Behaviors
Baseline_Ver 3

PID: 0 | Acrostic: 0 | Visit:

Date Form Completed: d_form

Administration Type: admin

Reviewed by: compby

Language: language

A. Tobacco Use

1. Have you smoked at least 100 cigarettes during your entire life?

   tqsmk100

   1 Yes
   2 No

   If No, go to question 9

2. Do you smoke cigarettes now?

   tqsmkcur

   1 Yes
   2 No

   If Yes, about how old were you when you first started smoking cigarettes (fairly regularly)? tqsmage1 age

   If No, go to question 7

3. Do you now smoke cigarettes every day or some days?

   tqsmfreq

   1 Every day
   2 Some

4. On how many of the past 30 days did you smoke cigarettes?

   tqdays1 number of days

5. On the days that you smoke, about how many cigarettes do you usually smoke per day?

   tqcnt1 number of cigarettes per day

6. For approximately how many years have you smoked this amount?

tqyears ☐ number of years ➔ **go to question 9**

7. About how old were you when you last smoked cigarettes (fairly regularly)?

Probe: how old were you when you quit smoking cigarettes?

tqlage ☐ age

a. About how old were you when you first started smoking cigarettes(fairly regularly)?

tqfage ☐ age

8. About how many cigarettes per day did you usually smoke at that time?

tqcday1 ☐ number of cigarettes per day

A. Tobacco Use

9. Does anyone living with you now smoke cigarettes regularly inside your home?

tqinside

1 Yes
2 No

a. Please mark all the people who live with you who now smoke cigarettesregularly inside your home:**(Mark all that apply)**

tqspouse value="1" ☐ 1. spouse or partner

tqkids value="1" ☐ 2. son(s) or daughter(s)

tqothers value="1" ☐ 3. other person/people

BEHAVIORS

Patient ID	*[affix ID label here]*	Date Form Completed	☐☐ / ☐☐ / ☐☐ (Month / Day / Year)
Administration Type ☐	Visit Code ☐☐	Reviewed by ☐☐	Language E

A. Tobacco Use

1. Have you smoked at least 100 cigarettes during your entire life?
   - 1 ☐ Yes
   - 2 ☐ No ➔ **go to Question 9, next page**

2. Do you smoke cigarettes now?
   - 1 ☐ Yes ➔ About how old were you when you first started smoking cigarettes (fairly regularly)? ☐☐ Age
   - 2 ☐ No ➔ **go to Question 7, below**

3. Do you now smoke cigarettes every day or some days?
   - 1 ☐ Every Day
   - 2 ☐ Some

4. On how many of the past 30 days did you smoke cigarettes?
   ☐☐ Number of days

5. On the days that you smoke, about how many cigarettes do you usually smoke per day?
   ☐☐ Number of cigarettes per day

6. For approximately how many years have you smoked this amount?
   ☐☐ Number of years ➔ **go to Question 9, next page**

7. About how old were you when you quit smoking cigarettes (fairly regularly)? ☐☐ Age
   a. About how old were you when you first started smoking cigarettes (fairly regularly)? ☐☐ Age

8. About how many cigarettes per day did you usually smoke at that time?
   ☐☐ Number of cigarettes per day

A. Tobacco Use

9. Does anyone living with you now smoke cigarettes regularly inside your home?

1 ☐ Yes 2 ☐ No ➔ **Go to Section B, " Alcohol Use," below**

⬇

a. Please mark all the people who live with you who now smoke cigarettes regularly inside your home: (**Mark all that apply**)

1 ☐ Spouse or partner 2 ☐ Son(s) or daughter(s) 3 ☐ Other person/people

B. Alcohol Use

1. Did you drink any alcoholic beverages in the past year?

   1 ☐ Yes ➔Go to Question 2, below

   2 ☐ No ➔Go to Section C, "Eating Patterns," next page

2. How many drinks of wine do you usually have per week? By drink, we mean about a 5-ounce glass.

   ☐☐ drinks per week

3. How many drinks of beer do you usually have per week? One beer is a 12-ounce glass, can, or bottle.

   ☐☐ drinks per week

4. How many drinks of hard liquor do you usually have per week? Count each shot, which is $1^1/_2$ ounces, as one drink.

   ☐☐ drinks per week

5. During the past 24 hours, how many drinks have you had?

   ☐☐ drinks

6. In the past month, what is the largest number of drinks you had in one day?

   ☐☐ drinks

7. Have you made any attempts to stop drinking in the past five years?

   1 ☐ Yes

   2 ☐ No

8. During the past 30 days, on how many days did you have five or more drinks on the same occasion? By "occasion," we mean at the same time or within a couple of hours of each other.

   ☐☐ days

Thinking about your usual or normal week . . .

C. Eating Patterns

1. How many days out of the 7-day week do you eat breakfast? ☐ days/wk
2. How many days out of the 7-day week do you eat lunch/brunch? ☐ days/wk
3. How many days out of the 7-day week do you eat dinner? ☐ days/wk
4. Counting all meals and any snacks you may have, how many times a day do you usually eat? ☐☐ times

5. How many days a week do you eat out at...

	Breakfast	Brunch/Lunch	Dinner
a. Fast food restaurants for:	☐ days/wk	☐ days/wk	☐ days/wk
b. Other types of restaurants for:	☐ days/wk	☐ days/wk	☐ days/wk

6. In the past 6 months, have you experienced any food cravings (i.e., intense desires to eat a specific food)?
   1 ☐ Yes
   2 ☐ No

D. Weight Control Practices

1. How often do you weigh yourself? (check one answer only)

   1 ☐ Never
   2 ☐ About once a year or less
   3 ☐ Every couple months
   4 ☐ Every month
   5 ☐ Every week
   6 ☐ Every day
   7 ☐ More than once per day

2. Have you ever tried to lose weight?

   1 ☐ Yes
   2 ☐ No

3. Have you ever participated in an organized weight loss program (e.g., Weight Watchers, TOPS, etc.)?

   1 ☐ Yes
   2 ☐ No

4. For each item on the list:

   - If you did any of these activities during the last year in order to control your weight, check "Yes" and follow the arrow to complete the next column for how many weeks you did the activity.
   - If you did not do this, check "No" and go to the next item.

	Did you do this in the last year?		For how many weeks did you do this?
a. Count fat grams?	2 ☐ No	1 ☐ Yes ➔	☐☐
b. Cut out between meal snacking?	2 ☐ No	1 ☐ Yes ➔	☐☐
c. Eat less high carbohydrate foods like bread or potatoes?	2 ☐ No	1 ☐ Yes ➔	☐☐
d. Keep a graph of your weight?	2 ☐ No	1 ☐ Yes ➔	☐☐
e. Use a very low calorie diet?	2 ☐ No	1 ☐ Yes ➔	☐☐
f. Reduce the number of calories you eat?	2 ☐ No	1 ☐ Yes ➔	☐☐
g. Smoke cigarettes?	2 ☐ No	1 ☐ Yes ➔	☐☐

D. Weight Control Practices

4. (continued)

For each item on the list:

- If you did any of these activities during the last year in order to control your weight, check "Yes" and follow the arrow to complete the next column for how many weeks you did the activity.
- If you did not do this, check "No" and go to the next item.

	Did you do this in the last year?		For how many weeks did you do this?
h. Record what you eat daily?	2 ☐ No	1 ☐ Yes ➔	
i. Decrease fat intake?	2 ☐ No	1 ☐ Yes ➔	
j. Go to a weight loss group?	2 ☐ No	1 ☐ Yes ➔	
k. Eat meal replacements?	2 ☐ No	1 ☐ Yes ➔	
l. Keep a graph of your exercise?	2 ☐ No	1 ☐ Yes ➔	
m. Cut out sweets and junk food from your diet?	2 ☐ No	1 ☐ Yes ➔	
n. Increase fruits and vegetables?	2 ☐ No	1 ☐ Yes ➔	
o. Fast or go without food entirely (at least 24 hrs.)?	2 ☐ No	1 ☐ Yes ➔	
p. Count calories?	2 ☐ No	1 ☐ Yes ➔	
q. Take diet pills?	2 ☐ No	1 ☐ Yes ➔	
r. Increase your exercise levels?	2 ☐ No	1 ☐ Yes ➔	
s. Eat special low calorie diet foods?	2 ☐ No	1 ☐ Yes ➔	
t. Use home exercise equipment?	2 ☐ No	1 ☐ Yes ➔	
u. Drink fewer alcoholic beverages?	2 ☐ No	1 ☐ Yes ➔	
v. Record your exercise daily?	2 ☐ No	1 ☐ Yes ➔	
w. Eat less meat?	2 ☐ No	1 ☐ Yes ➔	
x. Other (please specify)	2 ☐ No	1 ☐ Yes ➔	

E. Eating Habits

1. During the past 6 months, did you ever eat what most people, like your friends, would think was a *really big* amount of food?

   1 ☐ Yes

   2 ☐ No ➔ go to question 5, next page

   Did you ever eat a *really big* amount of food within a short time (2 hours or less)?

   1 ☐ Yes

   2 ☐ No ➔ go to question 5, next page

2. When you ate a *really big* amount of food, did you ever feel that you could not stop eating? Did you feel that you could not control what or how much you were eating?

   1 ☐ Yes

   2 ☐ No ➔ go to question 5, next page

3. During the past 6 months, how often did you eat a *really big* amount of food with the feeling that your eating was out of control?

   There may have been some weeks when you did not eat this way at all. And some weeks you may have eaten like this a lot. But, *in general*, how often did this happen?

   1 ☐ Less than 1 day a week

   2 ☐ One day a week

   3 ☐ Two or three days a week

   4 ☐ Four or five days a week

   5 ☐ Almost every day

4. When you ate a *really big* amount of food and you could not control your eating, did you:

   a) Eat *very fast*? 1 ☐ Yes 2 ☐ No

   b) Eat until your stomach hurt or you felt sick in your stomach? 1 ☐ Yes 2 ☐ No

   c) Eat really *big amounts* of food even when you were not hungry? 1 ☐ Yes 2 ☐ No

   d) Eat really *big amounts* of food during the day without regular meals like breakfast, lunch, dinner? 1 ☐ Yes 2 ☐ No

   e) Eat by yourself because you did not want anyone to see how much you ate? 1 ☐ Yes 2 ☐ No

   f) Feel *really bad* about yourself after eating a lot of food? 1 ☐ Yes 2 ☐ No

E. Eating Habits

5. During the past 6 months, how bad did you feel when you ate too much or more food than you think is best for you?

   1 ☐ Not bad at all
   2 ☐ Just a little bad
   3 ☐ Pretty bad
   4 ☐ Very bad
   5 ☐ Very, very bad
   6 ☐ I did not eat too much

6. How bad did you feel that you could not stop eating or could not control what or how much you were eating?

   1 ☐ Not bad at all
   2 ☐ Just a little bad
   3 ☐ Pretty bad
   4 ☐ Very bad
   5 ☐ Very, very bad
   6 ☐ I did not lose control over my eating

7. During the past 6 months, has your weight or the shape of your body mattered to how you feel about yourself? Compare this feeling to how you feel about other parts of your life – like how you get along with family and friends, and how you do at your job.

   1 ☐ Weight and shape were *not important at all* to how I felt about myself.
   2 ☐ Weight and shape were *somewhat important* to how I felt about myself.
   3 ☐ Weight and shape were *pretty important* to how I felt about myself.
   4 ☐ Weight and shape were *very important* to how I felt about myself.

8. During the past 3 months, did you ever *make* yourself vomit, throw up, or get sick to keep from gaining weight after eating a *really big* amount of food?

   1 ☐ Yes
   2 ☐ No ➔ go to question 9, next page

   How often – on the average – did you do that?

   1 ☐ Less than once a week
   2 ☐ Once a week
   3 ☐ Two or three times a week
   4 ☐ Four or five times a week
   5 ☐ More than five times a week

E. Eating Habits

9. During the past 3 months, did you ever take medicine (pills, liquid, gum, powder) that would *make you go to the bathroom* in order to *not gain weight* after eating a *really big* amount of food?

   1 ☐ Yes

   2 ☐ No ➔ go to question 10, below

   Were these laxatives (makes you have a bowel movement or B.M.) or *diuretics* (makes you urinate or pee)? Check which one(s):

   1 ☐ Laxatives

   2 ☐ Diuretics

   9 ☐ Don't know

   During the past 3 months, did you ever take *more than twice* the amount you were told to take on the box or bottle?

   1 ☐ Yes

   2 ☐ No

   How often – on the average – did you take medicine that would make you go to the bathroom in order to not gain weight after eating a really big amount of food?

   1 ☐ Less than once a week

   2 ☐ Once a week

   3 ☐ Two or three times a week

   4 ☐ Four or five times a week

   5 ☐ More than five times a week

10. During the past 3 months, did you ever *not eat anything at all* for at least 24 hours (a full day) to keep from gaining weight after eating a *really big* amount of food?

   1 ☐ Yes

   2 ☐ No ➔ go to question 11, next page

   How often – on the average – did you do that?

   1 ☐ Less than once a week

   2 ☐ Once a week

   3 ☐ Two or three times a week

   4 ☐ Four or five times a week

   5 ☐ More than five times a week

E. Eating Habits

11. During the past 3 months, did you ever exercise *for more than one hour* at a time <u>only</u> to keep from gaining weight after eating a *really big* amount of food?

    1 ☐ Yes

    2 ☐ No ➔ go to question 12, below

    How often – on the average – did you do that?

    1 ☐ Less than once a week

    2 ☐ Once a week

    3 ☐ Two or three times a week

    4 ☐ Four or five times a week

    5 ☐ More than five times a week

12. During the past 3 months, did you ever take diet pills to keep from gaining weight after eating a *really big* amount of food?

    1 ☐ Yes

    2 ☐ No ➔ Go to Section F, "Resource Use," next page

    Did you ever take more than twice the amount you were told to take on the box or bottle?

    1 ☐ Yes

    2 ☐ No

    How often – on the average – did you take diet pills to keep from gaining weight after eating a really big amount of food?

    1 ☐ Less than once a week

    2 ☐ Once a week

    3 ☐ Two or three times a week

    4 ☐ Four or five times a week

    5 ☐ More than five times a week

F. Resource Use

1. Think of all the exercise and physical activity you do when you're not at work. Choose the box below that best describes how you feel about those activities

   1 ☐ I like, enjoy, and get satisfaction from activities

   2 ☐ I'm neutral, or don't care about them one way or the other

   3 ☐ I do not like, enjoy, or get satisfaction from activities

2. In a normal week, how many hours do your spouse, family, and friends spend exercising with you?

   ☐☐ hours

   1 ☐ None

3. In the past year, which of the following items have you bought for your own use to promote your fitness, health, and well being? Please check all that apply.

   1 ☐ Bicycle

   2 ☐ Skis or snowboard

   3 ☐ Exercise videos

   4 ☐ Free weights, dumbbells, hand & ankle weights

   5 ☐ Golf clubs

   6 ☐ Home gym

   7 ☐ Rowing or skiing machine, stair-stepper

   8 ☐ Stationary bicycle

   9 ☐ Roller blades, ice skates, or roller skates

   10 ☐ Treadmill

   11 ☐ Basketball, volley ball, soccer, or water aerobics equipment

   12 ☐ Other, specify ____

   13 ☐ None

F. Resource Use

4. In the past year, what services have you purchased for your own use to promote your fitness, health, and well being? Please check all that apply.

1 ☐ Exercise, aerobic, or dance classes
2 ☐ Health club or gym membership
3 ☐ Weight loss spa or camp
4 ☐ Other, specify
5 ☐ Personal trainer
6 ☐ None

5. In the past year, how many pairs of exercise shoes (walking, running, or sport-specific shoes) have you purchased for your own use?

☐☐ Number of pairs

6. In the past year, about how much money have you spent on special clothing for exercise (such as socks, underwear, special shoes, etc.)?

1 ☐ None
2 ☐ $1 - $100
3 ☐ $101 - $250
4 ☐ $251 - $500
5 ☐ $501 and over

7. In a normal week, about how many hours do you yourself spend shopping for and preparing food for yourself?

☐☐ Hours

1 ☐ None

8. In a normal week, how many hours do your spouse, family and friends spend shopping for and preparing food for you?

☐☐ Hours

1 ☐ None

9. In the past year, have you paid to join a weight loss program such as Weight Watchers, Jenny Craig, Optifast, Nutra System, or Overeaters Anonymous?

1 ☐ Yes
2 ☐ No

F. Resource Use

10. In the past year, which, if any, of the following items have you purchased to help you prepare foods for your own consumption? Check all that apply.

1 ☐ Air popper (popcorn)
2 ☐ Blender
3 ☐ Cook books
4 ☐ Cooking videos
5 ☐ Freezer
6 ☐ Food scale
7 ☐ Wok or electric grill
8 ☐ Microwave
9 ☐ Mixer or food processor
10 ☐ Steamer
11 ☐ Pots and pans for low fat cooking
12 ☐ Other, specify
13 ☐ None

11. About how many minutes does it take you to travel to your usual Look AHEAD visit?

☐☐☐ Minutes

12. When you go to a Look AHEAD visit and other doctor or nurse visits, how often do your spouse, family, or friends go with you? Please check one box.

1 ☐ Almost always
2 ☐ Usually
3 ☐ Half the time
4 ☐ Rarely
5 ☐ Almost never