Behaviors

PID:

Acrostic:

Visit:

Date Form Completed: mm/dd/yyyy

Administration Type:
()
(1) Self-administered
(2) Mailed
(3) Telephone
(4) Interviewer-administered
(5) Home
(6) Administered to Proxy

Administered by: STAFF II

Language:
(1) English
(2) Spanish
(3) Navajo

A. Tobacco Use

1. **Do you smoke cigarettes?**

{tqsmkcur} {smallint 2}
() --
(1) 1 - Yes (Go to Question 2)
(2) 2 - No

2. **Do you smoke cigarettes every day or some days?**

{tqsmfreq} {smallint 2}
() --
(1) 1 - Every day
(2) 2 - Some

B. Alcohol Use

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

{aldrksyr} {smallint 2}
() --
(1) 1 - Yes
(2) 2 - No

Thinking about your usual or normal week...

C. Eating Patterns

1. **How many days out of the 7-day week do you eat breakfast?** {epbrfst7} {int 4} days/wk

2. **How many days out of the 7-day week do you eat lunch/brunch?** {eplunch7} {int 4} days/wk

3. **How many days out of the 7-day week do you eat dinner?**

{epdinner7} {int 4}
[ ] days/wk

4.
Counting all meals and any snacks you may have, how many times a day do you usually eat?

{epeatcount} {int 4}
[ ] times/day

5. How many days a week do you eat out at...	Breakfast	Brunch/Lunch	Dinner
a. Fast food restaurants for:	{epffbrfst} {int 4} [ ] days/wk	{epfflunch} {int 4} [ ] days/wk	{epffdinner} {int 4} [ ] days/wk
b. Other types of restaurants for:	{epobrfst} {int 4} [ ] days/wk	{epolunch} {int 4} [ ] days/wk	{epodinner} {int 4} [ ] days/wk

6.
In the past 6 months, have you experienced any food cravings (i.e., intense desires to eat a specific food)?

{epcrave6} {smallint 2}

() --
(1) 1 - Yes
(2) 2 - No

D. Weight Control Practices

1.
How often do you weigh yourself?

{wcweigh} {smallint 2}

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

2. For each item on the list:	Did you do this in the last year?		For how many weeks did you do this?
a. Count fat grams?	{wcfatgrams} {smallint 2}	() -- (1) 1 - Yes (number of weeks) (2) 2 - No	{wcweeksa} {int 4} [ ]
b. Cut out between meal snacking?	{wcsnacks} {smallint 2}	() -- (1) 1 - Yes (number of weeks) (2) 2 - No	{wcweeksb} {int 4} [ ]
c. Eat less high carbohydrate foods like bread or potatoes?	{wccarbs} {smallint 2}	() -- (1) 1 - Yes (number of weeks) (2) 2 - No	{wcweeksc} {int 4} [ ]
d. Keep a graph of your weight?	{wcgraph} {smallint 2}	() -- (1) 1 - Yes (number of weeks) (2) 2 - No	{wcweeksd} {int 4} [ ]
e. Use a very low calorie diet?	{wclowcal} {smallint 2}	() -- (1) 1 - Yes (number of weeks) (2) 2 - No	{wcweekse} {int 4} [ ]
f. Reduce number of calories you eat?	{wcreduce} {smallint 2}	() -- (1) 1 - Yes (number of weeks) (2) 2 - No	{wcweeksf} {int 4} [ ]
g. Smoke cigarettes?	{wcsmoke} {smallint 2}	() -- (1) 1 - Yes (number of weeks) (2) 2 - No	{wcweeksg} {int 4} [ ]

Question	Variable	Options	Weeks
h. Record what you eat daily?	{wcrecord} {smallint 2}	() -- (1) 1 - Yes (number of weeks) (2) 2 - No	{wcweeksh} {int 4}
i. Decrease fat intake?	{wcdecrease} {smallint 2}	() -- (1) 1 - Yes (number of weeks) (2) 2 - No	{wcweeksi} {int 4}
j. Go to a weight loss group?	{wcgroup} {smallint 2}	() -- (1) 1 - Yes (number of weeks) (2) 2 - No	{wcweeksj} {int 4}
k. Eat meal replacements?	{wcmealrep} {smallint 2}	() -- (1) 1 - Yes (number of weeks) (2) 2 - No	{wcweeksk} {int 4}
l. Keep a graph of your exercise?	{wcexercise} {smallint 2}	() -- (1) 1 - Yes (number of weeks) (2) 2 - No	{wcweeksl} {int 4}
m. Cut out sweets and junk food...?	{wcsweets} {smallint 2}	() -- (1) 1 - Yes (number of weeks) (2) 2 - No	{wcweeksm} {int 4}
n. Increase fruits and vegetables?	{wcfruit} {smallint 2}	() -- (1) 1 - Yes (number of weeks) (2) 2 - No	{wcweeksn} {int 4}
o. Fast...(at least 24 hours)?	{wcfast} {smallint 2}	() -- (1) 1 - Yes (number of weeks) (2) 2 - No	{wcweekso} {int 4}
p. Count calories?	{wccount} {smallint 2}	() -- (1) 1 - Yes (number of weeks) (2) 2 - No	{wcweeksp} {int 4}
q. Take diet pills?	{wcdpills} {smallint 2}	() -- (1) 1 - Yes (number of weeks) (2) 2 - No	{wcweeksq} {int 4}
r. Increase your exercise levels?	{wcincrease} {smallint 2}	() -- (1) 1 - Yes (number of weeks) (2) 2 - No	{wcweeksr} {int 4}
s. Eat special low calorie diet foods?	{wcdiet} {smallint 2}	() -- (1) 1 - Yes (number of weeks) (2) 2 - No	{wcweekss} {int 4}
t. Use home exercise equipment?	{wcequip} {smallint 2}	() -- (1) 1 - Yes (number of weeks) (2) 2 - No	{wcweekst} {int 4}
u. Drink fewer alcoholic beverages?	{wclessalc} {smallint 2}	() -- (1) 1 - Yes (number of weeks) (2) 2 - No	{wcweeksu} {int 4}
v. Record your exercise daily?	{wcdaily} {smallint 2}	() -- (1) 1 - Yes (number of weeks) (2) 2 - No	{wcweeksv} {int 4}
w. Eat less meat?	{wcless} {smallint 2}	() -- (1) 1 - Yes (number of weeks) (2) 2 - No	{wcweeksw} {int 4}
x. Other	{wcother} {smallint 2}	() -- (1) 1 - Yes (number of weeks) (2) 2 - No	{wcweeksx} {int 4}
Please specify:			
y. Alli/Orlistat over the counter	{wcorlistat} {smallint 2}	() -- (1) 1 - Yes (number of weeks) (2) 2 - No	{wcweeksy} {int 4}

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

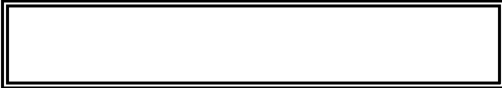
7. Have you made any attempts to stop drinking in the past five years?

   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



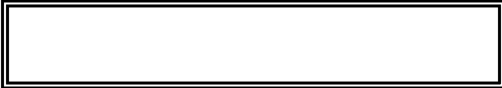
Thinking about your usual or normal week . . .

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?

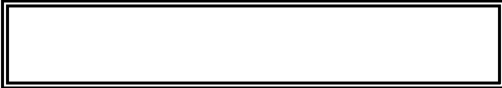
   1 ☐ Yes
   2 ☐ No

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 ➔	☐☐