

ID NUMBER _____

INITIALS _____

DATE COMPLETED: ____/____/____

TRIALS OF HYPERTENSION PREVENTION
PARTICIPANT EVALUATION--Usual Care

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. Since joining TOHP, have you started eating **low fat/low calorie or low sodium** 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

2. Food labeling has changed since TOHP started. Has this made choosing your food:

- Easier Harder No difference

3. On average, how successful do you think you were in meeting any dietary goals you may have had while enrolled in TOHP?

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

4. Are you presently attending an exercise class, health club, gym, or spa at least 3 times per week?

- Yes No

5. Do you use home exercise equipment?

- Yes No

6. Did you have a regular physical activity program prior to beginning TOHP?

- Yes No

7. How would you describe your current exercise habits compared to what you were doing before you joined TOHP?

- Increased Decreased Stayed the same

8. How many days per week do you currently exercise? _____ days per week

9. On the days you get exercise, about how many minutes do you average per day? _____ minutes

10. How long have you been following this exercise program? _____ weeks

11. Please rank **your 3 top barriers** to physical activity (1= presented biggest barrier) or check the box below to indicate no barriers.

No Barriers

Barriers:

- ___ lack of time
- ___ lack of interest
- ___ lack of motivation
- ___ lack of encouragement/support
- ___ lack of energy
- ___ lack of child care
- ___ lack of access to exercise facilities
- ___ lifestyle changes seem too overwhelming
- ___ exercise benefits are not readily apparent
- ___ uncertain about what type of exercise should be done
- ___ physical disability

12. Since joining TOHP, have you tried any of the following approaches to lose weight?

	Have Not Tried	Tried Briefly	Tried during TOHP and Keep Doing
a. a diet that is different from a normal weight loss diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. increasing routine activities; such as climbing stairs, taking on more active yard and household activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. taking vitamins, minerals, or multivitamins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. eating meal replacements; such as Ultra Slim Fast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. fasting for 24 hours or longer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. going to a weight loss program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. using hypnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. taking diet pills or appetite suppressants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. taking water pills or fluid pills (diuretics)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. taking hormone products; such as thyroid pills or hormone injections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. taking laxatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. causing yourself to vomit after eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. eating out less	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. eating only at certain restaurants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. 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"/>

14. 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"/>

15. What do you see as the **3 top barriers** to lower sodium eating patterns (1= presents 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 being difficult
- low sodium foods cost too much
- too much thinking and planning required
- shopping taking too long
- cannot tell if getting results
- not knowing sodium content of restaurant food
- not liking the taste of food with other seasonings
- hard to stick to low sodium when traveling
- friends/family not being supportive
- cannot control food purchase or preparation

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

	Have Not Tried	Tried Briefly	Tried for at Least Several Months
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"/>

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- | | Have Not Tried | Tried Briefly | Tried for at Least
Several Months |
|---|--------------------------|--------------------------|--------------------------------------|
| 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
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"/> |
| 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"/> |
17. What is the least you have weighed since you were age 18 (not counting periods of illness)?
_____ pounds
18. What is the highest weight after age 18 (excluding pregnancy)? _____ pounds
19. When you became a TOHP participant, had you:
- recently lost weight
 - recently gained weight
 - been relatively weight stable
20. How many times have you lost 10 or more pounds intentionally and regained it prior to TOHP (excluding pregnancy and illness)? _____ times
21. Have you ever considered yourself overweight?
- Yes No
22. If yes, at what age did you first consider yourself overweight?
- childhood
 - adolescence
 - in your 20's
 - age 30 or older

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