

Mindfulness Study Baseline Evaluation Questionnaire (WHAM) Women's Health and Mindfulness Program

To be completed by the interviewer.

- 1.1 PARTICIPANT ID: _____
- 1.2 INTERVIEWER ID: _____
- 1.3 DATE OF INTERVIEW: _____ / _____ / 20____ (MM/DD/YY)
- 1.4 INTERVIEW BEGIN TIME: _____ : _____ AM / PM
- 1.5 INTERVIEW END TIME: _____ : _____ AM / PM
- 1.6 STUDY VISIT NUMBER (CIRCLE ONE): 2 3

Read introduction:

We are ready to begin the interview. Please remember that your answers will not be shared with anyone outside the study team. Your answers will be put together with all the other participants' answers to help us learn more about lesbian and bisexual women's health. For this reason, your honest answers are very important.

Remember that you are not being judged based on your answers and there are no right or wrong answers. Some of the questions ask about personal topics about your health and you may feel uncomfortable answering some of them. You can skip questions, end the interview, or ask me to repeat or explain anything at any time. If you have any questions or want to talk about certain things that come up during the interview, let me know and I will make a note of it to talk to you when we finish. Do you have any questions before we begin?

These questions will be familiar to you from your first interview with us. Some things may be the same for you and other things may have changed.

CODING NOTE TO INTERVIEWERS: DON'T KNOW=-8; DECLINED=-9.

II. Sociodemographics

To begin, I would like to ask about whether you are working now.

2.1 *What is your current employment status?

- _____1 Working part-time (less than 32 hours/week)
_____2 Working full-time (32 or more hours/week)

Mindfulness Study Baseline Evaluation Questionnaire

(WHAM) Women's Health and Mindfulness Program

- 3 Unemployed, laid off, on strike
- 4 Retired
- 5 Disabled or unable to work
- 6 In school full time and not working
- 7 Full-time homemaker

*Quality of Life (VR-12 Survey): The next part of the interview will ask some general questions about how you see your health.

2.13 In general, would you say your health is:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

2.14 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?

2.14A. **Moderate activities**, such as moving a table, pushing a vacuum cleaner, bowling or playing golf?

- 1 Yes, limited a lot
- 2 Yes, limited a little
- 3 No, not limited at all

2.14B. Climbing **several** flights of stairs?

- 1 Yes, limited a lot
- 2 Yes, limited a little
- 3 No, not limited at all

1.15. 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**?

2.15A. Accomplished **less** than you would like.

- 1 No, none of the time
- 2 Yes, a little of the time
- 3 Yes, some of the time

Mindfulness Study Baseline Evaluation Questionnaire

(WHAM) Women's Health and Mindfulness Program

- _____4 Yes, most of the time
- _____5 Yes, all of the time

2.15B. Were limited in the **kind** of work or other activities.

- _____1 No, none of the time
- _____2 Yes, a little of the time
- _____3 Yes, some of the time
- _____4 Yes, most of the time
- _____5 Yes, all of the time

2.16 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)?

2.16A. Accomplished **less** than you would like.

- _____1 No, none of the time
- _____2 Yes, a little of the time
- _____3 Yes, some of the time
- _____4 Yes, most of the time
- _____5 Yes, all of the time

2.16B. Didn't do work or other activities as **carefully** as usual

- _____1 No, none of the time
- _____2 Yes, a little of the time
- _____3 Yes, some of the time
- _____4 Yes, most of the time
- _____5 Yes, all of the time

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

- _____1 Not at all
- _____2 A little bit
- _____3 Moderately
- _____4 Quite a bit
- _____5 Extremely

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

Mindfulness Study Baseline Evaluation Questionnaire

(WHAM) Women's Health and Mindfulness Program

2.18 How much of the time during the past 4 weeks:

Have you felt calm and peaceful?

- 1 All of the time
- 2 Most of the time
- 3 A good bit of the time
- 4 Some of the time
- 5 A little bit of the time
- 6 None of the time

2.19 How much of the time during the past 4 weeks:

Did you have a lot of energy?

- 1 All of the time
- 2 Most of the time
- 3 A good bit of the time
- 4 Some of the time
- 5 A little bit of the time
- 6 None of the time

2.19 How much of the time during the past 4 weeks:

Have you felt downhearted and blue?

- 1 All of the time
- 2 Most of the time
- 3 A good bit of the time
- 4 Some of the time
- 5 A little bit of the time
- 6 None of the time

2.20. 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.)?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time

Mindfulness Study Baseline Evaluation Questionnaire

(WHAM) Women's Health and Mindfulness Program

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

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

- 1 Much better
- 2 Slightly better
- 3 About the same
- 4 Slightly worse
- 5 Much worse

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

- 1 Much better
- 2 Slightly better
- 3 About the same
- 4 Slightly worse
- 5 Much worse











III. Health Behaviors

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.

SHOW PARTICIPANT PHYSICAL ACTIVITY IMAGE CARD.

Mindfulness Study Baseline Evaluation Questionnaire

(WHAM) Women's Health and Mindfulness Program

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

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

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

_____ days in the last week → if 0, skip to 3.3

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

- _____ 1 Hour(s) per day
- _____ 2 Minutes per day
- _____ 3 Don't know/not sure

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Mindfulness Study Baseline Evaluation Questionnaire (WHAM) Women's Health and Mindfulness Program

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

3.3 *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 in the last week → if 0, skip to 3.5

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

- _____1 Hour(s) per day
- _____2 Minutes per day
- _____3 Don't know/not sure

Now, 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.

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

_____ days in the last week → if 0, skip to 3.7

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

- _____1 Hour(s) per day
- _____2 Minutes per day
- _____3 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.

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

- _____1 Hour(s) per day
- _____2 Minutes per day
- _____3 Don't know/not sure

Mindfulness Study Baseline Evaluation Questionnaire (WHAM) Women's Health and Mindfulness Program

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

3.8 *During the past 30 days, how often did you drink regular soda or pop that contains sugar? Do not include diet soda.

- 1 Times per day
- 2 Times per week
- 3 Times per month
- 4 Never

3.9 *During the past 30 days, how often did you drink diet soda or pop that contains artificial sweeteners?

- 1 Times per day
- 2 Times per week
- 3 Times per month
- 4 Never

3.10 *During the past 30 days, how often did you drink sports or energy drinks such as Gatorade, Red Bull or Vitamin Water. Remember to use include sports or energy drinks used as a mixer? Do not include diet or sugar-free kinds.

- 1 Times per day
- 2 Times per week
- 3 Times per month
- 4 Never

3.11 *During the past 30 days, how often did you drink sweetened fruit drinks such as Kool-aid, cranberry drink or 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.

- 1 Times per day
- 2 Times per week
- 3 Times per month
- 4 Never

3.12 *During the past 30 days, 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.

Mindfulness Study Baseline Evaluation Questionnaire

(WHAM) Women's Health and Mindfulness Program

- 1 Times per day
- 2 Times per week
- 3 Times per month
- 4 Never

3.13 *During the past 30 days, how often did you drink water (including tap, bottled, and carbonated water)?

- 1 Times per day
- 2 Times per week
- 3 Times per month
- 4 Never

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

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

3.15 *During the past 30 days, 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.

- 1 Times per day
- 2 Times per week
- 3 Times per month
- 4 Never

3.16 *During the past 30 days, not counting juice, how many times per day, week or month did you eat fruit? Count fresh, frozen or canned fruit.

- 1 Times per day
- 2 Times per week
- 3 Times per month
- 4 Never

3.17 *During the past 30 days, 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.

Mindfulness Study Baseline Evaluation Questionnaire

(WHAM) Women's Health and Mindfulness Program

- 1 Times per day
- 2 Times per week
- 3 Times per month
- 4 Never

3.18 *During the past 30 days, 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?

- 1 Times per day
- 2 Times per week
- 3 Times per month
- 4 Never

3.19 *During the past 30 days, how many times per day, week or month did you eat orange colored vegetables such as sweet potatoes, pumpkin, winter squash or carrots?

- 1 Times per day
- 2 Times per week
- 3 Times per month
- 4 Never

3.20 *Not counting these last questions on fruits and vegetables, during the past 30 days, 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.

- 1 Times per day
- 2 Times per week
- 3 Times per month
- 4 Never

3.21 *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

Mindfulness Study Baseline Evaluation Questionnaire (WHAM) Women's Health and Mindfulness Program

The next questions are about alcohol use and smoking.

3.22 *During the 30 days, how often did you usually have any kind of drink containing alcohol?

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).

- 1 Every day
- 2 5 to 6 times a week
- 3 3 to 4 times a week
- 4 twice a week
- 5 once a week
- 6 2 to 3 times a month
- 7 once a month
- 8 I did not drink any alcohol in the past 30 days, but I did drink in the past
→ SKIP TO 3.25
- 9 I never drank any alcohol in my life → SKIP TO 3.25

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

- 1 25 or more drinks
- 2 19 to 24 drinks
- 3 16 to 18 drinks
- 4 12 to 15 drinks
- 5 9 to 11 drinks
- 6 7 to 8 drinks
- 7 5 to 6 drinks
- 8 3 to 4 drinks
- 9 2 drinks
- 10 1 drink

3.24 *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?

- 1 Every day
- 2 5 to 6 days a week
- 3 3 to 4 days a week
- 4 two days a week
- 5 one day a week
- 6 2 to 3 days a month
- 7 one day a month

Mindfulness Study Baseline Evaluation Questionnaire (WHAM) Women's Health and Mindfulness Program

_____ 8 Never

3.25 *Do you NOW smoke cigarettes every day, some days or not at all?

- _____ 1 Every day
- _____ 2 Some days
- _____ 3 Not at all

3.26 *Have you smoked at least 100 cigarettes in your lifetime?

- _____ 1 Yes
- _____ 2 No

3.27 Do you NOW use marijuana?

- _____ 1 Yes
- _____ 2 No

3.28 If yes, how often do you use marijuana?

- _____ 1 Every day
- _____ 2 5 to 6 days a week
- _____ 3 3 to 4 days a week
- _____ 4 two days a week
- _____ 5 one day a week
- _____ 6 2 to 3 days a month
- _____ 7 one day a month

IV. Psychosocial Assessments

The next questions ask about what things you may or may not think about when it comes to food and eating. I will give you a card so you can show me which number describes your experiences with each question I read out loud to you. [HAND RESPONSE CARD C].

		Almost Never	Some- times	Fairly Often	Very Often
Factor 1: Disinhibition					
4.1.	I stop eating when I'm full even when eating something I love.	1	2	3	4
4.2.	When a restaurant portion is too large, I stop eating when I'm full.	1	2	3	4

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Mindfulness Study Baseline Evaluation Questionnaire (WHAM) Women's Health and Mindfulness Program

4.3. When I eat at "all you can eat" buffets, I tend to overeat.	1	2	3	4
4.4. If there are leftovers that I like, I take a second helping even though I'm full.	1	2	3	4
4.5. If there's good food at a party, I'll continue eating even after I'm full.	1	2	3	4
4.6. When I'm eating one of my favorite foods, I don't recognize when I've had enough.	1	2	3	4
4.7. When I'm at a restaurant, I can tell when the portion I've been served is too large for me.	1	2	3	4
4.8. If it doesn't cost much more, I get the larger size food or drink regardless of how hungry I feel.	1	2	3	4
Factor 4: Emotional Response				
4.9. When I'm sad I eat to feel better.	1	2	3	4
4.10. When I'm feeling stressed at work I'll go find something to eat.	1	2	3	4
4.11. I have trouble not eating ice cream, cookies, or chips if they're around the house.	1	2	3	4
4.12. I snack without noticing that I am eating.	1	2	3	4
Factor 5: Distraction				
4.13. My thoughts tend to wander while I am eating.	1	2	3	4
4.14. I think about things I need to do while I am eating.	1	2	3	4
4.15. I eat so quickly that I don't taste what I'm eating.	1	2	3	4

Below is a collection of statements about your everyday experience. Using the 1-6 scale I have given you on the chart, please indicate how frequently or infrequently you currently have each experience. Please answer according to what really reflects your experience rather than what you think your experience should be. Please treat each item separately from every other item. (SHOW RESPONSE CARD D) [reverse score]

	Never	Very Infrequently	Somewhat Infrequently	Somewhat Frequently	Very Frequently	Almost Always
4.16. I could be experiencing some emotion and not be conscious of it until some time later.	1	2	3	4	5	6
4.17. I break or spill things because of carelessness, not paying attention, or thinking of something else.	1	2	3	4	5	6
4.18. I find it difficult to stay focused on what's happening in the present.	1	2	3	4	5	6
4.19. I tend to walk quickly to get where I'm	1	2	3	4	5	6

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Mindfulness Study Baseline Evaluation Questionnaire

(WHAM) Women's Health and Mindfulness Program

going without paying attention to what I experience along the way.						
4.20. I tend not to notice feelings of physical tension or discomfort until they really grab my attention.	1	2	3	4	5	6
4.21. I forget a person's name almost as soon as I've been told it for the first time.	1	2	3	4	5	6
4.22. It seems I am "running on automatic," without much awareness of what I'm doing.	1	2	3	4	5	6
4.23. I rush through activities without being really attentive to them.	1	2	3	4	5	6
4.24. I get so focused on the goal I want to achieve that I lose touch with what I'm doing right now to get there.	1	2	3	4	5	6
4.25. I do jobs or tasks automatically, without being aware of what I'm doing.	1	2	3	4	5	6
4.26. I find myself listening to someone with one ear, doing something else at the same time.	1	2	3	4	5	6
4.27. I drive places on "automatic pilot" and then wonder why I went there.	1	2	3	4	5	6
4.28. I find myself preoccupied with the future or the past.	1	2	3	4	5	6
4.29. I find myself doing things without paying attention.	1	2	3	4	5	6
4.30. I snack without being aware that I'm eating.	1	2	3	4	5	6

The next questions ask you about your feelings and thoughts during the last month. Again, that includes all time from MONTH/YEAR until today. In each case, you will be asked to say how often you felt or thought a certain way. You can answer by choosing one of these responses from "Never" to "Very Often" [SHOW RESPONSE CARD E].

	Never	Almost Never	Sometimes	Fairly Often	Very Often
4.31. In the last month, how often have you been	0	1	2	3	4

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Mindfulness Study Baseline Evaluation Questionnaire

(WHAM) Women’s Health and Mindfulness Program

upset because of something that happened unexpectedly?					
4.32. In the last month, how often have you felt that you were unable to control the important things in your life?	0	1	2	3	4
4.33. In the last month, how often have you felt nervous and “stressed”?	0	1	2	3	4
4.34. In the last month, how often have you felt confident about your ability to handle your personal problems?	0	1	2	3	4
4.35. In the last month, how often have you felt that things were going your way?	0	1	2	3	4
4.36. In the last month, how often have you found that you could not cope with all the things that you had to do?	0	1	2	3	4
4.37. In the last month, how often have you been able to control irritations in your life?	0	1	2	3	4
4.38. In the last month, how often have you felt that you were on top of things?	0	1	2	3	4
4.39. In the last month, how often have you been angered because of things that were outside of your control?	0	1	2	3	4
4.40. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	0	1	2	3	4

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Section V. Partners and Social Support
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5.1. * Which of the following best describes your present relationship?

- ____1 In a committed relationship with a woman (for example, cohabitating, domestic partnership, or legally married)
____2 In a committed relationship with a man (for example, cohabitating, domestic partnership or legally married)
____3 Single, but somewhat involved with a woman, man or both – SKIP TO 5.2
____4 Single, and not involved with anyone – SKIP to 5.2

5. IA If in a committed relationship, do you currently live with your partner:

- ____1 All or most of the time
____2 Some of the time
____3 None of the time

In this last section I will ask you about your connections with friends, any partner you might have and the community.

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

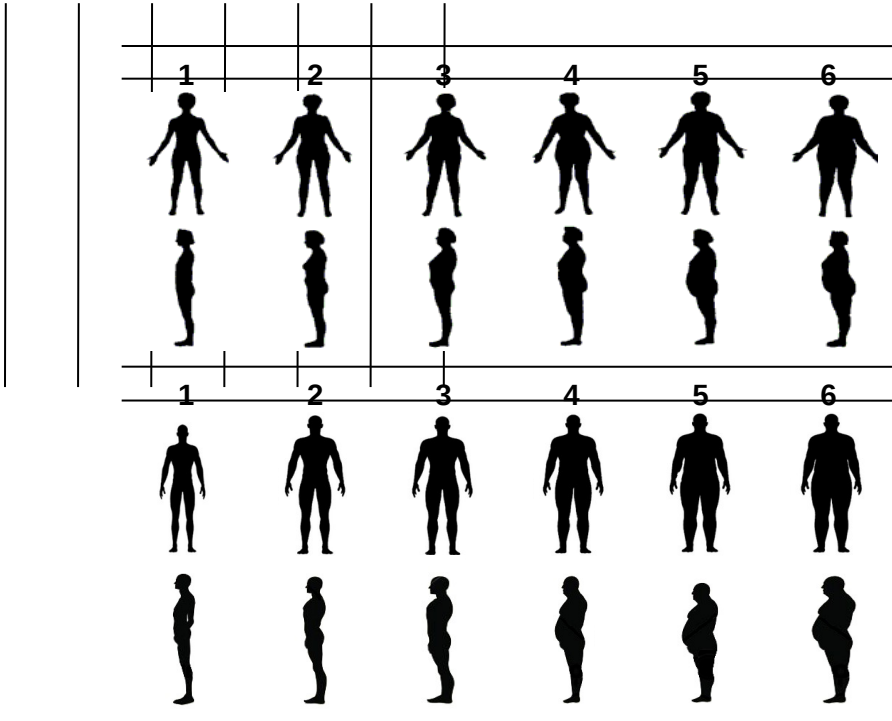
- Very satisfied
 Somewhat satisfied
 Somewhat dissatisfied
 Very dissatisfied

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

- Excellent
 Very good
 Good
 Fair
 Poor
 No partner (or N/A)

Mindfulness Study Baseline Evaluation Questionnaire (WHAM) Women's Health and Mindfulness Program

5.4. *What is the number that best depicts the approximate outline of your primary partner?



RECORD RESPONSE: _____ [NO PARTNER=7]

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Mindfulness Study Baseline Evaluation Questionnaire

(WHAM) Women's Health and Mindfulness Program

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

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

5.6. Is your current social network

- Mostly other lesbian and bisexual women
- A mix of LGBT people
- A mix of women, LB and straight
- A mix of heterosexual men and women and LGBT people
- Mostly heterosexual people

Social Isolation: Family	
*5.7 How many relatives do you see or hear from at least once a month?	0 = none 1 = one 2 = two 3 = three or four 4 = five thru eight 5 = nine or more
*5.8 How many relatives do you feel at ease with that you can talk about private matters?	0 = none 1 = one 2 = two 3 = three or four 4 = five thru eight 5 = nine or more
*5.9 How many relatives do you feel close to such that you could call on them for help?	0 = none 1 = one 2 = two 3 = three or four 4 = five thru eight 5 = nine or more
Social Isolation: Friendships	
*5.10 How many of your friends do you see or hear from at least once a month?	0 = none 1 = one 2 = two 3 = three or four 4 = five thru eight 5 = nine or more

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Mindfulness Study Baseline Evaluation Questionnaire (WHAM) Women's Health and Mindfulness Program

*5.11 How many friends do you feel at ease with that you can talk about private matters?	0 = none 1 = one 2 = two 3 = three or four 4 = five thru eight 5 = nine or more
*5.12 How many friends do you feel close to such that you could call on them for help?	0 = none 1 = one 2 = two 3 = three or four 4 = five thru eight 5 = nine or more

VI. Health Assessment

Read introduction: These questions are basic health questions. It will include me taking down your height, weight and measuring your waist circumference with a measuring tape. Is it okay for me to measure your waist? A clinic staff member will take your blood pressure as well.

- 6.1. What is your current height? _____ ft _____ inches
6.2. Record current weight _____ pounds

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Weight in Pounds

	100	110	120	130	140	150	160	170	180	190	200	210	220	230	240	250
4'	30.5	33.6	36.6	39.7	42.7	45.8	48.8	51.9	54.9	58.0	61.0	64.1	67.1	70.2	73.2	76.3
4'2"	28.1	30.9	33.7	36.6	39.4	42.2	45.0	47.8	50.6	53.4	56.2	59.1	61.9	64.7	67.5	70.3
4'4"	26.0	28.6	31.2	33.8	36.4	39.0	41.6	44.2	46.8	49.4	52.0	54.6	57.2	59.8	62.4	65.0
4'6"	24.1	26.5	28.9	31.3	33.8	36.2	38.6	41.0	43.4	45.8	48.2	50.6	53.0	55.4	57.9	60.3
4'8"	22.4	24.7	26.9	29.1	31.4	33.6	35.9	38.1	40.4	42.6	44.8	47.1	49.3	51.6	53.8	56.0
4'10"	20.9	23.0	25.1	27.2	29.3	31.3	33.4	35.5	37.6	39.7	41.8	43.9	46.0	48.1	50.2	52.2
5'	19.5	21.5	23.4	25.4	27.3	29.3	31.2	33.2	35.2	37.1	39.1	41.0	43.0	44.9	46.9	48.8
5'2"	18.3	20.1	21.9	23.8	25.6	27.4	29.3	31.1	32.9	34.7	36.6	38.4	40.2	42.1	43.9	45.7
5'4"	17.2	18.9	20.6	22.3	24.0	25.7	27.5	29.2	30.9	32.6	34.3	36.0	37.8	39.5	41.2	42.9
5'6"	16.1	17.8	19.4	21.0	22.6	24.2	25.8	27.4	29.0	30.7	32.3	33.9	35.5	37.1	38.7	40.3
5'8"	15.2	16.7	18.2	19.8	21.3	22.8	24.3	25.8	27.4	28.9	30.4	31.9	33.4	35.0	36.5	38.0
5'10"	14.3	15.8	17.2	18.7	20.1	21.5	23.0	24.4	25.8	27.3	28.7	30.1	31.6	33.0	34.4	35.9
6'	13.6	14.9	16.3	17.6	19.0	20.3	21.7	23.1	24.4	25.8	27.1	28.5	29.8	31.2	32.5	33.9
6'2"	12.8	14.1	15.4	16.7	18.0	19.3	20.5	21.8	23.1	24.4	25.7	27.0	28.2	29.5	30.8	32.1
6'4"	12.2	13.4	14.6	15.8	17.0	18.3	19.5	20.7	21.9	23.1	24.3	25.6	26.8	28.0	29.2	30.4
6'6"	11.6	12.7	13.9	15.0	16.2	17.3	18.5	19.6	20.8	22.0	23.1	24.3	25.4	26.6	27.7	28.9
6'8"	11.0	12.1	13.2	14.3	15.4	16.5	17.6	18.7	19.8	20.9	22.0	23.1	24.2	25.3	26.4	27.5
6'10"	10.5	11.5	12.5	13.6	14.6	15.7	16.7	17.8	18.8	19.9	20.9	22.0	23.0	24.0	25.1	26.1
7'	10.0	11.0	12.0	13.0	13.9	14.9	15.9	16.9	17.9	18.9	19.9	20.9	21.9	22.9	23.9	24.9

<http://www.freebmi-calculator.net>

Underweight
 Normal
 Overweight
 Obesity

6.3. BMI = _____ (filled in by staff)

6.4. Waist circumference _____ inches

6.5. Blood pressure _____

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

- _____1 Yes
- _____2 No → SKIP TO 6.6C

6.6A. Is your period:

- _____1 Regular (approximately once a month)
- _____2 Irregular

6.2B Why do you think your period is irregular? _____

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-xxxx . The time required to complete this information collection is estimated to average 4 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

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SKIP TO 6.7.

6.6C How long has it been since your last period? _____ months (calculate years into months)

6.6D. What are you doing to manage your menopause symptoms?

- Hormone treatment
- Nutritional treatment
- Herbal treatment
- Other prescription medications
- Meditation
- Other _____

6.7. Do you currently have or have you ever had any of the following health concerns or chronic conditions?

- Heart attack
- Stroke
- High blood pressure
- High cholesterol (hyperlipidemia, high triglycerides)
- Asthma
- Emphysema, COPD, chronic bronchitis or other lung disease
- Prediabetes
- Diabetes
- Arthritis
- Chronic pain

Lab Testing

- 6.8 Total cholesterol _____
- 6.9 LDL _____
- 6.10 HDL _____
- 6.11 Triglycerides _____
- 6.12 Hemoglobin A1C _____

Note: Core questions across study sites are indicated with an * at their start.

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