***Program staff: Before continuing, please check all information in header above is complete.***

**Comprehensive Participant Questionnaire**

Special Diabetes Program for Indians

***Participant:*** *Answering these questions is completely voluntary.**If there are questions you would not like to answer, you can skip them.**Also, your answers will be confidential. Some of the answers may not match exactly how you would answer the questions. When this happens, choose the answer that is closest to how you feel, think, act, or what you know. If you have any questions, please ask the program staff member for help. After you complete the survey, please return it to the program staff member.*

1. Date Form Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

**About Your Physical Activities**

1. The following questions are about your physical activities – those activities where you move and your heart beats faster than when you are just resting. You may do these activities for pleasure, work, or to get from one place to another. The following questions ask about how much physical activity you usually do. They also ask about intensity, which is related to the amount of energy you use to do these activities.

Examples of different physical activity intensity levels:

* **Light activity level:** Your heart beats slightly faster than normal; you can talk and sing. Examples include walking slowly, stretching, vacuuming, or light yard work.
* **Moderate activity level:** Your heart beats faster than normal; you can talk but not sing. Examples include fast walking, aerobics class, doing weights, and swimming gently.
* **Vigorous activity level:** Your heart beat increases a lot; you can’t talk or your talk is broken up by large breaths. Examples include jogging, running, basketball, or hiking up a steep hill.

Please think back on the **past 30 days** and choose the **best** statement below:

|  |  |
| --- | --- |
| I do 20 minutes or more per day of **vigorous** physical activities, 3 or more days a week | □ |
| I do 30 minutes or more per day of **moderate** physical activities, 5 or more days a week. | □ |
| I do **vigorous** physical activities every week, but less than 20 minutes a day, 3 days a week | □ |
| I do **moderate** physical activities every week, but less than 30 minutes a day, 5 days a week | □ |
| I do some **light** physical activity every week | □ |
| I do some **light** or **moderate** physical activities, but not every week | □ |
| I rarely or never do any physical activities | □ |

Please think back on the **past 30 days** and respond **Yes** or **No: Yes No**

I do activities to increase muscle **strength**, such as lifting weights, once a week or more □ □

I do activities to improve **flexibility**, such as stretching or yoga, once a week or more □ □

**About What You Eat**

1. Please think about what you usually ate or drank during the **past 30 days**. Read each item carefully and indicate one response for each. How often did you…

|  | **More than once a day** | **About once a day** | **2-3 times per week** | **About once a week** | **1-3 times a month** | **Never (or less than once a month)** |
| --- | --- | --- | --- | --- | --- | --- |
| 1. eat **bacon** or **sausage**? (Do not include low-fat, light, or turkey varieties) | □1 | □2 | □3 | □4 | □5 | □6 |
| 1. eat **processed meat** (for example lunch meat, hot dogs made of beef or pork, spam, corned beef)? | □1 | □2 | □3 | □4 | □5 | □6 |
| 1. eat **whole grain bread** (for example, whole wheat, rye, oatmeal, or pumpernickel sandwich bread or rolls, corn tortillas)? | □1 | □2 | □3 | □4 | □5 | □6 |
| 1. eat **bread from processed flour** (for example, white sandwich bread or rolls, round pueblo bread, flour tortillas)? | □1 | □2 | □3 | □4 | □5 | □6 |
| 1. eat **Frybread** or other fried pastries? | □1 | □2 | □3 | □4 | □5 | □6 |
| 1. eat other **baked goods** (for example, doughnuts, Danish, coffee cake, cookies, pies or cakes)? | □1 | □2 | □3 | □4 | □5 | □6 |
| 1. drink **regular soft drinks/pop/soda** (for example, Slushees, Coke, bottled drinks like Snapple)? (Do not include diet drinks). | □1 | □2 | □3 | □4 | □5 | □6 |
| 1. drink **100% fruit juice**? (for example, orange, grapefruit, apple, and grape juices). (Do not count fruit drinks, such as Kool-Aid, lemonade, Cranberry Juice Cocktail, Hi-C, and Tang). | □1 | □2 | □3 | □4 | □5 | □6 |
| 1. add **sugar** (or honey) and/or **creamer** to your coffee or tea? | □1 | □2 | □3 | □4 | □5 | □6 |
| 1. eat **fruit**? Count fresh, frozen, dried, or canned fruit. Do not count juices. | □1 | □2 | □3 | □4 | □5 | □6 |
| 1. use **regular fat salad dressing** or **mayonnaise**, including on salad and sandwiches? Do not include low-fat, light, or diet dressings. | □1 | □2 | □3 | □4 | □5 | □6 |
| 1. eat **lettuce** or **green leafy salad** (for example, cabbage and spinach, with or without other vegetables)? | □1 | □2 | □3 | □4 | □5 | □6 |
| 1. eat **French fries, fried potatoes, tater tots or hash brown potatoes**?... | □1 | □2 | □3 | □4 | □5 | □6 |
| 1. eat **cooked dried beans** (for example, refried beans, baked beans, bean soup, and pork and beans)? | □1 | □2 | □3 | □4 | □5 | □6 |
| 1. eat **“red”** **meat** (for example, beef, pork or salt pork , veal, lamb, liver, kidneys )? | □1 | □2 | □3 | □4 | □5 | □6 |
| 1. eat **fish, chicken, game**? | □1 | □2 | □3 | □4 | □5 | □6 |
| 1. eat **vegetables** (for example, squash, okra, corn, zucchini, seaweed, kelp)? Count any form of vegetable – raw, cooked, canned, or frozen. Do not count lettuce salads, white potatoes, cooked dried beans, or rice. | □1 | □2 | □3 | □4 | □5 | □6 |
| 1. eat **fast food** from a restaurant or store (for example, hamburgers, pizza, fried chicken, or chimichangas/tacos)? | □1 | □2 | □3 | □4 | □5 | □6 |

**About Your Health**

1. Other health problems can sometimes get in the way of our doing everything we’d like about living healthier lives.

* Below is a list of common conditions. Please indicate if you currently have the condition. If you do not have the condition, mark “No” and go to the next condition.

|  | **Do you currently have?** |
| --- | --- |
|  | **Yes No** |
| 1. Heart disease | □1 □2 |
| 1. High blood pressure | □1 □2 |
| 1. Lung disease | □1 □2 |
| 1. Ulcer or stomach disease | □1 □2 |
| 1. Kidney disease | □1 □2 |
| 1. Liver disease | □1 □2 |
| 1. Anemia or other blood disease | □1 □2 |
| 1. Cancer | □1 □2 |
| 1. Depression | □1 □2 |
| 1. Arthritis | □1 □2 |
| 1. Back pain | □1 □2 |

**Thank you!**