# SNAP Audit

| Patient ID | ppt_id [affix ID label here] | Date Form Completed | Month | Day | Year |
|---|---|---|---|---|---|
| Administration Type | | Visit Code | vcode | Reviewed by | |

1. How often do you have a drink containing alcohol? au_howoften

   0 ❑ never (SKIP TO Q9) 1 ❑ monthly or less 2 ❑ two to four times a month 3 ❑ two to three times per week 4 ❑ four or more times a week

au_howmany

2. How many drinks containing alcohol do you have on a typical day when you are drinking?

   0 ❑ 1 or 2 1 ❑ 3 or 4 2 ❑ 5 or 6 3 ❑ 7 to 9 4 ❑ 10 or more

3. How often do you have six or more drinks on one occasion? au_6ormore

   0 ❑ never 1 ❑ less than monthly 2 ❑ monthly 3 ❑ two to three times per week 4 ❑ four or more times a week

4. How often during the last year have you found that you were not able to stop drinking once you had started? au_cantstop

   0 ❑ never 1 ❑ less than monthly 2 ❑ monthly 3 ❑ two to three times per week 4 ❑ four or more times a week

5. How often during the last year have you failed to do what was normally expected from au_howoften drinking?

   0 ❑ never 1 ❑ less than monthly 2 ❑ monthly 3 ❑ two to three times per week 4 ❑ four or more times a week

6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

   0 ❑ never 1 ❑ less than monthly 2 ❑ monthly 3 ❑ two to three times per week 4 ❑ four au_morning week

7. How often during the last year have you had a feeling of guilt or remorse after drinking? au_guilt

   0 ❑ never 1 ❑ less than monthly 2 ❑ monthly 3 ❑ two to three times per week 4 ❑ four or more times a week

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking? au_remember

   0❑ never  1❑ less than monthly  2❑ monthly  3❑ two to three times per week  4❑ four or more times a week

9. Have you or someone else been injured as a result of your drinking? au_hurt

   0❑ no  2❑ yes, but not in the last year  4❑ yes, during the last year

10. Has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down? au_concern

   0❑ no  2❑ yes, but not in the last year  4❑ yes, during the last year

# SNAP Bio-Electrical Impedance

Patient ID ppt_id *[affix ID label here]*

Date Form Completed Month Day Year

Administration Type

Visit Code vcode

## Measure 1

Measurement of hand/wrist electrodes: ___ . _ cm (must be ≥ 8.0 cm)
hwelectrode

Measurement of foot/ankle electrodes: ___ . _ cm (must be ≥ 8.0 cm)
faelectrode

Resistance: ____ ohms
resistance

Reactance: ____ ohms
reactance

# SNAP Blood Specimen Collection

Patient ID ppt_id *[affix ID label here]*

Date Form Completed Month Day Year

Administration Type    Visit Code    vcode

## Blood Specimen Collection

1. Have you been ill in the past 24 hours (e.g., cold, flu, fever, vomiting)?

   1❑ Yes    bldsick24
   2❑ No

2. What time and date did you last eat and/or drink anything other than water, including candy and chewing gum?

   __ __ : __ __   1❑ A.M.  2❑ P.M.    Month Day Year

   bldeathr    bldeatmn    bldeatampm

3. Was the fasting blood sample drawn?

   blddrawn
   1❑ Yes
   2❑ No ➔ Reason:

4. Date and time fasting sample was drawn

   __ __ : __ __   1❑ A.M.  2❑ P.M.    Month Day Year

   bldfshr    bldfsmn    bldfsampm

5. Time samples were spun

   __ __ : __ __   1❑ A.M.  2❑ P.M.

   bldsphr    bldspmn    bldspampm

6. Blood tubes should be drawn in the following order. **Check all tubes that were drawn.** Only collect the DNA tubes at the 2 year visit, if they were not collected at baseline.

   ❑ 7.5 ml tiger-top SST (serum analysis)

   ❑ 5 ml pearl-top PPT (plasma storage)

   ❑ 8.5 ml yellow-top (DNA storage)

Affix laboratory label here

Technician ID

| | | | | |
|---|---|---|---|---|
| | | | | |

# SNAP CES-D

| | | | |
|---|---|---|---|
| Patient ID | ppt_id *[affix ID label here]* | Date Form Completed | Month / Day / Year |
| Administration Type | | Visit Code | vcode |

Below is a list of the ways you might have felt or behaved. Please tell me how often you have felt this way during the past week.

| | During the Past Week | | | |
|---|---|---|---|---|
| | Rarely or none of the time (less than 1 day) | Some or a little of the time (1-2 days) | Occasionally or a moderate amount of time (3-4 days) | Most or all of the time (5-7 days) |
| 1. I was bothered by things that usually don't bother me. | 0❑ cesd_bother | 1❑ | 2❑ | 3❑ |
| 2. I did not feel like eating; my appetite was poor. | 0❑ cesd_appetite | ❑ | 2❑ | 3❑ |
| 3. I felt that I could not shake off the blues even with help from my family or friends. | 0❑ cesd_blues | 1❑ | 2❑ | 3❑ |
| 4. I felt I was just as good as other people. | 0❑ cesd_good | 1❑ | 2❑ | 3❑ |
| 5. I had trouble keeping my mind on what I was doing. | 0❑ cesd_mind | 1❑ | 2❑ | 3❑ |
| 6. I felt depressed. | 0❑ cesd_depress | ❑ | 2❑ | 3❑ |
| 7. I felt that everything I did was an effort. | 0❑ cesd_effort | ❑ | 2❑ | 3❑ |
| 8. I felt hopeful about the future. | 0❑ cesd_future | ❑ | 2❑ | 3❑ |
| 9. I thought my life had been a failure. | 0❑ cesd_failure | ❑ | 2❑ | 3❑ |
| 10. I felt fearful. | 0❑ cesd_fearful | ❑ | 2❑ | 3❑ |
| 11. My sleep was restless. | 0❑ cesd_restless | ❑ | 2❑ | 3❑ |
| 12. I was happy. | 0❑ cesd_happy | ❑ | 2❑ | 3❑ |
| 13. I talked less than usual | 0❑ cesd_talk | ❑ | 2❑ | 3❑ |
| 14. I felt lonely. | 0❑ cesd_lonely | ❑ | 2❑ | 3❑ |
| 15. People were unfriendly. | 0❑ cesd_people | ❑ | 2❑ | 3❑ |

| | During the Past Week | | | |
|---|---|---|---|---|
| | Rarely or none of the time (less than 1 day) | Some or a little of the time (1-2 days) | Occasionally or a moderate amount of time (3-4 days) | Most or all of the time (5-7 days) |
| 16. I enjoyed life. | 0❑ cesd_life | ❑ | 2❑ | 3❑ |
| 17. I had crying spells. | 0❑ cesd_cry | ❑ | 2❑ | 3❑ |
| 18. I felt sad. | 0❑ cesd_sad | ❑ | 2❑ | 3❑ |
| 19. I felt that people dislike me. | 0❑ cesd_dislike | ❑ | 2❑ | 3❑ |
| 20. I could not get "going." | 0❑ cesd_going | ❑ | 2❑ | 3❑ |

# SNAP Demographics

| Patient ID | ppt_id<br>*[affix ID label here]* | Date Form Completed | Month | Day | Year |
|---|---|---|---|---|---|
| Administration Type | | Visit Code | | vcode | |

1. Contact Information

   Current address:

   Telephone:

   Email:

2. What is the highest grade in school you <u>finished</u>? (Mark one)

   1❑ Did not finish elementary school
   2❑ Finished middle school (8th grade)
   3❑ Finished some high school
   4❑ High school graduate or G.E.D.
   5❑ Vocational or training school after high school
   6❑ Some college or Associate degree
   7❑ College graduate or Baccalaureate Degree
   8❑ Masters (MS) or Doctoral Degree (PhD, MD, JD, etc.)

3. What is your current relationship status? (Mark one)

   1❑ Single or casually dating
   2❑ In a committed relationship or engaged
   3❑ Living in a marriage like relationship
   4❑ Presently married
   5❑ Separated
   6❑ Divorced
   7❑ Widowed

4. Are you currently: (please check all that apply)

- 1❑ Working full-time work_full
- 1❑ Working part-time work_part
- 1❑ A full-time student student_full
- 1❑ A part-time student student_part

If in school, are you:

1❑ Freshman 2❑ Sophomore 3❑ Junior 4❑ Senior 5❑ Graduate Student

What school do you attend? [ ]

5. Which of these categories best describe your income (not the income of your household, but your own income) for the past 12 months? This should include income (before taxes) from all sources, wages, veteran's benefits, help from relatives, rent from properties and so on.

- 1❑ Less than $5,000
- 2❑ $5,000 through $11,999
- 3❑ $12,000 through $15,999
- 4❑ $16,000 through $24,999
- 5❑ $25,000 through $34,999
- 6❑ $35,000 through $49,999
- 7❑ $50,000 through $74,999
- 8❑ $75,000 through $99,999
- 9❑ $100,000 and greater
- 10❑ Don't know

Where does your primary source of income come from?

- ❑ Full-time job
- ❑ Part-time job
- ❑ Student loans
- ❑ Grants/scholarships
- ❑ Parents
- ❑ Government assistance
- ❑ Unemployment
- ❑ Other: [ ]

6. What is your current weight? [ ][ ][ ] lbs

What was your weight 6 months ago? [ ][ ][ ] lbs

During the next 6 months, would you like to:

1❑ Lose weight? If you want to **lose** weight, how much? [ ][ ] lbs

2❑ Maintain weight?

3❑ Gain weight? If you want to **gain** weight, how much? [ ][ ] lbs

What do you consider to be your ideal weight? [ ][ ][ ] lbs

How much weight would you have to gain before you would become concerned? [ ][ ][ ] lbs

How much weight would you have to gain before you would do something about it? [ ][ ][ ] lbs

# SNAP EDA

| | | | |
|---|---|---|---|
| Patient ID ppt_id | [affix ID label here] | Date Form Completed | Month / Day / Year |
| Administration Type ☐ | Visit Code ☐☐ | vcode | |

1. During the past 6 months, did you ever eat what most people, like your friends, would think was a *really big* amount of food? edeat6mo — 1❑ Yes 0❑ No
   **(If no, go to question 5)**

   Did you ever eat a *really big* amount of food within a short time (2 hours or less?) — 1❑ Yes 0❑ No
   **(If no, go to question 5)** edeat2hr

2. When you ate a *really big* amount of food, did you ever feel that you could not stop eating? Did you feel that you could not control what or how much you were eating? edcontrol — 1❑ Yes 0❑ No

3. During the past 6 months, how often did you eat a *really big* amount of food with the feeling that your eating was out of control?

   There may have been some weeks when you did not eat this way at all. And some weeks you may have eaten like this a lot. But, in general, how often did this happen?

   1❑ Less than 1 day a week
   2❑ One day a week edfreq6m
   3❑ Two or three days a week
   4❑ Four or five days a week
   5❑ Almost every day

4. When you ate a really big amount of food and you could not control your eating, did you:

| | | | |
|---|---|---|---|
| a) | Eat very fast? edfast | 1❑ Yes | 0❑ No |
| b) | Eat until your stomach hurt or you felt sick in your stomach? edhurt | 1❑ Yes | 0❑ No |
| c) | Eat really big amounts of food even when you were not hungry? edbig | 1❑ Yes | 0❑ No |
| d) | Eat really big amounts of food during the day without regular meals like breakfast, lunch, dinner? edday | 1❑ Yes | 0❑ No |
| e) | Eat by yourself because you did not want anyone to see how much edalone | 1❑ Yes | 0❑ No |
| f) | Feel really bad about yourself after eating a lot of food? edbad | 1❑ Yes | 0❑ No |

5. During the past 6 months, how bad did you feel when you ate too much or more food than you think is best for you?

1❑ Not bad at all
2❑ Just a little bad
3❑ Pretty bad
4❑ Very bad
5❑ Very, very bad
6❑ I did not eat too much

edfeel1

6. How bad did you feel that you could not stop eating or could not control what or how much you were eating?

1❑ Not bad at all
2❑ Just a little bad
3❑ Pretty bad
4❑ Very bad
5❑ Very, very bad
6❑ I did not lose control over my eating

edfeel2

7. During the past 6 months, has your weight or the shape of your body mattered to how you feel about yourself? Compare this feeling to how you feel about other parts of your life – like how you get along with family and friends, and how you do at your job.

1❑ Weight and shape were not important at all to how I felt about myself
2❑ Weight and shape were somewhat important to how I felt about myself
3❑ Weight and shape were pretty important to how I felt about myself
4❑ Weight and shape were very important to how I felt about myself

edshape

8. During the past 3 months, did you ever make yourself vomit, throw up, or get sick to keep from gaining weight after eating a really big amount of food? 1❑ Yes 0❑ No

edvomit

How often, on average, did you do that?

1❑ Less than once a week
2❑ Once a week
3❑ Two or three times a week
4❑ Four or five times a week
5❑ More than five times a week

edvcount

9. During the past 3 months, did you ever take medicine (pills, liquid, gum, or powder) that would make you go to the bathroom in order to not gain weight after eating a really big amount of food?

1❑ Yes 0❑ No
edmeds

Were these laxatives (makes you have a bowel movement or B.M.) or diuretics (makes you urinate or pee)?

1❑ Laxatives edlax

1❑ Diuretics eddiur

1❑ Don't know eddk

During the past 3 months, did you ever take more than twice the amount you were told to take on the box or bottle?

1❑ Yes 0❑ No
edtwice

How often, on average, did you take medicine that would make you go to the bathroom in order to not gain weight after eating a really big amount of food?

1❑ Less than once a week

2❑ Once a week edfreq1

3❑ Two or three times a week

4❑ Four or five times a week

5❑ More than five times a week

10. During the past 3 months, did you ever not eat anything at all for at least 24 hours (a full day) to keep from gaining weight after eating a really big amount of food?

1❑ Yes 0❑ No
edfast24

How often, on average, did you do that?

1❑ Less than once a week

2❑ Once a week edfreq2

3❑ Two or three times a week

4❑ Four or five times a week

5❑ More than five times a week

11. During the past 3 months, did you ever exercise for more than one hour at a time only to keep from gaining weight after eating a really big amount of food?

1❑ Yes 0❑ No
edex1h

How often, on average, did you do that?

1❑ Less than once a week

2❑ Once a week

3❑ Two or three times a week edfreq3

4❑ Four or five times a week

5❑ More than five times a week

12. During the past 3 months, did you ever take diet pills to keep from gaining weight after eating a really big amount of food? 1❑ Yes 0❑ No

edpills

Did you ever take more than twice the amount you were told to take on the box or bottle? 1❑ Yes 0❑ No

edtwice2

How often, on average, did you take diet pills to keep from gaining weight after eating a really big amount of food?

edfreq4

1❑ Less than once a week

2❑ Once a week

3❑ Two or three times a week

4❑ Four or five times a week

5❑ More than five times a week

# SNAP Eating Inventory

| Patient ID | ppt_id [affix ID label here] | Date Form Completed | Month | Day | Year |
|---|---|---|---|---|---|
| Administration Type | | Visit Code | vcode | | |

Read each of the following statements carefully. If you agree with the statement, or feel that it is true as applied to you, select True. If you disagree with the statement, or feel that it is false as applied to you, select False. Be certain to answer every question.

| | | True | False |
|---|---|---|---|
| 1. | When I smell a sizzling steak or see a juicy piece of meat, I find it finmeal ılt to keep from eating, even if I have just finished a meal. | 1☐ | 0☐ |
| 2. | I usually eat too much at social occasions, like parties and picni eatsocial | 1☐ | 0☐ |
| 3. | When I have eaten my quota of calories, I am usually good about not eating quota more. | 1☐ | 0☐ |
| 4. | I deliberately take small helpings as a means of controlling my weight. smallhelp | 1☐ | 0☐ |
| 5. | Sometimes things just taste so good that I keep keepeat when I am no longer hungry. | 1☐ | 0☐ |
| 6. | When I feel anxious, I find myself eating. anxious | 1☐ | 0☐ |
| 7. | Life is too short to worry about dieting. lifeshort | 1☐ | 0☐ |
| 8. | Since my weight goes up and down, I have gone on reducing diets more tl reducediet | 1☐ | 0☐ |
| 9. | When I am with someone who is overeating, I usually overeat too. overeat | 1☐ | 0☐ |
| 10. | I have a pretty good idea of the number of calories in common foods. calfoods | 1☐ | 0☐ |
| 11. | Sometimes when I start eating, I just can't seem to stop. cantstop | 1☐ | 0☐ |
| 12. | It is not difficult for me to leave something on my plate. leaveplate | 1☐ | 0☐ |
| 13. | While on a diet, if I eat food that is no notallowed ciously eat less for a period of time to make up for it. | 1☐ | 0☐ |
| 14. | When I feel blue, I often overeat. blue | 1☐ | 0☐ |
| 15. | I enjoy eating too much to spoil it by counting calories or watching my wei enjoy | 1☐ | 0☐ |
| 16. | I often stop eating when I am not really full as a conscious means of li stopeat amount that I eat. | 1☐ | 0☐ |
| 17. | My weight has hardly changed at all in the last ten years. tenyears | 1☐ | 0☐ |

| | | True | False |
|---|---|---|---|
| 18. When I feel lonely, I console myself by eating. | lonely | 1❑ | 0❑ |
| 19. I consciously hold back at meals in order not to gain weight. | holdback | 1❑ | 0❑ |
| 20. I eat anything I want, any time I want. | anywant | 1❑ | 0❑ |
| 21. Without even thinking about it, I take a long time to eat. | longtime | 1❑ | 0❑ |
| 22. I count calories as a conscious means of controlling my weight. | countcal | 1❑ | 0❑ |
| 23. I do not eat some foods because they make me fat. | somefoods | 1❑ | 0❑ |
| 24. I pay a great deal of attention to changes in my figure. | chfigure | 1❑ | 0❑ |
| 25. While on a diet, if I eat a food that is not allowed, I often the ... at other high calorie foods. | splurge | 1❑ | 0❑ |
| 26. If I eat a little bit more on one day, I make up for it the next day. | nextday | 1❑ | 0❑ |
| 27. I pay attention to my figure, but I still enjoy a variety of foods. | varietyfood | 1❑ | 0❑ |
| 28. I prefer light foods that are not fattening. | lightfoods | 1❑ | 0❑ |
| 29. If I eat a little bit more during one meal, I make up for it at the next meal. | nextmeal | 1❑ | 0❑ |
| 30. I eat diet foods, even if they do not taste very good. | tastebad | 1❑ | 0❑ |
| 31. A diet would be too boring a way for me to lose weight. | dietboring | 1❑ | 0❑ |
| 32. I would rather skip a meal than stop in the middle of one. | ratherskip | 1❑ | 0❑ |
| 33. I alternate between times when I diet strictly and times when I don't attention to what and how much I eat. | alternate | 1❑ | 0❑ |
| 34. Sometimes I skip meals to avoid gaining weight. | skipgain | 1❑ | 0❑ |
| 35. I avoid some foods on principle even though I like them. | avoidprin | 1❑ | 0❑ |
| 36. I try to stick to a plan when I lose weight. | sticktoplan | 1❑ | 0❑ |
| 37. Without a diet plan I wouldn't know how to control my weight. | withoutdiet | 1❑ | 0❑ |
| 38. Quick success is most important for me during a diet. | quicksuccess | 1❑ | 0❑ |

## Eating Inventory (Part II)

Each question in this section is followed by a number of answer options. After reading each question carefully, select the option which most applies to you.

39. How often are you dieting in a conscious effort to control your weight?
   - 1❑ rarely
   - 2❑ sometimes
   - 3❑ usually
   - 4❑ always

   contwgt

40. Would a weight fluctuation of 5 pounds affect the way you live your life?
   - 1❑ not at all
   - 2❑ slightly
   - 3❑ moderately
   - 4❑ very much

   fluct5lb

41. Do your feelings of guilt about overeating help you to control your food intake?
   - 1❑ never
   - 2❑ rarely
   - 3❑ often
   - 4❑ always

   guilt

42. How conscious are you of what you are eating?
   - 1❑ not at all
   - 2❑ slightly
   - 3❑ moderately
   - 4❑ extremely

   whateat

43. How frequently do you *avoid* "stocking up" on tempting foods?
   - 1❑ almost never
   - 2❑ seldom
   - 3❑ usually
   - 4❑ almost always

   stockup

44. How likely are you to shop for low calorie foods?
   - 1❑ unlikely
   - 2❑ slightly likely
   - 3❑ moderately likely
   - 4❑ very likely

   lowcal

45. Do you eat sensibly in front of others and splurge alone?
   - 1❑ never
   - 2❑ rarely
   - 3❑ often
   - 4❑ always

   eatsens

46. How likely are you to consciously eat slowly in order to cut down on how much you eat?
   - 1❑ unlikely
   - 2❑ slightly likely
   - 3❑ moderately likely
   - 4❑ very likely

   eatslow

47. How likely are you to consciously eat less than you want?
   - 1❑ unlikely
   - 2❑ slightly likely
   - 3❑ moderately likely
   - 4❑ very likely

   eatless

48. Do you go on eating binges even though you are not hungry?
   - 1❑ never
   - 2❑ rarely
   - 3❑ sometimes
   - 4❑ at least once a week

   binges

49. Do you deliberately restrict your intake during meals even though you would like to eat more?

restrictintake

1❑ never
2❑ rarely
3❑ often
4❑ always

50. To what extent does this statement below describe your eating behavior?

"I start dieting in the morning, but because of any number of things that happen during the day, by evening I have given up and eat what I want, promising myself to start dieting again tomorrow."

startmorn

1❑ not like me
2❑ little like me
3❑ pretty good description of me
4❑ describes me perfectly

51. On a scale of 1 to 5, where 1 means no restraint in eating (eat whatever you want, whenever you want it) and 5 means total restraint (usually or constantly limiting food intake and rarely or never "giving in"), what number would you give yourself?

scale1to6

**Please choose only one statement below:**

1❑ eat whatever you want, whenever you want it
2❑ usually eat whatever you want, whenever you want it
3❑ often eat whatever you want, whenever you want it
4❑ often limit food intake, but often "give in"
5❑ usually or constantly limit food intake, rarely or never "give in"

# SNAP Exercise Habits

| Patient ID | ppt_id [affix ID label here] | Date Form Completed | Month | Day | Year |
|---|---|---|---|---|---|
| Administration Type | | Visit Code | vcode | | |

1. Was there anything about the past week that made exercising especially different for you in terms of extended illness, injury, or vacation? exerdif

   1❑ Yes If "YES," please complete this questionnaire about the previous "typical" week that occurred within the past 30 days.

   0❑ No If "NO," please complete this questionnaire about this past week.

2. First, we are interested in the number of flights of stairs you climbed on average **EACH DAY** in this week. We only want to know the number of flights you climb going UP - not down.

   ***When answering this question, One flight of Stairs = 10 steps if you know the number of steps.**

   ☐☐ flights per day flights

3. We want to know how much time you spent this week brisk walking for exercise or transportation. We are interested in bouts of walking that were at least 10 continuous minutes in duration. *This would include walking outside, at an indoor facility, or on a treadmill.*

   3a. How many days this week did you walk briskly for the purpose of exercise or transportation for at least 10 continuous minutes outside, at an indoor facility, or on a treadmill?

   ☐ days in this week brwalkd

   3b. On these days in which you walked briskly at least 10 continuous minutes, on average, how many minutes per day did you walk briskly?

   ☐☐☐ minutes per day brwalkm

4. Were there any other sport, fitness, or recreational activities in which you participated during this week? We are interested only in time that you were physically active while performing the activity.

   ***Note: Do not include "occupational" or "job related" activity as these are not considered to be sport, fitness, or recreational activity.**

   ***Note: Household activities such as cleaning, laundry, yard work and gardening are NOT to be included here as they are not considered to be a sport, fitness, or recreational activity.**

| Sport, Fitness, or Recreation | Days per week | Average Time per Day |
|---|---|---|
| a. | | minutes per day |
| b. | | minutes per day |
| c. | | minutes per day |
| d. | | minutes per day |
| e. | | minutes per day |
| f. | | minutes per day |
| g. | | minutes per day |
| h. | | minutes per day |
| i. | | minutes per day |
| j. | | minutes per day |

5. Would you say that during this week (the week used for questions 2-4) you were:

1❑ less active than usual

active

2❑ more active than usual

3❑ about as active than usual

6. At least once per week, do you engage in regular activity similar to brisk walking, jogging, bicycling, etc. long enough to work up a sweat, get your heart thumping, or get out of breath?

1❑ Yes     If "Yes," please indicate the number of days per week ☐ regactd

0❑ No

regact

Staff ID: ☐☐☐☐☐

# SNAP Follow-up Questionnaire

| Patient ID | [affix ID label here] ppt_id | Date Form Completed | Month | Day | Year |
|---|---|---|---|---|---|
| Administration Type | | Visit Code | vcode | | |

The following questions ask about changes you have made to manage your weight. Please base your responses on the changes that you have made over the past 4 months.

1. Have you done anything to manage your weight? ifmanage

   1❑ Yes   0❑ No   (**STOP**)

2. Did you make changes in your eating habits? ifchange1

   1❑ Yes   0❑ No   (SKIP TO QUESTION #3)

   a. How often did you make these changes? ifhowoften1

      1❑ Almost every day

      2❑ Periodically

      3❑ Only when I gained weight

   b. What type of changes did you make to your eating habits? ifchgtype1

      1❑ I made major changes in my diet (e.g., trying to cut my calories by 500-1000 per day)

      2❑ I made small changes in my diet (e.g., using skim milk instead of whole milk)

   c. How difficult was it to make these changes to your eating habits? ifdifficult1

      1❑ *Very easy*   2❑   3❑   4❑   5❑   6❑   7❑   8❑ *Very difficult*

3. Did you make changes in your exercise? ifchange2

   1❑ Yes   0❑ No   (**STOP**)

a. How often did you make these changes?

ifhowoften2

1❑ Almost every day

2❑ Periodically

3❑ Only when I gained weight

b. What type of changes did you make to your exercise habits?

ifchgtype2

1❑ I made major changes to my exercise routine (e.g., trying to aim for 250 minutes of activity each week)

2❑ I made small changes to my exercise routine (e.g., adding 2000 extras steps each day)

c. How difficult was it to make these changes to your exercise habits?

ifdifficult2

| 1❑ | 2❑ | 3❑ | 4❑ | 5❑ | 6❑ | 7❑ | 8❑ |
|---|---|---|---|---|---|---|---|
| *Very easy* | | | | | | | *Very difficult* |

# SNAP
## Group Session Attendance Form

**Visit Date:** ___ / ___ / ___ (DD/MM/YY) **Time:** ____:____________ (HH:MM AM/PM)

**Treatment Group:** Pre-populated **Cohort:** Pre-populated

**Group Session:**

**Year 1:** session

___**Session 1** ___**Session 2** ___**Session 3** ___**Session 4**
___**Session 5** ___**Session 6** ___**Session 7** ___**Session 8**
___**Session 9** ___**Session 10**

**Year 2 Refresher:**

___**Session 1** ___**Session 2** ___**Session 3** ___**Session 4**

**Year 3 Refresher:**

___**Session 1** ___**Session 2** ___**Session 3** ___**Session 4**

**Year 4 Refresher:**

___**Session 1** ___**Session 2** ___**Session 3** ___**Session 4**

| Participant | | Session Attendance (IP / WI / AA / MU / AB) | Weight (lb) | Returned Diary or Calendar (Yes / No / Not Applicable) |
|---|---|---|---|---|
| Last Name | First Name | | | |
| pid<br>Pre-populated | | sessionAttendance | session_weight | returnDiary |

**Note: Session attendance abbreviations: IP – attended group session; WI – attended, weigh-in only; AA – Alternative attendance (e.g., call-in, Skype); MU – make up; AB – did not attend**

**Staff ID:** ___________

# SNAP Health Behaviors

| Patient ID ppt_id | [affix ID label here] | Date Form Completed | Month | Day | Year |
|---|---|---|---|---|---|
| Administration Type | | Visit Code vcode | | | |

1. On average, how many days per week do you eat breakfast? brfst7

   0❑ 0  1❑ 1  2❑ 2  3❑ 3  4❑ 4  5❑ 5  6❑ 6  7❑ 7

2. On average, how many days per week do you eat lunch? lunch7

   0❑ 0  1❑ 1  2❑ 2  3❑ 3  4❑ 4  5❑ 5  6❑ 6  7❑ 7

3. On average, how many days per week do you eat dinner? dinner7

   0❑ 0  1❑ 1  2❑ 2  3❑ 3  4❑ 4  5❑ 5  6❑ 6  7❑ 7

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

   ☐☐ times eatcount

5. On average, how many days a week do you eat out at:

   a. Fast food restaurants for:

   | | Breakfast | Lunch | Dinner |
   |---|---|---|---|
   | | ffbrst ☐ days/wk | fflunch ☐ days/wk | ffdinner days/wk |

   b. Other types of restaurants for:

   | | Breakfast | Lunch | Dinner |
   |---|---|---|---|
   | | obrst ☐ days/wk | olunch days/wkv | odinner /wk |

6. In the past 30 days, how often did you consume non-diet, sugar-sweetened soft drinks? (For example, Coke, Sprite, Dr. Pepper, Pepsi, Mountain Dew, Orange Crush, Mr. Pibb, 7-Up, Fanta, root beer)

   0❑ None or less than one per week
   1❑ Once per week
   2❑ Twice per week sweetdrinks
   3❑ 3-4 times per week
   4❑ 5-6 times per week
   5❑ Every day

7. On the days you consumed <u>non-diet, sugar-sweetened</u> soft drinks over the last 30 days, how much did you drink?

   1❑ 1 can
   2❑ 1 20-ounce bottle
   3❑ 2 cans
   4❑ Big Gulp or 3 cans
   5❑ Other (please specify) ________________

   howmuchsweet

8. In the past 30 days, how often did you consume <u>diet</u> soft drinks? (For example, Diet Coke, Diet Sprite, Diet Dr. Pepper, Diet Pepsi)

   0❑ None or less than one per week
   1❑ Once per week
   2❑ Twice per week
   3❑ 3-4 times per week
   4❑ 5-6 times per week
   5❑ Every day

   dietdrinks

9. On the days you consumed <u>diet</u> soft drinks over the last 30 days, how much did you drink?

   1❑ 1 can
   2❑ 1 20-ounce bottle
   3❑ 2 cans
   4❑ Big Gulp or 3 cans
   5❑ Other (please specify) ________________

   howmuchdiet

**Alcohol Use**

10. 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? olunch — 1❑ Yes 0❑ No (END)

11. During the past 30 days, how many days did you have at least one drink of any alcoholic beverage? onedrink ☐☐

12. One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how may drinks did you drink on the average? howmanydrinks ☐☐

13. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 4 or more drinks on one occasion? (5 or more for men) drinks4 ☐☐

14. During the past 30 days, what is the largest number o mostdrinks on any occasion? ☐☐

**SNAP**
**Individual Contact Form (used for red zone and alert contacts)**

**Last Name:** ____________ **First Name:** ____________ **Date Initiated:** __ / ___ / ___
D_initia

**Participant ID:** Pre-populated ppt_id

**Who Initiated:** 1❑ **Clinic** 2❑ **Participant** initiated

**Intervention Group:** Pre-populated **Cohort:** Pre-populated

**Mode:**
- 1❑ **Phone call** mode
- 2❑ **E-mail**
- 3❑ **In person visit**
- 4❑ **Other; please specify:** other_mode ________________________________

**Purpose of Contact:**
- 1❑ **Red Zone Contact** purpose
- 1❑ **Alert Contact**
- 3❑ **Other; please specify:** other_purpose ________________________________

**Weight (lb)** weight ________________

**Notes (include all dates of contact attempts):** notes ______________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

**Staff ID:** __________ **Date:** ____________
**(DD/MM/YY)**

**SNAP**
**Individual Contact Form (used for red zone and alert contacts)**

**Last Name: ____________ First Name: ____________**

**Notes (include all dates of contact attempts):____________________________________**

# SNAP Intervention Modification

Patient ID ppt_id [affix ID label here]

Date Form Completed ☐☐ Month ☐☐ Day ☐☐ Year

Administration Type ☐ Visit Code ☐☐☐ vcode

1. Reason for intervention modification (choose one):

   1❑ Cardiovascular event
   2❑ BP alert value
   3❑ Physical injury
   4❑ Pregnancy
   5❑ Eating Disorder
   6❑ Excessive Weight Loss
   7❑ Other: ____________

2. Action taken (choose all that apply):

| | **Stopped (date)** | **Modified (date)** | **Other (specify & date)** | **Resumed (date)** |
|---|---|---|---|---|
| 1❑ Physical activity | | | | |
| 1❑ Diet | | | | |
| 1❑ Other | | | | |

3. Comments:

Completed by (Staff ID): ☐☐☐☐☐

**SNAP Life Events Questionnaire**

**(NOTE THIS HAS DIFFERENT VERSIONS DEPENDENT UPON VISIT, ASKS ABOUT EVENTS SINCE THE LAST SCHEDULED SNAP VISIT)**

| Patient ID | ppt_id *[affix ID label here]* | Date Form Completed | ☐☐ Month | ☐☐ Day | ☐☐ Year |
|---|---|---|---|---|---|
| Administration Type ☐ | Visit Code ☐☐☐ | vcode | | | |

I'm going to ask you about experiences that people have. Some of these things happen to most people at one time or another while some of these things happen only to a few.

A. In the last year, have any of these things happened to you?

| YES | NO | | |
|---|---|---|---|
| r_startsch | 0❑ | 1. Started school or training program after not going to school for a long time. | |
| 1❑ | 0❑ | 2. Had problems in school or training program. | r_probsch |
| 1❑ | 0❑ | 3. Changed school or training program. | r_changesch |
| 1❑ | 0❑ | 4. Graduated from school or training program. | r_graduate |
| 1❑ | 0❑ | 5. Started first, full-time permanent job. | r_firstjob |
| 1❑ | 0❑ | 6. Started a business or profession. | r_business |
| 1❑ | 0❑ | 7. Had a great deal of success at work. | r_success |
| 1❑ | 0❑ | 8. Promoted at work. | r_promoted |
| 1❑ | 0❑ | 9. Took on a greatly increased work load. | r_incwork |
| 1❑ | 0❑ | 10. Took a cut in wage or salary without a demotion. | r_cutwage |
| 1❑ | 0❑ | 11. Got a large increase in wage or salary without a promotion. | r_incwage |
| 1❑ | 0❑ | 12. Had troubles with your boss. | r_boss |
| 1❑ | 0❑ | 13. Demoted at work. | r_demoted |
| r_discrim | 0❑ | 14. Discriminated against on the basis of age, gender, orientation, race or ethnicity. | |
| 1❑ | 0❑ | 15. Quit a job. | r_quitjob |
| 1❑ | 0❑ | 16. Fired from a job. | r_firedjob |
| 1❑ | 0❑ | 17. Laid off from a job. | r_laidoff |
| 1❑ | 0❑ | 18. Had problems getting a new job. | r_probjob |
| 1❑ | 0❑ | 19. Stopped work for an extended period. | r_stopwork |

1❑ 0❑ 20. Changed jobs for a better one. r_jobbetter

1❑ 0❑ 21. Changed jobs for a worse one. r_jobworse

1❑ 0❑ 22. Unable to move after expecting to be able to move. r_unablemove

1❑ 0❑ 23. Moved out of parents' home. r_moveparents

1❑ 0❑ 24. Moved to a better residence or neighborhood. r_movebetter

1❑ 0❑ 25. Moved to a worse residence or neighborhood. r_moveworse

1❑ 0❑ 26. Lost home through flood, fire or other disaster. r_losthome

1❑ 0❑ 27. Went on welfare. r_welfareon

1❑ 0❑ 28. Went off welfare. r_welfareoff

1❑ 0❑ 29. Took out a mortgage on a house. r_mortgage

r_installment ❑ 30. Started buying a car, furniture or other large purchase on the installment plan.

1❑ 0❑ 31. Took up a new hobby, sport, craft or recreational activity. r_hobby

r_church ❑ 32. Increased church or synagogue, club, neighborhood or other organized activities.

1❑ 0❑ 33. Changed frequency of family get-togethers. r_family

1❑ 0❑ 34. Accused of something for which a person could be sent to jail. r_accused

1❑ 0❑ 35. Was arrested. r_arrested

1❑ 0❑ 36. Convicted or found guilty of a crime. r_convicted

1❑ 0❑ 37. Went to jail. r_jail

1❑ 0❑ 38. Physically assaulted or attacked, robbed or burglarized. r_robbed

1❑ 0❑ 39. Major physical illness or injury. r_illness

1❑ 0❑ 40. Problems from the use of alcohol. r_probalc

1❑ 0❑ 41. Started a romantic relationship. r_startaffair

1❑ 0❑ 42. Ended a romantic relationship. r_endaffair

1❑ 0❑ 43. Ended a relationship with a close friend. r_brokeup

1❑ 0❑ 44. Became engaged. r_engaged

1❑ 0❑ 45. Engagement broken. r_engagebroke

1❑ 0❑ 46. Got married. r_married

B. At any time since in the last year, were you married or living with someone in a marriage-like relationship?

1❑ YES r_relationship

0❑ NO (SKIP TO SECTION E)

C. During the past year, did any of the following happen to you?

| YES | NO | |
|---|---|---|
| r_relateworse | ❳ | 47. Relations with spouse/mate changed for the worse, without separation or divorce. |
| 1❑ | 0❑ | 48. Married couple separated. r_separated |
| 1❑ | 0❑ | 49. Became divorced. r_divorced |

D. During the past year, did any of the following happen to your spouse/mate?

| YES | NO | |
|---|---|---|
| 1❑ | 0❑ | 50. Stopped work for an extended period of time. r_spstopwk |
| 1❑ | 0❑ | 51. Returned to work after not working for a long time. r_spreturnwk |
| 1❑ | 0❑ | 52. Started full-time, permanent employment for the first time. r_spfirstwk |

E. During the past year, did any of these things happen to you or your spouse/mate?

| YES | NO | |
|---|---|---|
| 1❑ | 0❑ | 53. Found out that cannot have children. r_cannotchild |
| 1❑ | 0❑ | 54. Became pregnant and wanted baby. r_pregwant |
| 1❑ | 0❑ | 55. Unwanted pregnancy. r_pregnowant |
| 1❑ | 0❑ | 56. Miscarriage or stillbirth. r_miscarriage |
| 1❑ | 0❑ | 57. Abortion. r_abortion |
| 1❑ | 0❑ | 58. Birth of first child. r_birthfirst |
| 1❑ | 0❑ | 59. Birth of second or later child. r_birthother |
| 1❑ | 0❑ | 60. Gave up a child for adoption. r_gaveup |
| 1❑ | 0❑ | 61. Adopted a child. r_adopted |
| 1❑ | 0❑ | 62. Lost custody of a child. r_custody |

F. The last five questions I am going to ask you may be painful, but please try to answer them anyway. In the past year, did any of the following happen?

| YES | NO | |
|---|---|---|
| 1❑ | 0❑ | 63. Death of a close friend. r_deathfriend |
| 1❑ | 0❑ | 64. Death of one of your children. r_deathchild |
| 1❑ | 0❑ | 65. Death of a spouse/mate. r_deathspouse |
| 1❑ | 0❑ | 66. Death of a parent. r_deathparent |
| r_deathother | ❳ | 67. Death of a family member other than your spouse/mate/child/parent. |

# SNAP Medication Use

| | | | |
|---|---|---|---|
| Patient ID | ppt_id *[affix ID label here]* | Date Form Completed | Month / Day / Year |
| Administration Type | Visit Code (vode) | Reviewed by | |

## Medications

1. Go look at your medications. We are interested in all medications you are using. These include pills, skin patches, eye drops, creams, salves, and injections. Have you taken any medications in the last two weeks?

   1❑ Yes ➔ Please list the names of your medications below.
   2❑ No

med_name

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

# SNAP Orientation

| Patient ID | ppt_id [affix ID label here] | Date Form Completed | Month | Day | Year |
|---|---|---|---|---|---|
| Administration Type | | Visit Code | | | |

1. Orientation Status: 1❑ Did not attend 2❑ Refused 3❑ Temporarily Ineligible

   Comment:

2. Consent: 1❑ Yes 2❑ No

   Consent Date: __ __ / __ __ / __ __

   Consent for DNA: 1❑ Yes 2❑ No

   Consent for storage samples: 1❑ Yes 2❑ No

3. Handedness: 1❑ Left 2❑ Right

4. Smoking status: 1❑ Smoker 2❑ Non-smoker

*Note that only one weight can be entered into the system. The weight entered will be used to assess eligibility.*

5. Orientation Weight: __ __ __ . __ kg SV1 Weight: __ __ __ . __ kg

6. Height: __ __ __ . __ cm

7. BMI ineligible, reweigh at SV1: 1❑ Yes

   *If the participant is still BMI ineligible at SV1, uncheck this box.*

8. Screening Visit 1 Scheduled: 1❑ Yes 2❑ No

9. Schedule Screening Visit 1: __ __ / __ __ / __ __

# SNAP Participant Status Form

| Patient ID | *[affix ID label here]* | Date Form Completed | Month | Day | Year |
|---|---|---|---|---|---|
| Administration Type | | Visit Code | vcode | | |

1. What is the reason that the participant has stopped participating in the study and is no longer coming to data collection visits? (Choose all that apply)

   1❑ Unable to locate, lost to follow-up

   2❑ Participant refused further contact and has requested to discontinue as a participant in the study

   3❑ Refuses randomization assignment

   4❑ Participant has died

   5❑ Other reason (specify):

2. Did participant re-enter the study? 1❑ Yes 2❑ No

   Date: / /

   Explanation:

3. Comments

Completed by (Staff ID):

PI Signature: ______________________________ Date completed: / /

# SNAP PSS

| Patient ID | ppt_id *[affix ID label here]* | Date Form Completed | Month | Day | Year |
|---|---|---|---|---|---|
| Administration Type | | Visit Code | | vcode | |

The questions in this scale ask you about your feelings and thoughts during the last month. In each case, please indicate how often you felt or thought a certain way.

1. In the last month, how often have you felt that you were unable to control the important things in your life?

   controlimp

   0❑ never   1❑ almost never   2❑ sometimes   3❑ fairly often   4❑ ver

2. In the last month, how often have you felt confident about your ability to handle your personal problems?

   handleperson

   0❑ never   1❑ almost never   2❑ sometimes   3❑ fairly often   4❑ very often

3. In the last month, how often have you felt that things were going your way? goingway

   0❑ never   1❑ almost never   2❑ sometimes   3❑ fairly often   4❑ very often

4. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

   0❑ never   1❑ almost never   2❑ sometimes   3❑ fairly often   4❑ very often

   pilingup

## SNAP Perception of Program

**(NOTE THIS HAS DIFFERENT VERSIONS DEPENDENT UPON VISIT, ONLY BASELINE INCLUDED QUESTION 8)**

| Patient ID | ppt_id [affix ID label here] | Date Form Completed | Month | Day | Year |
|---|---|---|---|---|---|
| Administration Type | | Visit Code | vcode | | |

1. How hard do you think it would be to reduce your intake by 500-1000 calories per day and do about 50 minutes of physical activity on 5 days per week IF you had to do this for 8 weeks per year?

   1❑ 2❑ 3❑ 4❑ 5❑ 6❑ 7❑ 8❑
   Very easy ... Very difficult

   largehard

2. How confident are you that reducing your intake by 500-1000 calories per day and doing about 50 minutes of physical activity on 5 days per week for 8 weeks of the year would help you prevent weight gain?

   1❑ 2❑ 3❑ 4❑ 5❑ 6❑ 7❑ 8❑
   Not confident ... Very confident

   largeprevent

3. How confident are you that reducing your intake by 500-1000 calories per day and doing about 50 minutes of physical activity on 5 days per week for 8 weeks of the year would help you lose weight over the next year?

   1❑ 2❑ 3❑ 4❑ 5❑ 6❑ 7❑ 8❑
   Not confident ... Very confident

   largelose

4. How hard do you think it would be to reduce your intake by 100 calories per day and increase your activity by 100 calories per day (e.g., walking an extra 20 minutes or 1 mile each day) IF you had to do this every day of the year?

   smallhard

   1❑ 2❑ 3❑ 4❑ 5❑ 6❑ 7❑ 8❑
   Very easy ... Very difficult

5. How confident are you that reducing your intake by 100 calories per day and increasing your activity by 100 calories per day every day of the year would help you prevent weight gain?

   1❑ 2❑ 3❑ 4❑ 5❑ 6❑ 7❑ 8❑
   Not confident ... Very confident

   smallprevent

6. How confident are you that reducing your intake by 100 calories and increasing your activity by 100 calories per day every day of the year would help you to lose weight over the next year?

   smalllose

   1❑ 2❑ 3❑ 4❑ 5❑ 6❑ 7❑ 8❑

Not confident Very confident

7. Which approach do you think would be more effective for **you** in controlling your weight? bestapproach

   - ❑ sticking to a 1200-1500 cal/day diet and getting 50 minutes of activity on 5 days per week for 8 weeks of the year
   - ❑ reducing your intake by 100 calories and increasing your activity by 100 calories every day of the year

8. Although you cannot pick which group you are in, you may have a preference between the three programs. Which of the three groups would you prefer to receive?

   (**Note**: This information is not used in assigning participants to groups. As we have discussed, you will be assigned by chance to one of the three groups in this study.)

   - ❑ Self-guided Group threeprefer
   - ❑ Self-Regulation with Large Changes Group
   - ❑ Self-Regulation with Small Changes Group

# SNAP Physical Activity Neighborhood Environment

| Patient ID | ppt_id [affix ID label here] | Date Form Completed | Month | Day | Year |
|---|---|---|---|---|---|
| Administration Type | | Visit Code | vcode | | |

Think about the different facilities in and around your neighborhood. By this we mean the area ALL around your home that you could walk to in **<u>10-15 minutes</u>**.

1. What is the main type of housing in your neighborhood (where you currently reside most days of the week)?

housing

1❑ Dormitory or residence hall

2❑ Detached single-family housing

3❑ Townhouses, row houses, apartments, or condos of 2-3 stories

4❑ Mix of single-family residences and townhouses, row houses, apartments or condos

5❑ Apartments or condos of 4-12 stories

6❑ Apartments or condos of more than 12 stories

0❑ Don't know/Not sure

The next items are statements about your neighborhood related to walking and bicycling.

2. Many shops, stores, markets or other places to buy things I need are within easy walking distance of my home. Would you say that you…

stores

1❑ Strongly disagree

2❑ Somewhat disagree

3❑ Somewhat agree

4❑ Strongly agree

0❑ Don't know/Not sure

3. It is within a 10-15 minute walk to a transit stop (such as bus, train, trolley, or tram) from my home. Would you say that you…

transit

1❑ Strongly disagree

2❑ Somewhat disagree

3❑ Somewhat agree

4❑ Strongly agree

0❑ Don't know/Not sure

4. There are sidewalks on most of the streets in my neighborhood. Would you say that you…

1❑ Strongly disagree

2❑ Somewhat disagree

sidewalks

3❑ Somewhat agree

4❑ Strongly agree

5❑ Does not apply to my neighborhood

0❑ Don't know/Not sure

5. There are facilities to bicycle in or near my neighborhood, such as special lanes, separate paths or trails, shared use paths for cycles and pedestrians. Would you say that you...

1❑ Strongly disagree

2❑ Somewhat disagree

bicycle

3❑ Somewhat agree

4❑ Strongly agree

5❑ Does not apply to my neighborhood

0❑ Don't know/Not sure

6. My neighborhood has several **free** or **low cost** recreation facilities, such as parks, walking trails, bike paths, recreation centers, playgrounds, public swimming pools, etc. Would you say that you…

1❑ Strongly disagree

2❑ Somewhat disagree

recreation

3❑ Somewhat agree

4❑ Strongly agree

0❑ Don't know/Not sure

7. The crime rate in my neighborhood makes it unsafe to go on walks at night. Would you say that you…

1❑ Strongly disagree

2❑ Somewhat disagree

3❑ Somewhat agree

crimenight

4❑ Strongly agree

0❑ Don't know/Not sure

8. There is so much traffic on the streets that it makes it difficult or unpleasant to walk in my neighborhood. Would you say that you...

1❑ Strongly disagree

2❑ Somewhat disagree traffic

3❑ Somewhat agree

4❑ Strongly agree

5❑ There are no streets or roads in my neighborhood

0❑ Don't know/Not sure

9. I see many people being physically active in my neighborhood doing things like walking, jogging, cycling, or playing sports and active games. Would you say that you…

1❑ Strongly disagree

2❑ Somewhat disagree

3❑ Somewhat agree peopleactive

4❑ Strongly agree

0❑ Don't know/Not sure

10. There are many interesting things to look at while walking in my neighborhood. Would you say that you…

1❑ Strongly disagree

2❑ Somewhat disagree lookat

3❑ Somewhat agree

4❑ Strongly agree

0❑ Don't know/Not sure

11. How many motor vehicles in working order (e.g., cars, trucks, motorcycles) are there at your household?

☐ Motor Vehicles motorvehicles

0❑ Don't know/Not sure motorcheck

12. There are many four-way intersections in my neighborhood. Would you say that you...

1❑ Strongly disagree

2❑ Somewhat disagree

3❑ Somewhat agree fourway

4❑ Strongly agree

5❑ There are no streets or roads in my neighborhood

0❑ Don't know/Not sure

13. The sidewalks in my neighborhood are well maintained (paved, with few cracks) and not obstructed. Would you say that you…

    1❑ Strongly disagree
    2❑ Somewhat disagree
    3❑ Somewhat agree
    4❑ Strongly agree
    0❑ Don't know/Not sure

goodsidewalks

14. Places for bicycling (such as bike paths) in and around my neighborhood are well maintained and not obstructed. Would you say that you…

    1❑ Strongly disagree
    2❑ Somewhat disagree
    3❑ Somewhat agree
    4❑ Strongly agree
    0❑ Don't know/Not sure

goodbicycling

15. There is so much traffic on the streets that it makes it difficult or unpleasant to ride a bicycle in my neighborhood. Would you say that you…

    1❑ Strongly disagree
    2❑ Somewhat disagree
    3❑ Somewhat agree
    4❑ Strongly agree
    0❑ Don't know/Not sure

muchtraffic

16. The crime rate in my neighborhood makes it unsafe to go on walks during the day. Would you say that you…

    1❑ Strongly disagree
    2❑ Somewhat disagree
    3❑ Somewhat agree
    4❑ Strongly agree
    0❑ Don't know/Not sure

crimeday

17. There are many places to go within easy walking distance of my home. Would you say that you…

    1❑ Strongly disagree
    2❑ Somewhat disagree

placeswalk

3☐ Somewhat agree

4☐ Strongly agree

0☐ Don’t know/Not sure

**This is the end of the questionnaire, thank you for participating.**

# SNAP Physical Measurements

Patient ID ppt_id [affix ID label here]

Date Form Completed ☐☐ Month ☐☐ Day ☐☐ Year

Administration Type ☐ Visit Code ☐☐☐ vcode

*Ask the participant if they have smoked within the last 30 minutes. If yes, wait 30 minutes before blood pressure. Then proceed with 5 minutes rest as per blood pressure protocol.*

## Blood Pressure

1. Time of day ☐☐ : ☐☐ bp_hr bp_min
   1❑ A.M.
   2❑ P.M. bp_ampm

2. Arm circumference ☐☐ . ☐ cm armcirc
   1❑ Right arm
   2❑ Left arm armrl

3. Cuff size cuffsize
   1❑ Regular arm or adult
   2❑ Large arm
   3❑ Thigh
   4❑ Other: Specify ____________
   5❑ Long arm cuff

4. Pulse ☐☐☐ beats per minute pulse

5. Record 3 measures.

| | SBP | | DBP |
|---|---|---|---|
| Measure 1 | ☐☐☐ | / | ☐☐☐ |
| | (after waiting 5 minutes) | | |
| Measure 2 | ☐☐☐ | / | ☐☐☐ |
| | (after waiting 30 seconds) | | |
| | SBP | | DBP |
| Measure 3 | ☐☐☐ | / | ☐☐☐ |
| | (after waiting 30 seconds) | | |

5a. 1❑ Dinamap
2❑ Manual
bpdevice

Technician ID: ☐☐☐☐☐

## Weight

6. Record Measure 1 before completing Measure 2 and only record Measure 3 if first 2 measurements are not within 0.2 kg.

| | Measure 1 | Measure 2 | Measure 3 |
|---|---|---|---|
| Weight | ☐☐☐.☐ kg | ☐☐☐.☐ kg | ☐☐☐.☐ kg |

Technician ID: ☐☐☐☐☐

6a. Indicate the data collection method for the weight measurement

1❑ On-protocol weight

2❑ SmartScale

pm_weight_source

3❑ Clinic or Doctor's Office

4❑ Self-report weight

5❑ Other: Specify ______

## Height

7. Record Measure 1 before completing Measure 2 and only record Measure 3 if first 2 measurements are not within 0.5 cm.

| | Measure 1 | Measure 2 | Measure 3 |
|---|---|---|---|
| Height | ☐☐☐.☐ cm | ☐☐☐.☐ cm | ☐☐☐.☐ cm |

Technician ID: ☐☐☐☐☐

## Waist

8. Record Measure 1 before completing Measure 2 and only record Measure 3 if first 2 measurements are not within 1.0 cm.

| | Measure 1 | Measure 2 | Measure 3 |
|---|---|---|---|
| Waist Circumference | ☐☐☐.☐ cm | ☐☐☐.☐ cm | ☐☐☐.☐ cm |

Technician ID: ☐☐☐☐☐

# SNAP Pre-Screening

| Patient ID ppt_id | [affix ID label here] | Date Form Completed | Month | Day | Year |
|---|---|---|---|---|---|
| Administration Type | | Visit Code | | | |

1. Choose the clinic you are closest to: clinic

   1❑ Chapel Hill

   2❑ Providence

2. Name: First Name | MI | Last Name | Suffix

3. Contact Information:

   Phone: (home) (cell) (work)

   Which contact number is preferred?

   1❑ Home

   2❑ Cell

   3❑ Work

   What days and times are best to contact you?

   Email:

   Confirm Email:

4. How old are you?

5. 1❑ Male 2❑ Female

6. Are you of Hispanic or Latino origin? 1❑ Yes 2❑ No

7. Which of the following best describes you? (You may check more than one.)

1❑ Black or African American

2❑ American Indian

3❑ Alaskan Native

4❑ Asian

5❑ White

6❑ Native Hawaiian or Other Pacific Islander

7❑ Other - Specify: [ ]

8. What is your height? [ | ] feet [ | ] inches

9. What is your weight? [ | | ] pounds

10. Are you trying to gain weight at this time? 1❑ Yes 2❑ No

**STAFF USE ONLY**

11. Has the participant been notified of the eligibility status? 1❑ Yes

# SNAP Program Evaluation

| Patient ID | ppt_id [affix ID label here] | Date Form Completed | Month | Day | Year |
|---|---|---|---|---|---|
| Administration Type | Visit Code | vcode | | | |

## Instructions

Please tell us how satisfied you are overall with the weight management program you received from SNAP. We want to know your honest opinions, whether they are positive or negative. Please rate only your satisfaction with the program itself, not the research measures we also had you complete (e.g., lab visits, surveys, etc).

1. a. How satisfied are you overall with the weight management program you received from SNAP?

1❑ *Very dissatisfied* 2❑ *Somewhat dissatisfied* 3❑ *Somewhat satisfied* 4❑ *Very satisfied*

wgtmgmt_sat

*1b. If you were "Very dissatisfied" or "Somewhat dissatisfied" with the program, please tell us why:*

2. a. Would you recommend the weight management program you received from SNAP to others?

1❑ *Definitely not* 2❑ *Probably not* 3❑ *Probably would* 4❑ *Definitely would*

wgtmgmt_rec

*2b. If you would "Definitely not" or "Probably not" recommend the program to others, please tell us why:*

3. Given the effort you put into following the weight management program you received from SNAP, how satisfied are you with your progress over the past 2 years? (please check one)

| 1❑ 1 | 2❑ 2 | 3❑ 3 | 4❑ 4 | 5❑ 5 | 6❑ 6 | 7❑ 7 | 8❑ 8 | 9❑ 9 |
|---|---|---|---|---|---|---|---|---|
| *Very dissatisfied* | | | | *Neither satisfied nor dissatisfied* | | | | *Very satisfied* |

prog_sat

## Question 4 for Small and Large Change groups

4. How satisfied are you overall with the following features of the SNAP program?

| | | Very dissatisfied | Somewhat dissatisfied | Somewhat satisfied | Very satisfied | I didn't use this feature |
|---|---|---|---|---|---|---|
| 1. Initial group meetings | grpmtg_change | | 2❑ | 3❑ | 4❑ | 0❑ |
| 2. Monthly email zone feedback (includes tips for yellow and red zone) | | 1❑ | mthzone_change | 3❑ | 4❑ | 0❑ |
| 3. Text messaging of weight | text_change | | 2❑ | 3❑ | 4❑ | 0❑ |
| 4. SNAP website | website_change | 1❑ | 2❑ | 3❑ | 4❑ | 0❑ |
| 5. Email reporting of weight | email_change | | 2❑ | 3❑ | 4❑ | 0❑ |
| 6. Annual "refresher" meetings (4 week booster sessions) | refresh_change | | 2❑ | 3❑ | 4❑ | 0❑ |
| 7. Red Zone coaching (meetings, calls or emails) | redzone_change | | 2❑ | 3❑ | 4❑ | 0❑ |
| 8. Green Zone gifts (mailed to you via "snail" mail) | grnzone_change | | 2❑ | 3❑ | 4❑ | 0❑ |
| 9. Assessment Feedback Reports (your own information after each assessment visit) | feedbackrpt_change | | 2❑ | 3❑ | 4❑ | 0❑ |
| 10. Email campaigns (example: 4 week challenge via email) | emailcamp_change | | | 3❑ | 4❑ | 0❑ |
| 11. Seasonal Newsletters (sent to you 4 times per year) | newsletter_change | | ❑ | 3❑ | 4❑ | 0❑ |
| 12. Color Zone system for evaluating your weight status | colorzone_change | ❑ | 2❑ | 3❑ | 4❑ | 0❑ |

## Question 4 for Self-Guided

4. How satisfied are you overall with the following features of the SNAP program?

| | Very dissatisfied | Somewhat dissatisfied | Somewhat satisfied | Very satisfied | I didn't use this feature |
|---|---|---|---|---|---|
| 13. Initial Group Meeting | grpmtg_self | 2❑ | 3❑ | 4❑ | 0❑ |
| 14. Assessment Feedback Reports (your own info after each assessment visit) | 1❑ feedbackrpt_self | 2❑ | 3❑ | 4❑ | 0❑ |
| 15. SNAP Website website_self | 1❑ | 2❑ | 3❑ | 4❑ | 0❑ |
| 16. Seasonal Newsletters (sent to you 4 times per year) newsletter_self | 1❑ | 2❑ | 3❑ | 4❑ | 0❑ |

## Question 5 for Everyone

5. Given the effort you put into following the SNAP program over the past 2 years, how satisfied are you overall with your progress on…

5a. Maintaining your weight: maintainwgt

| 1❑ 1 | 2❑ 2 | 3❑ 3 | 4❑ 4 | 5❑ 5 | 6❑ 6 | 7❑ 7 | 8❑ 8 | 9❑ 9 |
|---|---|---|---|---|---|---|---|---|
| *Very dissatisfied* | | | | *Neither satisfied nor dissatisfied* | | | | *Very satisfied* |

5b. Changing your dietary habits: changediet

| 1❑ 1 | 2❑ 2 | 3❑ 3 | 4❑ 4 | 5❑ 5 | 6❑ 6 | 7❑ 7 | 8❑ 8 | 9❑ 9 |
|---|---|---|---|---|---|---|---|---|
| *Very dissatisfied* | | | | *Neither satisfied nor dissatisfied* | | | | *Very satisfied* |

5c. Changing your physical activity habits: changeactivity

| 1❑ 1 | 2❑ 2 | 3❑ 3 | 4❑ 4 | 5❑ 5 | 6❑ 6 | 7❑ 7 | 8❑ 8 | 9❑ 9 |
|---|---|---|---|---|---|---|---|---|
| *Very dissatisfied* | | | | *Neither satisfied nor dissatisfied* | | | | *Very satisfied* |

# SNAP Quality of Life Questionnaire

| Patient ID | ppt_id *[affix ID label here]* | Date Form Completed | Month | Day | Year |
|---|---|---|---|---|---|
| Administration Type | | Visit Code | vcode | | |

1. Would you say that in general your health is genhealth

   - ❑ Excellent
   - ❑ Very good
   - ❑ Good
   - ❑ Fair
   - ❑ Poor

2. Now 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? phyhealth

3. Now thinking about your mental health, which includes stress, depression and problems with emotion, for how many days during the past 30 days was your mental health not good? menhealth

4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work or recreation? poorhealth

# SNAP Screening Blood Pressure

Patient ID ppt_id [affix ID label here]

Date Form Completed ☐☐ Month ☐☐ Day ☐☐ Year

Administration Type ☐ Visit Code ☐☐☐

Screening Visit 1 Status: 1❑ Did not attend 2❑ Refused 3❑ Temporarily Ineligible

Comment: ________________

*Ask the participant if they have smoked within the last 30 minutes. If yes, wait 30 minutes before blood pressure. Then proceed with 5 minutes rest as per blood pressure protocol.*

## Blood Pressure

1. Time of day ☐☐ : ☐☐ 1❑ A.M. 2❑ P.M.

2. Arm circumference ☐☐ . ☐ cm 1❑ Right arm 2❑ Left arm

3. Cuff size
   - 1❑ Regular arm or adult
   - 2❑ Large arm
   - 3❑ Thigh
   - 4❑ Other: Specify ________________
   - 5❑ Long arm cuff

4. Pulse ☐☐☐ beats per minute pulse

5. Record 3 measures

Measure 1 SBP ☐☐☐ / DBP ☐☐☐ (after waiting 5 minutes)

5a. 1❑ Dinamap 2❑ Manual

Measure 2 [ ][ ][ ] / [ ][ ][ ]

(after waiting 30 seconds)

SBP DBP

Measure 3 [ ][ ][ ] / [ ][ ][ ]

(after waiting 30 seconds)

Technician ID: [ ][ ][ ][ ][ ]

6. Able to schedule Screening Visit 2: 1❑ Yes 2❑ No

Schedule screening visit 2: [ ][ ] / [ ][ ] / [ ][ ]

**Note that SV2 must be at least 8 days after SV1**

# SNAP Screening Physical Measurements

Patient ID ppt_id *[affix ID label here]*

Date Form Completed: Month ☐☐ Day ☐☐ Year ☐☐

Administration Type ☐ Visit Code ☐☐☐

Screening Visit 2 Status: 1❑ Did not attend 2❑ Refused 3❑ Temporarily Ineligible

Comment:

## Weight

1. Record Measure 1 before completing Measure 2 and only record Measure 3 if first 2 measurements are not within 0.2 kg.

| | Measure 1 | Measure 2 | Measure 3 |
|---|---|---|---|
| Weight | ☐☐☐.☐ kg | ☐☐☐.☐ kg | ☐☐☐.☐ kg |

Technician ID: ☐☐☐☐☐

## Height

2. Record Measure 1 before completing Measure 2 and only record Measure 3 if first 2 measurements are not within 0.5 cm.

| | Measure 1 | Measure 2 | Measure 3 |
|---|---|---|---|
| Height | ☐☐☐.☐ cm | ☐☐☐.☐ cm | ☐☐☐.☐ cm |

Technician ID: ☐☐☐☐☐

## Waist

3. Record Measure 1 before completing Measure 2 and only record Measure 3 if first 2 measurements are not within 1.0 cm.

| | Measure 1 | Measure 2 | Measure 3 |
|---|---|---|---|
| Waist Circumference | ☐☐☐.☐ cm | ☐☐☐.☐ cm | ☐☐☐.☐ cm |

Technician ID: ☐☐☐☐☐

# SNAP Sedentary Behavior: Weekday

| | | | |
|---|---|---|---|
| Patient ID | ppt_id | *[affix ID label here]* | Date Form Completed: Month ☐☐ Day ☐☐ Year ☐☐ |
| Administration Type ☐ | Visit Code ☐☐☐ | vcode | |

On a typical WEEKDAY, how much time do you spend (from when you wake up until you go to bed) doing the following?

| | None | 15 min or less | 30 min | 1 hr | 2 hrs | 3 hrs | 4 hrs | 5 hrs | 6 hrs or more |
|---|---|---|---|---|---|---|---|---|---|
| 1. Sitting while watching television (including videos on VCR/DVD). sbtv1 | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ | 6❑ | 7❑ | 8❑ | 9❑ |
| 2. Sitting at work/school doing computer work (email, word or data processing, web-based applications, etc.). sbcompwork1 | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ | 6❑ | 7❑ | 8❑ | 9❑ |
| 3. Sitting while using the computer for non-work/non-school activities or playing video games. sbvideogames1 | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ | 6❑ | 7❑ | 8❑ | 9❑ |
| 4. Sitting at work/school doing non-computer office/school work or paperwork. sbnoncomp1 | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ | 6❑ | 7❑ | 8❑ | 9❑ |
| 5. Sitting while doing non-computer office work or paperwork <u>not</u> related to your job/school (paying bills, etc.). sbbills1 | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ | 6❑ | 7❑ | 8❑ | 9❑ |
| 6. Sitting listening to music, reading a book or magazine, or doing arts and crafts. sbmusic1 | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ | 6❑ | 7❑ | 8❑ | 9❑ |
| 7. Sitting and talking on the phone or texting. sbphone1 | ❑ | ❑ | 3❑ | 4❑ | 5❑ | 6❑ | 7❑ | 8❑ | 9❑ |
| 8. Sitting in a car, bus, train or other mode of transportation. sbdriving1 | 1 | | 3❑ | 4❑ | 5❑ | 6❑ | 7❑ | 8❑ | 9❑ |

# SNAP Sedentary Behavior: Weekend Day

| Patient ID | [affix ID label here] | Date Form Completed | Month | Day | Year |
|---|---|---|---|---|---|
| Administration Type | | Visit Code | | | |

On a typical WEEKEND DAY, how much time do you spend (from when you wake up until you go to bed) doing the following?

| | None | 15 min or less | 30 min | 1 hr | 2 hrs | 3 hrs | 4 hrs | 5 hrs | 6 hrs or more |
|---|---|---|---|---|---|---|---|---|---|
| 9. Sitting while watching television (including videos on VCR/DVD). sbtv2 | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ | 6❑ | 7❑ | 8❑ | 9❑ |
| 10. Sitting at work/school doing computer work (email, word or data processing, web-based applications, etc.). sbcompwork2 | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ | 6❑ | 7❑ | 8❑ | 9❑ |
| 11. Sitting while using the computer for non-work/non-school activities or playing video games. sbvideogames2 | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ | 6❑ | 7❑ | 8❑ | 9❑ |
| 12. Sitting at work/school doing non-computer office/school work or paperwork. sbnoncomp2 | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ | 6❑ | 7❑ | 8❑ | 9❑ |
| 13. Sitting while doing non-computer office work or paperwork not related to your job/school (paying bills, etc.). sbbills2 | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ | 6❑ | 7❑ | 8❑ | 9❑ |
| 14. Sitting listening to music, reading a book or magazine, or doing arts and crafts. sbmusic2 | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ | 6❑ | 7❑ | 8❑ | 9❑ |
| 15. Sitting and talking on the phone or texting. sbphone2 | 1 | | 3❑ | 4❑ | 5❑ | 6❑ | 7❑ | 8❑ | 9❑ |
| 16. Sitting in a car, bus, train or other mode of transportation. sbdriving2 | 1❑ | 2❑ | 3❑ | 4❑ | 5❑ | 6❑ | 7❑ | 8❑ | 9❑ |

# SNAP Self-Weighing Questionnaire

| Patient ID | ppt_id *[affix ID label here]* | Date Form Completed | Month | Day | Year |
|---|---|---|---|---|---|
| Administration Type | | Visit Code | vcode | | |

1. How much effort does it take to maintain your weight? sweffort

   1❑ No effort 2❑ 3❑ 4❑ 5❑ 6❑ 7❑ 8❑ Extreme effort

2. How important is it for you to maintain your weight? swmaintain

   1❑ Not important 2❑ 3❑ 4❑ 5❑ 6❑ 7❑ 8❑ Extremely important

3. Compared to most people your age, how easy is it for you to control your weight? swcontrol

   1❑ Very easy 2❑ 3❑ 4❑ 5❑ 6❑ 7❑ 8❑ Very difficult

4. On average, how often do you think about controlling your weight? swoftenthink

   1❑ Never 2❑ 3❑ 4❑ Periodically 5❑ 6❑ 7❑ 8❑ Daily

5. Do you have access to a bathroom scale at home? 1❑ Yes 0❑ No swscale

6. During the past month, how often did you weigh yourself? swmonth

   1❑ never weighed myself
   2❑ less than once a month
   3❑ less than once a week
   4❑ one time a week
   5❑ several times a week
   6❑ one time each day
   7❑ several times a day

7. During the past year, how often did you weigh yourself? swyear

1❑ never weighed myself
2❑ less than once a month
3❑ less than once a week
4❑ one time a week
5❑ several times a week
6❑ one time each day
7❑ several times a day

8. I found weighing myself daily to be: ❑ N/A – I did not weigh myself daily

1❑ 2❑ 3❑ swdaily1 5❑ 6❑ 7❑ 8❑
Very negative Very positive

1❑ 2❑ 3❑ swdaily2 5❑ 6❑ 7❑ 8❑
Discouraging Helpful

1❑ 2❑ 3❑ swdaily3 5❑ 6❑ 7❑ 8❑
Frustrating Motivating

9. If my weight is up when I step on the scale, I make changes in my diet. swchangediet

1❑ 2❑ 3❑ 4❑ 5❑ 6❑ 7❑ 8❑
Never Always

10. If my weight is up when I step on the scale, I make changes in my exercise. swchangeexer

1❑ 2❑ 3❑ 4❑ 5❑ 6❑ 7❑ 8❑
Never Always

# SNAP Sleep Patterns

Patient ID ppt_id [affix ID label here]

Date Form Completed ☐☐ Month ☐☐ Day ☐☐ Year

Administration Type ☐ Visit Code ☐☐☐ vcode

1. During the past month, what time did you usually go to bed in the evening (turn out the lights in order to go to sleep)? (Please also check A.M. or P.M.) Example: 07:00 PM

   a. Weekday ☐☐ : ☐☐ 1❑ A.M. 2❑ P.M. sleepampm1
   sleephr1 sleepmin1

   b. Weekend ☐☐ : ☐☐ 1❑ A.M. 2❑ P.M. sleepampm2
   sleephr2 sleepmin2

2. During the past month, what time did you usually get out of bed in the morning? (Please also check A.M. or P.M.)

   a. Weekday ☐☐ : ☐☐ 1❑ A.M. 2❑ P.M. awakeampm1
   awakehr1 awakemin1

   b. Weekend ☐☐ : ☐☐ 1❑ A.M. 2❑ P.M. awakeampm2
   awakehr2 awakemin2

3. During the past month, on average, how often has it taken you more than 30 minutes to fall asleep after lights out?

   1❑ 0-2 nights per week
   2❑ 3-5 nights per week asleep30
   3❑ 6-7 nights per week

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

   ☐☐ Number of days notsleep

5. In the past week, how many days have you had trouble staying awake while driving, eating meals, in class or engaging in social activity?

   1❑ 0-2 days per week
   2❑ 3-5 days per week stayawake
   3❑ 6-7 days per week

6. In the past year, have you been told that you snore loudly or gasp or stop breathing during sleep?

   1❑ Yes snore
   2❑ No

# SNAP Smoking and Tobacco Behaviors

| Patient ID ppt_id | [affix ID label here] | Date Form Completed | Month | Day | Year |
|---|---|---|---|---|---|
| Administration Type | | Visit Code | | vcode | |

1. Do you currently use chewing tobacco, snuff, snus, pipes, cigars or any other tobacco product other than cigarettes?

   tobacco

   1❑ Yes

   0❑ No

2. Have you smoked at least 100 cigarettes in your entire life?
   **NOTE: 5 packs = 100 cigarettes**

   1❑ Yes

   smoked

   0❑ No

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

   1❑ Every day

   smokefreq

   2❑ Some days

   3❑ Not at all (SKIP TO QUESTION #5)

4. On average, how many cigarettes do you smoke each day?

   1❑ I did not smoke cigarettes during the past 30 days

   2❑ 1 cigarette or less per day

   smokeday

   3❑ 2 to 5 cigarettes per day

   4❑ 6 to 10 cigarettes per day

   5❑ 11 to 20 cigarettes per day

   6❑ More than 20 cigarettes per day

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

   1❑ Yes

   Smokequit12

   0❑ No (SKIP TO QUESTION #8)

6. 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) smokereg
- 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

7. Did you gain any weight when you quit smoking? gainquit

- 1☐ Yes
- 0☐ No (END)

7b. If YES, how much weight did you gain? ☐☐☐ lbs (END) howmuchquit

8. Do you think you will gain weight if you quit smoking?

- 1☐ Yes smokegain
- 0☐ No

# SNAP Telephone Screening Form

| Patient ID | ppt_id [affix ID label here] | Date Form Completed | Month / Day / Year |
|---|---|---|---|
| Administration Type | ☐ | Visit Code | ☐☐☐ |

| Telephone Screening Status: | 1❑ Unable to contact | 2❑ Refused | 3❑ Left 1st message |
|---|---|---|---|
| | 4❑ Left 2nd message | 5❑ Left 3rd message | 6❑ In Progress |
| E-mail Contact: | 1❑ First e-mail sent | 2❑ Second e-mail sent | 3❑ Third e-mail sent |
| Comment: | | | |

Hello, this is ___________________ from the ___________________________________________. You recently filled out a pre-screening for our SNAP program and are initially eligible to participate based on the information you gave us. You probably read about the program on our website, but if you have a few minutes and are still interested in participating, I can tell you a little more about the program and we can continue with the eligibility questions.

SNAP is a new program that we are conducting specifically for adults between the ages of 18 and 35. We know that weight gain is very common during these years, and that the weight gained during this time puts you at higher risk for health problems later in life. The purpose of the current program is to help you learn ways to effectively manage your weight now so you can achieve and maintain a healthy weight for years to come.

Orientations will begin in [*Insert Month*]. The program will teach you ways to change your eating and your physical activity to help you effectively control your weight. **You will be assigned to one of 3 programs randomly, or by chance – meaning that you can't pick which program you want to be in. Therefore, in order to participate, you must be willing to be in ANY ONE of the 3 programs.**

Two of these groups will involve attending weekly group meetings for 8 weeks, followed by 2 monthly meetings. The third group in this study will involve attending one group meeting here at our clinic, and then receiving monthly newsletters with information on effective weight control strategies. All three groups in this study will be asked to come to our clinic for several follow-up visits over the next 3 years. The first program is more traditional - it focuses on making periodic larger changes in eating and exercise behavior, resulting in weight losses of approximately 5-10 pounds. The second program focuses on making small changes in eating and exercise behavior; since these changes are small, they are easy to make and can be done forever. Both approaches teach healthy eating and exercise strategies and BOTH should help you control your weight. The

third group will be given information and strategies that incorporate both approaches and participants will be encouraged to pick which approach seems best for them and follow it throughout the program.

Do you have any questions about SNAP?

If you are interested in participating, I have some more questions to determine if you may be eligible for the study. It will take about 10-15 minutes to complete the questions and your information will be kept on file for the duration of the study. All of your responses will be kept confidential. Would you like to continue?

1. Contact Information (NOTE: *Can fill in from internet pre-screen, but all information should be confirmed by participant*)

   Name: ______________________________________________

   Street Address: ______________________________________________

   City: ____________________ State: __________ Zip code: ____________

   Home phone: ______________ → May we leave a message? 1❑ Yes 2❑ No

   Work phone: ______________ → May we leave a message? 1❑ Yes 2❑ No

   Cell phone: ______________ → May we leave a message? 1❑ Yes 2❑ No

   Which contact number is preferred: 1❑ Home 2❑ Work 3❑ Cell

   Email address: ______________________________________________

2. Method of Recruitment *("How did you hear about this program?")*

   1❑ Newspaper Ad: If so, which one: ______________________________

   1❑ Email / Listserv: If so, which one: ______________________________

   1❑ Another study participant: If so, name: ______________________________

   1❑ Website: If so, which one: ______________________________

   1❑ Radio: If so, which station and if known, what day: ______________________________

   1❑ TV: If so, what station and if known what day: ______________________________

   1❑ Mass Mailing: if so, what zip code was the mailing sent to: ______________________________

   1❑ Other:If so, specify: ______________________________

3. Gender 0❑ Male 1❑ Female female

4a. Are you of Hispanic or Latino origin?

1❑ Yes 2❑ No 3❑ Refused to answer

4b. Which of the following best describes you? (you can select more than one)

1❑ Black or African American

2❑ American Indian

3❑ Alaskan Native

4❑ Asian

5❑ White

6❑ Native Hawaiian or Other Pacific Islander

7❑ Other - Specify: [ ]

8❑ Refused to answer

5. a. Age: age b. Date of birth: [ | ] / [ | ] / [ | ]

(Must be 18-35 years old at the baseline visit)

6. a. Current weight: [ | | ] lbs. b. Weight 6 months ago: [ | | ] lbs.

c. Height: [ | ] ft. [ | ] in.

d. BMI *(must be 20-31),* Use NHLBI BMI calculator: [ | ]

7. Have you ever had or are you currently receiving treatment for any of the following?

a. Type 1 Diabetes 1❑ Yes (INELIGIBLE) 2❑ No

b. Type 2 Diabetes 1❑ Yes (SEE NOTE) 2❑ No

***Note**: *If yes to 7b, "Do you take insulin or other medications that could lead to hypoglycemia? These include insulins or sulfonylurea's.*

1❑ Yes (INELIGIBLE) 2❑ No (MD Consent)

c. Hypertension - High blood pressure 1❑ Yes (MD Consent) 2❑ No

d. Hyperlipidemia - High cholesterol 1❑ Yes (MD Consent) 2❑ No

e. Heart Attack or Stroke 1❑ Yes (INELIGIBLE) 2❑ No

f. Heart Disease or Heart Problems 1❑ Yes (MD Consent) 2❑ No

g. HIV 1❑ Yes (INELIGIBLE) 2❑ No

h. Active tuberculosis 1❑ Yes (INELIGIBLE) 2❑ No

i. Cancer (except non-melanoma skin cancer or early stage cervical cancer) 1❑ Yes (SEE NOTE) 2❑ No

*__Note__: *If yes to 7i, "Are you still being treated or when did treatment end?"*
1❑ still being treated (INELIGIBLE) 2❑ < 5 years ago (INELIGIBLE) 3❑ ≥ 5 years ago

j. Hospitalization for depression or other psychiatric disorder 1❑ Yes (SEE NOTE) 2❑ No

*__Note__: *If yes to 7j, "Are you still being treated or when did treatment end?"*
1❑ still being treated (INELIGIBLE) 2❑ < 1 years ago (INELIGIBLE) 3❑ ≥ 1 years ago

k. Schizophrenia, manic depression or bipolar disorder 1❑ Yes (INELIGIBLE) 2❑ No

l. Anorexia 1❑ Yes (INELIGIBLE) 2❑ No

m. Bulimia 1❑ Yes (INELIGIBLE) 2❑ No

n. Chronic hepatitis B or C 1❑ Yes (INELIGIBLE) 2❑ No

o. Thyroid disease 1❑ Yes (INELIGIBLE) 2❑ No

p. Liver disease 1❑ Yes (INELIGIBLE) 2❑ No

q. Renal disease 1❑ Yes (INELIGIBLE) 2❑ No

r. Inflammatory bowel diseases (Crohn's or colitis) 1❑ Yes (SEE NOTE) 2❑ No

*__Note__: *If yes to 7r, "Are you still being treated or when did treatment end?"*
1❑ still being treated (INELIGIBLE) 2❑ < 1 years ago (INELIGIBLE) 3❑ ≥ 1 years ago

s. Hospitalization for Asthma 1❑ Yes (SEE NOTE) 2❑ No

*__Note__: *If yes to 7s, "Are you still being treated or when did treatment end?"*
1❑ still being treated (INELIGIBLE) 2❑ < 1 years ago (INELIGIBLE) 3❑ ≥ 1 years ago

t. Alcohol or substance abuse 1❑ Yes (INELIGIBLE) 2❑ No

u. Surgery for obesity 1❑ Yes (INELIGIBLE) 2❑ No

v. Chronic steroid use 1❑ Yes (INELIGIBLE) 2❑ No

w. Other Disesase — 1❑ Yes (SEE NOTE) 2❑ No

*__Note__: *If yes to 7w, "Does the clinic staff believe the participant can participate in this study?"*
1❑ Yes 2❑ No (INELIGIBLE) 3❑ Pending Review (PENDING)

Comment: [ ]

8. Do you feel pain in your chest when you do physical activity? — 1❑ Yes (INELIGIBLE) 2❑ No
9. In the past month, have you had chest pain when you were not doing physical activity? — 1❑ Yes (INELIGIBLE) 2❑ No
10. Do you lose your balance because of dizziness or do you ever lose consciousness? — 1❑ Yes (INELIGIBLE) 2❑ No
11. Do you have a bone or joint problem (back, neck, knee or hip) that could be made worse by a change in your physical activity? — 1❑ Yes (MD Consent) 2❑ No
12. Is a doctor currently prescribing drugs for your blood pressure or heart condition? — 1❑ Yes (MD Consent) 2❑ No
13. Do you know of any other reason why you should not do physical activity? — 1❑ Yes (MD Consent) 2❑ No
14. Do you have any health problems that may influence the ability to walk for physical activity? — 1❑ Yes (MD Consent) 2❑ No
15. Women only (Men, skip to Q16)

    a. Are you currently pregnant? — 1❑ Yes (INELIGIBLE) 2❑ No

    b. Have you been pregnant in the last ___ months? — 1❑ Yes (INELIGIBLE) 2❑ No

    *SNAP staff to determine number of months between Telephone Screening and Screening Visit 2 Participants cannot have been pregnant ≤ 6 months ago at the time of Screening Visit 2.*

    c. Are you planning to become pregnant in the next 6 months? — 1❑ Yes (INELIGIBLE) 2❑ No

16. Are you currently:

    a. in another weight loss program? — 1❑ Yes (SEE NOTE) 2❑ No

    *__Note__: *If yes to 16a, "Are you willing to discontinue participation in the weight loss program?"*
    1❑ Yes 2❑ No (INELIGIBLE)

    b. using steroid pills/gels/shots for muscle mass or weight gain? — 1❑ Yes (SEE NOTE) 2❑ No

    *__Note__: *If yes to 16b, "Are you willing to discontinue use of steroids?"*
    1❑ Yes 2❑ No (INELIGIBLE)

c. taking weight loss medications? 1❑ Yes (SEE NOTE) 2❑ No

***Note**: *If yes to 16c, "Are you willing to discontinue use of these medications?"*
1❑ Yes 2❑ No (INELIGIBLE)

17. Have you ever participated in another weight loss or physical activity study? 1❑ Yes 2❑ No (Skip to Q18)

a. What study? ____________________

b. Researcher's Name? ____________________

c. Have you completed the study? 1❑ Yes → When? ______________ 2❑ No (SEE NOTE)

***Note**: *If no to 17c, "Does the clinic staff believe the participant can also participate in this study?"*
1❑ Yes 2❑ No (INELIGIBLE) 3❑ Pending Review (PENDING)

Comment:

18. Do you read, write and speak English? 1❑ Yes 2❑ No (INELIGIBLE)

19. Are you planning to move from the area within the next:

a. 6 months? 1❑ Yes (INELIGIBLE) 2❑ No

b. 12 months? 1❑ Yes (SEE NOTE) 2❑ No

c. 2 years? 1❑ Yes (SEE NOTE) 2❑ No

d. 3 years? 1❑ Yes (SEE NOTE) 2❑ No

***Note**: *If yes to 19b-d, "Does the clinic staff believe that the participant would be able to attend their intervention visits as outlined in the protocol?*
1❑ Yes 2❑ No (INELIGIBLE) 3❑ Pending Review (PENDING)

Comment:

20. Do you currently live or work within 30 miles of [INSERT CLINIC LOCATION]?
1❑ Yes 2❑ No (SEE NOTE)

***Note**: *If no to 20, "Does the clinic staff believe that the participant would be able to attend their intervention visits as outlined in the protocol?*
1❑ Yes 2❑ No (INELIGIBLE) 3❑ Pending Review (PENDING)

Comment:

21. Are there times during the next 6 months that you might be away for weeks or months at a time? 1❑ Yes (SEE NOTE) 2❑ No

*__Note__: *If yes to 21, ask potential participant to specify how long they will be away and when. If it is before the intervention begins and they are able to attend their orientation and screening visits, this is permissible. If the dates they anticipate being away coincide with the initial 4-month intervention, please document how many weeks they would miss. If they know they would miss more than 2 of the 8 initial intervention sessions, they are not eligible for participation.*

*Does the clinic staff believe that the participant would be able to attend their orientation, screening and intervention visits as outlined in the protocol?*

1❑ Yes 2❑ No (INELIGIBLE) 3❑ Pending Review (PENDING)

Comment:

22. Are any other members of your household or a roommate (not a house mate) currently participating in or working on this study? 1❑ Yes (INELIGIBLE) 2❑ No

*__Note__: *If someone in their dorm or sorority house is participating, they are still eligible. However, if the participant or staff member is their roommate or lives in the same home, they are ineligible.*

23. Do you have Internet access on a regular basis? 1❑ Yes 2❑ No (INELIGIBLE)

24. All group meetings will be held on [Insert day] evenings at either [INSERT TIME] and to be eligible for this study you must be able to make these meeting times. Does [Insert day] evening work for you?

1❑ Yes 2❑ No (INELIGIBLE)

Comment:

# SNAP TSRQ

| | | | |
|---|---|---|---|
| Patient ID | ppt_id [affix ID label here] | Date Form Completed | Month / Day / Year |
| Administration Type | | Visit Code | vcode |

The following questions relate to the reasons why you would engage in behaviors to manage your weight. Different people have different reasons for doing that, and we want to know how true each of the following reasons is for you. Please indicate the extent to which each reason is true for you, using the following 7-point scale. The reason I would try to manage my weight is:

| | Not at all | | Somewhat true | | | | Very true |
|---|---|---|---|---|---|---|---|
| 1. Because I feel that I want to take responsibility for my own health. | 1❑ ts_resp | | 3❑ | 4❑ | 5❑ | 6❑ | 7❑ |
| 2. Because I would feel guilty or ashamed of myself if I did not try to manage my weight. | 1❑ | 2❑ | 3 ts_guilty | | 5❑ | 6❑ | 7❑ |
| 3. Because I personally believe it is the best thing for my health. | 1❑ ts_best | | 3❑ | 4❑ | 5❑ | 6❑ | 7❑ |
| 4. Because others would be upset with me if I did not. | 1❑ ts_upset | | 3❑ | 4❑ | 5❑ | 6❑ | 7❑ |
| 5. Because I have carefully thought about it and believe it is very important for many aspects of my life. | 1❑ ts_many | | 3❑ | 4❑ | 5❑ | 6❑ | 7❑ |
| 6. Because I would feel bad about myself if I did not try to manage my weight. | 1❑ ts_bad | | 3❑ | 4❑ | 5❑ | 6❑ | 7❑ |
| 7. Because it is an important choice I really want to make. | 1❑ ts_choice | | 3❑ | 4❑ | 5❑ | 6❑ | 7❑ |
| 8. Because I feel pressure from others to do so. | 1❑ ts_pressure | | 3❑ | 4❑ | 5❑ | 6❑ | 7❑ |
| 9. Because it is consistent with my life goals. | 1❑ ts_goals | | 3❑ | 4❑ | 5❑ | 6❑ | 7❑ |
| 10. Because I want others to approve of me. | 1❑ ts_approve | | 3❑ | 4❑ | 5❑ | 6❑ | 7❑ |
| 11. Because it is very important for being as healthy as possible. | 1❑ ts_healthy | | 3❑ | 4❑ | 5❑ | 6❑ | 7❑ |
| 12. Because I want others to see I can do it. | 1❑ ts_see | | 3❑ | 4❑ | 5❑ | 6❑ | 7❑ |

# SNAP Weight History
# (Baseline Only)

| | | | |
|---|---|---|---|
| Patient ID | ppt_id *[affix ID label here]* | Date Form Completed | ☐☐ Month / ☐☐ Day / ☐☐ Year |
| Administration Type ☐ | Visit Code ☐☐☐ | vcode | |

1. Why did you join this program? (check all that apply)
   - 1❑ Concerned about my current weight concern
   - 1❑ I have been gaining weight gaining
   - 1❑ I've been hearing a lot about obesity in the news obesity
   - 1❑ My friends are gaining weight friendsgain
   - 1❑ I'm interested in research research
   - 1❑ Someone I know joined and told me about it someone
   - 1❑ Other – please specify: other ______________________

2. Was there a specific incident or trigger that motivated you to join the current program?
   - 1❑ Yes spectrigger If yes, please indicate the type of trigger below. Check only one.
     - 1❑ Emotional (e.g., my friend or spouse made a negative comment about my weight)
     - 2❑ Social (e.g., my friends are starting to exercise more) triggertype
     - 3❑ Life Event (e.g., I'm about to turn 30 and I want to look good)
     - 4❑ Reached Highest Weight or Size (e.g., I realized I weigh more than I ever have; my clothes started to feel tight)
     - 5❑ Medical (e.g., my doctor told me I needed to monitor my weight; I'm concerned about my health)
     - 6❑ Program Became Available (e.g., I saw the ad and decided to join)
   - 2❑ No

3. What is the highest weight you have ever been as an adult (excluding pregnancy)? hweight ☐☐☐ lbs

   3.1 List the last date you were at this highest weight (month/year) ☐☐ / ☐☐☐☐

4. What is the lowest weight you have ever been as an adult? lweight ☐☐☐ lbs

4.1 List the last date you were at this lowest weight (month/year) ☐☐ / ☐☐☐☐

5. How much did you weigh when you were 16 years old? ☐☐☐ lbs weigh16

6. How much did you weigh when you were 20 years old?
(Do not answer if you have not reached 20 years of age yet.) ☐☐☐ lbs weigh20

7. How much did you weigh when you were 25 years old?
(Do not answer if you have not reached 25 years of age yet.) ☐☐☐ lbs weigh25

8. How much did you weigh when you were 30 years old?
(Do not answer if you have not reached 30 years of age yet.) ☐☐☐ lbs weigh30

9. How much did you weigh when you were 35 years old?
(Do not answer if you have not reached 35 years of age yet.) ☐☐☐ lbs weigh35

10. Have you ever tried to lose weight in the past (i.e., purposefully or intentionally lost weight)? wgtlosspast

1❑ Yes If yes, please respond below. Check the number of times in your life you have intentionally lost the number of pounds shown below (not including pregnancy or childbirth).

2❑ No (STOP)

NOTE: Please respond for each intentional weight loss episode based on the total amount lost during that episode, and only pick one category for each episode (e.g., if you lost 25 pounds over the course of 6 months, you would only count that in the 20-29 pound category, not also in the 5-9 and 10-19 pounds categories).

| | | NUMBER OF TIMES | | | | |
|---|---|---|---|---|---|---|
| | | 0 | 1-2 | 3-4 | 5-6 | More than 7 |
| a) 0-5 pounds | wgtpast0 | 0❑ | 1❑ | 2❑ | 3❑ | 4❑ |
| b) 5-9 pounds | wgtpast5 | 0❑ | 1❑ | 2❑ | 3❑ | 4❑ |
| c) 10-19 pounds | wgtpast10 | ❑ | 1❑ | 2❑ | 3❑ | 4❑ |
| d) 20-29 pounds | wgtpast20 | ❑ | 1❑ | 2❑ | 3❑ | 4❑ |
| e) 30-39 pounds | wgtpast30 | ❑ | 1❑ | 2❑ | 3❑ | 4❑ |
| f) 40-49 pounds | wgtpast40 | ❑ | 1❑ | 2❑ | 3❑ | 4❑ |
| g) 50+ pounds | wgtpast50 | ❑ | 1❑ | 2❑ | 3❑ | 4❑ |

11. What have you done to try and lose weight? (check all that apply)

- 1❑ Commercial program (e.g., Weight Watchers / Jenny Craig / NutriSystem) commercial
- 1❑ Support Group (e.g., Overeaters Anonymous / TOPS) supportgrp
- 1❑ Individual counseling with a nutritionist, physician, or psychologist counseling
- 1❑ Structured exercise program (e.g., classes or trainer) exerciseprgm
- 1❑ Medication (e.g., prescription or over-the-counter) medication
- 1❑ Followed a diet from a book (e.g., Atkins, Zone) dietbook
- 1❑ Used my own approach without following any published diet (e.g., decreased calorie ownapproach
- 1❑ Tried to lose weight with a friend or family member losefriend

# SNAP Weight Management Strategies
**(Baseline and all assessments)**

| | | | |
|---|---|---|---|
| Patient ID<br>ppt_id | *[affix ID label here]* | Date Form Completed | ☐☐ Month ☐☐ Day ☐☐ Year |
| Administration Type ☐ | Visit Code ☐☐☐ | vcode | |

Over the past 4 months, how often have you used the following strategies to try to manage your weight?

| Type of Strategy | Frequency of Use | | | | |
|---|---|---|---|---|---|
| | Never or hardly ever | Some of the time | About half the time | Much of the time | Always or almost always |
| 1. Reduced your calorie intake by 500-1000 per day | 0 ❑ | wmreduce | 2 ❑ | 3 ❑ | 4 ❑ |
| 2. Cut out/reduced sweets or junk food | 0 ❑ | 1 ❑ | wmcutsweet | 3 ❑ | 4 ❑ |
| 3. Cut out/reduced between meal snacks | 0 ❑ | wmcutsnack | 2 ❑ | 3 ❑ | 4 ❑ |
| 4. Cut out/reduced late night snacking | 0 ❑ | 1 ❑ | wmcutnight | 3 ❑ | 4 ❑ |
| 5. Ate less meat | 0 ❑ | wmmeat | 2 ❑ | 3 ❑ | 4 ❑ |
| 6. Ate less carbohydrates | 0 ❑ | 1 ❑ | wmcarbs | 3 ❑ | 4 ❑ |
| 7. Ate less fat | 0 ❑ | wmfat | 2 ❑ | 3 ❑ | 4 ❑ |
| 8. Reduced portion sizes | 0 ❑ | 1 ❑ | wmportion | 3 ❑ | 4 ❑ |
| 9. Decreased the number of times that you ate out at fast food restaurants | 0 ❑ | wmfastfood | 2 ❑ | 3 ❑ | 4 ❑ |
| 10. Decreased the number of times that you ate out at other restaurants | 0 ❑ | 1 ❑ | wmrest | 3 ❑ | 4 ❑ |
| 11. Changed food preparation techniques | 0 ❑ | wmfoodprep | 2 ❑ | 3 ❑ | 4 ❑ |
| 12. Drank less alcohol or changed type of alcoholic drink to reduce calories | 0 ❑ | 1 ❑ | wmalcohol | 3 ❑ | 4 ❑ |
| 13. Decreased how much or how often you drank sweetened beverages (e.g., soda, sweet tea) | 0 ❑ | wmsweetened | 2 ❑ | 3 ❑ | 4 ❑ |
| 14. Decreased how much or how often you drank other sweetened beverages (e.g., sweetened fruit juice) | 0 ❑ | 1 ❑ | wmsweetother | 3 ❑ | 4 ❑ |

| Type of Strategy | Frequency of Use | | | | |
|---|---|---|---|---|---|
| | Never or hardly ever | Some of the time | About half the time | Much of the time | Always or almost always |
| 15. Decreased how much or how often you drank high calorie coffee drinks (e.g., caramel macchiato) | wmcoffee | 1❑ | 2❑ | 3❑ | 4❑ |
| 16. Increased fruits & vegetables | 0❑ | wmfruits | 2❑ | 3❑ | 4❑ |
| 17. Increased water consumption | wmwater | 1❑ | 2❑ | 3❑ | 4❑ |
| 18. Used frozen entrees such as Lean Cuisine or Smart Ones | 0❑ | wmfrozen | 2❑ | 3❑ | 4❑ |
| 19. Increased your daily steps | wmincrease | | 2❑ | 3❑ | 4❑ |
| 20. Left a few bites of food on your plate | 0❑ | wmbites | 2❑ | 3❑ | 4❑ |
| 21. Followed a structured meal plan that limited your choices for breakfast, lunch and dinner | wmmealplan | 1❑ | 2❑ | 3❑ | 4❑ |
| 22. Used meal replacement bars such as Power Bars or Zone bars | 0❑ | wmbars | 2❑ | 3❑ | 4❑ |
| 23. Decreased frequency or portion sizes of desserts | wmdessert | 1❑ | 2❑ | 3❑ | 4❑ |
| 24. Skipped meals | 0❑ | wmskipped | 2❑ | 3❑ | 4❑ |
| 25. Made one or two small changes to your activity every day | wmactivity | 1❑ | 2❑ | 3❑ | 4❑ |
| 26. Used the stairs instead of the elevator | 0❑ | wmstairs | 2❑ | 3❑ | 4❑ |
| 27. Wore a pedometer | wmpedometer | 1❑ | 2❑ | 3❑ | 4❑ |
| 28. Reduced the amount of time spent watching TV | 0❑ | wmwatchtv | 2❑ | 3❑ | 4❑ |
| 29. Used home exercise equipment | wmexercisehm | 1❑ | 2❑ | 3❑ | 4❑ |
| 30. Exercised at a gym or participated in an exercise class | 0❑ | wmgym | 2❑ | 3❑ | 4❑ |
| 31. Worked out with a personal trainer | wmtrainer | 1❑ | 2❑ | 3❑ | 4❑ |
| 32. Exercised for periods of 30 minutes or more | 0❑ | wmexercise30 | 2❑ | 3❑ | 4❑ |
| 33. Recorded or wrote down the type and quantity of food eaten | wmrecord | 1❑ | 2❑ | 3❑ | 4❑ |
| 34. Recorded or graphed your physical activity | 0❑ | wmgraphactivity | | 3❑ | 4❑ |

| Type of Strategy | Frequency of Use | | | | |
|---|---|---|---|---|---|
| | Never or hardly ever | Some of the time | About half the time | Much of the time | Always or almost always |
| 35. Recorded or graphed your weight | wmgraphweight | 1❑ | 2❑ | 3❑ | 4❑ |
| 36. Weighed yourself daily | 0❑ | wmweighdaily | 2❑ | 3❑ | 4❑ |
| 37. Shopped from a list | wmshopped | 1❑ | 2❑ | 3❑ | 4❑ |
| 38. Kept healthy ready-to-eat or portion controlled snacks for yourself | 0❑ | wmreadytoeat | 2❑ | 3❑ | 4❑ |
| 39. Removed high calorie foods from your home, office or room | wmhighcal | 1❑ | 2❑ | 3❑ | 4❑ |
| 40. Avoided eating while watching TV | 0❑ | wmeattv | 2❑ | 3❑ | 4❑ |
| 41. Attended or participated in a structured weight loss group or program (e.g., Weight Watchers, Jenny Craig) | wmprogram | 1❑ | 2❑ | 3❑ | 4❑ |
| 42. Followed a specific weight loss diet (e.g., Atkins) | 0❑ | wmdiet | 2❑ | 3❑ | 4❑ |
| 43. Used an internet diet, exercise, or weight loss program | wminternet | 1❑ | 2❑ | 3❑ | 4❑ |
| 44. Made one or two small changes to your diet every day | 0❑ | wmsmchgs | 2❑ | 3❑ | 4❑ |
| 45. Used liquid meal replacements, such as SlimFast | wmliquid | 1❑ | 2❑ | 3❑ | 4❑ |