

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Physical Activity:** In the past 7 days, how many days did you exercise? \_\_\_\_\_ days

On days when exercised, for how long did you exercise (in minutes)? \_\_\_\_\_ minutes per day  Does not apply

How intense was your typical exercise?  Light (stretching, slow walking)  Moderate (brisk walking)

Heavy (jogging or swimming)  Very Heavy (fast running or stair climbing)  I am currently not exercising.

**Tobacco Use:** In the last 30 days, have you used tobacco? Smoked:  Yes  No

Used a smokeless tobacco product:  Yes  No

If Yes to either, would you be interested in quitting tobacco use within the next month?  Yes  No

**Alcohol Use:** In the past 7 days, on how many days did you drink alcohol? \_\_\_\_\_ days

On days when you drank alcohol, how often did you have (5 or more for men under the age of 65, 4 or more for women and those men and women over the age of 65) alcoholic drinks on one occasion?  Never

Once during the week  2-3 times during the week  More than 3 times during the week

Do you ever drive after drinking, or ride with a driver who has been drinking?  Yes  No

**Nutrition:** In the past 7 days, how many servings of fruit and vegetables did you typically eat each day? (1 serving = 1 cup of fresh vegetables, ½ cup of cooked vegetable, or 1 medium piece of fruit. 1 cup = size of a baseball.)

\_\_\_\_\_ servings per day

In the past 7 days, how many servings of high fiber or whole grain foods did you typically eat each day? (1 serving = 1 slice of 100% whole wheat bread, 1 cup of whole grain or high-fiber ready-to-eat cereal, ½ cup of cooked cereal such as oatmeal, or ½ cup of cooked brown rice or whole wheat pasta.) \_\_\_\_\_ servings per day

In the past 7 days, how many servings of fried or high-fat foods did you typically eat each day? (Examples include fried chicken, fried fish, bacon, French fries, potato chips, corn chips, doughnuts, creamy salad dressings, and foods made with whole milk, cream, or mayonnaise.) \_\_\_\_\_ servings per day

In the past 7 days, how many sugar-sweetened (not diet) beverages did you typically consume each day? \_\_\_\_\_

**Seat Belt Use:** Do you always fasten your seat belt when you are in a car?  Yes  No

**Depression:** In the past 2 weeks, how often have you felt little interest or pleasure in doing things?  Almost all of the time  Most of the time  Some of the time  Almost never

Have your feelings caused you distress or interfered with your ability to get along socially with family or friends?  Yes  No

**Anxiety:** In the past 2 weeks, how often have you felt nervous, anxious, or on edge?  Almost all of the time  Most of the time  Some of the time  Almost never

In the past 2 weeks, how often were you not able to stop worrying or control your worrying?  Almost all of the time  Most of the time  Some of the time  Almost never

**High Stress:** How often is stress a problem for you in handling such things as: Your health? Your finances? Your family or social relationships? Your work?  Never or rarely  Sometimes  Often  Always

**Social/Emotional Support:** How often do you get the social and emotional support you need?  Always  Usually  Sometimes  Rarely  Never

**Pain:** In the past 7 days