University of Illinois
Survey Research Laboratory

Subject No. ____ ____ ____ ____

Study No. 568

Interviewer ID _____

Time start: _____ *AM* / *PM*

NORTHWESTERN UNIVERSITY
KRUMMRICH STUDY

Introductory Questionnaire

1. *Date of interview:* _____ / _____ / *19*____
(month) (day) (year)

2. Hello, my name is _____. I will be conducting part of your interview today, asking you questions about your health and your lifestyle. Before we begin, let me remind you that all the information you give today will be held in the strictest confidence and that only the results of your medical exam will ever be connected to your actual name. If, at any point during the interview, you would like to get up to stretch, get a drink of water, or use the restroom, please do not hesitate to ask.

3. *Respondent's gender:*
Male 1
Female 2

4. First, I would like to get some address information from you, in case we have a question that we need to contact you about and so that we can send you the results of your medical exam. I am going to put the information on a different sheet of paper so that it can be separated from your answers to the interview questions.

Fill out Tracking Sheet

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5. Next, I would like to get some background information from you to be used to combine your answers with those of the other study participants.

What is your date of birth? _____ / _____ / 19____
(month) (day) (year)

6. In what city and state or country were you born?

City: _____

State: _____

Country: _____

(Hand respondent Card A)

7. Please look at this card and tell me which one you consider yourself to be.

White, not of Hispanic origin 1

Black, not of Hispanic origin 2

Hispanic 3

Asian or Pacific Islander 4

American Indian or Alaskan Native 5

Other *(Specify)* _____

_____ . . 6

8. What was the last year of formal education you completed?

Grammar school or less 1

Some high school 2

High school graduate 3

Post-high school vocational or technical training other than college . . 4

Some college 5

College graduate 6

Post-graduate work or degree . . 7

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(Hand respondent Card B)

9. Please look at this card and tell me which letter corresponds to your total household income, before taxes, for 1985. *(Encourage estimate if unsure.)*

A.	Less than $10,000	1
B.	$10,000 to $19,999	2
C.	$20,000 to $29,999	3
D.	$30,000 to $39,999	4
E.	$40,000 to $49,999	5
F.	$50,000 or over	6
	Refused	*9*

10a. Now I am going to ask you about your physical activity during the past seven days. I want you to base your answers on those seven days, even if this was not a typical week for you.

(At this point you should be sitting next to the respondent with the "List of Activities" in front of you so that you can both read it.)

I have a list of activities that I would like to go over with you. The activities are separated into those you would do at home, and those you would do as sports or recreation. *(Point to each category as it is mentioned.)* We have also grouped them into four activity levels: light, moderate, hard, and very hard. The list is very brief and you may have done things this past week that are not listed.

Standing, reading, driving, and walking leisurely are considered light activities. We spend most of the time when we are not sleeping doing light activities such as these. In these questions, I only want to know about the moderate, hard, and very hard activities that you do. Moderate activities include lifting or carrying light objects, mowing the lawn with a power mower, brisk walking on level ground, and other activities which require a moderate level of energy. Hard activities include brisk cycling, scrubbing floors, and brisk walking uphill. Very hard activities include carrying heavy loads such as bricks or lumber, digging or chopping with heavy tools, and jogging.

The first few questions ask about activities done outside of any employment you had in the past week. When answering the questions, please tell me if you have spent time in activities that are not listed on the sheet, even if you don't know whether they are moderate, hard, or very hard.

10a. *(Continued)*

First, let's consider moderate activities. Excluding any activities done at a place of employment, what moderate activities did you do during the last five weekdays? *(Repeat weekdays if necessary.)* *(Probe)*: Are there any other activities you did that might fit into this category?

_____

_____

_____

_____

b. In total, how many hours did you spend during the last five weekdays doing these moderate activities? Please tell me to the nearest half-hour.

|__|__|.|__|

11a. What moderate activites did you do this past Saturday and Sunday? *(Probe)*: Any others?

_____

_____

_____

_____

b. In total, how many hours did you spend this past Saturday and Sunday doing moderate activities?

|__|__|.|__|

12a. Now let's look at hard activities. What hard activities did you do during the last five weekdays? *(Probe)*: Are there any other activities you did that might fit into this category?

_____

_____

_____

_____

b. In total, how many hours did you spend during the last five weekdays doing hard activities?

|__|__|.|__|

13a. What hard activities did you do this past Saturday and Sunday? *(Probe)*: Any others?

_____

_____

_____

_____

b. In total, how many hours did you spend this past Saturday and Sunday doing hard activities?

|__|__| . |__|

14a. Now let's look at very hard activities. What very hard activities did you do during the last five weekdays? *(Probe)*: Are there any other activities you did that might fit into this category?

_____

_____

_____

_____

b. In total, how many hours did you spend during the last five weekdays doing very hard activities?

|__|__| . |__|

15a. What very hard activities did you do this past Saturday and Sunday? *(Probe)*: Any others?

_____

_____

_____

_____

b. In total, how many hours did you spend this past Saturday and Sunday doing very hard activities?

|__|__| . |__|

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16. *Please list below any activities reported by the respondent which you don't know how to classify.*

Activity (brief description)	Hours spent: Weekday	Hours spent: Weekend
_____	⌊__⌋⌊__⌋·⌊__⌋	⌊__⌋⌊__⌋·⌊__⌋
_____	⌊__⌋⌊__⌋·⌊__⌋	⌊__⌋⌊__⌋·⌊__⌋
_____	⌊__⌋⌊__⌋·⌊__⌋	⌊__⌋⌊__⌋·⌊__⌋
_____	⌊__⌋⌊__⌋·⌊__⌋	⌊__⌋⌊__⌋·⌊__⌋

17. Were you employed outside your home during the past 7 days?

Yes 1

No *(Skip to Q.19)* . . . 2

18a. How many <u>total</u> hours did you work at a job during the past 7 days?

⌊__⌋⌊__⌋·⌊__⌋

b. How many of these work hours were spent doing <u>moderate</u> activities?

⌊__⌋⌊__⌋·⌊__⌋

c. How many of these work hours were spent doing <u>hard</u> activities?

⌊__⌋⌊__⌋·⌊__⌋

d. How many of these work hours were spent doing <u>very hard</u> activities?

⌊__⌋⌊__⌋·⌊__⌋

19. Compared to your physical activity over the past three months, was your overall physical activity during the past 7 days more, about the same, or less than usual?

More 1

About the same 2

Less 3

Don't know/Can't recall . . 8

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20. Now let's begin to talk about your health. Compared to most people your age, would you say your health is . . .

Excellent, ... 1

Good, ... 2

Fair, or 3

Poor? 4

Don't know *8*

21a. Within the past 12 months, has any illness or health condition caused you to stay in a hospital overnight or longer?

Yes 1

No *(Skip to Q.22a)* 2

Don't know/Can't recall (Skip to Q.22a) *8*

b. How many days were you hospitalized during the past 12 months?

_____

Don't know/Can't recall . . 98

22a. Within the past 12 months, has any illness or health condition caused you to stay in bed all day or miss any usual activity such as work?

Yes 1

No *(Skip to Q.23a)* 2

Don't know/Can't recall (Skip to Q.23a) *8*

b. Approximately how many days did this happen during the past 12 months?

_____

Don't know/Can't recall . . 98

Subject No. ____ ____ ____ ____

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23a. Have you visited a doctor's office or medical clinic during the past 12 months?

Yes 1

No *(Skip to Q.24)* 2

Don't know/Can't recall (Skip to Q.24) *8*

b. How many visits to a doctor's office or medical clinic did you make during the past 12 months?

_____

Don't know/Can't recall . . 98

24. *ATTACH TRACKING SHEET WITH PAPER CLIP TO THE BACK OF THIS QUESTIONNAIRE. THEN PROCEED TO MEDICAL HISTORY QUESTIONNAIRE. SAME CARD SET IS USED FOR MEDICAL HISTORY QUESTIONNAIRE.*

Time end: _____ *AM PM*

N UNIVERSITY
CH STUDY

ng Sheet

_____
(Initial) (Last)

_____

_____

_____

_____ Zip code_____

_____

T THAN ABOVE:

_____

_____

_____ Zip code_____

ER OF FRIEND OR RELATIVE WHO WILL JECT MOVES:

_____

_____

_____

_____ Zip code_____

_____

IBER:

___ ___ - ___ ___ ___ ___

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LIST OF ACTIVITIES

	Home	Sport/Recreation
Light		
	Standing	Washing dishes	Leisurely walking
	Reading	Ironing or sewing	Softball
	Typing	Wallpapering	
	Driving	Indoor painting	
Moderate		
	Lifting or carrying light objects less than 5 lbs.	Sweeping, mopping, or vacuuming	Brisk walking on level ground
	Painting outside of house	Raking	Throwing frisbee
	Mowing lawn with power mower	Cleaning windows	Cycling leisurely on level ground
		Pushing stroller with child	Swimming laps (easy effort)
Hard		
		Construction work	Brisk walking uphill
		Lifting or carrying objects 5-10 lbs.	Backpacking on level ground
		Scrubbing floors	Brisk cycling on level ground
			Tennis (doubles)
			Downhill skiing
			Swimming laps (moderate effort)
Very Hard		
		Carrying heavy loads such as bricks or lumber	Jogging
		Digging or chopping with heavy tools	Playing basketball
			Playing soccer
			Backpacking uphill
			Cycling or racing uphill
			Tennis (singles)
			Cross-country skiing
			Swimming laps (hard effort)
			Aerobic dancing
			Working out on a Nautilus machine

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