

VETERANS WALK FOR HEALTH



Dear Participant,

Thank you for your participation in this walking and nutrition study.

If you have questions or would like the study coordinator to read the questions to you, please don't hesitate to ask. This survey should take approximately 20 – 30 minutes to complete.

If we publish results from the study, your individual responses will not be published, nor will your name be revealed. However, if you feel uncomfortable answering any of the questions, even knowing that your name will not be revealed, please skip those questions.

Thank you for your help with this important study.

Sincerely,

HEALTH STATUS

Instructions: The following items ask for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities.

Please answer every question by marking the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can.

H1. In general, would you say your health is:

- | | | |
|----------------|---|---------------------|
| Excellent..... | 1 | |
| Very good..... | 2 | |
| Good..... | 3 | (Circle one number) |
| Fair..... | 4 | |
| Poor..... | 5 | |

H2. The following questions are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much?

(Circle 1, 2, or 3 on each line)

	Yes Limited <u>A Lot</u>	Yes, Limited <u>A Little</u>	No, Not Limited <u>At All</u>
a. Moderate activities , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.....	1	2	3
b. Climbing several flights of stairs.....	1	2	3

H3. During the **PAST 4 WEEKS**, have you had any of the following problems with your work or other regular daily activities **as a result of your PHYSICAL HEALTH?**

(Please answer YES or NO for each question by circling 1 or 2 on each line.)

- | | Yes | No |
|--|-----|----|
| a. Accomplished less than you would like | 1 | 2 |
| b. Were limited in the kind of work or other activities | 1 | 2 |

H4. During the **PAST 4 WEEKS**, have you had any of the following problems with your work or other regular daily activities **as a result of any EMOTIONAL PROBLEMS** (such as feeling depressed or anxious)?

(Please answer YES or NO for each question by circling 1 or 2 on each line.)

- | | Yes | No |
|--|-----|----|
| a. Accomplished less than you would like | 1 | 2 |
| b. Did work or other activities less carefully than usual | 1 | 2 |

H5. During the **PAST 4 WEEKS**, how much did **PAIN** interfere with your normal work (including both work outside the home and housework)?

- | | | |
|--------------------|---|---------------------|
| Not at all..... | 1 | |
| A little bit | 2 | |
| Moderately | 3 | (Circle one number) |
| Quite a bit..... | 4 | |
| Extremely | 5 | |

H6. These questions are about how you feel and how things have been with you during the **PAST 4 WEEKS**. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks...

(Circle one number on each line)

	All of the <u>Time</u>	Most of the <u>Time</u>	Some of the <u>Time</u>	A Little of the <u>Time</u>	None of the <u>Time</u>
a. Have you felt calm and peaceful?.....	1	2	3	4	5
b. Did you have a lot of energy?	1	2	3	4	5
c. Have you felt downhearted and blue?	1	2	3	4	5

H7. During the **PAST 4 WEEKS**, how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting with friends, relatives, etc.)?

- All of the time..... 1
- Most of the time 2
- Some of the time..... 3
- A little of the time..... 4
- None of the time..... 5

(Circle one number)

STAGES OF CHANGE

Check the box that describes how you feel about each statement. Please be **very honest** about your responses so we can better serve you. If a statement does not apply to you or you do not understand it, skip it and go to the next question. Please choose one answer only for each question, and place an X in the appropriate box.

How do you feel about the following.....?

	This has not crossed my mind.	I should be doing this, but do not.	I am ready to do this.	I do this, but not regularly.	I always do this.
C1. Avoiding junk food	1	2	3	4	5
C2. Making healthier food selections when eating out	1	2	3	4	5
C3. Eating at least 5 servings of fruits and vegetables daily	1	2	3	4	5
C4. Removing tempting snack foods from your environment	1	2	3	4	5
C5. Eating only when you are hungry	1	2	3	4	5
C6. Exercising regularly 3 or more times per week	1	2	3	4	5
C7. Limiting snacking in the evening	1	2	3	4	5
C8. Eating smaller portion sizes	1	2	3	4	5
C9. Writing down what you are eating daily	1	2	3	4	5
C10. Attending weekly weight loss classes	1	2	3	4	5
C11. Eating meals at regular times	1	2	3	4	5

How do you feel about the following.....?

	This has not crossed my mind.	I should be doing this, but do not.	I am ready to do this.	I do this, but not regularly.	I always do this.
C12. Having salad dressings on the side	1	2	3	4	5
C13. Limiting the number of fast food meals you eat per week	1	2	3	4	5
C14. Keeping track of the number of servings you eat using the Food Guide Pyramid	1	2	3	4	5
C15. Preparing healthy meals to help you lose weight	1	2	3	4	5
C16. Resisting the desire to eat when you are bored	1	2	3	4	5
C17. Reading food labels in order to make healthier food choices	1	2	3	4	5
C18. Switching to low fat frozen desserts	1	2	3	4	5
C19. Cutting down your intake of pastries (donuts, danishes, cookies, cake, etc.)	1	2	3	4	5
C20. Decreasing your intake of high fat deli meats (salami, sausage, bologna)	1	2	3	4	5
C21. Reducing your intake of regular soda	1	2	3	4	5
C22. Switching to a lower fat milk	1	2	3	4	5
C23. Using regular mayonnaise less often	1	2	3	4	5

How do you feel about the following.....?

	This has not crossed my mind.	I should be doing this, but do not.	I am ready to do this.	I do this, but not regularly.	I always do this.
C24. Cutting back on your use of fats (oil, butter, margarine, etc.)	1	2	3	4	5
C25. Using a low fat salad dressing.	1	2	3	4	5
C26. Participating in a supervised exercise program	1	2	3	4	5
C27. Incorporating more low fat foods in your diet	1	2	3	4	5
C28. Cutting down your intake of candy.	1	2	3	4	5
C29. Limiting your intake of ice cream.	1	2	3	4	5
C30. Limiting meat to 6 ounces per day	1	2	3	4	5
C31. Cooking with broth in place of oil	1	2	3	4	5
C32. Managing stressful situations without turning to food for comfort	1	2	3	4	5
C33. Limiting your intake when eating at buffets	1	2	3	4	5
C34. Avoiding "Super-sized" options at fast-food restaurants	1	2	3	4	5
C35. Balancing food intake throughout the day	1	2	3	4	5
C36. Baking or broiling instead of frying	1	2	3	4	5
C37. Counting calories to lose weight	1	2	3	4	5

How do you feel about the following.....?

	This has not crossed my mind.	I should be doing this, but do not.	I am ready to do this.	I do this, but not regularly.	I always do this.
C38. Limiting intake of cream-based soups	1	2	3	4	5
C39. Involving those close to you to support your weight loss effort	1	2	3	4	5
C40. Making healthier snack choices	1	2	3	4	5
C41. Using nonfat cooking spray when sautéing or pan-frying	1	2	3	4	5
C42. Limiting your intake of fried foods (French fries, onion rings, etc.)	1	2	3	4	5

PHYSICAL ACTIVITY

Physical activity or exercise includes activities such as walking briskly, jogging, bicycling, swimming, or any other activity in which the exertion is at least as intense as a brisk walk.

Please answer every question by marking the answer that indicates how confident you are that you could be physically active in each of the following situations.

E1. I can be physically active even when I am tired.

- Not at all Confident1
- Slightly Confident2
- Moderately Confident3 (Circle one number)
- Quite a bit Confident4
- Extremely Confident5

E2. I can be physically active even when I am in a bad mood.

- Not at all Confident1
- Slightly Confident2
- Moderately Confident3 (Circle one number)
- Quite a bit Confident4
- Extremely Confident5

E3. I can be physically active even when I feel I don't have time.

Not at all Confident1

Slightly Confident2

Moderately Confident3 (Circle one number)

Quite a bit Confident4

Extremely Confident5

E4. I can be physically active even when it is raining or snowing.

Not at all Confident1

Slightly Confident2

Moderately Confident3 (Circle one number)

Quite a bit Confident4

Extremely Confident5

LEISURE TIME ACTIVITY

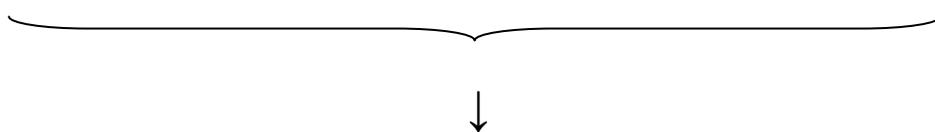
Please answer the questions below by marking the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can.

P1. Over the **past 7 days**, how often did you participate in sitting activities such as reading, watching TV, or doing handcrafts?

Never 1	Seldom 2 (1 - 2 Days)	Sometimes 3 (3 - 4 Days)	Often 4 (5 – 7 Days)
---	--	---	---



Go to Question P2.



P1a. What were these activities?

P1b. On average, how many hours per day did you engage in these sitting activities?

Less than 1 Hour1

1 But Less Than 2 Hours2 (Circle one answer)

2 – 4 Hours3

More than 4 Hours4

P2. Over the **past 7 days**, how often did you take a walk outside your home or yard for any reason? For example, for fun or exercise, walking to work, walking the dog, etc.?

Never 1	Seldom 2 (1 - 2 Days)	Sometimes 3 (3 - 4 Days)	Often 4 (5 - 7 Days)
----------------	---------------------------------	------------------------------------	--------------------------------



Go to Question P3.



P2a. On average, how many hours per day did you spend walking?

Less than 1 Hour1

1 But Less Than 2 Hours2 (Circle one answer)

2 - 4 Hours3

More than 4 Hours4

P3. Over the **past 7 days**, how often did you engage in light sport or recreational activities, such as bowling, golf with a cart, shuffleboard, fishing from a boat or pier or other similar activities?

Never	1	Seldom	2	Sometimes	3	Often	4
		(1 - 2 Days)		(3 - 4 Days)		(5 - 7 Days)	



Go to Question P4.



P3a. What were these activities?

P3b. On average, how many hours per day did you engage in these light sport or recreational activities?

Less than 1 Hour1

1 But Less Than 2 Hours2 (Circle one answer)

2 - 4 Hours3

More than 4 Hours4

P4. Over the **past 7 days**, how often did you engage in moderate sport or recreational activities, such as double tennis, ballroom dancing, hunting, ice skating, golf without a cart, softball or other similar activities?

Never	1	Seldom	2	Sometimes	3	Often	4
		(1 - 2 Days)		(3 - 4 Days)		(5 - 7 Days)	



Go to Question P5.



P4a. What were these activities?

P4b. On average, how many hours per day did you engage in these moderate sport or recreational activities?

Less than 1 Hour1

1 But Less Than 2 Hours2 (Circle one answer)

2 - 4 Hours3

More than 4 Hours4

P5. Over the **past 7 days**, how often did you engage in strenuous sport or recreational activities, such as jogging, swimming, cycling, singles tennis, aerobic dance, skiing (downhill or cross- country) or other similar activities?

Never 1	Seldom 2 (1 - 2 Days)	Sometimes 3 (3 - 4 Days)	Often 4 (5 - 7 Days)
----------------	---------------------------------	------------------------------------	--------------------------------



Go to Question P6.



P5a. What were these activities?

P5b. On average, how many hours per day did you engage in these strenuous sport or recreational activities?

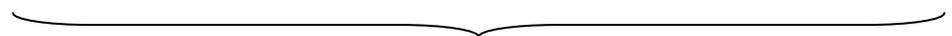
- Less than 1 Hour1
- 1 But Less Than 2 Hours2 (Circle one answer)
- 2 - 4 Hours3
- More than 4 Hours4

P6. Over the **past 7 days**, how often did you do any exercises specifically to increase muscle strength and endurance, such as lifting weights or pushups, etc?

Never 1	Seldom 2 (1 - 2 Days)	Sometimes 3 (3 - 4 Days)	Often 4 (5 - 7 Days)
----------------	---------------------------------	------------------------------------	--------------------------------



Go to Question P7.



P6a. What were these activities?

P6b. On average, how many hours per day did you engage in exercises to increase muscle strength and endurance?

Less than 1 Hour1

1 But Less Than 2 Hours2 (Circle one answer)

2 - 4 Hours3

More than 4 Hours4

HOUSEHOLD ACTIVITY

P7. During the **past 7 days**, have you done any light housework, such as dusting or washing dishes?

No1

Yes2

(Circle one number)

P8. During the **past 7 days**, have you done any heavy housework or chores, such as vacuuming, scrubbing floors, washing windows, or carrying wood?

No1

Yes2

(Circle one number)



You're more than halfway there!!

Keep up the good work!!

P9. During the **past 7 days**, did you engage in any of the following activities?

Please answer **YES** or **NO** for each item.

		<u>NO</u>	<u>YES</u>
P9a.	Home repairs like painting, wallpapering, electrical work, etc.	1	2
P9b.	Lawn work or yard care, including snow or leaf removal, wood chopping, etc.	1	2
P9c.	Outdoor gardening	1	2
P9d.	Caring for another person, such as children, dependent spouse, or another adult	1	2

WORK-RELATED ACTIVITY

P10. During the **past 7 days**, did you work for pay or as a volunteer?

NO	1	YES	2
-----------	---	------------	---



Go to Question S1.

P10a. How many hours per week did you work for pay and/or as a volunteer?

_____ **HOURS**

P10b. Which of the following categories best describes the amount of physical activity required on your job and/or volunteer work?

Mainly sitting with slight arm movements.
[**Examples:** office worker, watchmaker, seated assembly line worker, bus driver, etc.] 1

Sitting or standing with some walking.
[**Examples:** cashier, general office worker, light tool and machinery worker.] 2

Walking, with some handling of materials generally weighing less than 50 pounds.
[**Examples:** mailman, waiter/ waitress, construction worker, heavy tool and machinery worker.] 3

Walking and heavy manual work often requiring handling of materials weighing over 50 pounds.
[**Examples:** lumberjack, stone mason, farmer or general laborer.] 4

PARTICIPANT SATISFACTION

Please place an **X** in the box of the most appropriate response.

S1. When you had important questions to ask your dietitian, did you get answers you could understand?

- [1] Yes, always
- [2] Yes, sometimes
- [3] No
- [4] Didn't have questions

S2. Did you have confidence and trust in the dietitian treating you?

- [1] Yes, always
- [2] Yes, sometimes
- [3] No

S3. How would you rate the courtesy of your dietitian?

- [1] Poor
- [2] Fair
- [3] Good
- [4] Very Good
- [5] Excellent

S4. How would you rate the availability of your dietitian?

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

S5. Did you feel like you were treated with respect and dignity during your nutritional counseling sessions?

- [1] Yes, always
- [2] Yes, sometimes
- [3] No

S6. Did your dietitian explain recommended changes in your diet in a way you could understand?

- [1] Yes, completely
- [2] Yes, somewhat
- [3] No

S7. Did you have enough to say about your dietary treatment?

- [1] Yes, definitely
- [2] Yes, somewhat
- [3] No

S8. Did you find the nutritional counseling handouts helpful?

- [1] Yes, very helpful
- [2] Yes, somewhat helpful
- [3] No, not helpful
- [4] I did not get any nutritional counseling handouts.

S9. Did you feel that the nutritional counseling sessions helped you improve your diet?

- [1] Yes, helped a lot
- [2] Yes, helped somewhat
- [3] No

S10. Did your dietitian explain how to start a walking program in a way that you could understand?

- [1] Yes, completely
- [2] Yes, somewhat
- [3] No

S11. Did you have enough to say about your walking program including, setting walking goals?

- [1] Yes, definitely
- [2] Yes, somewhat
- [3] No

S12. Did you feel that the walking helped increase your overall level of physical activity?

- [1] Yes, helped a lot
- [2] Yes, helped somewhat
- [3] No

S13. Did anyone (family, friends, coworkers) who learned about your walking program start their own walking program?

- [1] Yes, several people – About how many? _____
- [2] Yes, at least one person
- [3] Not that I know of.

S14. Did you talk to a healthcare provider (a doctor or nurse) other than your dietitian about your walking program?

[1] No



Go to Question S15.

[2] Yes



<i>NAME OF PROVIDER</i>	<i>SPECIALTY</i>

IF YOU DID NOT USE A PEDOMETER TO COUNT YOUR STEPS, SKIP TO QUESTION NUMBER S23 ON PAGE 28.

S15. How comfortable was wearing the pedometer?

- [1] Very comfortable
- [2] Somewhat comfortable
- [3] Not comfortable

S16. Did you have trouble remembering to put the pedometer on in the morning?

- [1] Yes, often had trouble remembering
- [2] Yes, sometimes had trouble remembering
- [3] No

S17. Did you feel that the pedometer was accurately counting your steps throughout the day?

- [1] Yes, always
- [2] Yes, sometimes
- [3] No

S18. Did you have any problems using the pedometer?

S19. What did you like most about using the pedometer?

S20. How much money would you consider paying to continue using the pedometer for one more year?

IF YOU DID NOT USE A COMPUTER TO LOOK AT YOUR PEDOMETER RESULTS, SKIP TO QUESTION S23 BELOW.

S21. How often did you upload your pedometer step- count data to a computer?

- [1] Almost every day or more often
- [2] A few times a week
- [3] Once a week
- [4] Less than once a week

S22. Did viewing your step- count data help you increase your walking?

- [1] Yes, helped a lot
- [2] Yes, helped somewhat
- [3] No

S23. How would you rate the overall quality of the nutritional counseling and walking program that you received as a part of this study?

- [1] Poor
- [2] Fair
- [3] Good
- [4] Very Good
- [5] Excellent

S24. Did you have any problems with or complaints about the nutritional counseling and walking program?

S25. What was the thing you liked the most about the nutritional counseling and walking program?

S26. If you could change one thing to improve the nutritional counseling and walking program, what would it be?

MEDICAL HISTORY

Please answer YES or NO for each question by circling 1 or 2 on each line. If you are unsure about how to answer a question, please ask the study coordinator for help.

Have you ever been diagnosed or treated for any of the following health problems?

	Yes	No
M1. Angina or Chest Pain from heart disease	1	2
M2. Congestive Heart Failure	1	2
M3. Heart Attack	1	2
M4. High Blood Pressure	1	2
M5. High Cholesterol	1	2
M6. Diabetes	1	2
M7. Lung Disease, Emphysema, Asthma, or Bronchitis	1	2
M8. Arthritis	1	2
M9. Osteoporosis or thin bones	1	2
M10. Mental Health Problems (such as Depression, Anxiety Attacks, Manic-Depression, or Schizophrenia)	1	2
M11. Chronic Pain	1	2
M12. Hip or Knee Joint Replacement Surgery	1	2
M13. Cancer other than Skin Cancer	1	2
M14. Stroke	1	2
M15. Kidney Disease	1	2
M16. Liver Disease	1	2
M17. HIV/AIDS	1	2
M18. Any other major health problem	1	2
M18a. If yes to M18, what is the other major health problem?		

Thank you for completing this survey!



All finished!!
Thanks for your
participation!!