

-

Release Participant ID

[RELEASEID]

Visit **[VISIT]**

Please check the box that corresponds to your answer.

Days between randomization and date form completed: **[LM22DAYS]**

days

1. OVER THE PAST MONTH, how often (on average) did you weigh yourself? *This does not include getting weighed at the doctor's office.* **[CCWEIGH]**

<input type="text"/> <sub>1</sub>	<input type="text"/> <sub>2</sub>	<input type="text"/> <sub>3</sub>	<input type="text"/> <sub>4</sub>	<input type="text"/> <sub>5</sub>	<input type="text"/> <sub>6</sub>	<input type="text"/> <sub>7</sub>
Several times a day	One time each day	Several times a week	One time a week	Less than once a week	Less than once a month	Never weighed myself

2. DURING THE PAST YEAR OR SINCE THE LAST TIME YOU COMPLETED THIS QUESTIONNAIRE, on average, how many HOURS PER WEEK did you spend:

		TIME PER WEEK								
		Zero Hrs	One Hour	2 - 5 Hrs	6 - 10 Hrs	11 -20 Hrs	21 -40 Hrs	41 -60 Hrs	61 - 90 Hrs	Over 90 Hrs
a.	Standing or walking around at work or away from home? (hrs./week) <b>[CCSTAWAY]</b>	<input type="text"/> <sub>0</sub>	<input type="text"/> <sub>1</sub>	<input type="text"/> <sub>2</sub>	<input type="text"/> <sub>3</sub>	<input type="text"/> <sub>4</sub>	<input type="text"/> <sub>5</sub>	<input type="text"/> <sub>6</sub>	<input type="text"/> <sub>7</sub>	<input type="text"/> <sub>8</sub>
b.	Standing or walking around at home? (hrs./week) <b>[CCSTHOME]</b>	<input type="text"/> <sub>0</sub>	<input type="text"/> <sub>1</sub>	<input type="text"/> <sub>2</sub>	<input type="text"/> <sub>3</sub>	<input type="text"/> <sub>4</sub>	<input type="text"/> <sub>5</sub>	<input type="text"/> <sub>6</sub>	<input type="text"/> <sub>7</sub>	<input type="text"/> <sub>8</sub>
c.	Sitting at work or away from home or while driving? (hrs./week) <b>[CCSITAWAY]</b>	<input type="text"/> <sub>0</sub>	<input type="text"/> <sub>1</sub>	<input type="text"/> <sub>2</sub>	<input type="text"/> <sub>3</sub>	<input type="text"/> <sub>4</sub>	<input type="text"/> <sub>5</sub>	<input type="text"/> <sub>6</sub>	<input type="text"/> <sub>7</sub>	<input type="text"/> <sub>8</sub>
d.	Sitting at home while watching TV/VCR/DVD? (hrs./week) <b>[CCSITHOME]</b>	<input type="text"/> <sub>0</sub>	<input type="text"/> <sub>1</sub>	<input type="text"/> <sub>2</sub>	<input type="text"/> <sub>3</sub>	<input type="text"/> <sub>4</sub>	<input type="text"/> <sub>5</sub>	<input type="text"/> <sub>6</sub>	<input type="text"/> <sub>7</sub>	<input type="text"/> <sub>8</sub>
e.	Other sitting at home (e.g., reading, meal times, at desk)? (hrs./week) <b>[CCSITOTH]</b>	<input type="text"/> <sub>0</sub>	<input type="text"/> <sub>1</sub>	<input type="text"/> <sub>2</sub>	<input type="text"/> <sub>3</sub>	<input type="text"/> <sub>4</sub>	<input type="text"/> <sub>5</sub>	<input type="text"/> <sub>6</sub>	<input type="text"/> <sub>7</sub>	<input type="text"/> <sub>8</sub>