

Baseline Survey

*(DIFO) Doing It For Ourselves
Program*

Doing It For Ourselves (DIFO) Survey

Thank you for participating in this important survey! This information will help us understand how to best serve all types of women enrolled in the DIFO health program. Some survey questions may be difficult to answer, but please respond to the items as best you can.

Section I - Demographic information

We want to understand the different types of women that our program serves. This section includes items asking about some of your background characteristics.

Name: _____ Date: _____

1. What is your date of birth?

Month: _____ Day: _____ Year: _____

2. Are you of Hispanic or Latino/a origin?

Yes

No

Don't know/Not Sure

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3. Which one or more of the following would you say is your race? (Check all that apply)

<input type="checkbox"/>	Black or African American
<input type="checkbox"/>	Asian
<input type="checkbox"/>	White
<input type="checkbox"/>	American Indian or Alaska Native
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander

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

- Less than high school
- High school
- GED
- Technical school -- no degree
- Some college -- no degree
- 2-year college degree/technical school degree
- 4-year college degree
- Post-graduate work or degree

5. How long have you lived in the U.S.?

- I was born here

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- Less than 10 years
- More than 10 years

6. What was your household income before taxes last year?

\$ _____

7. How many people relied on that income (including yourself)?

___ people

8. What is your current employment status?

- Working part-time
- Working full-time
- Unemployed, laid off, on strike
- Retired
- Disabled or unable to work
- In school full-time and not working
- Full-time homemaker

9. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

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- Yes
- No
- Don't know/Not sure

10. If Yes, do you currently have

- Private health insurance under your own plan
- Private insurance under your partner's plan
- Public coverage such as Medicare or MediCal
- No health insurance
- Don't know/not sure

11. Which of the following best describes your present relationship?

- In a committed relationship with a woman (for example, cohabiting, domestic partnership, or legally married)
- In a committed relationship with a man (for example, cohabiting, domestic partnership, or legally married)
- Single, but somewhat involved with a woman, man, or both
- Single, and not involved with anyone

12. If in a committed relationship, do you currently live with your partner

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- All or most of the time
- Some of the time
- None of the time
- I do not have a partner (skip to question 15)

13. If partnered, is your current partner

- Male
- Female
- Transgender
- Other (Explain): _____
- I do not have a partner

14. If partnered, for how long?

_____ year(s) _____ month(s)

Section II - Sexual and gender identity

Since this program is designed for lesbian and bisexual women, we are interested in understanding a little bit about how you identify yourself.

15. Which of the following best represents how you think of yourself?

Lesbian or gay

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- Straight, that is, not lesbian or gay
- Bisexual
- Something else
- Don't know the answer

16. If answered "something else" in the previous question: What do you mean by something else?

- You are not straight, but identify with another label such as queer, trisexual, omnisexual or pansexual
- You are transgender, transsexual or gender variant
- You have not figured out or are in the process of figuring out your sexuality
- You do not think of yourself as having sexuality
- You do not use labels to identify yourself
- You mean something else

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17. On a scale of 0 to 10, how would you rate yourself? _____

0	1	2	3	4	5	6	7	8	9	10
Very Butch or Masculine					Androgynous					Very Femme or Feminine

18. At what age did you first admit to yourself that you had same-sex attractions?

19. At what age did you acknowledge that you were lesbian/bisexual or a similar identity? _____

20. At what age did you have your first same-sex relationship? _____

How “out” are you about your sexuality in the following contexts?

	Out to All	Out to Some	Out to a Few	Out to None	N/A
21. With immediate family					

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22. With extended family					
23. With coworkers, bosses, supervisors					

	Out to All	Out to Some	Out to a Few	Out to None	N/A
24. With health care providers (doctors, nurses, nutritionists, mental health professionals, personal trainers, etc.)					

For questions 25-63, please indicate your agreement or disagreement with each of the following statements. Please do your best to complete each item. Some statements may depict situations that you have not experienced; please imagine yourself in those situations when answering those statements.

1 Strongly Disagree	2 Moderately Disagree	3 Slightly Disagree	4 Neutral	5 Slightly Agree	6 Moderately Agree	7 Strongly Agree
25. I try not to give signs that I am a lesbian/bisexual woman. I am careful about the way I dress, the jewelry I wear, the places, people and events I talk about.						

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1 Strongly Disagree	2 Moderately Disagree	3 Slightly Disagree	4 Neutral	5 Slightly Agree	6 Moderately Agree	7 Strongly Agree
26. I can't stand lesbians who are too "butch". They make lesbians as a group look bad.						
27. Attending lesbian/gay/bisexual events and organizations is important to me.						
28. I hate myself for being attracted to other women.						
29. I believe female homosexuality is a sin.						
30. I am comfortable being an "out" lesbian/bisexual woman. I want others to know and see me as a lesbian/bisexual woman.						
31. I have respect and admiration for other lesbians/bisexual women						
32. I wouldn't mind if my boss knew that I was a lesbian/bisexual woman.						
33. If some lesbians would change and be more acceptable to the larger society, lesbians as a group would not have to deal with so much negativity and discrimination.						
34. I am proud to be a lesbian/bisexual woman.						
35. I am not worried about anyone finding out that I am a lesbian/bisexual woman.						
36. When interacting with members of the lesbian/gay/bisexual community, I often feel different and alone, like I don't fit in.						

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1 Strongly Disagree	2 Moderately Disagree	3 Slightly Disagree	4 Neutral	5 Slightly Agree	6 Moderately Agree	7 Strongly Agree
37. I feel bad for acting on my lesbian desires.						
38. I feel comfortable talking to my heterosexual friends about my everyday home life with my female partner/lover or my everyday activities with my lesbian/bisexual friends.						
39. Having lesbian/bisexual friends is important to me.						
40. I am familiar with lesbian/gay/bisexual books and/or magazines.						
41. Being a part of the lesbian/gay/bisexual community is important to me.						
42. It is important for me to conceal the fact that I am a lesbian/bisexual from my family.						
43. I feel comfortable talking about homosexuality in public.						
44. I live in fear that someone will find out I am a lesbian/bisexual woman.						
45. If I could change my sexual orientation and become heterosexual, I would.						
46. I do not feel the need to be on guard, lie, or hide my lesbianism/bisexuality to others.						

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1 Strongly Disagree	2 Moderately Disagree	3 Slightly Disagree	4 Neutral	5 Slightly Agree	6 Moderately Agree	7 Strongly Agree
47. I feel comfortable joining a lesbian/gay/bisexual social group, sports team, or organization.						
48. When speaking of my female lover/partner to a straight person I change pronouns so that others will think I'm involved with a man rather than a woman.						
49. Being a lesbian/bisexual woman makes my future look bleak and hopeless.						
50. If my peers knew of my lesbianism/bisexuality, I am afraid that many would not want to be friends with me.						
51. Social situations with other lesbians/bisexual women make me feel uncomfortable.						
52. I wish some lesbians wouldn't "flaunt" their lesbianism. They only do it for shock value and it doesn't accomplish anything positive.						
53. I don't feel disappointment in myself for being a lesbian/bisexual woman.						
54. I am familiar with lesbian/gay/lesbian movies and/or music.						
55. I am aware of the history concerning the development of lesbian/gay/bisexual communities and/or the lesbian/gay/bisexual rights movement.						
56. I act as if my female lovers are merely friends.						

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1	2	3	4	5	6	7
Strongly Disagree	Moderately Disagree	Slightly Disagree	Neutral	Slightly Agree	Moderately Agree	Strongly Agree
57. I feel comfortable discussing my lesbianism/bisexuality with my family.						
58. I could not confront a straight friend or acquaintance if she or he made a homophobic or heterosexist statement to me.						
59. I am familiar with lesbian music festivals and conferences.						
60. When speaking of my female lover/partner to a straight person, I often use neutral pronouns so the sex of the person is vague.						
61. Lesbians are too aggressive.						
62. I frequently make negative comments about other lesbians/bisexual women.						
63. I am familiar with community resources for lesbians/bisexual woman (i.e., bookstores, support groups, bars, etc).						

Section III - Partner and social network status

The following set of questions asks about your relationships and your social network, both in general and regarding your connection to the LGBT community.

64. How satisfied are you with your current relationship status?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied

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Very dissatisfied

65. How would you rate the health of your current partner?

- Excellent
- Very good
- Good
- Fair
- Poor
- I do not have a partner (skip to question 67)

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66. Circle the number of the diagram that best depicts the approximate outline of your partner

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	1	2	3	4	5	6
						
						
	1	2	3	4	5	6
						
						

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- Don't know
- Do not have a partner

67. How satisfied are you with the support you receive from your current social network of friends?

- Very satisfied
- Somewhat satisfied
- Not satisfied nor unsatisfied
- Somewhat dissatisfied
- Very dissatisfied

68. How closely connected do you feel to your local lesbian and/or bisexual women's community?

- Very closely connected
- Closely connected
- Somewhat connected
- Not very connected
- Not at all connected

69. How closely connected do you feel to your local LGBT community?

- Very closely connected

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- Closely connected
- Somewhat connected
- Not very connected
- Not at all connected

Section IV -Life experiences

In your lifetime, how often have you had the following experiences?

Experience	Often	Some-times	Rarely	Never
70. Been treated with less courtesy than others				
71. Been treated with less respect than others				
72. Received poorer services than others in restaurants or stores				
73. Experienced people treating you as if you're not smart				
74. Experienced people acting as if they were better than you				
75. Experienced people acting as if they were afraid of you				
76. Experienced people acting as if you were dishonest				

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77. Been called names or insulted				
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How much do you think the following factors have led people to treat you differently in your lifetime?

Factor	Very much	Somewhat	Not at all	Don't know
78. My sexuality				
79. My race/ethnicity				
80. My sex/gender				
81. My religion				
82. My weight				
83. My social class standing				
84. My educational level				
85. Other				
If you selected 'Other', please explain:				

Section V. Health

The following set of questions asks about your physical and mental health, including your health history.

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86. Have you had at least one menstrual period in the past 12 months? (Please do not include bleedings caused by medical conditions, hormone therapy, or surgeries.)

Yes
 No

In your lifetime, have you ever been diagnosed and/or treated for:

87. Depression Yes: No:
88. Bi-polar disorder Yes: No:
89. Post-traumatic stress disorder Yes: No:
90. Other anxiety disorders Yes: No:
91. Alcohol dependence Yes: No:
92. Drug dependence Yes: No:
93. Arthritis of any type Yes: No:
94. Asthma Yes: No:
95. Chronic Obstructive Pulmonary Disease, emphysema, or other serious lung disease Yes: No:
96. Diabetes Yes: No:

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97. (if Yes, at what age were you diagnosed with diabetes) _____
98. Heart disease of any type Yes: _____ No: _____
99. HIV/AIDS Yes: _____ No: _____
100. Cancer of any type Yes: _____ No: _____
101. High blood pressure Yes: _____ No: _____
102. High cholesterol Yes: _____ No: _____
103. About how many times in your adulthood have you tried to lose weight?
- _____ Never
- _____ 1-4 times
- _____ 5-10 times
- _____ More than 10 times

Please rate which of the weight loss methods you have tried, if any, and how effective you thought it was:

	Did not try	Not effective	Some-what effective	Very effective
104. Ate less food				

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	Did not try	Not effective	Some-what effective	Very effective
105. Ate foods with lower calories				
106. Ate less fat				
107. Exercised				
108. Attended weight loss program				
109. Drank extra water				
110. Followed a weight loss plan				
111. Ate diet foods				
112. Skipped meals				
113. Liquid diets				
114. Used prescription drugs to enhance weight loss				
115. Used herbal products to enhance weight loss				
116. Used over-the-counter diet pills				
117. Used laxatives or vomiting				
118. Had weight loss surgery				

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119. Do you have a long-term physical or mental impairment that substantially limits one or more major life activities?

- Yes
- No

120. If yes, in which activities are you limited? [Check all that apply]:

- Caring for myself
- Performing manual tasks
- Walking or standing
- Lifting or reaching
- Seeing
- Hearing, speaking or communicating
- Learning, thinking or concentrating
- Working

	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount (3-4 days)	Most or all of the time (5-7 days)
In the past week				

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121. I felt depressed				
122. I felt lonely				
123. I had crying spells				
124. I felt sad				

125. Do you NOW smoke every day, some days or not at all?

- Every day
- Some days
- Not at all

126. If you have quit smoking, how long has it been since you quit smoking cigarettes?

- Less than one year ago
- One year or longer
- Not Applicable

127. Have you smoked at least 100 cigarettes in your lifetime?

- Yes

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No

For 128- 130: By a drink we mean half an ounce of absolute alcohol (e.g., a 12 ounce can or glass of beer or cooler, a 5 ounce glass of wine, or a drink containing 1 shot of liquor).

128. During the last 30 days, how often did you usually have any kind of drink containing alcohol? Choose only one.

- Every day
- 5 to 6 times a week
- 3 to 4 times a week
- Twice a week
- Once a week
- 2 to 3 times a month
- Once a month
- I did not drink any alcohol in the past month, but I did drink in the past (skip to question 131)
- I never drank any alcohol in my life (skip to question 131)

129. During the last 30 days, how many alcoholic drinks did you have on a typical day when you drank alcohol?

25 or more drinks 7 to 8 drinks

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- | | |
|--|--|
| <input type="checkbox"/> 19 to 24 drinks | <input type="checkbox"/> 5 to 6 drinks |
| <input type="checkbox"/> 16 to 18 drinks | <input type="checkbox"/> 3 to 4 drinks |
| <input type="checkbox"/> 12 to 15 drinks | <input type="checkbox"/> 2 drinks |
| <input type="checkbox"/> 9 to 11 drinks | <input type="checkbox"/> 1 drink |

130. During the last 30 days, how often did you have 4 or more drinks containing any kind of alcohol in within a two-hour period? Choose only one.

- | | |
|---|--|
| <input type="checkbox"/> Every day | <input type="checkbox"/> One day a week |
| <input type="checkbox"/> 5 to 6 days a week | <input type="checkbox"/> 2 to 3 days a month |
| <input type="checkbox"/> 3 to 4 days a week | <input type="checkbox"/> One day a month |
| <input type="checkbox"/> Two days a week | <input type="checkbox"/> Never |

131. Do you consider yourself in recovery from alcohol or drug use?

- Yes
 No

The following questions ask for your views about your health—how you feel and how well you are able to do your usual activities. There are no right or wrong answers; please choose the answer that best fits your life right now.

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

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- Excellent
- Very good
- Good
- Fair
- Poor

The following questions are about activities you might do during a typical day. **Does your health now limit you** in these activities? If so, how much?

133. **Moderate activities**, such as moving a table, pushing a vacuum cleaner, bowling or playing golf?

- Yes, limited a lot
- Yes, limited a little
- No, not limited at all

134. Climbing several flights of stairs

- Yes, limited a lot
- Yes, limited a little
- No, not limited at all

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During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health?**

135. Accomplished **less** than you would like.

- No, none of the time
- Yes, a little of the time
- Yes, some of the time
- Yes, most of the time
- Yes, all of the time

136. Were limited in the **kind** of work or other activities.

- No, none of the time
- Yes, a little of the time
- Yes, some of the time
- Yes, most of the time
- Yes, all of the time

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)?

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137. Accomplished less than you would like.

- No, none of the time
- Yes, a little of the time
- Yes, some of the time
- Yes, most of the time
- Yes, all of the time

138. Didn't do work or other activities as **carefully** as usual.

- No, none of the time
- Yes, a little of the time
- Yes, some of the time
- Yes, most of the time

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

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

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

140. How much of the time during the past 4 weeks have you felt calm and peaceful?

- 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

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How much of the time during the past 4 weeks did you have a lot of energy?

- 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

141. How much of the time during the past 4 weeks have you felt downhearted and blue?

- 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

142. 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.)?

- All of the time

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- Most of the time
- Some of the time
- A little of the time
- None of the time

143. Compared to one year ago, how would you rate your **physical health** in general now?

- Much better
- Slightly better
- About the same
- Slightly worse
- Much worse

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Compared to one year ago, how would you rate your emotional problems (such as feeling anxious, depressed or irritable) now?

- Much better
- Slightly better
- About the same
- Slightly worse
- Much worse

Section VI. Nutrition

We are now interested in understanding a little bit about your eating and drinking habits.

Please select one option for each of the following items:

	Never/ Rarely	Some - times	Often	Usually/ Always	N/A
144. I notice when there are subtle flavors in the foods I eat					
145. When eating a pleasant meal, I notice if makes me feel relaxed					
146. I snack without noticing that I am eating					
147. I appreciate the way my food looks on my plate					

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	Never/ Rarely	Some - times	Often	Usually/ Always	N/A
148. When I'm feeling stressed at work, I'll go find something to eat					
149. When I'm sad, I eat to feel better					
150. I notice when foods and drinks are too sweet					
151. Before I eat I take a moment to appreciate the colors and smells of my food					
152. I taste every bite of food that I eat					
153. I notice when the food I eat affects my emotional state					
154. I have trouble not eating ice cream, cookies, or chips if they're around the house					

The next section is about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks. Remember to include any sweetened beverages used as a mixer.

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155. During the past month, how many times per day, week or month did you drink 100% PURE fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice.

_____ Times per (circle one): Day Week Month Don't know

156. During the past month, not counting juice, how many times per day, week or month did you eat fruit? Count fresh, frozen or canned fruit.

_____ Times per (circle one): Day Week Month Don't know

157. During the past month, how many times per day, week or month did you eat cooked or canned beans, such as refried, black, garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do NOT include long green beans.

_____ Times per (circle one): Day Week Month Don't know

158. During the past month, how many times per day, week or month did you eat dark green vegetables, for example, broccoli or dark leafy greens including romaine, chard, collard greens or spinach?

_____ Times per (circle one): Day Week Month Don't know

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159. During the past month, how many times per day, week or month did you eat orange colored vegetables such as sweet potatoes, pumpkin, winter squash or carrots?

_____ Times per (circle one): Day Week Month Don't know

160. Not counting questions 159-161, during the past month, about how many times per day, week or month did you eat OTHER vegetables? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, lettuce, cabbage and white potatoes that are not fried such as baked or mashed potatoes.

_____ Times per (circle one): Day Week Month Don't know

161. How many servings of fruits and vegetables do you usually have per day? (1 serving = 1 medium piece of fruit; 1/2 cup fresh, frozen or canned fruits/vegetables; 3/4 cup fruit/vegetable juice; 1 cup salad greens; or 1/4 cup dried fruit)

- _____ 0 servings per day
- _____ 1-2 servings per day
- _____ 3-4 servings per day
- _____ 5 or more servings per day

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162. During the past month, how often did you drink regular soda or pop that contains sugar? Do not include diet soda.

_____ Times per (circle one): Day Week Month Don't know

163. During the past month, how often did you drink *diet* soda?

_____ Times per (circle one): Day Week Month Don't know

164. During the past month, how often did you drink sports or energy drinks such as Gatorade, Red Bull and Vitamin Water? Remember to include sports or energy drinks used as a mixer. Do not include diet or sugar-free kinds.

_____ Times per (circle one): Day Week Month Don't know

165. During the past month, how often did you drink sweetened fruit drinks such as Kool-aid, cranberry drink and lemonade? Include fruit drinks you made at home and added sugar to. Do not include 100% fruit juices and drinks with things like Splenda or Equal.

_____ Times per (circle one): Day Week Month Don't know

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166. During the past month, how often did you drink coffee or tea with sugar or honey added? Do not include drinks with things like Splenda or Equal. Include pre-sweetened tea and coffee drinks such as Arizona Iced Tea and Frappuccino.

_____ Times per (circle one): Day Week Month Don't know

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167. During the past month, how often did you drink **water** (including tap, bottled, and carbonated water)?

- Never or Less than 1 time per week (skip to question 171)
- 1 – 2 times per week
- 3 – 4 times per week
- 5 - 6 times per week
- 1 time per day
- 2 to 3 times per day
- 4 – 5 times per day
- 6 or more times per day

168. Each time you drank water, how much did you usually drink?

- Less than 6 fl oz (3/4 oz)
- 8 fl oz (1 cup)
- 12 fl oz (1-1/2 cups)
- 16 fl oz (2 cups)
- More than 20 fl oz (2-1/2 cups)

Section VII: Physical activity

Physical activities are activities where you move and increase your heart rate above its resting rate, whether you do them for pleasure, work, or transportation.

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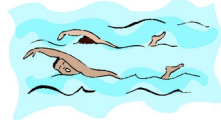



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The following questions ask about the amount and intensity of physical activity you usually do. The intensity of the activity is related to the amount of energy you use to do these activities.

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<p>Light activities Your heart beats slightly faster than normal You can talk and sing</p>	 Walking leisurely	 Stretching	 Vacuuming or light yard work	
<p>Moderate activities Your heart beats faster than normal You can talk but not sing</p>	 Fast walkin g	 Aerobics class	 Strength training	 Swimming gently
<p>Vigorous activities Your heart rate increases a lot You can't talk or your talking is broken up by large breaths</p>	 Stair machine	 Jogging or running	 Tennis, racquetball, pickleball or badminton	

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Vigorous physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Think *only* about those physical activities that you did for at least 10 minutes at a time.

169. During the **last 7 days**, on how many days did you do **vigorous** physical activities like heavy lifting, digging, aerobics, or fast bicycling?

- days per week
- No vigorous physical activities (skip to Question 173)

170. How much time did you usually spend doing vigorous physical activities on one of those days?

- hours per day
- minutes per day
- Don't know/Not sure

Moderate activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think *only* about those physical activities that you did for at least 10 minutes at a time.

171. During the **last 7 days**, on how many days did you do **moderate** physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking.

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- days per week
 No moderate physical activities (skip to question 175)

172. How much time did you usually spend doing moderate physical activities on one of those days?

- hours per day
 minutes per day
 Don't know/Not sure

Think about the time you spent **walking** in the **last 7 days**. This includes at work and at home, walking to travel from place to place, and any other walking that you might do solely for recreation, sport, exercise, or leisure.

173. During the **last 7 days**, on how many days did you **walk** for at least 10 minutes at a time?

- days per week
 None (skip to question 177)

174. How much time did you usually spend **walking** on one of those days?

- hours per day
 minutes per day
 Don't know/Not sure

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The last question is about the time you spent **sitting** on weekdays during the **last 7 days**. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

175. During the **last 7 days**, how much time did you spend **sitting** on a **week day**?

- hours per day
- minutes per day
- Don't know/Not sure

Thank you so much for your participation! Your input is critical to this study.

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