

Baseline Survey

Stress Jackson Heart Study

We are interested in the amount of stress that you have experienced over **the past 12 months**. Please rate the stress in different parts of your life (in column 1) by **CIRCLING** the letter in the columns on the right that best represents your level of stress in the past 12 months.

Over the Past 12 months, how much stress did you experience:	Not Stressful	Mildly Stressful	Moderately Stressful	Very Stressful	Does Not Apply
1. In your job ? (This would include feeling overworked, hassled at work, job insecurity, etc.)	A	B	C	D	E
2. In your relationships with others? (This would include your marriage, friendships, dealing with relatives, etc.)	A	B	C	D	E
3. Related to living in your neighborhood ? (This would include crime, traffic, events affecting your personal safety, etc.)	A	B	C	D	E
4. Related to caring for others ? (This would include caring for an elderly parent or relative, caring for children, etc.)	A	B	C	D	E
5. Related to legal problems ? (This would include dealing with lawyers, judges, or other court officials, being accused or convicted of crime, etc.)	A	B	C	D	E
6. Related to medical problems ? (This would include personal health problems or illness in the family, availability of health care, etc.)	A	B	C	D	E
7. Related to racism and discrimination ? (This would include feeling mistreated or discriminated against at work, in a restaurant, at the grocery store, etc).	A	B	C	D	E
8. Related to meeting basic needs ? (This would include housing, buying food, paying bills, etc.)	A	B	C	D	E

The Lesbian Internalized Homophobia Scale

Circle your degree of agreement with the following statements from

1 = strongly disagree to 7 = strongly agree.

When reading the following, you can substitute “queer women” for lesbians or bisexual women.

	1 Strongly Disagree	2	3	4 Neutral	5	6	7 Strongly Agree
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; and the places, people and events I talk about.	1	2	3	4	5	6	7
I am comfortable being an “out” lesbian or bisexual woman. I want others to know and see me as a lesbian or bisexual woman.	1	2	3	4	5	6	7
I wouldn't mind if my boss knew that I was a lesbian/bisexual woman.	1	2	3	4	5	6	7
It is important for me to conceal the fact that I am a lesbian/bisexual woman.	1	2	3	4	5	6	7
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.	1	2	3	4	5	6	7
I am not worried about anyone finding out that I am a lesbian/bisexual woman.	1	2	3	4	5	6	7
I live in fear that someone will find out that I am a lesbian/bisexual woman.	1	2	3	4	5	6	7
I feel comfortable talking about homosexuality in public.	1	2	3	4	5	6	7
I do not feel the need to be on guard, lie, or hide my lesbianism/bisexuality to others.	1	2	3	4	5	6	7
If my peers knew of my lesbianism/bisexuality, I am afraid that many would not want to be friends with me.	1	2	3	4	5	6	7

	1 Strongly Disagree	2	3	4 Neutral	5	6	7 Strongly Agree
I could <i>not</i> confront a straight friend or acquaintance if she or he made a homophobic or heterosexist statement to me.	1	2	3	4	5	6	7
I feel comfortable discussing my lesbianism/bisexuality with my family.	1	2	3	4	5	6	7
I don't like to be seen in public with queer women who look "too butch" or are "too out" because others will then think I am a lesbian.	1	2	3	4	5	6	7
I act as if my female lovers are merely friends.	1	2	3	4	5	6	7
When speaking of my female lover/partner to a straight person, I often use neutral pronouns so the sex of the person is vague.	1	2	3	4	5	6	7
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.	1	2	3	4	5	6	7
I hate myself for being attracted to other women.	1	2	3	4	5	6	7
I am proud to be a lesbian/bisexual woman.	1	2	3	4	5	6	7
I feel bad for acting on my lesbian desires.	1	2	3	4	5	6	7
As a lesbian/bisexual woman, I am loveable and deserving of respect.	1	2	3	4	5	6	7
I feel comfortable being a lesbian/bisexual woman.	1	2	3	4	5	6	7
If I could change my sexual orientation and become heterosexual, I would.	1	2	3	4	5	6	7
I don't feel disappointed in myself for being a lesbian/bisexual woman.	1	2	3	4	5	6	7
Being a lesbian/bisexual woman makes my future look bleak and hopeless.	1	2	3	4	5	6	7

	1 Strongly Disagree	2	3	4 Neutral	5	6	7 Strongly Agree
Just as in other species, female homosexuality is a natural expression of sexuality in human women.	1	2	3	4	5	6	7
Female homosexuality is a sin.	1	2	3	4	5	6	7
Female homosexuality is an acceptable lifestyle.	1	2	3	4	5	6	7
Children should be taught that being gay is a normal and healthy way for people to be.	1	2	3	4	5	6	7
Lesbian couples should be allowed to adopt children the same as heterosexual couples.	1	2	3	4	5	6	7
Growing up in a lesbian family is detrimental for children.	1	2	3	4	5	6	7
Lesbian lifestyles are viable and legitimate choices for women.	1	2	3	4	5	6	7
I feel comfortable with the diversity of women who make up the lesbian/bisexual community.	1	2	3	4	5	6	7
If some lesbian/bisexual women would change and be more acceptable to the larger society, lesbians and bisexual women as a group would not have to deal with so much negativity and discrimination.	1	2	3	4	5	6	7
I wish some lesbians wouldn't "flaunt" their lesbianism. They only do it for shock value and it doesn't accomplish anything positive.	1	2	3	4	5	6	7
Lesbians are too aggressive.	1	2	3	4	5	6	7
My feelings toward other lesbian/bisexual women are often negative.	1	2	3	4	5	6	7
I frequently make negative comments about other lesbian/bisexual women.	1	2	3	4	5	6	7
I have respect and admiration for other lesbian/bisexual women.	1	2	3	4	5	6	7

	1 Strongly Disagree	2	3	4 Neutral	5	6	7 Strongly Agree
I can't stand lesbian/bisexual women who are too "butch." They make queer women as a group look bad.	1	2	3	4	5	6	7

Lubben Social network Scale*

1. How many family members do you see or hear from at least once a month?
None
1
2
3-4
5-8
Nine or more

2. How many family members do you feel at ease with that you can talk about private matters?
None
1
2
3-4
5-8
Nine or more

3. How many family members do you feel close to such that you could call on them for help?
None
1
2
3-4
5-8
Nine or more

4. How many of your friends do you see or hear from at least once a month?
None
1
2
3-4
5-8
Nine or more

5. How many friends do you feel at ease with that you can talk about private matters?
None
1

Baseline

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- 2
- 3-4
- 5-8
- Nine or more

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

- None
- 1
- 2
- 3-4
- 5-8
- Nine or more

Perceived Stress Scale

The following questions ask you about your feelings and thoughts DURING THE LAST MONTH. In each case, check the box indicating *how often* you felt or thought that way.

	Very often	Fairly often	Some times	Almost never	Never
In the last month, how often have you been upset because of something that happened unexpectedly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you felt that you were unable to control the important things in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you felt nervous and "stressed?"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you felt confident about your ability to handle your personal problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you felt that things were going your way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you found that you could NOT cope with all things that you had to do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you been able to control irritations in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you felt that you were on top of things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you been angered because of things that were outside of your control?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Connor-Davidson Resiliency Scale (CD-RISC)*

Please indicate how much you agree with the following statements as they apply to you over the last month. If a particular situation has not occurred recently, answer according to how you think you would have felt.

	Not true at all	Rarely true	Sometimes true	Often true	True nearly all the time
I am able to adapt when changes occur	1	2	3	4	5
I can deal with whatever comes my way	1	2	3	4	5
I try to see the humorous side of things when I am faced with problems	1	2	3	4	5
Having to cope with stress can make me stronger	1	2	3	4	5
I tend to bounce back after illness, injury, or other hardships	1	2	3	4	5
I believe I can achieve my goals, even if there are obstacles	1	2	3	4	5
Under pressure, I stay focused and think clearly	1	2	3	4	5
I am not easily discouraged by failure	1	2	3	4	5
I can usually find something to laugh about	1	2	3	4	5
I think of myself as a strong person when dealing with life's challenges and difficulties	1	2	3	4	5
I am able to handle unpleasant or painful feelings like sadness, fear and anger	1	2	3	4	5

Discrimination Questionnaire

The next set of questions has to do with things that may have happened to you and the way you have been treated over your lifetime. We know from other research that experiences of unfair treatment related to race, age, gender, culture, religion, physical appearance, sexual orientation, etc., are common and very important to consider in understanding people’s health. These questions will give a picture of the various kinds of experiences of people in this study. There are no right or wrong answers; only your experiences. Please remember that any information you provide is strictly confidential and will never be identified with you as an individual. Let’s start with experiences you may have had **on a day-to-day basis.**”

1. To the right of each statement put an X in the column that most closely matches how often this has occurred.

How often do you have the following experiences?	Several times a day [1]	Almost every day [2]	At least once a week [3]	A few times a month [4]	A few times a year [5]	Very rarely [6]	Never [0]	Don't Know [9]
1a. You are treated with less respect or courtesy than other people								
1b. You receive poorer service than others at restaurants								
1c. People act as if they think you are not smart								
1d. People act as if they are afraid of you								
1e. People act as if they think you are dishonest								
1f. People act as if they think you are not as good as they are								
1g. You are called names, insulted, threatened or harassed								

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If all responses in Item 1 are "NEVER," then go to Question 3

2. Thinking over these experiences, what do you think is the main reason for this treatment?

- Your age
- Your gender
- Your race
- Your cultural or ethnic background
- Your height, weight or physical appearance
- Your religion
- Your sexual orientation
- Some other reason for discrimination
- Don't know

3. The next questions are about what has happened over your lifetime because of issues such as your race, ethnicity, gender, age, religion, physical appearance, sexual orientation, or other characteristics.

	YES	NO	Don't know
3a. Have you ever felt unfairly treated at school or during training? (For example, you were discouraged by a teacher or advisor from seeking higher education, were denied a scholarship, etc.)			
3b. Have you ever felt unfairly treated in getting a job? (For example, you were not hired or you were told you could not apply.)			
3c. Have you ever felt unfairly treated at work?			
3d. Have you ever felt unfairly treated in getting housing or finding a place to live? (For example, you were prevented from renting or buying a home in the neighborhood you wanted or you were prevented from remaining in a neighborhood because neighbors made life so uncomfortable.)			
3e. Have you ever felt unfairly treated in getting resources or money? (For example, you were denied a bank loan, a credit card or some other form of credit.)			

3f. Have you ever felt unfairly treated in getting medical care? (For example, you were denied or provided inferior medical care, you were made to wait long periods of time before getting care or you could not get care from a medical specialist such as a heart doctor.)			
3g. Have you ever felt unfairly treated on the street or in a public place? (For example, you were hassled by the police, were the target of public ridicule, etc.)			
3h. Have you ever felt unfairly treated in getting services? (For example, you were denied or provided inferior service by a plumber, in a restaurant, the grocery store, or by some other service provider.)			

If all responses in Question 3 are "NO," then you are done with this questionnaire

4. Thinking about the most recent of the above experiences over your lifetime, what was the main reason for the discrimination you experienced?

- Your age
- Your gender
- Your race
- Your cultural or ethnic background
- Your height, weight or physical appearance
- Your religion
- Your sexual orientation
- Some other reason for discrimination
- Don't know

5. Thinking back over these types of experiences, compared with when you were younger, are the experiences more frequent, less frequent, or about the same?

- More frequent
- Less frequent
- About the same]
- Don't know

6. When you have had experiences like the above over your lifetime, would you say they have been very stressful, moderately stressful, or not stressful?

- Very stressful

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- Moderately stressful
- Not stressful
- Don't know

7. Overall, how much harder has your life been because of discrimination; would you say a lot, some, a little, or not at all?

- A lot
- Some
- A little
- Not at all
- Don't know

Multidimensional Body-Self Relations Questionnaire







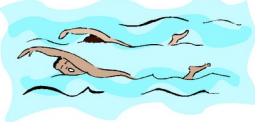



You are asked to indicate the extent to which each statement **pertains to you personally**. Read each statement carefully and decide how much it pertains to you personally. Using the scale below, indicate your answer by entering it to the left of the number of the statement.

- 1=Definitely disagree
2=Mostly disagree
3=Neither agree or disagree
4=Mostly agree
5=Definitely agree

- ____ **1. Before going out in public, I always notice how I look**
- ____ **2. I am careful to buy clothes that will make me look my best**
- ____ **3. My body is sexually appealing**
- ____ **4. I like my looks just the way they are**
- ____ **5. I check my appearance in a mirror whenever I can**
- ____ **6. Before going out, I usually spend a lot of time getting ready**
- ____ **7. Most people would consider me good-looking**

- _____ 8. It is important that I always look good
- _____ 9. I use very few grooming products
- _____ 10. I like the way I look without my clothes
- _____ 11. I am self-conscious if my grooming isn't right
- _____ 12. I usually wear whatever is handy without caring how it looks
- _____ 13. I like the way my clothes fit me
- _____ 14. I don't care what people think about my appearance
- _____ 15. I take special care with my hair grooming
- _____ 16. I dislike my physique
- _____ 17. I am physically unattractive
- _____ 18. I never think about my appearance
- _____ 19. I am always trying to improve my physical appearance

International Physical Activity Questionnaire (IPAQ) - Short*

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

We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. The questions will ask you about the time you spent being physically active in the **last 7 days**. Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise or sport.

Think about all the **vigorous** activities that you did in the **last 7 days**. **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.

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1. 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 3**

2. 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

Think about all the **moderate** activities that you did in the **last 7 days**. **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.

3. 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**

No moderate physical activities → **Skip to question 5**

4. 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.

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

_____ **days per week**

No walking → *Skip to question 7*

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

_____ **hours per day**

_____ **minutes per day**

Don't know/Not sure

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.

7. 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

Stage of Exercise

<p>For each statement, please put a check (✓) in one of the boxes to the right that best matches what you have done or think you will do.</p>	<p>YES</p>	<p>NO</p>
<p>1. I currently exercise regularly and have done so for longer than 6 months</p>		
<p>2. I currently exercise regularly but I have only begun doing so within the last 6 months</p>		
<p>3. I currently exercise some, but not regularly</p>		
<p>4. I currently do not exercise, but I am thinking about starting to exercise in the next 6 months</p>		
<p>5. I currently do not exercise and I do not intend to start exercising in the next 6 months</p>		

Exercise Self-Efficacy

Whether you exercise or not, please rate how confident you are that you could really motivate yourself to do things like these consistently, for at least six months.

How sure are you that you can do these things?	I know I cannot		Maybe I can		I know I can
1. Get up early, even on weekends, to exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Stick to your exercise program after a long, tiring day at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Exercise even though you are feeling depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Set aside time for a physical activity program; that is, walking, jogging, swimming, biking, or other continuous activities for at least 30 minutes, 5 times a week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Continue to exercise with others even though they seem too fast or slow for you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Stick to your exercise program when undergoing a stressful life change (e.g., death of the family, moving)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Attend a party only after exercising	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Stick to your exercise program when your family/friends are demanding more time from you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Stick to your exercise program when you have household chores to attend to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Stick to your exercise program when you have excessive demands at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Stick to your exercise program when social obligations are very time consuming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Read or study less in order to exercise more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Barriers to Exercise Scale

The following items reflect situations that are listed as common reasons for preventing individuals from participating in exercise sessions or, in some cases, dropping out. Using the scales below please indicate how confident you are that you could exercise in the event that any of the following circumstances were to occur.

Please indicate the degree to which you are confident that you could exercise in the event that any of the following circumstances were to occur by circling the appropriate %. To the right of each statement, put an ‘X’ in the column with the response that most closely matches your own, remembering that there are no right or wrong answers.

I believe I could exercise 5 times per week (at least 150 minutes of moderate physical activity) for the next 3 months if:

Statement	Not at all confident 0%	10%	20%	30%	40%	Moderately confident 50%	60%	70%	80%	90%	Highly confident 100%
The weather was very bad (hot, humid, rainy, cold).											
I was bored by the program or activity.											
I was on vacation.											
I was not interested in the activity.											
I felt pain or discomfort when exercising.											
I had to exercise alone.											
It was not fun or enjoyable.											
It became difficult to get to the exercise location.											
I don't like the particular activity program that I was involved in.											
My schedule conflicted with my exercise session.											
I felt self-conscious about my appearance when I exercised.											
An instructor does not offer me any encouragement.											
I was under personal stress of some kind.											

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Motive for Physical Activities Questionnaire

The following is a list of reasons why people engage in physical activities, sports and exercise. Keeping in mind your primary physical activity or sport, respond to each question (using the scale given) on the basis of how true that response is for you.

1-7 scale; 1= not at all true for me, 7= very true for me

- 1. I do not engage in any physical activities, sports or exercise (skip to the next section)
- 2. Because I want to be physically fit.
- 3. Because it's fun.
- 4. Because I like engaging in activities which physically challenge me.
- 5. Because I want to obtain new skills.
- 6. Because I want to look or maintain weight so I look better.
- 7. Because I want to be with my friends.
- 8. Because I like to do this activity.
- 9. Because I want to improve existing skills.
- 10. Because I like the challenge.
- 11. Because I want to define my muscles so I look better.
- 12. Because it makes me happy.
- 13. Because I want to keep up my current skill level.
- 14. Because I want to have more energy
- 15. Because I like activities which are physically challenging.
- 16. Because I like to be with others who are interested in this activity.
- 17. Because I want to improve my cardiovascular fitness.
- 18. Because I want to improve my appearance.
- 19. Because I think it's interesting.
- 20. Because I want to maintain my physical strength to live a healthy life.
- 21. Because I want to be attractive to others.
- 22. Because I want to meet new people.
- 23. Because I enjoy this activity.

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- ___ 24. Because I want to maintain my physical health and well-being.
- ___ 25. Because I want to improve my body shape.
- ___ 26. Because I want to get better at my activity.
- ___ 27. Because I find this activity stimulating.
- ___ 28. Because I will feel physically unattractive if I don't.
- ___ 29. Because my friends want me to.
- ___ 30. Because I like the excitement of participation.
- ___ 31. Because I enjoy spending time with others doing this activity.

Veterans RAND 36 Item Health Survey (VR-36)*

Instructions: This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities.

Please answer every question by filling in one circle on each line. If you are unsure about how to answer a question, please give the best answer you can.

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

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
EXCELLENT	VERY GOOD	GOOD	FAIR	POOR

2. 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?

	YES, LIMITED A LOT	YES, LIMITED A LITTLE	NO, NOT LIMITED AT ALL
a. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Lifting or carrying groceries?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Climbing several flights of stairs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Climbing one flight of stairs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Bending, kneeling, or stooping?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Walking for than a mile?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Walking several blocks?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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i. Walking one block?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Bathing or dressing yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. 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?

	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
a. Cut down the amount of time you spent on work or other activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Accomplished less than you would like.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Were limited in the kind of work or other activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Had difficulty performing the work or other activities (for example, it took extra effort).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	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
a. Cut down the amount of time you spent on work or other activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Accomplished less than you would like.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Were limited in the kind of work or other activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

<input type="radio"/> NOT AT ALL	<input type="radio"/> SLIGHTLY	<input type="radio"/> MODERATELY	<input type="radio"/> QUITE A BIT	<input type="radio"/> EXTREMELY
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6. How much bodily pain have you had during the past 4 weeks?

<input type="radio"/> NONE	<input type="radio"/> VERY MILD	<input type="radio"/> MILD	<input type="radio"/> MODERATE	<input type="radio"/> SEVERE	<input type="radio"/> VERY SEVERE
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7. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and house work)?

<input type="radio"/> NOT AT ALL	<input type="radio"/> A LITTLE BIT	<input type="radio"/> MODERATELY	<input type="radio"/> QUITE A BIT	<input type="radio"/> EXTREMELY
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Baseline

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8. 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. How much of the time during the past 4 weeks:

	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
a. Do you feel full of pep?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Have you been a very nervous person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Have you felt so down in the dumps that nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Have you felt calm and peaceful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Did you have a lot of energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Have you felt downhearted and blue?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Did you feel worn out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Have you been a happy person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Did you feel tired?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. 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.)?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ALL OF THE TIME	MOST OF THE TIME	SOME OF THE TIME	A LITTLE OF THE TIME	NONE OF THE TIME

10. Please choose the answer that best describes how true or false each of the following statements is for you.

	DEFINITELY TRUE	MOSTLY TRUE	NOT SURE	MOSTLY FALSE	DEFINITELY FALSE
a. I seem to get sick a lot easier.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I am as healthy as anybody I know.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I expect my health to get worse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. My health is excellent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

<input type="radio"/> MUCH BETTER	<input type="radio"/> SOMEWHAT BETTER	<input type="radio"/> ABOUT THE SAME	<input type="radio"/> SOMEWHAT WORSE	<input type="radio"/> MUCH WORSE
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12. Compared to one year ago, how would you rate your emotional problems (such as feeling anxious, depressed or irritable) now?

<input type="radio"/> MUCH BETTER	<input type="radio"/> SOMEWHAT BETTER	<input type="radio"/> ABOUT THE SAME	<input type="radio"/> SOMEWHAT WORSE	<input type="radio"/> MUCH WORSE
---	---	--	--	--

NHANES Weight History

These next questions ask about your height and weight at different times in your life.

1. How tall are you without shoes?

_____ _____
feet Inches

2. How much do you weigh without clothes or shoes?

[If you are currently pregnant, how much did you weigh **before** your pregnancy?]

pounds

3. Do you consider yourself now to be... (Check one)

- Overweight.
- Underweight
- About the right weight

4. Would you like to weigh... (Check one)

- More.
- Less
- Stay about the same

5. How much would you like to weigh?

pounds

6. How much did you weigh **a year ago**?

[If you were pregnant a year ago, how much did you weigh **before** your pregnancy?]

pounds

6a. If you lost 10 pounds in the past year, was the decrease between your **current** weight and your weight **a year ago because you tried to lose weight?**

- No (go to Q8)
- Yes (go to Q7)
- Don't Know (go to Q8)

6b. If you did not lose 10 pounds in the past year, during the **past 12 months**, did you try to lose weight or not gain weight?

- No (go to Q8)
- Yes (go to Q7)
- Don't Know (go to Q8)

7. How did you try to lose weight? **(check all that apply)**

- Ate less food (amount)
- Switched to foods with lower calories
- Ate less fat
- Ate fewer carbohydrates
- Exercised
- Skipped meals
- Ate "Diet" foods or products
- Used a liquid diet formula such as Slimfast or Optifast
- Joined a weight loss program, such as weight watchers, Jenny Craig, Overeaters Anonymous, or Tops
- Followed a special diet such as Dr. Atkins, South Beach, other high protein or low carbohydrate diet, cabbage soup diet, ornish, nutrisystem, body-for-life
- Took diet pills prescribed by a doctor
- Took other pills, medicine, herbs, or supplements not needing a prescription
- Started to smoke or began to smoke again
- Took laxatives or vomited
- Drank a lot of water
- Ate more fruits, vegetables, salads
- Ate less sugar, candy, sweets
- Changed eating habits (didn't eat late at night, ate several small meals a day)
- Ate less junk food or fast food
- Joined online weight loss program such as My Fitness Pal, Spark People
- Other, please specify

8. In the **past 12 months**, did you seek help from a personal trainer, dietitian, nutritionist, doctor or other health professional to lose weight?

- No (go to Q9)
- Yes (go to Q8a)
- Don't Know (go to Q9)

8a Was that a ...**(Check all that apply)**

- personal trainer
- dietitian
- nutritionist
- doctor
- other health professional
- don't know

9. Have you **ever** tried to lose weight?

- No (go to Q10)
- Yes (go to Q9a)
- Don't Know (go to Q10)

9a. How much weight did you lose in your most successful attempt **ever** to lose weight? This question refers only to deliberate attempts to lose weight; it does **not** refer to weight loss because of illness, side effects of medication, stress, or other unintended causes.

Pounds

10. How much did you weigh **10 years ago**. If you don't know your exact weight, please make your best guess.] [If you pregnant, how much did you weigh before your pregnancy?

Pounds

11. How much did you weigh at **age 25**? [If you don't know your exact weight, please make your best guess.] [If you pregnant, how much did you weigh before your pregnancy?

Pounds

12. How tall were you at **age 25**? [If you don't know your exact height, please make your best guess.]

_____ feet _____ Inches

13. What is the most you **ever** weighed? [Do not include any times when you were pregnant.]

Pounds

14. How old were you then? [If you don't know your exact age, please make your best guess.]

_____ years old

Eating Out and Food/Drink Consumption Questions

Next, we have some questions about your eating habits and about meals. Meals means **breakfast, lunch and dinner.**

1. In general, how healthy is your overall diet? Would you say

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't Know

2. During the **past 7 days**, how many meals did you get that were **prepared away from home** in places such as restaurants, fast food places, food stands, grocery stores, or from vending machines?

Number of meals

3. How many of those meals did you get from a fast-food or pizza place?

Number of meals

Some grocery stores sell "ready to eat" foods such as salads, soups, chicken, sandwiches and cooked vegetables in their salad bars and deli counters.

4. During the **past 30 days**, how often did you eat "**ready to eat**" foods from the grocery store? [Please do not include sliced meat or cheese you buy for sandwiches and frozen or canned foods.]

Circle the unit

_____ per day **or** per week **or** per month
Number of times

5. During the **past 30 days**, how often did you eat **frozen meals or frozen pizzas**?

Circle the unit

_____ per day **or** per week **or** per month

6. ***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 never don't know

Baseline

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7. ***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 never don't know

8. ***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 never don't know

9. ***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 never don't know

10. ***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 never don't know

11. ***Not counting questions 9 & 10, 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 never don't know

12. ***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

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

_____Times per (circle one) day week month don't know

14. ***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 (circle one) day week month don't know

15. *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

16. *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

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

_____Times per (circle one) day week month don't know

18. * 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)

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).

19. *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 alcohol Q)

I never drank any alcohol in my life (done with alcohol Q)

20. *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

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- 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

21. *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

Eating Patterns

Eating Patterns

Do you eat a special diet (e.g., vegan, macrobiotic, low carb)? Yes No

If yes, please explain

Do you usually follow a similar eating pattern throughout the week?

(Example: you eat about the same time every day, you usually have meat with dinner and cereal for breakfast, you eat out at restaurants or drink more on the weekends)

What beverages do you frequently consume (please list all beverages, water, coffee, soda, sport drinks, alcohol etc.)?

How many times per week do you eat out or bring food home from a restaurant?

-Breakfast?

-Lunch?

-Supper?

Baseline

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-Where from?

What foods do you like the most?

What foods do you dislike the most?

How many servings of vegetables do you have per day?

How many servings of fruit do you have per day?

How many times per day do you eat (meals and snacks)?

1 2 3 4 5 6 7

More(please explain)?

Are you pleased with your current eating habits? Yes No

If no, please explain

Typical things I believe I should be eating or drinking are:

Do you have any food aversions, food intolerances, or allergies? Yes No

If yes, what?

Do you avoid any foods? Yes No

If yes, why?

Do you crave any foods? Yes No

If yes, what?

Check any problems that may be indicators of increased nutritional risk:

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Baseline

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Diarrhea

Dental Problems

Constipation

Chewing/swallowing problems

Nausea/vomiting

Other

How is your appetite? good

fair poor

When are you most hungry?

What is your largest meal?

Who usually prepares your food?

Do you cook? Yes No

If yes, how often?

Does anyone else in your family cook for you?

Who usually does the grocery shopping?

Where do they/you shop?

Is it difficult to obtain the kinds of foods you prefer eating? Yes No

If yes, please explain

How many times a week do you eat foods that were prepared outside your home?

(Example: fast food restaurant, cafeteria at work, etc.)

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Exp. Date XX/XX/20XX

What are the most frequented establishments you eat outside the home?

(Example: Taco Bell, St. Louis Bread Company)

Baseline

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Food Log

How to Keep a Food Journal

Your food journal will help recognize why you eat the foods you do. And, it will provide a means to analyze the nutrient content of your diet.

Here’s how. In a small notebook, on index cards or anything that is easy to carry with you, write down everything you eat, as you eat it. (Don’t rely on memory.) Or, make several copies of our journal sheet, which follows. Keep the journal for ten days, preferably two weekends and seven weekdays.

Record each day:

The day of the week

The food

The amount or size (be specific) of the food*

The time and place you ate it

How you felt physically

Personal observations

At the end of the day, review your diary and write down your reactions to it at the bottom or back of the sheet. For example, was this a typical day? Worse than normal? Did you feel that you ate less because you were recording what you ate? What circumstances contributed to how much or little or the kinds of food you ate?

For example:

FOOD	AMOUNT	TIME/PLACE	SENSORY	EMOTIONAL
Frosted Flakes with 2% milk	2 fists	6:45 am; kitchen counter	Not very hungry; tired	Rushed; overslept
M&Ms	Fistful	10:15 am; my office	Starving	Didn’t really “need” to eat them but they were tempting sitting in the bowl

* You don’t have to measure. You can use relative sizes such as “2 palm-sized slices” or a scoop “the size of a fist”.

Day of the week: _____

Date: _____

FOOD	AMOUNT	TIME/PLACE	SENSORY	EMOTIONAL
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Baseline

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