helped me stick to my goals.	<i>H6d</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I would recommend phone coaching to others.	<i>H6e</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I liked that the counseling was by phone.	<i>H6f</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. The coach explained things to me in a way that was easy to understand.	<i>H6g</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. The information mailed to me was easy to understand.	<i>H6h</i> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Overall, how would you rate the amount of information you received in the high blood pressure coaching program?

H7 too much just the right amount not enough

8. Overall, how would you rate the number of phone sessions to discuss how to better control your blood pressure?

H8 too much just the right amount not enough

9. Overall, how would you rate the amount of time you spent in these phone sessions?

H9 too much just the right amount not enough

10. Were there any barriers to participating in the monthly phone coaching calls?

H10 yes no → **Stop here.**
↓

10a. If yes, what were some of the barriers to participating? *[Mark all that apply.]*

H10a_1 I didn't have time.

H10a_2 I didn't have regular access to a phone.

H10a_3 I didn't have enough cell-phone minutes.

H10a_4 I didn't feel I needed the calls.

H10a_5 I had too many other issues going on in my life.

H10a_6 Other → **Please specify in the box below.**

H10a_6text

QC ID
QC done by:

Errors
UNC to review? yes no

24-Month Lifestyle Survey
(DRA5)



Nuts, Oils, Dressings, and Spreads

In an average **WEEK**,

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

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

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

Vegetables, Fruit, Whole Grains, and BeansOn an average **DAY**, how many servings of these foods do you eat or drink?

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

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

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

Drinks, Desserts, Snacks, Eating Out, and Salt

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

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

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

In an average **WEEK** . . .

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

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

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

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

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

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

Walking

In a usual **WEEK**,

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

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

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

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

Other Types of Physical Activity

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

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

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

In a usual **WEEK**,

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

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

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

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

7. Date: *DRAdate* / / 20

month day year

8. Interviewer: *DRAintrv*

UNC to review?

Errors

yes

no

QC done by:

QC ID

**Lifestyle Questionnaire-24-month
(LIFE5)**

**Part A: Fat Quality**

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

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

Part B: Environment

Questions 1 - 24 are not asked this time

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?

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

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

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

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

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

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

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

Questions 4 and 5 are not asked this time

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

	<i>definitely true</i>	<i>mostly true</i>	<i>mostly false</i>	<i>definitely false</i>
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* only at meal times
- sometimes between meals
- often between meals
- almost always

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

D8_L almost never seldom usually 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

Part E: Social Barriers

Please tell me how much you agree or disagree with these statements.

	<i>disagree a lot</i>	<i>disagree a little</i>	<i>agree a little</i>	<i>agree a lot</i>
1. Lack of money makes it hard for me to eat in a healthy way.	E1_L <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Family problems make it hard for me to eat in a healthy way.	E2_L <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Having to take care of someone who depends on me makes it hard for me to eat in a healthy way.	E3_L <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part F: Participation in programs like Heart Healthy Lenoir

1. Have you taken part in any other programs like the "Heart Healthy Lenoir Lifestyle Program"? This would include programs that focused on improving your health through improvements in your eating and physical activity habits.

F1_L no
 yes, but **not in the 2 years before** enrolling in Heart Healthy Lenoir
 yes, during the 2 years before enrolling in Heart Healthy Lenoir

Part G: Self-Regulation (Eating and Physical Activity Behaviors)

The following questions ask about the reasons why you would either start eating in a healthful way or continue to do so. Different people have different reasons for eating the way they do, and we want to know how true each of the following reasons is for you.

Please tell us **how true each reason is** for you.

1. The reason I would eat in a healthy way is . . .	not at all true			somewhat true			very true
a. because I feel that I want to take responsibility for my own health.	G1a_L	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. because I would feel guilty or ashamed of myself if I did not eat a healthy diet.	G1b_L	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. because I personally believe it is the best thing for my health.	G1c_L	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. because others would be upset with me if I did not.	G1d_L	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. because I have carefully thought about it and believe it is very important for many aspects of my life.	G1e_L	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. because I would feel bad about myself if I did not eat a healthy diet.	G1f_L	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. because it is an important choice I really want to make.	G1g_L	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. because I feel pressure from others to do so.	G1h_L	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. because it is consistent with my life goals.	G1i_L	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. because I want others to approve of me.	G1j_L	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. because it is very important for being as healthy as possible.	G1k_L	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. because I want others to see that I can do it.	G1l_L	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following questions ask about the reasons why you would either start to be physically active or continue to do so. Different people have different reasons for why they are physically active, and we want to know how true each of the following reasons is for you.

Please tell us **how true each reason is** for you.

2. The reason I would exercise regularly is . . .

		not at all true			somewhat true			very true
a. because I feel that I want to take responsibility for my own health.	<i>G2a_L</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. because I would feel guilty or ashamed of myself if I did not exercise regularly.	<i>G2b_L</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. because I personally believe it is the best thing for my health.	<i>G2c_L</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. because others would be upset with me if I did not.	<i>G2d_L</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. because I have carefully thought about it and believe it is very important for many aspects of my life.	<i>G2e_L</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. because I would feel bad about myself if I did not exercise regularly.	<i>G2f_L</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. because it is an important choice I really want to make.	<i>G2g_L</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. because I feel pressure from others to do so.	<i>G2h_L</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. because it is consistent with my life goals.	<i>G2i_L</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. because I want others to approve of me.	<i>G2j_L</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. because it is very important for being as healthy as possible.	<i>G2k_L</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. because I want others to see that I can do it.	<i>G2l_L</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

QC ID

QC done by:

Errors
UNC to review? yes no

**LabCorp Test Results-24 Month
(LAB5)**



Date test run: / / 2 0 1

LABdate

month day year

Total Cholesterol:

LABtc

50-800 mg/dL

HDL Cholesterol:

LABhdl

12-200 mg/dL

Creatinine: .

LABcreat

0.4-20.0 mg/L

GFR:

LABgfr

5-150 mL/min/1.73m²

Hemoglobin A1c: .

LABa1c

4 - 20

Transcription by Staff ID:

LABstaff

UNC to review? yes no

Errors

QC ID

QC done by:

**Acceptability: End of 12M LS III
Lifestyle Maintenance Program
(ACC5_ls)**



 -

These questions are about your participation in and satisfaction with the last 12 months of your lifestyle change program. Your answers to these questions will help the people who developed the program improve it in the future.

*For the past 12 months, the Heart Healthy Lenoir lifestyle change program has included 4 **phone calls** with a health counselor to discuss your eating and physical activity habits. Please tell us how you felt about these calls.*

1. In the **last 12 months**, have you spoken with your health counselor over the phone about your diet and physical activity?

ACCIs 1 yes no → **If no, stop here.**



2. Overall, would you say that the number of calls in the 12-month lifestyle change program (4 calls) was:

ACCIs 2 not enough just about right too many

3. Overall, would you say that the amount of time you spent on each phone call was:

ACCIs 3 not enough just about right too many

4. In general, how comfortable did you feel when talking with your health counselor on the phone?

ACCIs 4 not very comfortable somewhat comfortable very comfortable

5. Do you have any other feedback on these phone calls?

ACCIs 5

Errors

UNC to review? yes no

QC done by:

6. Date:

ACCIs date

 2 0

month

day

year

7. Interviewer:

ACCIs intrv

**Acceptability: End of 12M WLM Program
(ACC5_wl)**



These questions are about your participation in and satisfaction with the last 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.

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

- * Group 1 - weekly calls in the first 6 months + biweekly calls in the last 6 months.
Group 2 - biweekly calls the first 6 months = monthly calls in the last 6 months.

1. In the **last 6 months**, have you spoken with your health counselor on **any** of the weight loss maintenance calls?

ACCwl 1 yes no → **If no, stop here.**



2. If you could choose how often you were called **during the last 6 months** of this program, what would you choose?

ACCwl 2 monthly
 every other week (2 times per month)
 weekly ACCwl 2a
 other → _____

3. Overall, would you say that the number of calls in this 12-month weight loss maintenance program [**Group 1** = total of 39 planned calls; **Group 2** = total of 19 planned calls] was:

ACCwl 3 not enough
 just about right
 too many

4. In general, how comfortable did you feel when talking with your health counselor on the phone?

ACCwl 4 not very comfortable
 somewhat comfortable
 very comfortable

Errors

UNC to review? yes no

QC done by:

QC ID

ACCwl date / /

month day year

6. Interviewer: ACCwl intrv