24-month Follow-up for Lifestyle & Hypertension Participants

(ENR5_lshtn)

1757350244 Heart Healthy Lenoir Project Pt ID 24-month Follow-up for Lifestyle & Hypertension Participants	
This Page For Office Use Only	
Today's date: / _ / _ / _ 2 0 1	
Form completed by: Form O participant only	
O interviewer only O both	
Quality of interview:	
ENRrating O excellent O good O fair O poor O not sur	e
Was part of interview O no	
completed by phone? O yes → ENRintry 2 Interviewer ID:	
ENRdate 2 / / 2 0 1 Date completed:	ן
Quality of interview:	
ENRrating ² O excellent O good O fair O poor O not sur	е
Were physical measures collected at Collection O yes O no home or another non-study site?	
PracticeMerge Practice:	
ProviderFirst ProviderLast Provider:	

Heart Healthy Lenoir Project Pt I	>	_	Γ	2/18
24-month Follow-up for				v. 1.0
Lifestyle & Hypertension Participants				ENR5_lshtn

Section B: Demographic Information

Questions 1-7 are not asked this time.

8. Do you smoke cigarettes now?

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

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

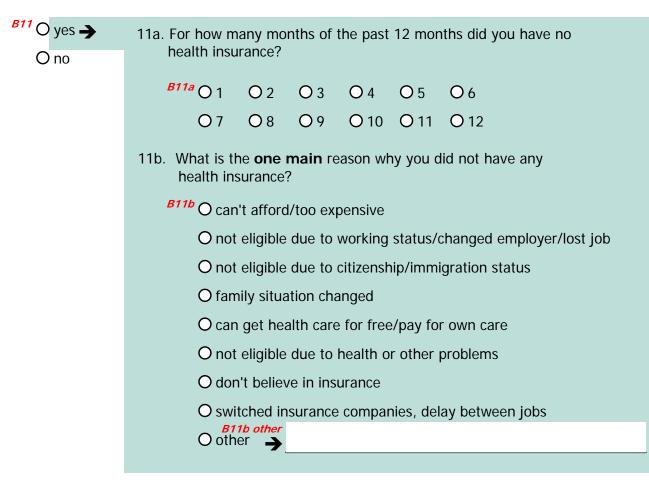
^{B9} O yes → O no	 9a. If yes, in a usual week, how many people who live with you including yourself, smoke cigarettes, cigars, or pipes anywhere inside your home? [Write number in the box below.] B9a number of people 							
	9b. Usually about how many days per week do people who live with you smoke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

10. Do you currently have health insurance?

B10 O yes O no

3/18

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



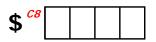
Questions 12 and 13 are not asked this time.

Section C: Health Related Questions

Questions 1-6 are not asked this time.

7. Do you take prescription medicines?

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



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

4 / 18

v. 1.0 ENR5_lshtn

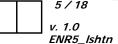
^{C9}O yes O no

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

		at least once a week	at least once a month	very rarely	never	refused to answer	don't know
a.	take fewer pills or a smaller dose because of cost?	C10a	0	0	0	0	0
b.	not fill a prescription because of cost?	<i>C10b</i> ()	0	0	0	0	0
C.	put off or postponed getting a prescription filled because of cost	?	0	0	0	0	0
d.	use herbal medicines or vitamins when you felt sick rather than take your prescription medicine because of the cost?	<i>c10d</i> O	0	0	0	0	0
e.	take medicine less frequently than recommended to "stretch out" the time before getting a refill because of the cost?	<i>С10е</i> О	0	0	0	0	0

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					
<i>C11c</i> increased urination	C11j Wheezing/shortness of breath					
C11d sexual problems	C11k Constipation					
^{C11e} \Box flushing (warmth or redness of face) ^{C111} \Box dry mouth						
<i>C11f</i> swelling of face or tongue	<i>C11m</i> leg cramping or weakness					
C11g Cough	$C11n \square \text{ other } \rightarrow specify$					



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

^{C12} O yes O no → if no, skip to 21 on page 6

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

C13 O yes O no

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

^{C14}O yes O no

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

^{C15}O yes O no

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

C16 O yes O no

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



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

C18 O yes O no

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



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

^{C20} O never O almost never O sometimes O quite often O always

- 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?

	very unlikely or never	<i>C21a</i> O 1	O 2	O 3	O 4	O 5	O 6	O 7	O 8	09	O 10	very likely or always
b.	How like	ely is yo	ur docto	or to asl	< you to	take so	ome res	ponsibili	ity in yo	our care	?	
	very unlikely or never	<u>С21</u> Ь () 1	O 2	O 3	O 4	O 5	O 6	O 7	O 8	09	O 10	very likely or always
C.	How like	5 5	our doct	or to giv	/e you a	sense	of contr	ol over	your me	edical ca	are?	
	very unlikely or never	<i>C21c</i> () 1	O 2	O 3	O 4	O 5	O 6	O 7	O 8	09	O 10	very likely or always

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

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

24. climbing several flights of stairs:

C24 O yes, limited a lot O yes, limited a little O no, not limited at all During the **past 4 weeks**, have you had any of the following problems with your work or other regular activities **as a result of your physical health**?

- 25. accomplished less than you would like:
 - C25 O yes O no

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

C26 O yes O no

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

27. accomplished less than you would like:

C27 O yes O no

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

C28 O yes Ono

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

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

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

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

		all of the time	most of the time	<i>a good bit of the time</i>	some of the time	a little of the time	none of the time
30.	have you felt calm and peaceful?	^{C30} ()	0	0	0	0	0
31.	did you have a lot of energy?	^{C31}	0	0	0	0	0
32.	have you felt downhearted and blue?	^{C32} ()	0	0	0	0	0
33.	During the past 4 weeks , how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?	^{C33} ()	Ο	Ο	Ο	Ο	Ο

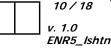
How much of the time during the last month have you . . .

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

9/18

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

		disagree strongly	disagree	agree	agree strongly	N/A
а.	When all is said and done, I am the person who is responsible for managing my health condition(s).	^{C37a} ()	0	0	0	0
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> ()	0	0	0	0
C.	I am confident that I can take actions that will help prevent or minimize some symptoms or problems associated with my health condition(s).	^{C37c} ()	0	0	0	0
d.	I know what each of my prescribed medicines does.	^{C37d} ()	0	0	0	0
e.	I am confident that I can tell when I need to go get medical care and when I can handle a health problem myself.	^{C37e} ()	0	0	0	0
f.	I am confident I can tell a doctor concerns I have even when (s)he does not ask.	^{C37f}	0	0	0	0
g.	I am confident that I can follow through on medical treatments I need to do at home.	^{C37g} ()	0	0	0	0
h.	I understand the nature and causes of my health condition(s).	^{C37h} ()	0	0	0	0
	I know the different medical treatment options available for my health condition(s).	^{C37i} ()	0	0	0	0
j.	I have been able to maintain the lifestyle chan for my health condition(s) that I have made.	^{iges} ^{C37j} ()	0	0	0	0
k.	I know how to prevent further problems with my health condition(s).	^{C37k} ()	0	0	0	0
I.	I am confident I can figure out solutions when new situations or problems arise with my hea condition(s).		0	0	0	0
m.	I am confident that I can maintain lifestyle changes, like diet and exercise, even during times of stress.	<i>C37m</i> O	0	0	0	0



Section D: Beliefs and Decision Making

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

^{D1} O yes O 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}O high O low O normal O I don't know.

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

^{D3} O high O low O normal O I don't know.

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

^{D4} O for a few years	O for 5 to 10 years	O for the rest of your life	O I don't know.
---------------------------------	---------------------	-----------------------------	-----------------

5. Exercising every day makes blood pressure:

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

6. Losing weight usually makes blood pressure:

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

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

^{D8} O every day O at lea	st a few times a week	O only when they feel sick	O I don't know.
------------------------------------	-----------------------	----------------------------	-----------------

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

*D*⁹O yes O no O I don't know.

- 10. When someone's blood pressure is too high, they usually feel dizzy.
 - *D10* O yes O no O I don't know.

11 / 18

v. 1.0 ENR5_lshtn

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

D11 O yes O no O I don't know.

- 12. High blood pressure can cause heart attacks.
 - D12 O yes O no O I don't know.
- 13. High blood pressure can cause cancer.
 - *D13* O yes O no O I don't know.
- 14. High blood pressure can cause strokes.

Oves Ono Oldon'	¹⁴ O yes	O no	O I don't know	<i>'</i> .
-----------------	---------------------	------	----------------	------------

15. High blood pressure can cause kidney problems.

^{D15} O yes	O no	O I don't know

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

244		D16sys		D16	dias		
O yes	→ if yes, please write		1				1
O no	it in these boxes:		•				
Chio		systolic		dia	astol	ic	

- 17. Do you use a home blood pressure monitor to take your own blood pressure readings at home?
 - C21 6m O yes → 17a. Have you talked to your doctor about your home blood pressure monitor readings in the past 6 months?

C21a 6m O yes O no O 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.

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



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:

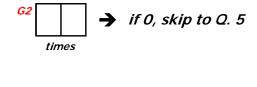
Linda lives 20 minutes away from work. She chooses to walk there rather than drive mainly because she wants to improve her fitness. If Linda records that she walks for transportation (3 times per week for a total of 120 minutes), she would not repeat that information under walking for recreation, health 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}O yes O 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?
- Please estimate the total time you spend walking as a means of transportation in a usual week. (e.g., 5 times by 10 minutes = 50 minutes)





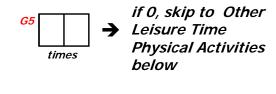
4. Let me know which of the following places you walk to as a **means** of transportation in a usual week. [Mark all that apply.]

G4a 🗌 to or from work (or study)	G4e 🗌 to or from friend's house
<i>G4b</i> 🗌 to or from bus stop	G4f □ other place #1 →
<i>G4c</i> to or from store	G4f 1
<i>G4d</i> to or from restaurant	$\begin{array}{c} G4g \\ \Box \\ other \\ place \\ \#2 \\ \hline \\ G4g \\ 1 \\ \hline \\ \hline \\ \\ G4g \\ 1 \\ \hline \\ \end{array}$

Walking for Recreation, Health or Fitness:

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

- In a usual week, how many times do you walk for recreation, health or fitness (including walking your dog)?
- 6. Please estimate the total time you spend walking for recreation, health or fitness in a usual week.
 (e.g., 5 times by 10 minutes = 50 minutes)



14 / 18

v. 1.0 ENR5_lshtn



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	64g □ other place #1 →
G4c School	G7g 1
<i>G4d</i> to or from restaurant	G^{4h} \Box other place #2 \rightarrow
<i>G4e</i> 🔲 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.

^{св} О yes	O 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.]*

<i>69a</i> 🗌 park	<i>G9e</i> other place #1	→
69b 🗌 neighborhood	I	G9e 1
G9c 🗌 school	<i>G9f</i> ☐ other place #2	→ G9f 1
G9d 🗌 fitness center		

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

610 O yes Ono → 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?
- 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)



if 0, skip to Q. 13

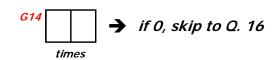
G11

times

hours

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.

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



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



- 16. How confident are you that you could exercise more if you wanted to? Would you say you are very confident, somewhat confident, or not at all confident?
 - ^{G16} O very confident
 - O somewhat confident
 - O not at all confident
 - O don't know
 - O refused to answer

Lifestyle & Hypertension Participants

_____ v. 1.0 ENR5_Ishtn

16 / 18

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}O yes \rightarrow 1a. If yes, was the expense in terms of "phone minutes used" for these calls . . . ?

H1a O not a concern O a small concern O a big concern

1b. If yes, how did the expense of phone minutes limit your participation in this study, if at all?

H1b O not at all O some O 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}O not a concern

O no

J

O a small concern

O a big concern

3. How did the expense of transportation to study visits limit your participation in this study, if at all?

H3 O not at all

O some

O 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}O yes, I am interested

O no, I am not interested

O 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}O yes Ono -> Stop here. J 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.

17/

v. 1.0 ENR5_lshtn

		disagree strongly	disagree	<i>neither disagree nor agree</i>	agree	agree strongly
a.	The phone coach understood me and my challenges.	H6a 🔿	0	0	0	0
b.	The phone coach helped me to make changes that were important to me.	H6D ()	0	0	0	0
C.	I think setting goals was helpful for me.	<i>Н6с</i> ()	0	0	0	0
d.	The phone coach helped me stick to my goals.	H6d ()	0	0	0	0
e.	I would recommend phone coaching to others.	<i>Н6е</i> ()	0	0	0	0
f.	I liked that the counseling was by phone.	H6f ()	0	0	0	0
g.	The coach explained things to me in a way that was easy to understand.	<i>Н6д</i> ()	0	0	0	0
h.	The information mailed to me was easy to understand.	Нбр	0	0	0	0

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

^{H7}O too much O just the right amount O not enough

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

^{H8}O too much O just the right amount O not enough

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

^{H9}O too much O just the right amount O not enough

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

 $\stackrel{H10}{\bullet} \bigcirc \text{yes} \qquad \bigcirc \text{no} \rightarrow \text{Stop here.}$

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



24-Month Lifestyle Survey (DRA5)



Pt ID

v. 1.0

Nuts, Oils, Dressings, and Spreads

In an average WEEK,

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

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

 Use trans fat free margarine as a topping for bread, biscuits, corn, potatoes, rice, or noodles? 	<i>₩₩73</i> () 3+	O 1-2	O 0
4a. Eat foods fried or sautéed at home using vegetable oil (olive, soybean, canola, corn oil, or tub/liquid margarine)?	<i>NUT4a</i> () 3+	O 1-2	O 0
4b. Eat food baked at home using vegetable oil or trans fat free margarine ?	<i>NUT4b</i> () 3+	O 1-2	O 0
 Use "full fat" salad dressing (excluding NO FAT, FAT FREE, and LOW-FAT dressings)? 	<i>₩₩</i> 75 () 3+	O 1-2	O 0
 Eat regular mayonnaise (excluding NO FAT, FAT FREE, and LOW-FAT mayonnaise) on sandwiches or in tuna, chicken, or egg salads? 	<i>₩₩</i> ₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩	O 1-2	O 0

2 / 7 DRA5

Vegetables, Fruit, Whole Grains, and Beans

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

 Dark-green or orange vegetables like collard greens, broccoli, tossed salad made with dark-green leafy lettuces, sweet potatoes, butternut squash, or carrots 	VEG1a 🔿 2+	O 1	O 0
 Other vegetables like corn, green peas, lima beans, okra, zucchini, turnips, onions, cabbage, green beans, or tomatoes (including tomato sauce) 	VEG1b ○ 2+	О1	O 0
 Fresh, canned, or frozen fruit or 100% fruit juice (1/2 cup equals a serving) 	VEG2 ○ 3+	O 2	O 0-1
 Bread, rolls, or tortillas made all or mostly with white flour 	VEG3 🔿 ()	O 1	O 2+

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

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

Drinks, Desserts, Snacks, Eating Out, and Salt

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

 Sugar sweetened beverages include regular non-diet sodas, bottled fruit drinks, Kool-Aid, iced or hot coffee or tea sweetened with sugar (including drinks like Coke, Pepsi, Sprite, Snapple, lemonade, or fruitade and sports or energy drinks) 	DDS1 🔿 🛛	O 1	O 2+
--	----------	-----	------

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

 Doughnuts, sweet rolls, pies, cakes, cookies, or candy 	<i>DDS2</i> () 0-1	O 2-3	O 4+
3. Ice cream, ice milk, sherbet, or frozen yogurt	<i>DD53</i> () 0-2	O 3-4	O 5+
 Snack chips (like potato chips, corn chips, tortilla chips, or cheese puffs), crackers, or pretzels 	<i>DD54</i> () 0-2	O 3-4	O 5+

In an average WEEK . . .

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

4 / 7 DRA5

Fish, Meat, Poultry, Dairy, and Eggs

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

1. Fish, including tuna and shell fish (like shrimp)	<i>FMP1</i> () 2+	O 1	00	
 Bacon, sausage, hot dogs or cold cuts like bologna, salami, Spam, or deli meats including turkey and beef 	FMP2 🔿 0-2	O 3-4	O 5+	
3. Chicken or turkey , excluding chicken or turkey cold cuts	<i>FMP3</i> () 3+	O 2	O 0-1	
On an average DAY , how many servings of these f	oods do you eat	?		
 Red meat like roasts, steaks, stew meat, ribs, chops, BBQ, or ham; or hamburger, either alone or in dishes like meatloaf and spaghetti sauce 	<i>FMP4</i> () 0-1	O 2	O 3+	
On average, how many servings of these foods do you eat?				
5. Dairy products, such as milk, cheese, and yogurt FMP5 Cheese, and yogurt				
6. Eggs, including in cooking FMP6 FMP6a O eggs per day O eggs per week				

Heart Healthy Lenoir Project	Pt ID
24-Month Lifestyle Survey	

5 / 7 DRA5

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.)	₩LK1 (O 5+ times	O 3-4 times	O 1-2 times O 0 ➔ <i>if 0 skip to</i> <i>Q.4 below</i>
---	------------------	-------------	--

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

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

On a typical DAY, at work. . .

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



Other Types of Physical Activity

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

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

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

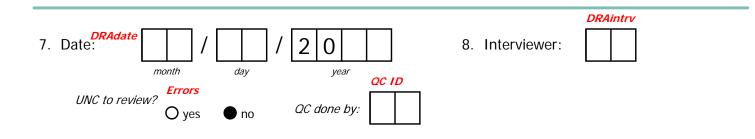
In a usual WEEK,

 How many times do you do moderate leisure time physical activities like dancing, cycling, social tennis, golf, or gardening? 	PA1 O 5+ times	O 3-4 times	O 1-2 times O 0 → if 0 skip to question 3
		17.7	
On a typical DAY, when you do2. What is the total time you spend doing this activity?	PA2 O 30 minutes or more	O 10-19 minutes O 20-29 minutes	minutes
In a usual WEEK ,			
3. How many times do you do vigorous leisure time physical activities like jogging, aerobics, swimming laps, or competitive tennis?	₽43 O 5+ times	O 3-4 times	O 1-2 times O 0 → if 0 skip to question 5

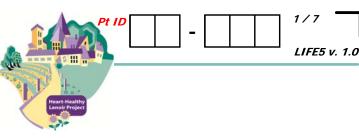
7 / 7 DRA5

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

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



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:

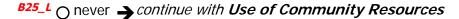
1. How many pats of margarine do you use each day?	A1_L O 2+	O 1	O 0
2. Is your margarine liquid, tub or stick? [Mark all that apply.]	A2a_L ☐ liquid A2b_L ☐ tub	,	12c_1 🗌 stick
In an average week , how many times do you eat foods fried or sautéed at home using the following:			
 olive oil, soybean or canola oil, corn oil, vegetable oil or tub/liquid margarine? 	A3_L O 3	O 1-2	O 0
4. stick margarine?	A4_L O 0	O 1-2	O 3+
5. shortening?	A 5_L ○ 0	O 1	O 2+
In an average week , how many times do you eat food baked or cooked at home using the following:			
 olive oil, soybean or canola oil, corn oil, vegetable oil or tub/liquid margarine? 	A6_L O 3	O 1-2	O 0
7. stick margarine?	A7_L O 0	O 1-2	O 3+
8. shortening?	A8_L O 0	O 1	O 2+

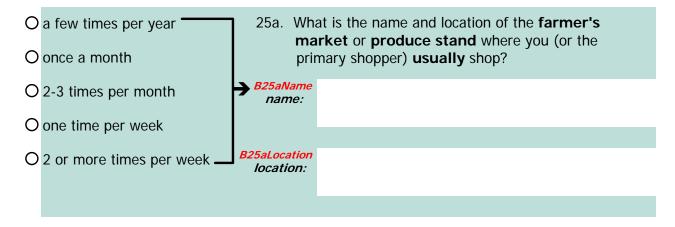
Part B: Environment

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.)





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?

<i>B26_L</i>										
know nothing O1	O 2	O 3	O 4	O 5	O 6	Ο7	O 8	09	O 10	know a lot

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

<i>B27_L</i>										
know nothing O1	O 2	O 3	O 4	O 5	O 6	Ο7	O 8	О9	O 10	know a lot

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

<i>B28_</i> L										
know nothing O1	O 2	O 3	O 4	O 5	O 6	Ο7	O 8	09	O 10	know a lot

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

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?

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

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 O0 O1 O2 O3 O4 O5 O6 O7

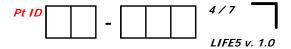
2. During the last week, how many days did you keep track of the time you spent doing physical activity? [Ex. keeping track on paper (in food and fitness diary), or online.]

 $D2_L O_0 O_1 O_2 O_3 O_4 O_5 O_6 O_7$

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

 $D3_L \bigcirc 0 \bigcirc 01 \bigcirc 02 \bigcirc 03 \bigcirc 04 \bigcirc 5 \bigcirc 6 \bigcirc 7$

Questions 4 and 5 are not asked this time



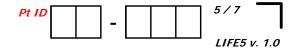
6. These questions are about your eating patterns. Please choose the answer that best fits you.

	definitely true	mostly true	mostly false	definitely false
 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. 	D6a_L 🔿	0	0	0
 b. I deliberately take small helpings as a means of controlling my weight. 		0	0	0
c. When I feel anxious, I find myself eating.	<i>D6c_L</i> ⊖	0	0	0
 Sometimes when I start eating, I just can't seem to stop. 	D6d_L	0	0	0
e. Being with someone who is eating often makes me hungry enough to eat also.	<i>D6e_L</i> ()	0	0	0
f. When I feel blue, I often overeat.	<i>D6f_L</i> ⊖	0	0	0
g. When I see a real delicacy, I often get so hungry that I have to eat right away.		0	0	0
 I get so hungry that my stomach often seems like a bottomless pit. 		0	0	0
 I am always hungry so it is hard for me to stop eating before I finish the food on my plate. 	D6i_L	0	0	0
j. When I feel lonely, I console myself by eating.	<i>^{D6j_L}</i> ⊖	0	0	0
 k. I consciously hold back at meals in order not to gain weight. 	D6k_L	0	0	0
 I do not eat some foods because they make me fat. 	<i>D61_L</i> O	0	0	0
 I am always hungry enough to eat at any time. 	D6m_L	0	0	0

7. How often do you feel hungry?

D7_LO only at meal times

- O sometimes between meals
- O often between meals
- O almost always



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

D8_L O almost never O seldom O usually O almost always

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

*D9_L*O unlikely O slightly likely O moderately likely O very likely

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

*D10_L*O never O rarely O sometimes O 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*O1 O2 O3 O4 O5 O6 O7 O8

Part E: Social Barriers

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

	disagree a lot	disagree a little	agree a little	agree a lot
 Lack of money makes it hard for me to eat in a healthy way. 	<i>E1_L</i> O	0	0	0
 Family problems make it hard for me to eat in a healthy way. 	<u>E2_L</u> ()	0	0	0
 Having to take care of someone who depends on me makes it hard for me to eat in a healthy way. 	<i>E3_L</i> ()	0	0	0

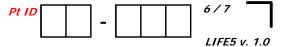
Part F: Participation in programs like Heart Healthy Lenoir

 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 O no

O yes, but not in the 2 years before enrolling in Heart Healthy Lenoir

O 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.

	The reason I would eat in a healthy way is	not at all true		5	omewha true	ot		very true
	 because I feel that I want to take responsibility for mv own health. 	<u> G1a_L</u> ()	0	0	0	0	0	0
	 because I would feel guilty or ashamed of mysel if I did not eat a healthy diet. 	^f <u>G1b_L</u> ()	0	0	0	0	0	0
•	c. because I personally believe it is the best thing for my health.	<u>61c_L</u> ()	0	0	0	0	0	0
•	 because others would be upset with me if I did not. 	<u>G1d_L</u> ()	0	0	0	0	0	0
•	 because I have carefully thought about it and believe it is very important for many aspects of my life. 	<u>61e_L</u> ()	0	0	0	0	0	0
	 because I would feel bad about myself if I did no eat a healthy diet. 	^t <u>61f_</u> O	0	0	0	0	0	0
	 because it is an important choice I really want to make. 	<u>G1g_L</u> ()	0	0	0	0	0	0
	h. because I feel pressure from others to do so.	<u>G1h_L</u>	0	0	0	0	0	0
	. because it is consistent with my life goals.	<u>61i_L</u> ()	0	0	0	0	0	0
	because I want others to approve of me.	<u>61j_L</u> ()	0	0	0	0	0	0
	 because it is very important for being as healthy as possible. 	<u>61k_L</u> ()	0	0	0	0	0	0
	. because I want others to see that I can do it.	<u>611_L</u> ()	0	0	0	0	0	0

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.

Pt ID

Please tell us how true each reason is for you.

•	Th	ne reason I would exercise regurlarly is	not at all true		5	somewha true	t		very true
	a.	because I feel that I want to take responsibility for my own health.	<u> </u>	0	0	0	0	0	0
	b.	because I would feel guilty or ashamed of myself if I did not exercise regularly.	<i>G2b_L</i> O	0	0	0	0	0	0
	C.	because I personally believe it is the best thing for my health.	<u> 62c_L</u> ()	0	0	0	0	0	0
	d.	because others would be upset with me if I did not.	<u>G2d_L</u> ()	0	0	0	0	0	0
	e.	because I have carefully thought about it and believe it is very important for many aspects of my life.	<u> 62e_L</u> ()	0	0	0	0	0	0
	f.	because I would feel bad about myself if I did not exercise regularly.	t <i>G2f_L</i> ()	0	0	0	0	0	0
	g.	because it is an important choice I really want to make.	<u>62g_L</u> ()	0	0	0	0	0	0
	h.	because I feel pressure from others to do so.	<u>G2h_L</u> ()	0	0	0	0	0	0
	i.	because it is consistent with my life goals.	<u>62i_L</u> ()	0	0	0	0	0	0
	j.	because I want others to approve of me.	<u> 62j_L</u> ()	0	0	0	0	0	0
	k.	because it is very important for being as healthy as possible.	<u> 62k_L</u> ()	0	0	0	0	0	0
	I.	because I want others to see that I can do it.	<u>621_L</u> ()	0	0	0	0	0	0



) no

LIFE5 v. 1.0

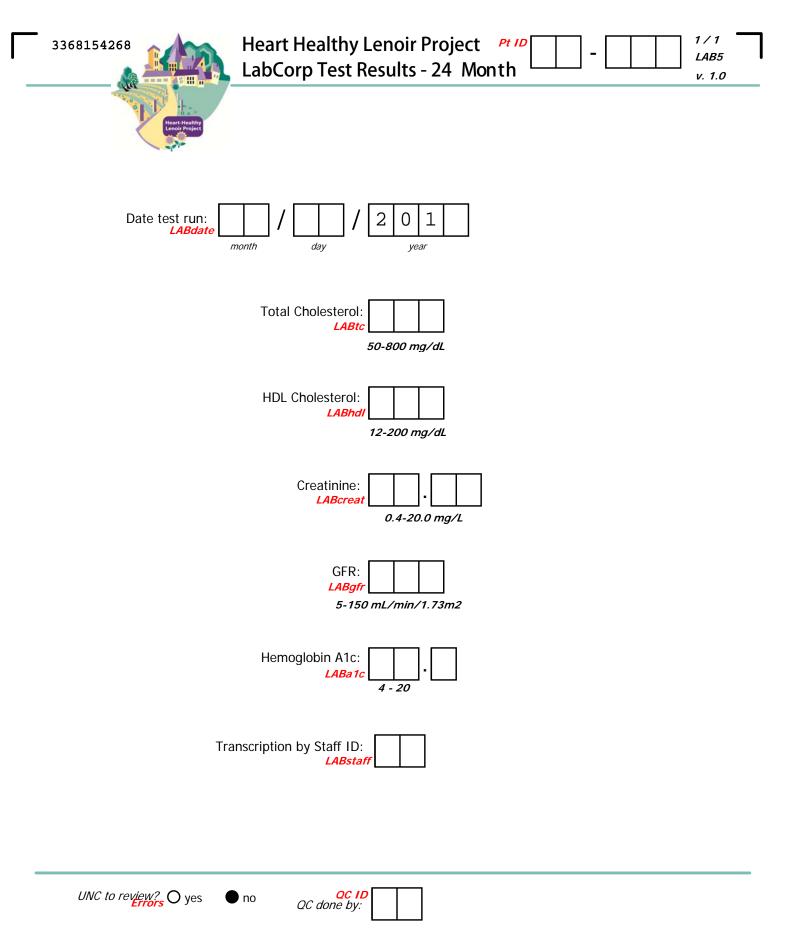
7/7

Errors

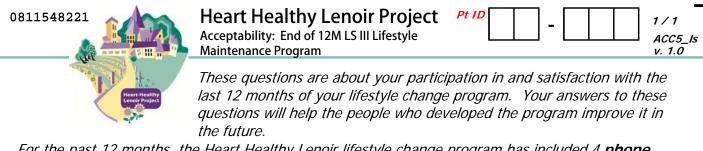
O yes

UNC to review?

LabCorp Test Results-24 Month (LAB5)



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



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 \bigcirc yes \bigcirc no \rightarrow 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 O not enough O just about right O too many

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

ACCIs 3 O not enough O just about right O too many

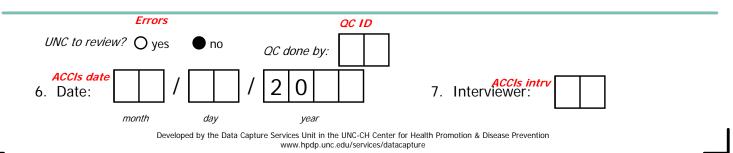
4. In general, how comfortable did you feel when talking with your health counselor on the phone?

ACCIS 4 O not very comfortable	O somewhat comfortable	O very comfortable
--------------------------------	------------------------	--------------------

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

. . . .

ACCIs 5			



Acceptability: End of 12M WLM Program (ACC5_wl)



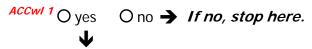
These questions are about your participation in and satisfaction with the last 6 months of your weight loss maintenance program. Your answers to these questions will help the people who developed the program improve it in the future.

1/1

ACC5_wl v. 1.0

The Hearth 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?



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

O every other week (2 times per month)

- O weekly ACCwl 2a
- O 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:

ACCWI 3 O not enough

- O just about right
- O too many
- 4. In general, how comfortable did you feel when talking with your health counselor on the phone?

ACCWI 4 O not very comfortable

O somewhat comfortable

O very comfortable

