

INSTRUCTIONS: This survey is being conducted by the Jefferson County Department of Public Health and asks some questions about health and health practices. Please read each statement and mark the appropriate answer.

SECTION ONE — PHYSICAL ACTIVITY

1. When you are at work, which of the following best describes what you do?

- 1 Mostly sitting or standing
- 2 Mostly walking
- 3 Mostly heavy labor or physically demanding work
- 4 Not Employed
- 98 Don't know / Not sure

We are interested in two types of physical activity — vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

2. In a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?

- 1 Yes 2 No 98 Don't know / Not sure

3. How many days per week do you do these moderate activities for at least 10 minutes at a time?

_____ Number of days

- Do not do any moderate physical activity for at least 10 minutes at a time?
- Don't know / Not sure

4. On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

_____ Hours per day _____ Minutes per day Don't know / Not sure

5. In a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?

- 1 Yes 2 No 98 Don't know / Not sure

6. How many days per week do you do these vigorous activities for at least 10 minutes at a time?

_____ Days per week

- Do not do any vigorous physical activity for at least 10 minutes at a time
- Don't know / Not sure

7. On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

_____ Hours per day _____ Minutes per day Don't know / Not sure

8. How often do you walk, run or bike ride on the Fairfield Loop Trails?

- _____ Per day Never
- _____ Per week Don't know / Not sure
- _____ Per month
- _____ Per year

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SECTION TWO — EATING HABITS

9. How often do you drink fruit juices such as orange, grapefruit, or tomato?

- Per day Never
 Per week Don't know / Not sure
 Per month
 Per year

10. Not counting juice, how often do you eat fruit?

- Per day Never
 Per week Don't know / Not sure
 Per month
 Per year

11. How often do you eat green salad?

- Per day Never
 Per week Don't know / Not sure
 Per month
 Per year

12. How often do you eat potatoes not including French fries, fried potatoes, or potato chips?

- Per day Never
 Per week Don't know / Not sure
 Per month
 Per year

13. How often do you eat carrots?

- Per day Never
 Per week Don't know / Not sure
 Per month
 Per year

14. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (A serving of vegetables at both lunch and dinner would be two servings.)

- Per day Never
 Per week Don't know / Not sure
 Per month
 Per year

15. Organic foods are foods that have been grown without using synthetic fertilizers, pesticides, antibiotics, additives, genetically modified organisms, irradiation, or sewage sludge. Organic food is also grown on land that has been chemical free for several years. How often do you eat organic food?

- Per day Never
 Per week Don't know / Not sure
 Per month
 Per year

16. How often do you eat foods that have been locally grown, that is, foods grown within 25 miles of where you live?

- Per day Never
 Per week Don't know / Not sure
 Per month
 Per year

SECTION THREE — GENERAL PHYSICAL and MENTAL HEALTH

17. Would you say that in general your health is:

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

18. Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

- Number of days None Don't know / Not sure

19. Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

- Number of days None Don't know / Not sure

20. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

- 1 Yes 2 No 98 Don't know / Not sure

21. Do you have one person you think of as your personal doctor or health care provider?

- 1 Yes 2 No 98 Don't know / Not sure



22. IF NO: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"

- 1 Yes, only one 2 More than one 3 No 98 Don't know / Not sure

23. Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

- 1 Yes 2 No 98 Don't know / Not sure

24. About how long has it been since you last visited a doctor for a routine checkup?

(A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.)

- 1 Within past year (anytime less than 12 months ago) 4 5 or more years ago
 2 Within past 2 years (1 year but less than 2 years ago) 98 Don't know / Not sure
 3 Within past 5 years (2 years but less than 5 years ago) 99 Never

25. During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?

- Number of days None Don't know / Not sure

26. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

- 1 Yes 2 No 98 Don't know / Not sure

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27. Have you ever been told by a doctor that you have diabetes?

- 1 Yes 2 No 98 Don't know / Not sure

28. IF YES, Have you been monitoring your blood glucose (sugar) closely?

- 1 YES, I have been for **MORE** than 6 months
 2 YES, I have been, but for **LESS** than 6 months
 3 NO, but I intend to in the next 30 days
 4 NO, but I intend to in the next 6 months
 5 NO, and I **DO NOT** intend to in the next 6 months

29. If you have been told by a doctor that you have diabetes, was this only when you were pregnant?

- 1 Yes 2 No 3 No, pre-diabetes or borderline diabetes 98 Don't know / Not sure

Has a doctor, nurse, or other health professional EVER told you that you had any of the following?**30. Heart attack, also called a myocardial infarction?**

- 1 Yes 2 No 98 Don't know / Not sure

31. Angina or coronary heart disease?

- 1 Yes 2 No 98 Don't know / Not sure

32. Stroke?

- 1 Yes 2 No 98 Don't know / Not sure

33. Do you consistently avoid eating high fat foods?

- 1 YES, I have been for **MORE** than 6 months
 2 YES, I have been, but for **LESS** than 6 months
 3 NO, but I intend to in the next 30 days
 4 NO, but I intend to in the next 6 months
 5 NO, and I **DO NOT** intend to in the next 6 months

34. Have you been eating a diet high in fiber?

- 1 YES, I have been for **MORE** than 6 months
 2 YES, I have been, but for **LESS** than 6 months
 3 NO, but I intend to in the next 30 days
 4 NO, but I intend to in the next 6 months
 5 NO, and I **DO NOT** intend to in the next 6 months

35. Have you been trying to lose weight?

- 1 YES, I have been for **MORE** than 6 months
 2 YES, I have been, but for **LESS** than 6 months
 3 NO, but I intend to in the next 30 days
 4 NO, but I intend to in the next 6 months
 5 NO, and I **DO NOT** intend to in the next 6 months

36. Do you exercise three times a week for at least 20 minutes each time?

- 1 YES, I have been for **MORE** than 6 months
- 2 YES, I have been, but for **LESS** than 6 months
- 3 NO, but I intend to in the next 30 days
- 4 NO, but I intend to in the next 6 months
- 5 NO, and I **DO NOT** intend to in the next 6 months

37. Have you attempted to reduce the amount of stress in your daily life?

- 1 YES, I have been for **MORE** than 6 months
- 2 YES, I have been, but for **LESS** than 6 months
- 3 NO, but I intend to in the next 30 days
- 4 NO, but I intend to in the next 6 months
- 5 NO, and I **DO NOT** intend to in the next 6 months

38. Do you have heart problems?

- 1 Yes 2 No 98 Don't know / Not sure

39. IF YOU HAVE HEART PROBLEMS, Have you been monitoring your cholesterol?

- 1 YES, I have been for **MORE** than 6 months
- 2 YES, I have been, but for **LESS** than 6 months
- 3 NO, but I intend to in the next 30 days
- 4 NO, but I intend to in the next 6 months
- 5 NO, and I **DO NOT** intend to in the next 6 months

40. IF YOU HAVE HEART PROBLEMS, Have you been monitoring your blood pressure?

- 1 YES, I have been for **MORE** than 6 months
- 2 YES, I have been, but for **LESS** than 6 months
- 3 NO, but I intend to in the next 30 days
- 4 NO, but I intend to in the next 6 months
- 5 NO, and I **DO NOT** intend to in the next 6 months

41. IF YOU HAVE HEART PROBLEMS, Have you been monitoring your salt intake?

- 1 YES, I have been for **MORE** than 6 months
- 2 YES, I have been, but for **LESS** than 6 months
- 3 NO, but I intend to in the next 30 days
- 4 NO, but I intend to in the next 6 months
- 5 NO, and I **DO NOT** intend to in the next 6 months

42. Have you been getting 7-8 hours of sleep a night?

- 1 YES, I have been for **MORE** than 6 months
- 2 YES, I have been, but for **LESS** than 6 months
- 3 NO, but I intend to in the next 30 days
- 4 NO, but I intend to in the next 6 months
- 5 NO, and I **DO NOT** intend to in the next 6 months

SECTION FOUR — SMOKING & RESPIRATORY HEALTH

43. Have you ever been told by a doctor, nurse, or other health professional that you had asthma?

- 1 Yes 2 No 98 Don't know / Not sure

44. Do you still have asthma?

- 1 Yes 2 No 98 Don't know / Not sure

45. Have you smoked at least 100 cigarettes (5 Packs) in your entire life?

- 1 Yes 2 No 98 Don't know / Not sure

46. Do you now smoke cigarettes every day, some days, or not at all?

- 1 Every day 2 Some days 3 Not at all 98 Don't know / Not sure

47. Have you quit smoking?

- 1 YES, I have been for **MORE** than 6 months
 2 YES, I have been, but for **LESS** than 6 months
 3 NO, but I intend to in the next 30 days
 4 NO, but I intend to in the next 6 months
 5 NO, and I **DO NOT** intend to in the next 6 months
 6 Non Smoker

48. How long has it been since you last smoked cigarettes regularly?

- 1 Within the past month (less than 1 month ago)
 2 Within the past 3 months (1 month but less than 3 months ago)
 3 Within the past 6 months (3 months but less than 6 months ago)
 4 Within the past year (6 months but less than 1 year ago)
 5 Within the past 5 years (1 year but less than 5 years ago)
 6 Within the past 10 years (5 years but less than 10 years ago)
 7 10 years or more
 8 Never smoked regularly
 98 Don't know / Not sure

49. Have you ever used or tried any smokeless tobacco products such as chewing tobacco, snuff, or snus (Swedish for snuff)?

- 1 Yes 2 No 98 Don't know / Not sure

50. Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

- 1 Every day 2 Some days 3 Not at all 98 Don't know / Not sure

51. On how many of the past 7 days, did someone smoke in your indoor workplace while you were there?

- _____ Number of days (1–7 days) Did not work in the past 7 days
 I do not work indoors most of the time None Don't know / Not sure

52. On how many of the past 7 days, did anyone smoke in your home while you were there?

- _____ Number of days (1–7 days)
 I was not at home in the past 7 days
 None
 Don't know / Not sure

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53. Which statement BEST describes the rules about smoking inside your home? Do not include decks, garages, or porches.

- 1 Smoking is not allowed anywhere inside my home
 2 Smoking is allowed in some places or at some times
 3 Smoking is allowed anywhere inside my home
 4 There are no rules about smoking inside my home
 98 Don't know / Not sure

54. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

- 1 Yes 2 No 98 Don't know / Not sure

SECTION FIVE — BEVERAGE & ALCOHOL CONSUMPTION

55. During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

- 1 Yes 2 No [Go to section 6] 98 Don't know / Not sure [Go to section 6]

56. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?

- ____ Days per week
 ____ Days in past 30 days
 No drinks in past 30 days [Go to section 6]
 Don't know / Not sure

57. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

- (One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.)
 ____ Number of drinks Don't know / Not sure

58. Have you been limiting the amount of alcohol you've been consuming?

- 1 YES, I have been limiting alcohol consumption for **MORE** than 6 months
 2 YES, I have been limiting alcohol consumption, but for **LESS** than 6 months
 3 NO, but I intend to limit my alcohol consumption in the next 30 days
 4 NO, but I intend to limit my alcohol consumption in the next 6 months
 5 NO, and I **DO NOT** intend to in the next 6 months
 6 Non Drinker

59. Considering all types of alcoholic beverages, how many times during the past 30 days did you have [5 for men, 4 for women] or more drinks on an occasion?

- ____ Number of times None Don't know / Not sure

60. During the past 30 days, what is the largest number of drinks you had on any occasion?

- ____ Number of drinks Don't know / Not sure

61. How often do you use seat belts when you drive or ride in a car? Would you say—

- 1 Always 98 Don't know / Not sure
 2 Nearly always 99 Never drive or ride in a car
 3 Sometimes
 4 Seldom
 5 Never

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62. During the past 30 days, how many times have you driven when you've had perhaps too much to drink?

____ Number of times None Don't know / Not sure

SECTION SIX — GENERAL WELL BEING

63. How often do you get the social and emotional support you need (please include any source)?

- 1 Always
 2 Usually
 3 Sometimes
 4 Rarely
 5 Never
 98 Don't know / Not sure

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

1 Very satisfied 2 Satisfied 3 Dissatisfied 4 Very dissatisfied 98 Don't know / Not sure

65. During the past 30 days, for about how many days have you felt sad, blue, or depressed?

____ Number of days None Don't know / Not sure

66. During the past 30 days, for about how many days have you felt worried, tense, or anxious?

____ Number of days None Don't know / Not sure

67. During the past 30 days, for about how many days have you felt very healthy and full of energy?

____ Number of days None Don't know / Not sure

68. Over the last 2 weeks, how many days have you had little interest or pleasure in doing things?

____ Number of days (1–14 days) None Don't know / Not sure

69. Over the last 2 weeks, how many days have you felt down, depressed or hopeless?

____ Number of days (1–14 days) None Don't know / Not sure

70. Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much?

____ Number of days (1–14 days) None Don't know / Not sure

71. Over the last 2 weeks, how many days have you felt tired or had little energy?

____ Number of days (1–14 days) None Don't know / Not sure

72. Over the last 2 weeks, how many days have you had a poor appetite or eaten too much?

____ Number of days (1–14 days) None Don't know / Not sure

73. Over the last 2 weeks, how many days have you felt bad about yourself or that you were a failure or had let yourself or your family down?

____ Number of days (1–14 days) None Don't know / Not sure

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74. Has a doctor or other healthcare provider EVER told you that you had an anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder)?

1 Yes 2 No 98 Don't know / Not sure

75. Has a doctor or other healthcare provider EVER told you that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

1 Yes 2 No 98 Don't know / Not sure

76. How often do you use techniques designed to enhance the mind's capacity to affect bodily function and symptoms such as relaxation, mediation, or prayer?

____ Per day Never
 ____ Per week Don't know / Not sure
 ____ Per month
 ____ Per year

77. What is the name of your technique or program? _____

SECTION SEVEN — GENERAL PROFILE INFORMATION

78. What is your age?

____ Age in years 98 Don't know / Not sure

78. Are you Hispanic or Latino?

1 Yes 2 No 98 Don't know / Not sure

79. Which one of these groups would you say best represents your race?

- 1 White
 2 Black or African American
 3 Asian
 4 Native Hawaiian or Other Pacific Islander
 5 American Indian or Alaska Native
 6 Other [specify] _____
 98 Don't know / Not sure

80. What is your Marital Staus?

- 1 Married 5 A member of an unmarried couple
 2 Divorced 6 Never married
 3 Widowed
 4 Separated

81. How many children less than 18 years of age live in your household?

____ Number of children None

82. What is the highest grade or year of school you completed?

- 1 Never attended school or only attended kindergarten
 2 Grades 1 through 8 (Elementary)
 3 Grades 9 through 11 (Some high school)
 4 Grade 12 or GED (High school graduate)
 5 College 1 year to 3 years (Some college or technical school)
 6 College 4 years or more (College graduate)

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83. What is your employment Status?

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired
- 8 Unable to work

84. What is your annual household income from all sources?

- 1 Less than \$10,000
- 2 Less than \$15,000
- 3 Less than \$20,000
- 4 Less than \$25,000
- 5 Less than \$35,000
- 6 Less than \$50,000
- 7 Less than \$75,000
- 8 \$75,000 or more
- 98 Don't know / Not sure

85. About how much do you weigh without shoes?

___ Weight Don't know / Not sure

86. About how tall are you without shoes?

___ / ___ Height Don't know / Not sure

87. How much did you weigh a year ago? [If you were pregnant a year ago, how much did you weigh before your pregnancy?]

___ Weight Don't know / Not sure

88. What is your ZIP Code where you live?

_____ ZIP Code Don't know / Not sure

89. Gender?

- 1 Male 2 Female

