

12-Month Follow-Up Assessment 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

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

Center for Epidemiologic Studies Depression (CES-D) Scale

Below is a list of the ways you might have felt or behaved. Mark how often you have felt this way during the past week.

In the past week:	Rarely or none of the time (less than 1 day)	Some of a little of the time (1-2 days)	Occasionally or a moderate amount of time (3-4 days)	Most or all of the time (5-7 days)
I felt depressed				
I felt lonely				
I had crying spells				
I felt sad				

Social Support for Diet and Exercise Behaviors

The following questions refer to social support for your eating habits and physical activity.

Below is a list of things people might do or say to someone who is trying to improve their eating habits. We are interested in high fat and high salt (or high sodium) foods. If you are not trying to make any of these dietary changes, then some of the questions may not apply to you. Please read and give an answer to every question.

Please rate each question *twice*. Under family, check the box that describes how often any living in your household has said or done what is described DURING THE LAST MONTH. Under friends, check the box that describes how often your friends, acquaintances, or coworkers have said or done what is described DURING THE LAST MONTH.

During the last month, my <u>family</u> (or members of my household) OR <u>friends</u>	None	Rarely	A few Times	Often	Very Often	Does Not Apply
1. Encouraged me not to eat “unhealthy foods” (cake, salted chips) when I’m tempted to do so						
Family						
Friends						
2. Discussed my eating habit changes with me (asked me how I’m doing with my eating changes)						
Family						
Friends						
3. Reminded me not to eat high fat, high salt foods						
Family						
Friends						
4. Complimented me on changing my eating habits (“Keep it up,” “We are proud of you”)						
Family						
Friends						
5. Commented if I went back to my old eating habits						
Family						
Friends						
6. Ate high fat or high salt foods in front of me						
Family						
Friends						
7. Refused to eat the same foods I eat						
Family						
Friends						
8. Brought home foods I’m trying not to eat						
Family						
Friends						
9. Got angry when I encouraged them to eat low salt, low fat foods						
Family						

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	Friends						
10. Offered me food I'm trying not to eat							
	Family						
	Friends						

Below is a list of things people might do or say to someone who is trying to improve their physical activity level. If you are not trying to make any physical activity changes, then some of the questions may not apply to you. Please read and give an answer to every question.







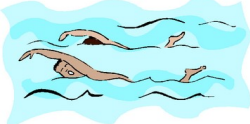



Please rate each question *twice*. Under family, check the box that describes how often any living in your household has said or done what is described DURING THE LAST MONTH. Under friends, check the box that describes how often your friends, acquaintances, or coworkers have said or done what is described DURING THE LAST MONTH.

During the last month, my <u>family</u> (or members of my household) OR <u>friends</u>	None	Rarely	A few Times	Often	Very Often	Does Not Apply
11. Did physical activities with me						
	Family					
	Friends					
12. Offered to do physical activities with me						
	Family					
	Friends					
13. Gave me helpful reminders to be physically active (i.e., "Are you going to do your activity tonight?")						
	Family					
	Friends					
14. Gave me encouragement to stick with my activity program						
	Family					
	Friends					
15. Changed their schedule so we could do physical activity together						
	Family					
	Friends					
16. Discussed physical activity with me						
	Family					
	Friends					
17. Complained about the time I spent doing physical activity						
	Family					
	Friends					
18. Criticized me or made fun of me doing physical activity						
	Family					
	Friends					
19. Gave me rewards for being physically active such as bought or game me something I liked						

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	Family						
	Friends						
20. Planned for physical activities on recreational outings							
	Family						
	Friends						
21. Helped plan events around my physical activities							
	Family						
	Friends						
22. Asked me for ideas on how they can be more physically active							
	Family						
	Friends						
23. Talked about how much they like to do physical activity							
	Family						
	Friends						

International Physical Activity Questionnaire (IPAQ) - Short*

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

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

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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.

- 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

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.

- ___ 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"/>

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h. Walking several blocks?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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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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"/> ALL OF THE TIME	<input type="radio"/> MOST OF THE TIME	<input type="radio"/> SOME OF THE TIME	<input type="radio"/> A LITTLE OF THE TIME	<input type="radio"/> NONE OF THE TIME
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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
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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

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

- 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