



MARKING INSTRUCTIONS

Today's Date

- CORRECT:** **INCORRECT:**

BIRTHDATE								
month		day		year				
	0		0		0	0	0	
1	1	1	1	1	1	1	1	
	2	2	2	2	2	2	2	
	3	3	3		3	3	3	
	4		4		4	4	4	
	5		5		5	5	5	
	6		6		6	6	6	
	7		7		7	7	7	
	8		8		8	8	8	
	9		9		9	9	9	

- 1. Gender.**
- | | |
|--------|------------|
| ① male | ② female |
| | ③ pregnant |
- 2. Race/Ethnicity.**
- | | |
|--------------------|-------------------|
| ① White/Caucasian | ④ Asian |
| ② African American | ⑤ Native American |
| ③ Hispanic/Latino | ⑥ Other |

HEALTH HISTORY

- a. ☐ allergies
- b. ☐ asthma
- c. ☐ arthritis
- d. ☐ chronic back pain
- e. ☐ chronic lung disease (*COPD*)
- f. ☐ chronic sinus problem
- g. ☐ broken bones/stress fractures in last 10 years
- h. ☐ coronary heart disease, angina (*with or without coronary by-pass surgery or angioplasty*)
- i. ☐ cancer (*other than skin cancer*)
- j. ☐ diabetes (*high blood sugar*)
- k. ☐ stroke or restricted blood flow to head or legs

GROUP ID NUMBER

0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9

MEDICAL CARE

5. Overall Health. In general would you say it is:

- ① excellent ② very good ③ good
④ fair ⑤ poor

6. Preventive health tests. Have you had the following recommended preventive exams?

1 - yes

2 - no (skip if not applicable to your age & gender)

- a. ① ② physical exam within last 1-2 years
b. ① ② blood pressure check within last 1-2 years
c. ① ② cholesterol check within last 2-5 years
d. ① ② dental exam within last year
e. ① ② prostate exam within last 1-2 years (men age 50+)
f. ① ② bowel exam within last 5-10 years (age 50+)
g. ① ② annual flu immunization (age 65+)
h. ① ② pneumonia immunization in last 10 yrs. (age 65+)
i. ① ② PAP test in last 1-3 years (women)
j. ① ② mammogram in last 1-2 years (women age 40+)

7. Common health tests. Mark your usual values.

1 - normal

2 - moderately elevated (between normal and high)

3 - high

4 - don't know normal high

1. ① ② ③ ④ glucose - fasting (<100) (126+)
2. ① ② ③ ④ blood pressure (<120/80) (140/90+)
3. ① ② ③ ④ cholesterol (<200) (240+)

8. Medications. Mark medications you take regularly.

1. ① blood pressure lowering
2. ① cholesterol lowering
3. ① medication for diabetes / high blood sugar

9. Sick days. How many days did you miss from work (or school) due to illness or injury in the past 12 months?

- ① 0 ② 1 ③ 2 ④ 3 ⑤ 4 ⑥ 5 ⑦ 6 ⑧ 7 ⑨ 8 ⑩ 9+

10. Exercise days. How many days

- ① 0 ② 1 ③ 2 ④ 3 ⑤ 4 ⑥ 5 ⑦ 6 ⑧ 7

11. Strength exercises. How many days each week do you do strength-building exercises for 15-30+ minutes? (e.g., weight lifting, pushups, crunches)

- ① 0 ② 1 ③ 2 ④ 3+

12. Stretching exercises. How many days each week do you do stretching exercises? (e.g., yoga, pilates)

- ① 0 ② 1 ③ 2 ④ 3+

EATING PRACTICES

13. Breakfast. How often do you eat a healthy breakfast?

- ① seldom ② occasionally ③ daily or most days

1 serving = 1 slice whole-wheat bread; 1/2 C cooked oatmeal, brown rice, or other whole-grain cereal; 2/3 C ready-to-eat whole-grain cereal

- ① 0 ② 1 ③ 2 ④ 3 ⑤ 4 ⑥ 5 ⑦ 6+

15. Fruits. How many cups do you eat daily?

1 cup equivalents: 1 medium apple, orange, banana; 1 C berries or cut fresh fruit; 1/2 C cooked fruit; 3/4 C (6 oz) 100% fruit juice

- ① 0 ② 1/2 ③ 1 ④ 1 1/2 ⑤ 2 ⑥ 2 1/2 ⑦ 3 ⑧ 3 1/2 ⑨ 4+

16. Vegetables. How many cups do you eat daily?

1 C raw or cooked veggies, 2 C salad greens, 1 C (8 oz) veg. juice

- ① 0 ② 1/2 ③ 1 ④ 1 1/2 ⑤ 2 ⑥ 2 1/2 ⑦ 3 ⑧ 3 1/2 ⑨ 4+

17. Protein. How many servings do you eat daily?

1 serving = 2 oz lean meat, fish, or poultry; small hamburger, 1 hot dog, 1 beef taco, 2 luncheon meat slices, 2 eggs; plant proteins: 1/2 C beans or tofu, 1 vegetarian burger or other meat alternatives

- ① 0 ② 1 ③ 2 ④ 2 1/2 ⑤ 3 ⑥ 3 1/2 ⑦ 4+

18. What kind of protein foods do you eat most often?

- ① high-fat meats ② low-fat meats ③ plant proteins

19. Fats. What kind do you usually use?

- ① butter, stick margarine, shortening, meat drippings
② trans fat-free margarine, veg. oils, or no added fats
③ use both about the same

20. Dairy. How many servings do you eat daily?

1 serving = 1 C milk or yogurt, 1 slice (1 oz) cheese, 1/2 C cottage cheese, 1 C fortified soy milk

- ① 0 ② 1 ③ 2 ④ 3 ⑤ 4 ⑥ 5 ⑦ 6+

21. Nuts/Seeds. How many servings do you eat weekly?

1 serving = 1/2-1 oz nuts (e.g., almonds, cashews, peanuts) or seeds (e.g., sunflower, pumpkin) or 2 T nut butter

- ① 0 ② 1 ③ 2 ④ 3 ⑤ 4 ⑥ 5 ⑦ 6+

22. Sweets. How many servings do you eat daily?

1 serving = 3-4 T sugar, 2 T syrup or jelly, 8 oz soft drink, or desserts (e.g., candy, cookie, 1/2 C ice cream, 1 sm. piece cake or pie)

- ① 0 ② 1 ③ 2 ④ 3 ⑤ 4 ⑥ 5+

23. Water. How many cups do you drink daily?

- ① 0 ② 1 ③ 2 ④ 3 ⑤ 4 ⑥ 5 ⑦ 6 ⑧ 7+

24. Salt. How much salt do you use?

- ① use salt sparingly and limit salty foods
② don't think about limiting salt or salty foods
③ like salt - often salt foods or eat salty foods

25. Supplements. Mark any you take daily.

- ① Calcium ① Vitamin B12
① Vitamin D ① Multivitamin/mineral

SUBSTANCE USE

26. Smoking status.

- ① never smoked ② quit smoking ③ presently smoke

27. Secondhand smoke. Are you often exposed to other people's smoke at home or work?

- ① yes ② no

28. Alcohol. How many drinks do you have **a week**?

1 drink = 12 oz beer, 5 oz wine, or 1.5 oz liquor

- ① none ② 1-3 ③ 4-7 ④ 8-14 ⑤ 15-21 ⑥ 22+

29. Drugs. How often do you use drugs (*including prescriptions*) that affect your mood or help you relax?

- ① rarely or never ② occasionally ③ almost every day

30. How many **kinds** of drugs (*including prescription and over-the-counter*) did you take in the **past month**?

- ① 0 ② 1 ③ 2 ④ 3 ⑤ 4 ⑥ 5 ⑦ 6 ⑧ 7 ⑨ 8+

MENTAL/SOCIAL HEALTH

Stress. Questions 31-33 are based on the following definition of stress: "feelings of tension, irritability, and anxiety often resulting in difficulty sleeping."

31. How often do you have feelings of **stress at work**?

- ① never ③ often
② sometimes ④ permanent or continual stress

32. How often do you have feelings of **stress at home**?

- ① never ③ often
② sometimes ④ permanent or continual stress

33. How much **stress** do you feel over finances?

- ① little or none ② moderate ③ high or severe

34. Traumatic life events. How many traumatic life events have you experienced in the last **year**, such as loss of a loved one, divorce, loss of job, financial crisis, severe conflict, violence, major illness, or other event?

- ① 0 ② 1 ③ 2 ④ 3+

35. Outlook. How do you see your years ahead?

- ① I do not look forward to what lies ahead of me
② I'm not sure what the future holds for me
③ I'm hopeful and expect things to work out well for me

36. Control. What happens in my life is controlled by:

- ① my choices ③ mostly outside influences
② partly my choices ④ I have no control, feel trapped

37. Happiness. All in all, how happy are you?

- ① unhappy ② pretty happy ③ very happy

38. Mood. Have you felt down, depressed, hopeless, or have little interest or pleasure in doing things for 2 or more weeks in the past month?

- ① yes ② no

39. Functioning. Have your feelings caused you significant distress or impaired your ability to function socially at work or school, or within your circle of friends?

- ① yes ② no

40. Relax. Do you take time to relax/have fun daily?

- ① seldom ② sometimes ③ most of the time

41. Energy. How much energy do you have during a typical day?

- ① high energy ② adequate energy ③ often tired

42. Satisfaction. In general, how satisfied are you with your life?

- ① very satisfied and happy ③ not very satisfied
② mostly satisfied ④ dissatisfied/unhappy

43. Social support. Mark **ALL** that apply to you.

- ① I'm married or have a significant other
① I make frequent contacts with family and friends
① I regularly participate in a faith group
① I regularly participate in a social club

44. Sleep. How many hours of sleep do you usually get **daily**?

- ① less than 6 ② 6 - 6.9 ③ 7 - 8 ④ more than 8

SAFETY

45. Seat belts. When riding in a car, what percentage of the time do you wear a seat belt?

- ① 0 ② 25% ③ 50% ④ 70% ⑤ 90% ⑥ 100%

46. Child safety seats. When children ride in your car, are they always buckled into an approved child safety or booster seat?

- ① yes ② no ③ does not apply

47. Drinking and driving. How many times in the last 6 months did you drive within an hour of having 2+ drinks, or ride with another driver who had?

- ① 0 ② 1 ③ 2 ④ 3 ⑤ 4 ⑥ 5 ⑦ 6 ⑧ 7 ⑨ 8+

48. Smoke alarm. Does your home have a working smoke alarm near your sleeping area(s)?

- ① yes ② no

49. Driving. How many miles **per week** do you usually drive or ride with others (*average is 225 miles/week*)?

- ① high mileage ② average mileage ③ low mileage
(*more than 225 miles/week*) (*below 225 miles/week*)

50. Lifting. When lifting heavy objects, do you use correct lifting technique (*keep object close to body, bend at the hips and knees, keep back upright, maintain normal curve of back, lift with legs*)?

- ① always ② sometimes ③ seldom or unsure

51. Sun. Are you careful to limit excess sun exposure and avoid sunburns?

- ① always ② sometimes ③ seldom or unsure

52. Helmets. Do you always wear a helmet when riding a motorcycle, cycling, skiing, inline skating, etc.?

- ① yes ② no ③ does not apply

① always ② most of the time ③ seldom or never

54. Work life. How satisfied are you with your work life?

- ① very satisfied ③ somewhat dissatisfied
② mostly satisfied ④ very dissatisfied/unhappy

① 0 ② 1 ③ 2 ④ 3 ⑤ 4 ⑥ 5 ⑦ 6 ⑧ 7 ⑨ 8 ⑩ 9+

① none ② a little, 5% ③ moderately, 15% ④ a lot, 30%

① excellent ② good ③ fair ④ poor

58. Are you planning to make lifestyle changes in the following areas?

- 1 - no present interest in making a change
- 2 - plan a change in the next 6 months
- 3 - plan to change this month
- 4 - recently started doing this
- 5 - already doing this regularly (at least 6 mos.)

- | | | |
|----|---|---|
| a. | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 | be physically active |
| b. | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 | practice good eating habits |
| c. | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 | avoid smoking or using tobacco |
| d. | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 | lose weight or maintain a healthy weight |
| e. | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 | cope better with stress |
| f. | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 | lower or maintain healthy cholesterol level |
| g. | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 | lower or maintain healthy blood pressure |
| h. | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 | avoid alcohol or drink in moderation |
| i. | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 | live an overall healthy lifestyle |

59. ☒ Do **NOT** notify me of health promotion opportunities.

- ① nutrition/healthy eating
- ① reducing coronary risk

- | | |
|----------------------------|---------------------------|
| ① nutrition/healthy eating | ① reducing coronary risk |
| ① weight management | ① reducing cancer risk |
| ① group fitness class | ① alcohol/drug help |
| ① walking group | ① medical self-care |
| ① cholesterol reduction | ① healthy back |
| ① blood pressure reduction | ① stress reduction |
| ① reducing diabetes risk | ① women's health issues |
| ① men's health issues | ① dealing with depression |

① email ② phone ③ mailing address

BODY COMP		
known % fat	waist circum. inches	
(0) (0)	(0) (0) (0)	
(1) (1)	(1) (1) (1)	
(2) (2)	(2) (2) (2)	
(3) (3)	(3) (3) (3)	
(4) (4)	(4) (4) (4)	
(5) (5)	(5) (5) (5)	
(6) (6)	(6) (6) (6)	
(7) (7)	(7) (7) (7)	
(8) (8)	(8) (8) (8)	
(9) (9)	(9) (9) (9)	

cholesterol				<input type="radio"/> nonfasting			
total		HDL	LDL	triglycerides		glucose	
0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9

flex 26 cm. at footline	curl- ups #	push- ups #	grip strength kg		exercise HR	time	MEts=
						min : sec	VO2/3.5
						:	
0 0 0	0 0 0	0 0 0	0 0 0		0 0 0	0 0 0	0 0 0
1 1 1	1 1 1	1 1 1	1 1 1		1 1 1	1 1 1	1 1 1
2 2 2	2 2 2	2 2 2	2 2 2		2 2 2	2 2 2	2 2 2
3 3 3	3 3 3	3 3 3	3 3 3		3 3 3	3 3 3	3 3 3
4 4 4	4 4 4	4 4 4	4 4 4		4 4 4	4 4 4	4 4 4
5 5 5	5 5 5	5 5 5	5 5 5		5 5 5	5 5 5	5 5 5
6 6 6	6 6 6	6 6 6	6 6 6		6 6 6	6 6 6	6 6 6
7 7 7	7 7 7	7 7 7	7 7 7		7 7 7	7 7 7	7 7 7
8 8 8	8 8 8	8 8 8	8 8 8		8 8 8	8 8 8	8 8 8
9 9 9	9 9 9	9 9 9	9 9 9		9 9 9	9 9 9	9 9 9

Y	N	Y	N	Y	N
1.	<input type="radio"/>	2.	<input type="radio"/>	3.	<input type="radio"/>
4.	<input type="radio"/>	7.	<input type="radio"/>	10.	<input type="radio"/>
5.	<input type="radio"/>	8.	<input type="radio"/>	11.	<input type="radio"/>
6.	<input type="radio"/>	9.	<input type="radio"/>	12.	<input type="radio"/>
7.	<input type="radio"/>	10.	<input type="radio"/>	13.	<input type="radio"/>
8.	<input type="radio"/>	11.	<input type="radio"/>	14.	<input type="radio"/>
9.	<input type="radio"/>	12.	<input type="radio"/>	15.	<input type="radio"/>
10.	<input type="radio"/>	13.	<input type="radio"/>		
11.	<input type="radio"/>	14.	<input type="radio"/>		
12.	<input type="radio"/>	15.	<input type="radio"/>		
13.	<input type="radio"/>				
14.	<input type="radio"/>				
15.	<input type="radio"/>				

① morning ② afternoon ③ evening

[SERIAL]