

TRIALS OF HYPERTENSION PREVENTION
PARTICIPANT EVALUATION--Sodium Light Lifestyle

We are very interested in learning what lifestyle changes you may have made during TOHP. Your answers to the following questions will help us in knowing this information and will be kept strictly confidential.

1. How difficult was it to find foods that were lower in sodium?
 Very Difficult Somewhat Difficult Easy

2. Since joining TOHP, have you started eating **lower salt** versions of any of the following food groups? (Mark all that apply.)
 - Dairy (milk, cream, cheese, yogurt)
 - Red Meat (Beef, pork, lamb, veal, organ meats)
 - Poultry (chicken, turkey, game)
 - Fish (fish, seafood, shellfish)
 - Eggs
 - Soup
 - Legumes (peas, beans, nuts, seeds)
 - Grains (flour, cereals, breads, desserts)
 - Fruits (fruits, juices, berries)
 - Vegetables
 - Fats/Oils (butter, margarine, salad dressings, sauces)
 - Sweets/Beverages (coffee, tea, nonalcoholic beverages, soda, sugars)
 - Alcoholic Beverages (beer, wine, liquor, mixed drinks)
 - None of the above

3. Food labeling has changed since TOHP started. Has this made following your TOHP sodium program:
 Easier Harder No difference

4. On average, how successful do you think you were in meeting your TOHP sodium goals?

Very			Not Very	Not at All
Successful	Successful	No Opinion	Successful	Successful
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. In your efforts to meet your TOHP sodium goals, how useful were the following components of TOHP?

	Very Useful	Moderately Useful	Not Useful	Did not have/ Do not recall
a. sharing progress with group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. weekly goals and action plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. other behavioral topics (cues, rewards, self-talk)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. nutrition information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Very Useful	Moderately Useful	Not Useful	Did not have/ Do not recall
e. individual meetings with nutritionists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. post cards or faxes you sent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. cooking demonstrations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. experience in sessions with preparing foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. information about seasoning low sodium foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. receiving low sodium foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. using the Sodium Counter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. written feedback on food record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. newsletters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. tasting and receiving low sodium recipes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. written hand-out materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. monthly contact with nutritionist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. telephone contact with nutritionist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. spouse or other at meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Which of the following best describes your preference for **salty tasting foods** . . .

	Like(d) a lot	Like(d) some	Dislike(d) some	Dislike(d) at lot
Before being TOHP:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Currently:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Which of the following best describes your preference for **low sodium or unsalted foods**

	Like(d) a lot	Like(d) some	Dislike(d) some	Dislike(d) at lot
Before being TOHP:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Currently:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Please rank your 3 top barriers to sodium reduced eating patterns below (1= presented biggest barrier) or check the box below to indicate no barriers.

No Barriers

Barriers:

- ___ liking salty foods/snacks
- ___ no low sodium foods at social occasions
- ___ no low sodium foods at home
- ___ food preparation was difficult
- ___ low sodium foods cost too much
- ___ too much thinking and planning required
- ___ shopping took too long
- ___ could not tell if I was getting results
- ___ did not know sodium content of restaurant food
- ___ did not like the taste of food with other seasonings
- ___ hard to stick to low sodium when traveling
- ___ friends/family were not supportive
- ___ could not control food purchase or preparation

9. Since joining TOHP, have you tried any of the following approaches to lower your sodium?

	Have Not Tried	Tried Briefly	Tried When Introduced and Keep Doing
a. using less or no salt at the table	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. using less or no salt in cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. using a salt substitute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. limiting use of regular foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. using low sodium processed foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. using fresh/frozen, instead of canned, vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. using sodium-free herbs/spices to season foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. using prepackaged sodium-free herb mix in a shaker (e.g., Mrs. Dash)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. diluting regular food products with low sodium products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Have Not Tried	Tried Briefly	Tried When Introduced and Keep Doing
j. freezing low sodium foods for convenience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. draining/rinsing canned foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. taking low sodium lunch to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. eating out less or only in certain restaurants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. asking for low sodium food in restaurants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. reading food labels for sodium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. keeping count of daily milligrams of sodium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. "budgeting" for eating high sodium foods by eating low sodium foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. modifying recipes to lower sodium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. How much did you spend on food during TOHP compared to before TOHP?

- more
- less
- about the same
- do not know

11. Does the amount you spend influence your willingness to continue striving to maintain your blood pressure management program?

- Yes
- No

Thank you for providing us with this information. Good health to you.