NCI Food and Eating Assessment Study: Demographic and Health Questionnaire OMB Control Number: 0925-0605 Expiry Date: 10/31/2011

STATEMENT OF CONFIDENTIALITY

Collection of this information is authorized by The Public Health Service Act, Section 412 (42 USC 285 a-1). Rights of study participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. Refusal to participate will not affect your benefits in any way. The information collected in this study will be held in professional confidence. Names and other identifiers will be separated from information provided and will not appear in any report of the study. Information provided will be combined for all study participants and report as statistical summaries.

NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN

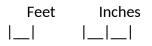
Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0605).

We have a few questions for you. This should take only a few minutes to answer.

1. In general, how would you describe your health? When answering this question, think about how you feel generally.

Excellent	
Very Good	
Good	
Fair	
Poor	

2. What is your <u>current</u> height without shoes on?



3. What is your <u>current</u> weight without shoes on?

Pounds |_|_|_|

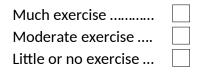
4. During the past 12 months, did you take any vitamin or mineral supplements of any kind? Include vitamin or mineral pills, liquids, or tinctures. Do NOT include vitamin fortified foods.

Yes	
No	

Attachment 12: Demographic and Health Questionnaire – FEAST

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5. Do you get much exercise in things you do for recreation (sport, or hiking, or anything like that), or hardly any exercise, or in between?



6. In your usual day, aside from recreation, are you physically very active, moderately active, or quite inactive?

Very active	
Moderately active	
Quite inactive	

7. Have you smoked 100 or more cigarettes during your entire life?

No	
Yes	 Do you currently smoke cigarettes or have you stopped? Currently smoke Stopped
	How long ago did you stop?
	< 1 year ago
	1-4 years ago
	5-9 years ago
	10 or more years ago

8. Over the past 12 months, did you drink alcoholic beverages such as beer, wine or wine coolers, liquor or mixed drinks?

No (SKIP TO QUESTION 9)	
s How often did you drink alcoholic beverages?	
Never 1 time per month or less 2-3 times per month 1-2 times per week 1 time per day 2-3 times per day 4-5 times per day	

Attachment 12: Demographic and Health Questionnaire – FEAST

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9. In the past 7 days, how many times did you eat fast food? Include fast food meals eaten at work, at home, or at fast-food restaurants, carryout or drive through.

______# OF TIMES IN PAST 7 DAYS

10. What is your current marital status or domestic relationship?

Married	
Living as married, in a civil union or domestic partnership	
Divorced or separated and not living with a spouse or partner	
Widowed	
Single, never married	

11. What is your <u>current</u> living arrangement?

Alone	
With spouse/partner	
With other family member or person	
Nursing home/Assisted living facility	
Other	

12. What is the highest level of education you have completed?

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13. What is your current annual household income?

Less than \$25,000	
\$25,000 - \$49,999	
\$50,000 - \$74,999	
\$75,000 - \$99,999	
\$100,000 - \$149,999	
\$150,000 and more	

Thank you!