

HEART ATTACK PREVENTION PROGRAM – ACTIVITY AND BEHAVIOR QUESTIONNAIRE

The relationship between the occurrence of heart disease and factors such as nutrition, social and behavioral characteristics and physical activity, is not yet well understood. The following set of questions is designed to collect additional information for further investigation of these important areas. These questions are arranged in seven parts. They are as follows:

- Part I – Identifying Information
- Part II – Meals & Snacks
- Part III – Social Characteristics
- Part IV – Activity Survey
- Part V – Events During the Past Year
- Part VI – Interests and Feelings
- Part VII – Leisure Time Physical Activities

Please follow these directions when completing this questionnaire:

1. Mark the answers that are true for you. Each person is different, so there are no "right" or "wrong" answers. All you tell us is **strictly confidential** and will be seen only by the program team.
2. Read every question carefully and answer every one. Unless otherwise indicated, only one response should be selected for each question.
3. It is essential that you bring this completed questionnaire with you to your scheduled appointment. A protective envelope is enclosed for your convenience. **Please do not fold the questionnaire.**
4. Please print using a ball point pen.

Attach ID Label Here
6 16

MONTH	DAY	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth		
17	22	

MONTH	DAY	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Completion		
23	28	

PART I: IDENTIFYING INFORMATION

Please print your name putting a comma between your last and first name and one space between your first and middle name.

1. NAME

LAST	FIRST	MIDDLE
<input type="text"/>	<input type="text"/>	<input type="text"/>
29		

ADDRESS

STREET	APT. NO.
<input type="text"/>	<input type="text"/>
64	

CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>
99		128

2. Telephone Numbers: Home _____ Work _____

3. Social Security Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
133					

4. Were you ever in the military service?

142

1 yes →

2 no ↓

Please give your military service number:

BRANCH	SERIAL NO.
<input type="text"/>	<input type="text"/>
	143

5. Name, address and telephone number of two individuals who are likely to know where you can be reached during the next few years. Do not list other members of your household.

a. NAME _____

First Middle Last

ADDRESS _____

Street Apt. No.

City State Zip Code

TELEPHONE _____

(Area Code)

CC USE ONLY

1

153

b. NAME _____

First Middle Last

ADDRESS _____

Street Apt. No.

City State Zip Code

TELEPHONE _____

(Area Code)

CC USE ONLY

1

154

6. Name, address and telephone number of your physician or usual source of medical care.

NAME _____

ADDRESS _____

Street

City State Zip Code

TELEPHONE _____

(Area Code)

CC USE ONLY

1

155

PART II: MEALS AND SNACKS

We would like you to think carefully about where and how often you ate your meals and snacks during the past seven days. For each meal or snack listed below please enter the number of times:

you ate the food **AT HOME** in **Column A**

you ate the food **AWAY FROM HOME** in **Column B**

02512
Dup 6-16

Meals	Column A** Number of times past week you ate meal or snack AT HOME	Column B*** Number of times past week you ate meal or snack AWAY FROM HOME
Morning Meal	17 <input style="width: 20px; height: 15px;" type="text"/>	18 <input style="width: 20px; height: 15px;" type="text"/>
Noon Meal	19 <input style="width: 20px; height: 15px;" type="text"/>	20 <input style="width: 20px; height: 15px;" type="text"/>
Evening Meal	21 <input style="width: 20px; height: 15px;" type="text"/>	22 <input style="width: 20px; height: 15px;" type="text"/>
Snacks*		
Morning Snack or Beverage	23 <input style="width: 20px; height: 15px;" type="text"/>	24 <input style="width: 20px; height: 15px;" type="text"/>
Afternoon Snack or Beverage	25 <input style="width: 20px; height: 15px;" type="text"/>	26 <input style="width: 20px; height: 15px;" type="text"/>
Late Afternoon Snack or Beverage	27 <input style="width: 20px; height: 15px;" type="text"/>	28 <input style="width: 20px; height: 15px;" type="text"/>
Early Evening Snack or Beverage	29 <input style="width: 20px; height: 15px;" type="text"/>	30 <input style="width: 20px; height: 15px;" type="text"/>
Bedtime Snack or Beverage	31 <input style="width: 20px; height: 15px;" type="text"/>	32 <input style="width: 20px; height: 15px;" type="text"/>

***Definition of a snack:**

Food eaten or beverages drunk at least 30 minutes before or after a meal.
Beverages such as milk, fruit or soft drinks (regular or diet variety), coffee or tea (with sugar and/or whitener), beer, wine, or cocktails count as a snack.
Plain coffee or tea do not count as a snack.

****Definition of a meal or snack eaten AT HOME, Column A:**

Food or drink prepared at home.
Includes a packed lunch prepared at home and eaten at work.

*****Definition of a meal or snack eaten AWAY FROM HOME, Column B:**

Food or drink purchased at a restaurant, cafeteria, snack bar, delicatessen, vending machine, or take-out food store.
Includes food purchased at a take-out food store and eaten at home.
Includes meals or snacks eaten at the home of friends or relatives.

If you have any questions you will be seeing a Nutritionist at your next clinic visit and she will help you.

SKIP
33-END

PART III: SOCIAL CHARACTERISTICS

Please place a in one box for each question unless otherwise instructed.

1. Do or did you have a twin or triplet brother(s) or sister(s)? 17 1 yes 2 no

In answering questions 2 and 3 consider half-brothers or half-sisters as part of your family and ignore twin or triplet brother(s) or sister(s).

OLDBS3S 2 Do or did you have an older brother or sister? 18 1 yes 2 no

YNGBS3S 3 Do or did you have a younger brother or sister? 19 1 yes 2 no

BRNUS3S 4 Were you born in the United States? 20 1 yes 2 no

LIVBRN3S 5 Which one of the following best describes the place where your mother lived when you were born?
Please give your best estimate if not sure of the population. (check one)

21 1 large city (pop. 100,000 or more) 2 suburb of a large city 3 medium-sized city (25,000 to 99,999) 4 town or small city (5,000 to 24,999) 5 small country town (less than 5,000) 6 farm 7 don't know

LIV18Y3S 6 Where did you live most of the time while you were in high school or, if you did not go to high school, when you were aged 14 to 18? (check one)

22 1 large city (pop. 100,000 or more) 2 suburb of a large city 3 medium-sized city (25,000 to 99,999) 4 town or small city (5,000 to 24,999) 5 small country town (less than 5,000) 6 farm

LIVNOW3S 7 Which one of the following best describes the place where you live now?

23 1 large city (pop. 100,000 or more) 2 suburb of a large city 3 medium-sized city (25,000 to 99,999) 4 town or small city (5,000 to 24,999) 5 small country town (less than 5,000) 6 farm

8 Not counting military service and school, how many changes in address did you have --

ADD24Y3S a From age 18 to 24? (please give your best estimate if not sure)

24 1 none 2 one or two changes only 3 three or four changes only 4 five or more changes

ADD34Y3S b From age 25 to 34?

25 1 none 2 one or two changes only 3 three or four changes only 4 five or more changes

EDUCAT3S 9 How much formal education have you completed?

- 1. Eighth grade or less 26 1
- 2. Trade school or business school instead of high school 2
- 3. Some high school 3
- 4. High school graduate 4
- 5. Trade school or business school after graduating from high school 5
- 6. Some college 6
- 7. Received bachelor's degree 7
- 8. Graduate or professional education beyond the bachelor's degree 8
- 9. Graduate or professional degree (Specify) _____ 9

DO NOT USE

27

10. If you attended college or a graduate or professional school, please list. Do not list summer schools.

Year From	Year To	Name of School	City & State	Major	Degree

11. Not counting military service or jobs you had while in school, how many changes in employer did you have --

EMP24Y3S a From age 18 to 24? (please give your best estimate if not sure)

28 1 none 2 one or two changes only 3 three or four changes only 4 five or more changes

EMP34Y3S b From age 25 to 34?

29 1 none 2 one or two changes only 3 three or four changes only 4 five or more changes

12. Do you presently work for 2 or more employers? **JOB2OM3S** 30 1 yes 2 no 3 retired

Answer questions 13-18 in terms of your main job. If you are presently retired, please answer these questions in terms of your main job prior to retirement.

13. What kind of business or industry are you employed in? _____

14. What kind of work do you do? _____

15. What are your most important duties or activities? _____

16. What is your job title? _____

DO NOT USE

31

32

35

37 %

JOBPCT3S

JOBINC3S

18. What is your usual yearly income from this job before deductions and taxes? Do not include income from other sources.

- 40 1 less than \$4,200 2 \$4,200 to \$7,199 3 \$7,200 to \$9,999 4 \$10,000 to \$11,999 5 \$12,000 to \$14,999 6 \$15,000 to \$17,999
- 7 \$18,000 to \$22,499 8 \$22,500 to \$34,999 9 \$35,000 or more

INCCAT3S

19. What was your total family income last year before deductions and taxes? Include family income from all sources.

- 41 1 less than \$4,200 2 \$4,200 to \$7,199 3 \$7,200 to \$9,999 4 \$10,000 to \$11,999 5 \$12,000 to \$14,999 6 \$15,000 to \$17,999
- 7 \$18,000 to \$22,499 8 \$22,500 to \$34,999 9 \$35,000 or more

INCDLR3S



MARRY3S

20. What is your present marital status?

- 42 1 never married (skip to question 23) 2 separated (skip to question 23) 3 divorced (skip to question 23) 4 widowed (skip to question 23) 5 married (answer questions 21 and 22)

EDUWIF3S

21. How much formal education did your wife complete?

- 43 1 Eighth grade or less
 2 Trade school or business school instead of high school
 3 Some high school
 4 High school graduate
 5 Trade school or business school after graduating from high school
 6 Some college
 7 Received bachelor's degree
 8 Graduate or professional education beyond the bachelor's degree
 9 Graduate or professional degree (Specify) _____

DO NOT USE

44

22. If your wife attended college or a graduate or professional school, please list. Do not list summer schools.

Year From	Year To	Name of School	City and State	Major	Degree
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

DADUS3S 23. Was your father born in the United States?

45 1 yes 2 no 3 not sure

DADEDU3S 24. How much formal education did your father complete? (please give your best estimate if not sure)

- 1. Eighth grade or less 46 1
- 2. Trade school or business school instead of high school 2
- 3. Some high school 3
- 4. High school graduate 4
- 5. Trade school or business school after graduating from high school 5
- 6. Some college 6
- 7. Received bachelor's degree 7
- 8. Graduate or professional education beyond the bachelor's degree 8
- 9. Graduate or professional degree (Specify) _____ 9

DADEMP3S 25. Was the male head of your household (father, step-father, foster-father, . . .) employed while you were in high school, or, if you did not go to high school, when you were age 14 to 18?

- 47 1 yes (answer questions 26 - 28) 2 no (answer question 29) 3 don't know (answer question 29)
 4 head of household not present (answer question 29)

26. In what kind of business or industry was your father employed when you were in high school, or, if you did not go to high school, when you were age 14 to 18?

27. What kind of work did he do then? _____

28. What was his job title then? _____

DO NOT USE

48	<input type="checkbox"/>
49	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
52	<input type="checkbox"/> <input type="checkbox"/>

RICHER3S

29. In comparison to your family's financial situation when you were in high school, would you say that your financial situation now is -

- 54 1 much better? 2 somewhat better? 3 about the same? 4 somewhat worse? 5 much worse?

DO NOT USE

A 55	<input type="checkbox"/>
B 56	<input type="checkbox"/> <input type="checkbox"/>
C 58	<input type="checkbox"/> <input type="checkbox"/>
D 60	<input type="checkbox"/>
E 61	<input type="checkbox"/>



PART IV: ACTIVITY SURVEY

For each question please place a ✓ in the box for the answer that is true for you. Each person is different so there are no "right" or "wrong" answers. Of course, all you tell us is **strictly confidential** to be seen only by the program team. Do not ask anyone else about how to reply to the items. It is your personal opinion that we want. Although there are several questions which are similar to some you have already answered, please answer these questions once again.

If a sudden change in your health has recently led you to change your job or your usual way of living, please answer the Activity Survey the way you would have **before** this health change occurred.

Please place a ✓ in one box for each question.

1. Do you ever have trouble finding time to get your hair cut? (check one)
17 1 never 2 occasionally 3 almost always
2. Does your job "stir you into action"? (check one)
18 1 less often than most people's jobs 2 about average 3 more often than most people's jobs
3. Is your everyday life filled mostly by —
19 1 problems needing solution? 2 challenges needing to be met? 3 a rather predictable routine of events? 4 not enough things to keep me interested or busy?
4. Some people live a calm, predictable life. Others find themselves often facing unexpected changes, frequent interruptions, inconveniences or "things going wrong". How often are you faced with these minor (or major) annoyances or frustrations?
20 1 several times a day 2 about once a day 3 a few times a week 4 once a week 5 once a month or less
5. When you are under pressure or stress, do you usually —
21 1 do something about it immediately? 2 plan carefully before taking any action?
6. Ordinarily, how rapidly do you eat?
22 1 I'm usually the first one finished 2 I eat a little faster than average 3 I eat at about the same speed as most people 4 I eat more slowly than most people
7. Has your spouse or some friend ever told you that you eat too fast?
23 1 yes, often 2 yes, once or twice 3 no, no one has told me this
8. How often do you find yourself doing more than one thing at a time, such as working while eating, reading while dressing, figuring out problems while driving?
24 1 I do two things at once whenever practical 2 I do this only when I'm short of time 3 I rarely or never do more than one thing at a time
9. When you listen to someone talking, and this person takes **too long** to come to the point, do you feel like hurrying him along?
25 1 frequently 2 occasionally 3 almost never
10. How often do you actually "put words in his mouth" in order to speed things up?
26 1 frequently 2 occasionally 3 almost never
11. If you tell your wife or a friend that you will meet them somewhere at a definite time, how often do you arrive late?
27 1 once in a while 2 rarely 3 I am never late
12. Do you often find yourself hurrying to get places even when there is plenty of time?
28 1 often 2 occasionally 3 rarely or never
13. Suppose you are to meet someone at a public place (street corner, building lobby, restaurant) and the other person is already 10 minutes late. Will you —
29 1 sit and wait? 2 walk about while waiting? 3 usually carry some reading matter or writing paper so you can get something done while waiting?
14. When you have to "wait in line", such as at a restaurant, a store, or the post office, do you —
30 1 accept it calmly? 2 feel impatient but do not show it? 3 feel so impatient that someone watching could tell you were restless? 4 refuse to wait in line and find ways to avoid such delays?
15. When you play games with young children about 10 years old (or when you used to do so when your children were younger) how often did you purposely let them win?
31 1 most of the time 2 half the time 3 only occasionally 4 never

16. When you were younger, did most people consider you to be --

- 32 1 definitely hard-driving and competitive? 2 probably hard-driving and competitive? 3 probably more relaxed and easy going? 4 definitely more relaxed and easy going?

17. Nowadays, do you consider yourself to be --

- 33 1 definitely hard-driving and competitive? 2 probably hard-driving and competitive? 3 probably more relaxed and easy going? 4 definitely more relaxed and easy going?

18. How would your wife (or closest friend) rate you?

- 34 1 definitely hard-driving and competitive? 2 probably hard-driving and competitive? 3 probably more relaxed and easy going? 4 definitely more relaxed and easy going?

19. How would your wife (or best friend) rate your general level of activity?

- 35 1 too slow. Should be more active 2 about average. Is busy much of the time 3 too active. Needs to slow down

20. Would people who know you well agree that you take your work too seriously?

- 36 1 definitely yes 2 probably yes 3 probably no 4 definitely no

21. Would people who know you well agree that you have less energy than most people?

- 37 1 definitely yes 2 probably yes 3 probably no 4 definitely no

22. Would people who know you well agree that you tend to get irritated easily?

- 38 1 definitely yes 2 probably yes 3 probably no 4 definitely no

23. Would people who know you well agree that you tend to do most things in a hurry?

- 39 1 definitely yes 2 probably yes 3 probably no 4 definitely no

24. Would people who know you well agree that you enjoy "a contest" (competition) and try hard to win?

- 40 1 definitely yes 2 probably yes 3 probably no 4 definitely no

25. Would people who know you well agree that you get a lot of fun out of your life?

- 41 1 definitely yes 2 probably yes 3 probably no 4 definitely no

26. How was your "temper" when you were younger?

- 42 1 fiery and hard to control 2 strong, but controllable 3 no problem 4 I almost never get angry

27. How is your "temper" nowadays?

- 43 1 fiery and hard to control 2 strong, but controllable 3 no problem 4 I almost never get angry

28. When you are in the midst of a job and someone (not your boss) interrupts you, how do you usually feel inside?

- 44 1 I feel O.K. because I work better after an occasional break 2 I feel only mildly annoyed 3 I really feel irritated because most such interruptions are unnecessary

29. How often are there deadlines on your job? (If job deadlines occur irregularly, please check the closest answer below)

- 45 1 daily or more often 2 weekly 3 monthly 4 never

30. Do these deadlines usually --

- 46 1 carry minor pressure because of their routine nature? 2 carry considerable pressure since delay would upset your entire work group?

31. Do you ever set deadlines for yourself at work or at home?

- 47 1 no 2 yes, but only occasionally 3 yes, once a week or more often

32. When you have to work against a deadline, is the quality of your work --

- 48 1 better? 2 worse? 3 the same? (Pressure makes no difference)

33. At work do you ever keep two jobs moving forward at the same time by shifting back and forth rapidly from one to the other?

- 49 1 no, never 2 yes, but only in emergencies 3 yes, regularly

34. Are you content to remain at your present job level for the next five years?

- 50 1 yes 2 no, I want to advance 3 definitely no. I strive to advance and would be dissatisfied if not promoted in that length of time

35. If you had your choice, would you rather get --

- 51 1 a small increase in pay without a promotion to a higher level job? 2 a promotion to a higher level job without an increase in pay?

36. In the past three years have you ever taken less than your allotted number of vacation days?

- 52 1 yes 2 no 3 my type of job does not provide regular vacations

37. In the last three years my personal income --

- 53 1 has remained the same or gone down 2 has gone up slightly (such as would occur from cost-of-living increases or automatic raises based on years of service) 3 has gone up considerably

38. How often do you bring your work home with you at night or study materials related to your job?

54 1 rarely or never 2 once a week or less often 3 more than once a week

39. How often do you go to your place of work when it is officially closed (such as nights or weekends)?

55 1 this is not possible in my job 2 rarely or never 3 occasionally (less than once a week) 4 once or more a week

40. When you find yourself getting tired on the job, do you usually —

56 1 slow down for a while until your strength comes back? 2 keep pushing yourself at the same pace in spite of the tiredness?

41. When you are in a group, do the other people tend to look to you to provide leadership?

57 1 rarely 2 about as often as they look to others 3 more often than they look to others

42. Do you make yourself written lists of "things to do" to help you remember what needs to be done?

58 1 never 2 occasionally 3 frequently

In each of the following questions, please compare yourself with the average worker in your present occupation and check the box corresponding to the most accurate description.

43. In amount of effort put forth, I give —

59 1 much more effort 2 a little more effort 3 a little less effort 4 much less effort

44. In sense of responsibility, I am —

60 1 much more responsible 2 a little more responsible 3 a little less responsible 4 much less responsible

45. I find it necessary to hurry —

61 1 much more of the time 2 a little more of the time 3 a little less of the time 4 much less of the time

46. In being precise (careful about detail), I am —

62 1 much more precise 2 a little more precise 3 a little less precise 4 much less precise

47. I approach life in general —

63 1 much more seriously 2 a little more seriously 3 a little less seriously 4 much less seriously

Please compare your work setting of ten years ago with your present work. For each item check the box corresponding to the work setting which had more of the factors stated.

48. I worked more hours per week

64 1 present work 2 work of 10 years ago 3 cannot decide

49. Carried more responsibility

65 1 present work 2 work of 10 years ago 3 cannot decide

50. Considered "higher level" (in prestige or social position)

66 1 present work 2 work of 10 years ago 3 cannot decide

51. How many different job titles have you had in the last 10 years? (be sure to count all shifts in kind of work and to new employers, as well as all shifts up and down in the firm(s) for which you have worked.)

67 1 zero or one 2 two 3 three 4 four 5 five or more

52. Please check the box which indicates the amount of schooling you received.

1. Fourth grade or less	68	1 <input type="checkbox"/>
2. 5th to 8th grade		2 <input type="checkbox"/>
3. Some high school		3 <input type="checkbox"/>
4. Graduated from high school		4 <input type="checkbox"/>
5. Trade school or business college		5 <input type="checkbox"/>
6. Some college (including completion of junior college)		6 <input type="checkbox"/>
7. Graduated from 4-year college		7 <input type="checkbox"/>
8. Post-graduate work at a university		8 <input type="checkbox"/>

53. When you were in school were you an officer in any activities or groups, such as student council, glee club, 4-H Club, sorority/fraternity, or captain of an athletic team?

69 1 no 2 yes, one such position 3 yes, two or more such positions

54. In recent years have you been an officer in any groups, such as civic clubs, business or professional associations, religious, fraternal, or social organizations?

70 1 no 2 yes, one such position 3 yes, two or more such positions

PART V: EVENTS DURING THE PAST YEAR

Read down the list of events and put a after any event which you have experienced within the past 12 months.

Events Concerning Your Health

Within the past 12 months, have you experienced:

- | | | |
|---|----------------------------|----|
| 1. A physical illness or injury which kept you in bed for a week or more, or sent you to the hospital? | 1 <input type="checkbox"/> | 17 |
| 2. Worries about physical symptoms which the doctor couldn't explain? | 1 <input type="checkbox"/> | 18 |
| 3. Mental illness or problems that required hospitalization? | 1 <input type="checkbox"/> | 19 |
| 4. The realization that you are an alcoholic or a drug addict? | 1 <input type="checkbox"/> | 20 |
| 5. A major change in eating, sleeping, or smoking habits? | 1 <input type="checkbox"/> | 21 |
| 6. A change in your physical appearance such as the development of scars, major weight change, or limp? | 1 <input type="checkbox"/> | 22 |
| 7. Not being able to do things you used to because of age? | 1 <input type="checkbox"/> | 23 |
| 8. A change in your usual level of physical activity? | 1 <input type="checkbox"/> | 24 |

Events Concerning You and Your Work

Within the past 12 months, have you experienced:

- | | | |
|---|----------------------------|----|
| 9. A change to a new type of work? | 1 <input type="checkbox"/> | 25 |
| 10. A demotion? | 1 <input type="checkbox"/> | 26 |
| 11. Failure of your business? | 1 <input type="checkbox"/> | 27 |
| 12. Personal troubles with your boss, fellow workers, or people working under your supervision? | 1 <input type="checkbox"/> | 28 |
| 13. Not being able to work because of disability? | 1 <input type="checkbox"/> | 29 |
| 14. Being fired or laid off work? | 1 <input type="checkbox"/> | 30 |
| 15. Quitting your job? | 1 <input type="checkbox"/> | 31 |
| 16. Problems getting a new job? | 1 <input type="checkbox"/> | 32 |
| 17. Retirement from work? | 1 <input type="checkbox"/> | 33 |

Events Concerning Your Feelings and Thoughts

Within the past 12 months, have you experienced:

- | | | |
|---|----------------------------|----|
| 18. Feelings of being overwhelmed by difficult life situations? | 1 <input type="checkbox"/> | 34 |
| 19. The realization that you will never attain an important goal? | 1 <input type="checkbox"/> | 35 |
| 20. More thoughts about dying than usual? | 1 <input type="checkbox"/> | 36 |
| 21. Planning a suicide? | 1 <input type="checkbox"/> | 37 |
| 22. Unpleasant thoughts or images which keep coming back? | 1 <input type="checkbox"/> | 38 |
| 23. Feeling confused for over 3 days? | 1 <input type="checkbox"/> | 39 |
| 24. Feeling very angry, nervous, or sad for over 3 days? | 1 <input type="checkbox"/> | 40 |
| 25. Feeling worried about financial security? | 1 <input type="checkbox"/> | 41 |
| 26. Feelings of intense loneliness? | 1 <input type="checkbox"/> | 42 |
| 27. Feelings of being intensely disliked by someone? | 1 <input type="checkbox"/> | 43 |
| 28. Feelings of being uninvolved, distant from others, or very shy? | 1 <input type="checkbox"/> | 44 |

Events Concerning Your Marriage

Within the last 12 months, have you experienced:

- | | | |
|--|----------------------------|----|
| 29. Getting married? | 1 <input type="checkbox"/> | 45 |
| 30. In-law problems? | 1 <input type="checkbox"/> | 46 |
| 31. Separation from your wife because of marital problems? | 1 <input type="checkbox"/> | 47 |
| 32. Starting to live with your wife again after having been separated? | 1 <input type="checkbox"/> | 48 |
| 33. Problems because of your wife's health? | 1 <input type="checkbox"/> | 49 |
| 34. Getting divorced? | 1 <input type="checkbox"/> | 50 |

Events Concerning You and Your Children

Within the last 12 months, have you experienced:

- | | | |
|---|----------------------------|----|
| 35. Serious concern over your child's health? | 1 <input type="checkbox"/> | 51 |
| 36. Having your child doing very poorly in school? | 1 <input type="checkbox"/> | 52 |
| 37. Being persistently disobeyed by your child? | 1 <input type="checkbox"/> | 53 |
| 38. Having your child run away or get into serious trouble? | 1 <input type="checkbox"/> | 54 |
| 39. Intense arguments or disagreements with an older child? | 1 <input type="checkbox"/> | 55 |
| 40. Loss of contact with, or separation on bad terms from your child? | 1 <input type="checkbox"/> | 56 |

Events Concerning You and Others Not of Your Family

Within the last 12 months, have you experienced:

- | | | |
|--|----------------------------|----|
| 41. Doing something that caused another person's injury? | 1 <input type="checkbox"/> | 57 |
| 42. A "falling-out" of a close friendship? | 1 <input type="checkbox"/> | 58 |
| 43. Discrimination because of your race, age, religion, or appearance? | 1 <input type="checkbox"/> | 59 |
| 44. Fewer social activities than before? | 1 <input type="checkbox"/> | 60 |

Other Important Events

Within the last 12 months, have you experienced;

- | | | |
|---|----------------------------|----|
| 45. A change in where you live? | 1 <input type="checkbox"/> | 61 |
| 46. Involvement in a law suit (other than divorce) or a court appearance on a serious charge? | 1 <input type="checkbox"/> | 62 |
| 47. Serious or persistent financial difficulties? | 1 <input type="checkbox"/> | 63 |
| 48. Giving up a hobby or sport? | 1 <input type="checkbox"/> | 64 |
| 49. Being the victim of a crime such as assault or burglary? | 1 <input type="checkbox"/> | 65 |
| 50. An accident (automobile, at work, home, etc.)? | 1 <input type="checkbox"/> | 66 |

PART VI: INTERESTS AND FEELINGS

Please place a in one box for each question.

- | | | | | |
|--|--------------------------------|-------------------------------|-------------------------------------|----|
| 1. Taking into account the way your life is, are you satisfied with the opportunities you have to develop your interests, talents, and abilities the way you would like? | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no | 3 <input type="checkbox"/> not sure | 17 |
| 2. Does the work you do give you a feeling of self-importance and success? | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no | 3 <input type="checkbox"/> not sure | 18 |
| 3. Do you have any special interest, talent, or hobby that gives you a feeling of success? | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no | 3 <input type="checkbox"/> not sure | 19 |
| 4. Do you feel sure of your social acts and manners? | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no | 3 <input type="checkbox"/> not sure | 20 |
| 5. Do you think that your looks and appearances have tended to help you? | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no | 3 <input type="checkbox"/> not sure | 21 |
| 6. Do you feel sure that people are interested in your ideas and what you are going to do? | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no | 3 <input type="checkbox"/> not sure | 22 |
| 7. Do you feel satisfied in your relations with members of the opposite sex? | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no | 3 <input type="checkbox"/> not sure | 23 |
| 8. Do you wonder whether people like and respect you? | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no | 3 <input type="checkbox"/> not sure | 24 |
| 9. On the whole, does life tend to be happy for you? | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no | 3 <input type="checkbox"/> not sure | 25 |
| 10. Do you feel left out of the groups you go with? | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no | 3 <input type="checkbox"/> not sure | 26 |
| 11. Are you sure you know what you most want out of life? | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no | 3 <input type="checkbox"/> not sure | 27 |
| 12. Does the work you do bring out your best talents and abilities, and give you a chance to try out ideas of your own? | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no | 3 <input type="checkbox"/> not sure | 28 |
| 13. Have you done anything outside of work that someone you admire has thought worthwhile? | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no | 3 <input type="checkbox"/> not sure | 29 |
| 14. Do you feel as successful as the people you go with in the things you do outside of work? | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no | 3 <input type="checkbox"/> not sure | 30 |
| 15. Are you bothered by wanting to do things you do not feel mentally or intellectually able to do? | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no | 3 <input type="checkbox"/> not sure | 31 |
| 16. Do you feel satisfied with your present social standing? | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no | 3 <input type="checkbox"/> not sure | 32 |

PART VII: LEISURE TIME PHYSICAL ACTIVITIES

Some recreational activities are presented in the first column of Table 2

1. Read through the list.
2. For each activity, you have not done during the past 12 months, please place a check mark (✓) in the second column labeled "No". For those activities you have done during the past 12 months, place a check mark (✓) in the third column labeled "Yes".
3. After placing a check mark in either column two or three for each activity, go through the list once again. For only those activities checked "Yes" indicate which month(s) you did them, the average number of times per month, and the average length of time in hours and/or minutes it took on each occasion.

Please remember that the Heart Attack Prevention Program is conducted in twenty cities throughout the United States. Some of the activities listed in the questionnaire are not appropriate for the southern part of the country nor are others for the central states and a few only appropriate for those clinics located close to large bodies of water. In spite of this, you are asked to mark yes or no under the heading **Did you perform this activity** for each of the activities listed in the questionnaire!

If any of your activities are not listed, please write them in the open lines at the end of the questionnaire.

Before you attempt to complete the table for your activities, please work through the example concerning Charlie's activities. After completing Table 1 for Charlie, you can check your answers by looking at Table 3, page 15. When you are confident that you can complete the form accurately, read through the list and summarize your activities in Table 2.

Sample Problem:

Charlie does a lot of swimming. In the last twelve months, he went to a lake place in the north woods two weeks in June and two weeks in August. He swam almost every day out to a point a mile away. It took him an hour to get back and forth. In January he went to Florida for a week's vacation. He spent most of his time sitting around a pool drinking Bloody Marys. He only went in the pool to cool off when the sun was too hot. In February, Charlie went to California on a business trip. He spent one day at the beach and swam about three hours.

INSTRUCTIONS: Complete this form for Charlie's activities as summarized above.

Table 1

Activity —	Did you perform this activity?		Check each month in which you performed this activity during the last year.												Average number of times per month	How much time per occasion did you perform this activity?		DO NOT WRITE IN THIS SPACE	
	No	Yes	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		Hours	Min.		
Swimming (at least 50 ft.) at a Pool																			280
Swimming at a Lake or River																			290
Swimming at an Ocean Beach																			300

Answer to sample problem on page 15.

Table 2

Activity —	Did you perform this activity?		Check each month in which you performed this activity during the last year.												Average number of times per month	How much time per occasion did you perform this activity?		DO NOT WRITE IN THIS SPACE
	No	Yes	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		Hours	Min.	
Walking																		
For Pleasure																	010	
To Work																	020	
Using Stairs When Elevator is Available																	030	
Cross Country Hiking																	040	
Back Packing																	050	
Mountain Climbing																	060	
Golf																		
Riding a Power Cart																	070	
Walking, Pulling Clubs on Cart																	080	
Walking and Carrying Clubs																	090	
Bicycling																		
To Work																	100	
For Pleasure																	110	
Dancing																		
Ballroom																	120	
Square																	130	
Horseback Riding																	140	
Conditioning Exercises																		
Home Exercise																	150	
Health Club																	160	
Fast Walking for Exercise																	170	
Jogging and Walking																	180	
Jogging																	190	
Running																	200	
Weight Lifting																	210	
Water Activities																		
Water Skiing																	220	
Sailing Sunfish, Laser, Hobby Cat																	230	
Sailing Keel Boats																	240	
Canoeing or Rowing for Pleasure																	250	
Canoeing or Rowing in Competition																	260	
Canoeing on a Camping Trip																	270	
Swimming (at least 50 ft.) at a Pool																	280	

Table 2 Cont'd.

Activity –	Did you perform this activity?		Check each month in which you performed this activity during the last year.												Average number of times per month	How much time per occasion did you perform this activity?		DO NOT WRITE IN THIS SPACE
	No	Yes	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		Hours	Min.	
Swimming at a Lake or River																		290
Swimming at an Ocean Beach																		300
Scuba Diving																		310
Snorkeling																		320
Surfing																		330
Winter Activities																		
Snow Skiing, Down Hill																		340
Snow Skiing, Cross Country																		350
Ice (or Roller) Skating																		360
Sledding or Tobogganing																		370
Snow Shoeing																		380
Sports																		
Bowling																		390
Volley Ball																		400
Table Tennis																		410
Tennis; Singles																		420
Tennis; Doubles																		430
Softball																		440
Badmitton																		450
Paddle Ball																		460
Racket Ball																		470
Basketball; Non-Game																		480
Basketball; Game Play																		490
Basketball; Officiating																		500
Touch Football																		510
Handball																		520
Squash																		530
Soccer																		540
Lawn and Garden Activities																		
Mowing Lawn with Riding Mower																		550
Mowing Lawn Walking Behind Power Mower																		560
Mowing Lawn Pushing Hand Mower																		570
Weeding and Cultivating Garden																		580
Spading, Digging, Filling in Garden																		590

Table 2 Cont'd.

Activity –	Did you perform this activity?		Check each month in which you performed this activity during the last year.												Average number of times per month	How much time per occasion did you perform this activity?		DO NOT WRITE IN THIS SPACE
	No	Yes	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		Hours	Min.	
Raking Lawn																		600
Snow Shoveling																		610
Home Repair Activities																		
Carpentry in Workshop																		620
Painting Inside of House incl. Paper Hanging																		630
Carpentry Outside																		640
Painting Outside of House																		650
Fishing and Hunting																		
Fishing from River Bank																		660
Fishing in Stream with Wading Boots																		670
Hunting Pheasants or Grouse																		680
Hunting Rabbits, Prairie Chickens, Squirrels, Raccoon																		690
Hunting Ducks																		700
Hunting Large Game; Deer, Elk, Bear																		710
Hunting with Bow and Arrow																		720
Pistol Shooting																		730
Archery (Non-Hunting)																		740
Other Activities																		

(The End)

Answers to sample problems concerning Charlie's activities.

Table 3

Activity –	Did you perform this activity?		Check each month in which you performed this activity during the last year.												Average number of times per month	How much time per occasion did you perform this activity?		DO NOT WRITE IN THIS SPACE
	No	Yes	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		Hours	Min.	
Swimming (at least 50 ft.) at a Pool	✓																	280
Swimming at a Lake or River		✓						✓		✓					1	4	1	290
Swimming at an Ocean Beach		✓		✓											1		3	300