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DEMOGRAPHICS/BACKGROUND

1. Are you of Hispanic or Latino origin?

- Yes
- No
- Don't Know

2. Which category most closely describes your race? (check all that apply)

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

3. What is your current employment status? (check all that apply)

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

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

- Less than high school
- High school or 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. What gender were you assigned at birth?

- Female
- Male
- Intersex

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

- Lesbian or gay (*skip to question 8*)

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- Straight, that is, not lesbian or gay (*skip to question 8*)
- Bisexual (*skip to question 8*)
- Something else
- I don't know the answer (*skip to question 8*)

7. 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

8. How "out" are you about your sexuality with your health care providers (doctors, nurses, nutritionists, mental health professionals, personal trainers, etc.)

- Out to all
- Out to some
- Out to a few
- Out to None
- N/A

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

- In a committed relationship with a women (for example, cohabiting, domestic partnership, legally married)
- In a committed relationship with a man (for example, cohabiting, domestic partnership, legally married)
- Single, but somewhat involved with a woman, man, or both (*skip to question 12*)
- Single, and not involved with anyone (*skip to question 12*)

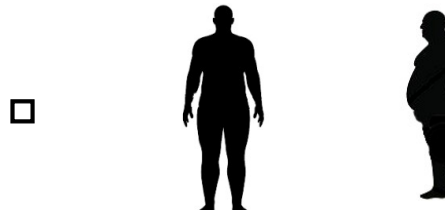
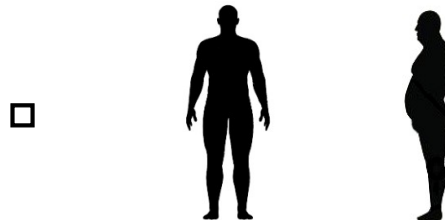
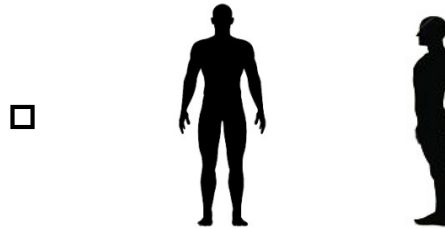
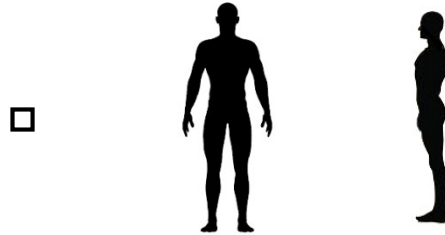
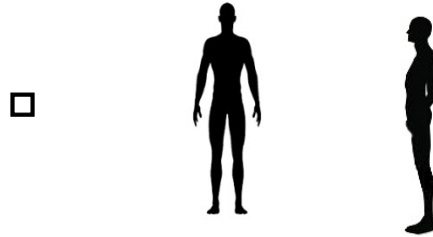
10. Do you currently live with your partner:

- I do not have a partner [*paper administration*]
- All or most of the time
- Some of the time
- None of the time

11. Select the picture group that best depicts the approximate outline of your partner:

In a relationship with a woman

In a relationship with a man



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SOCIAL NETWORK

For questions 12-14, include the people to whom you are related by birth, marriage, adoption, etc.

12. How many relatives do you see or hear from at least once a month?

- None
- One
- Two
- Three or four
- Five thru eight
- Nine or more

13. How many relatives do you feel at ease with that you can talk about private matters?

- None
- One
- Two
- Three or four
- Five thru eight
- Nine or more

14. How many relatives do you feel close to such that you could call on them for help?

- None
- One
- Two
- Three or four
- Five thru eight
- Nine or more

For questions 15-17, include all of your friends, including those who live in your neighborhood

15. How many of your friends do you see or hear from at least once a month?

- None
- One
- Two
- Three or four
- Five thru eight

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Nine or more

16. How many friends do you feel at ease with that you can talk about private matters?

- None
- One
- Two
- Three or four
- Five thru eight
- Nine or more

17. How many friends do you feel close to such that you could call on them for help?

- None
 - One
 - Two
 - Three or four
 - Five thru eight
 - Nine or more
-

GENERAL HEALTH

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

- Excellent
- Very good
- Good
- Fair
- Poor

19. 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?

- | | |
|--|--|
| a. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf? | <input type="checkbox"/> Yes, limited a lot
<input type="checkbox"/> Yes, limited a little
<input type="checkbox"/> No, not limited at all |
| <hr/> | |
| b. Climbing several flights of stairs? | <input type="checkbox"/> Yes, limited a lot
<input type="checkbox"/> Yes, limited a little
<input type="checkbox"/> No, not limited at all |

20. 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?

- | | |
|--|--|
| a. Accomplished less than you would like. | <input type="checkbox"/> No, none of the time
<input type="checkbox"/> Yes, a little of the time
<input type="checkbox"/> Yes, some of the time
<input type="checkbox"/> Yes, most of the time
<input type="checkbox"/> Yes, all of the time |
| <hr/> | |
| b. Were limited in the kind of work or other activities. | <input type="checkbox"/> No, none of the time
<input type="checkbox"/> Yes, a little of the time
<input type="checkbox"/> Yes, some of the time
<input type="checkbox"/> Yes, most of the time
<input type="checkbox"/> Yes, all of the time |

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21. 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)?

- a. 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
-
- b. 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
 - Yes, all of the time

22. 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

23. 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.

- a. 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
-
- b. 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
-
- c. 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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24. 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
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

25. Now, we'd like to ask you some questions about how your health may have changed.

- | | |
|---|---|
| a. Compared to one year ago, how would you rate your <u>physical health</u> in general now? | <input type="checkbox"/> Much better
<input type="checkbox"/> Slightly better
<input type="checkbox"/> About the same
<input type="checkbox"/> Slightly worse
<input type="checkbox"/> Much worse |
| <hr/> | |
| b. Compared to one year ago, how would you rate your <u>emotional problems</u> (such as feeling anxious, depressed or irritable) now? | <input type="checkbox"/> Much better
<input type="checkbox"/> Slightly better
<input type="checkbox"/> About the same
<input type="checkbox"/> Slightly worse
<input type="checkbox"/> Much worse |
-

NUTRITION AND CONSUMPTION

FRUITS AND VEGETABLES

The next section is about the foods you consumed during the past month (i.e., the past 30 days), including meals and snacks.

26. 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:
- Day
 - Week
 - Month
 - Never
 - Don’t know

27. 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. Include apples, bananas, applesauce, oranges, grape fruit, fruit salad, watermelon, cantaloupe or musk melon, papaya, lychees, star fruit, pomegranates, mangos, grapes, and berries such as blueberries and strawberries.

- _____ times per:
- Day
 - Week
 - Month
 - Never
 - Don’t know

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

- _____ times per:
- Day
 - Week
 - Month
 - Never
 - Don’t know

29. 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:
- Day
 - Week
 - Month
 - Never
 - Don’t know

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30. 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? *Winter squash have hard, thick skins and deep yellow to orange flesh. They include acorn, buttercup, and spaghetti squash.*

- _____ times per:
- Day
 - Week
 - Month
 - Never
 - Don't know

31. Not counting questions 29-33, 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, peas, lettuce, cabbage and white potatoes that are not fried such as baked or mashed potatoes.*

- _____ times per:
- Day
 - Week
 - Month
 - Never
 - Don't know

32. 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

BEVERAGES

The next section is about the beverages you drank during the past month (i.e., the past 30 days). Remember to include any sweetened beverages used as a mixer.

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

- _____ times per:
- Day
 - Week
 - Month
 - Never (*skip to question 35*)
 - Don't know (*skip to question 35*)

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34. Each time you drank soda or pop, how much did you usually drink?

- Less than 6 fl oz (3/4 cup)
- 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)

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

- _____ times per:
- Day
 - Week
 - Month
 - Never (*skip to question 37*)
 - Don't know (*skip to question 37*)

36. Each time you drank sports or energy drinks, how much did you usually drink?

- Less than 6 fl oz (3/4 cup)
- 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)

37. 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:
- Day
 - Week
 - Month
 - Never (*skip to question 39*)
 - Don't know (*skip to question 39*)

38. Each time you drank sweetened fruit drinks, how much did you usually drink?

- Less than 6 fl oz (3/4 cup)
 - 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)
-

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39. 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:
- Day
 - Week
 - Month³
 - Never (*skip to question 41*)
 - Don't know (*skip to question 41*)

40. Each time you drank sweetened tea or coffee, how much did you usually drink?

- Less than 6 fl oz (3/4 cup)
- 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)

41. In the past month, how often did you drink water (including tap, bottled, and carbonated water)?

- _____ times per:
- Day
 - Week
 - Month
 - Never (*skip to question 43*)
 - Don't know (*skip to question 43*)

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

- Less than 6 fl oz (3/4 cup)
- 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)

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For alcohol, a drink is equal to 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).

43. 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 (*done with survey*)
 - I never drank any alcohol in my life (*done with survey*)
-

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

- 25 or more drinks
 - 19 to 24 drinks
 - 16 to 18 drinks
 - 12 to 15 drinks
 - 9 to 11 drinks
 - 7 to 8 drinks
 - 5 to 6 drinks
 - 3 to 4 drinks
 - 2 drinks
 - 1 drink
-

45. 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
-

End of Questionnaire