

[SURVEY PREVIEW MODE] Doing It For Ourselves (DIFO) Baseline Survey - Google Chrome

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Doing It For Ourselves (DIFO) Baseline 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.

7%

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Doing It For Ourselves (DIFO) Baseline Survey

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:** MM DD YYYY
Today's Date / /

***1. What is your date of birth?**
Date MM DD YYYY
 / /

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

- Yes
- No
- Don't Know/Not Sure

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

- Black or African American
- Asian
- White
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander

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

- Less than high school

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***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
- 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)?**

***8. What is your current employment status?**

- Working part-time
- Working full-time
- Unemployed, laid off, on strike
- Retired
- Disabled or unable to work

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

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

10. If Yes to Question 9, 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

- All or most of the time
- Some of the time
- None of the time
- I do not have a partner

 13%

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Doing It For Ourselves (DIFO) Baseline Survey

Section I - Demographic information


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)

 20%

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Doing It For Ourselves (DIFO) Baseline Survey

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



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Doing It For Ourselves (DIFO) Baseline Survey

Section II - Sexual and gender identity

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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Doing It For Ourselves (DIFO) Baseline Survey

Section II - Sexual and gender identity

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

Very Butch or Masculine (0)	1	2	3	4	Androgynous (5)	6	7	8	9	Very Femme or Feminine (10)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

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

*** 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. With extended family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. With coworkers, bosses, supervisors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. With health care providers (doctors, nurses, nutritionists, mental health professionals, personal trainers, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** 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.**

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***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.**

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.	<input type="text"/>
26. I can't stand lesbians who are too "butch". They make lesbians as a group look bad.	<input type="text"/>
27. Attending lesbian/gay/bisexual events and organizations is important to me.	<input type="text"/>
28. I hate myself for being attracted to other women.	<input type="text"/>
29. I believe female homosexuality is a sin.	<input type="text"/>
30. I am comfortable being an "out" lesbian/bisexual woman. I want others to know and see me as a lesbian/bisexual woman.	<input type="text"/>
31. I have respect and admiration for other lesbians/bisexual women	<input type="text"/>
32. I wouldn't mind if my boss knew that I was a lesbian/bisexual woman.	<input type="text"/>
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.	<input type="text"/>
34. I am proud to be a lesbian/bisexual woman.	<input type="text"/>
35. I am not worried about anyone finding out that I am a lesbian/bisexual woman.	<input type="text"/>
36. When interacting with members of the lesbian/gay/bisexual community, I often feel different and alone, like I don't fit in.	<input type="text"/>
37. I feel bad for acting on my lesbian desires.	<input type="text"/>
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.	<input type="text"/>
39. Having lesbian/bisexual friends is important to me.	<input type="text"/>
40. I am familiar with lesbian/gay/bisexual books and/or magazines.	<input type="text"/>
41. Being a part of the lesbian/gay/bisexual community is important to me.	<input type="text"/>
42. It is important for me to conceal the fact that I am a lesbian/bisexual from my family.	<input type="text"/>
43. I feel comfortable talking about homosexuality in public.	<input type="text"/>
44. I live in fear that someone will find out I am a lesbian/bisexual woman.	<input type="text"/>
45. If I could change my sexual orientation and become heterosexual, I would.	<input type="text"/>
46. I do not feel the need to be on guard, lie, or hide my lesbianism/ bisexuality to others.	<input type="text"/>

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46. I do not feel the need to be on guard, lie, or hide my lesbianism/ bisexuality to others.

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.

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).

 40%

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Doing It For Ourselves (DIFO) Baseline Survey

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
- 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

 47%

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Doing It For Ourselves (DIFO) Baseline Survey

Section III - Partner and social network status

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

- 1
- 2
- 3
- 4
- 5
- 6
- Don't know
- Do not have a partner

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

53%

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Doing It For Ourselves (DIFO) Baseline Survey

Section III - Partner and social network status

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

60%

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Doing It For Ourselves (DIFO) Baseline Survey

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
71. Been treated with less respect than others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
72. Received poorer services than others in restaurants or stores	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
73. Experienced people treating you as if you're not smart	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
74. Experienced people acting as if they were better than you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
75. Experienced people acting as if they were afraid of you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
76. Experienced people acting as if you were dishonest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
77. Been called names or insulted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

***How 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
79. My race/ethnicity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
80. My sex/gender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
81. My religion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
82. My weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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76. Experienced people acting as if you were dishonest


77. Been called names or insulted

***How do you think the following factors have led people to treat you differently in your lifetime?**

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	Very much	Somewhat	Not at all	Don't know
78. My sexuality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
79. My race/ethnicity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
80. My sex/gender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
81. My religion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
82. My weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
83. My social class standing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
84. My educational level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
85. Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you selected 'Other', please explain:

 67%

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Doing It For Ourselves (DIFO) Baseline Survey

Section V. Health

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

***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

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92. Drug dependence
 Yes No

93. Arthritis of any type.
 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

97. (if Yes, at what age were you diagnosed with diabetes)
age

98. Heart disease of any type
 Yes No

98. HIV/AIDS
 Yes No

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98. 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	Somewhat effective	Very effective
104. Ate less food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
105. Ate foods with lower calories	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
106. Ate less fat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
107. Exercised	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
108. Attended weight loss program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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*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	Somewhat effective	Very effective
104. Ate less food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
105. Ate foods with lower calories	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
106. Ate less fat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
107. Exercised	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
108. Attended weight loss program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
109. Drank extra water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
110. Followed a weight loss plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
111. Ate diet foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
112. Skipped meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
113. Liquid diets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
114. Used prescription drugs to enhance weight loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
115. Used herbal products to enhance weight loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
116. Used over-the-counter diet pills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
117. Used laxatives or vomiting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
118. Had weight loss surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*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 does your impairment substantially limit you?

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*** 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

*** In the past week,**

	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)
121. I felt depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
122. I felt lonely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
123. I had crying spells	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
124. I felt sad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** 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

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* 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
- No

73%

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Section V. Health

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
- I never drank any alcohol in my life

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

<input type="radio"/> 25 or more drinks	<input type="radio"/> 7 to 8 drinks
<input type="radio"/> 19 to 24 drinks	<input type="radio"/> 5 to 6 drinks
<input type="radio"/> 16 to 18 drinks	<input type="radio"/> 3 to 4 drinks
<input type="radio"/> 12 to 15 drinks	<input type="radio"/> 2 drinks
<input type="radio"/> 9 to 11 drinks	<input type="radio"/> 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="radio"/> Every day	<input type="radio"/> One day a week
<input type="radio"/> 5 to 6 days a week	<input type="radio"/> 2 to 3 days a month

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* 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.

Every day

5 to 6 days a week

3 to 4 days a week

Two days a week

One day a week

2 to 3 days a month

One day a month

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:

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

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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

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)?

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

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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 any emotional problems** (such as feeling depressed or anxious)?

* 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

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

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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

* 141. 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

* 142. 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

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* 143. 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
- Most of the time
- Some of the time
- A little of the time
- None of the time

* 144. 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

* 145. 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

80%

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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	Sometimes	Often	Usually/Always	N/A
146. I notice when there are subtle flavors in the foods I eat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
147. When eating a pleasant meal, I notice if makes me feel relaxed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
148. I snack without noticing that I am eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
149. I appreciate the way my food looks on my plate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
150. When I'm feeling stressed at work, I'll go find something to eat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
151. When I'm sad, I eat to feel better	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
152. I notice when foods and drinks are too sweet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
153. Before I eat I take a moment to appreciate the colors and smells of my food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
154. I taste every bite of food that I eat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
155. I notice when the food I eat affects my emotional state	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
156. I have trouble not eating ice cream, cookies, or chips if they're around the house	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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.

157. 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.

Number of times:

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157. 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.

Number of times:

...per...

Day

Week

Month

Don't know

158. 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.

Number of times:

159. 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.

Number of times:

160. 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?

Number of times:

161. 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?

Number of times:

162. 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.

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162. 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.

Number of times:

* 163. How many servings of fruits and vegetables do you usually have per day? (1 serving = 1 medium piece of fruit; ½ cup fresh, frozen or canned fruits/vegetables; ¾ cup fruit/vegetable juice; 1 cup salad greens; or ¼ cup dried fruit)

0 servings per day

1-2 servings per day

3-4 servings per day

5 or more servings per day

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

Number of times:

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

Number of times:

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

166. 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.

Number of times:

166. 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.

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166. 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.
Number of times:

167. 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.
Number of times:

168. 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.
Number of times:

169. During the past month, how often did you drink water (including tap, bottled, and carbonated water)?
Number of times:

*169. 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

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

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- 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

*170. 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)

87%

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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.




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.

<p>Light activities</p> <ul style="list-style-type: none"> Your heart beats slightly faster than normal You can talk and sing 	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>Walking leisurely</p> </div> <div style="text-align: center;">  <p>Stretching</p> </div> <div style="text-align: center;">  <p>Vacuuming or light yard work</p> </div> </div>
<p>Moderate activities</p> <ul style="list-style-type: none"> Your heart beats faster than normal You can talk but not sing 	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>Fast walking</p> </div> <div style="text-align: center;">  <p>Aerobics class</p> </div> <div style="text-align: center;">  <p>Strength training</p> </div> <div style="text-align: center;">  <p>Swimming gently</p> </div> </div>
<p>Vigorous activities</p> <ul style="list-style-type: none"> Your heart rate increases a lot You can't talk or your talking is broken up by large breaths 	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>Stair machine</p> </div> <div style="text-align: center;">  <p>Jogging or running</p> </div> <div style="text-align: center;">  <p>Tennis, racquetball, pickleball or badminton</p> </div> </div>

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

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increases and • You can't talk or your talking is broken up by large breaths	 Stair machine	 Jogging or running	 Tennis, racquetball, pickleball or badminton
---	--	---	---

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.

171. 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

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

hours per day

minutes per day

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.

173. 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.

days per week

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

hours per day

days per week

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.

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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.

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


days per week

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.

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

hours per day

minutes per day

 93%

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Thank You

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

If needed, please review responses before pressing submit.



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