

My Health Habits Pretest and Posttest

FOR INTERNAL USE ONLY (For Strategies 2a, 2b, and 3)	
<input type="checkbox"/> ₁ Pretest	Start Date (MM/DD/YYYY): ____/____/____
<input type="checkbox"/> ₂ Posttest	End Date (MM/DD/YYYY): ____/____/____
Name of person administering the “My Health Habits” questionnaire: _____	
Project Location:	
<input type="checkbox"/> ₁ Clinic	
Patient identification (ID) number: _____	
<input type="checkbox"/> ₂ Community-based organization	
Participant identification (ID) number: _____	
<input type="checkbox"/> ₃ Other: _____	
Participant identification (ID) number: _____	

Participant Information

1. Today’s date (MM/DD/YYYY): ____/____/____
2. Age (in years): _____
3. Gender: <input type="checkbox"/> ₁ Male <input type="checkbox"/> ₂ Female
4. (a) Place of birth: _____
City State Country
(b) If your place of birth is in the Philippines, the city is located in the: <input type="checkbox"/> ₁ Northern Philippines <input type="checkbox"/> ₂ Central Philippines <input type="checkbox"/> ₃ Southern Philippines <input type="checkbox"/> ₄ N/A
5. Do you consider yourself Latino or Hispanic? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
6. What race do you consider yourself to be? <input type="checkbox"/> ₁ Alaska Native <input type="checkbox"/> ₂ American Indian <input type="checkbox"/> ₃ Asian <input type="checkbox"/> ₄ Black/African American <input type="checkbox"/> ₅ Native Hawaiian or other Pacific Islander <input type="checkbox"/> ₆ White
7. Time living in the United States: ____ Years ____ Months

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8. (a) Language you prefer: <input type="checkbox"/> ₁ English <input type="checkbox"/> ₂ Tagalog <input type="checkbox"/> ₃ Both <input type="checkbox"/> ₄ Other (b) If language is “Other,” please name the language you prefer: _____
9. Have you been told by a health care professional that you have diabetes? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No <input type="checkbox"/> ₃ Don’t know
10. Does your family have a history of heart disease? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No <input type="checkbox"/> ₃ Don’t know

Salt and Sodium

How often do you do the following things? Mark your answer with an **X**.

1. Do you buy fresh vegetables instead of canned vegetables?	<input type="checkbox"/> ₁ Never	<input type="checkbox"/> ₂ Sometimes	<input type="checkbox"/> ₃ Most of the time	<input type="checkbox"/> ₄ All the time
2. Do you use <i>patis</i> (fish sauce), <i>Bagoang alamang</i> (salted shrimp paste) or soy sauce when you cook?	<input type="checkbox"/> ₁ Never	<input type="checkbox"/> ₂ Sometimes	<input type="checkbox"/> ₃ Most of the time	<input type="checkbox"/> ₄ All the time
3. Do you read Nutrition Facts labels to choose foods with a low-sodium content?	<input type="checkbox"/> ₁ Never	<input type="checkbox"/> ₂ Sometimes	<input type="checkbox"/> ₃ Most of the time	<input type="checkbox"/> ₄ All the time
4. Do you add salt to fruit?	<input type="checkbox"/> ₁ Never	<input type="checkbox"/> ₂ Sometimes	<input type="checkbox"/> ₃ Most of the time	<input type="checkbox"/> ₄ All the time
5. Do you add salt to the water when you steam rice or cook noodles, beans or vegetables?	<input type="checkbox"/> ₁ Never	<input type="checkbox"/> ₂ Sometimes	<input type="checkbox"/> ₃ Most of the time	<input type="checkbox"/> ₄ All the time
6. Do you buy meats such as canned pork, hotdogs, corned beef hash, or sausage?	<input type="checkbox"/> ₁ Never	<input type="checkbox"/> ₂ Sometimes	<input type="checkbox"/> ₃ Most of the time	<input type="checkbox"/> ₄ All the time
7. Do you use a saltshaker at the table?	<input type="checkbox"/> ₁ Never	<input type="checkbox"/> ₂ Sometimes	<input type="checkbox"/> ₃ Most of the time	<input type="checkbox"/> ₄ All the time
8. Do you fill the saltshaker with a mixture of herbs and spices instead of salt?	<input type="checkbox"/> ₁ Never	<input type="checkbox"/> ₂ Sometimes	<input type="checkbox"/> ₃ Most of the time	<input type="checkbox"/> ₄ All the time
9. Do you choose fruits and vegetables instead of beef jerky, chips, french fries, and pork rinds?	<input type="checkbox"/> ₁ Never	<input type="checkbox"/> ₂ Sometimes	<input type="checkbox"/> ₃ Most of the time	<input type="checkbox"/> ₄ All the time

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Cholesterol and Fat

How often do you do the following things? Mark your answer with an **X**.

1. Do you drink fat-free milk or 1% milk?	<input type="checkbox"/> ₁ Never	<input type="checkbox"/> ₂ Sometimes	<input type="checkbox"/> ₃ Most of the time	<input type="checkbox"/> ₄ All the time
2. Do you eat low-fat cheese?	<input type="checkbox"/> ₁ Never	<input type="checkbox"/> ₂ Sometimes	<input type="checkbox"/> ₃ Most of the time	<input type="checkbox"/> ₄ All the time
3. Do you use vegetable oil spray to grease baking pans and skillets instead of lard, coconut oil, or butter?	<input type="checkbox"/> ₁ Never	<input type="checkbox"/> ₂ Sometimes	<input type="checkbox"/> ₃ Most of the time	<input type="checkbox"/> ₄ All the time
4. Do you read the Nutrition Facts label to help you choose foods lower in saturated fat, <i>trans</i> fat, and cholesterol?	<input type="checkbox"/> ₁ Never	<input type="checkbox"/> ₂ Sometimes	<input type="checkbox"/> ₃ Most of the time	<input type="checkbox"/> ₄ All the time
5. Do you remove the skin before cooking chicken?	<input type="checkbox"/> ₁ Never	<input type="checkbox"/> ₂ Sometimes	<input type="checkbox"/> ₃ Most of the time	<input type="checkbox"/> ₄ All the time
6. Do you drain the fat and throw it away when you cook ground meat?	<input type="checkbox"/> ₁ Never	<input type="checkbox"/> ₂ Sometimes	<input type="checkbox"/> ₃ Most of the time	<input type="checkbox"/> ₄ All the time
7. Do you choose fat-free or low-fat mayonnaise or sour cream?	<input type="checkbox"/> ₁ Never	<input type="checkbox"/> ₂ Sometimes	<input type="checkbox"/> ₃ Most of the time	<input type="checkbox"/> ₄ All the time
8. Do you use canola, safflower, or sesame oil to prepare your food instead of using lard?	<input type="checkbox"/> ₁ Never	<input type="checkbox"/> ₂ Sometimes	<input type="checkbox"/> ₃ Most of the time	<input type="checkbox"/> ₄ All the time

Weight Management

How often do you do the following things? Mark your answer with an **X**.

1. Do you read Nutrition Facts labels to choose foods lower in calories?	<input type="checkbox"/> ₁ Never	<input type="checkbox"/> ₂ Sometimes	<input type="checkbox"/> ₃ Most of the time	<input type="checkbox"/> ₄ All the time
2. Do you bake or grill chicken or other foods instead of frying them?	<input type="checkbox"/> ₁ Never	<input type="checkbox"/> ₂ Sometimes	<input type="checkbox"/> ₃ Most of the time	<input type="checkbox"/> ₄ All the time
3. Do you serve more vegetables on your plate than you do meat?	<input type="checkbox"/> ₁ Never	<input type="checkbox"/> ₂ Sometimes	<input type="checkbox"/> ₃ Most of the time	<input type="checkbox"/> ₄ All the time

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4. Do you serve yourself large portions of food?	<input type="checkbox"/> ₁ Never	<input type="checkbox"/> ₂ Sometimes	<input type="checkbox"/> ₃ Most of the time	<input type="checkbox"/> ₄ All the time
5. Do you drink water instead of regular soda?	<input type="checkbox"/> ₁ Never	<input type="checkbox"/> ₂ Sometimes	<input type="checkbox"/> ₃ Most of the time	<input type="checkbox"/> ₄ All the time
6. Do you have drinks with sugar, such as mango nectar, or other drinks?	<input type="checkbox"/> ₁ Never	<input type="checkbox"/> ₂ Sometimes	<input type="checkbox"/> ₃ Most of the time	<input type="checkbox"/> ₄ All the time
7. Do you eat fruits instead of desserts or snacks that contain high amounts of sugar?	<input type="checkbox"/> ₁ Never	<input type="checkbox"/> ₂ Sometimes	<input type="checkbox"/> ₃ Most of the time	<input type="checkbox"/> ₄ All the time
8. Do you eat more when you feel stressed?	<input type="checkbox"/> ₁ Never	<input type="checkbox"/> ₂ Sometimes	<input type="checkbox"/> ₃ Most of the time	<input type="checkbox"/> ₄ All the time

Physical Activity

Mark your answer with an **X**.

1. Do you do any type of physical activity at your job? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
2. Not including what you do at your job, do you do any other physical activity? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No (GO TO SMOKING) If yes, answer the following questions.
2a. What type of physical activity do you do? <input type="checkbox"/> ₁ Walking <input type="checkbox"/> ₂ Aerobic exercise <input type="checkbox"/> ₃ Playing sports <input type="checkbox"/> ₄ Other(s) (please specify): _____
2b. How often do you do physical activity? <input type="checkbox"/> ₁ Rarely (1 day a week) <input type="checkbox"/> ₂ Several times a week (2 to 6 days a week) <input type="checkbox"/> ₃ Every day

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Pretest and Posttest *(continued)*

2c. How many minutes per day do you do physical activity?

- ₁ Less than 30 minutes
- ₂ 30 to 59 minutes
- ₃ 60 minutes or more

Smoking

Mark your answer with an **X**.

1. Do you smoke?	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No
2. Does anyone else in your family smoke?	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No
3. Do you allow people to smoke in your home?	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No

Alcohol

Mark your answer with an **X**.

Note: One drink is 12 ounces of beer **OR** 5 ounces of wine **OR** 1½ ounces of spirits (liquor or whiskey, straight or in a mixed drink). Drinking may occur every day, some days, or just on the weekend.

1. Do you drink alcohol?

- ₁ Yes ₂ No (**GO TO KNOWLEDGE**)

If yes, answer the following questions.

1a. How often do you drink?

- ₁ Rarely (on special occasions)
- ₂ Occasionally (once a month)
- ₃ Once a week
- ₄ Regularly (several times a week)
- ₅ Every day

1b. When you drink, how many drinks do you have per occasion?

- ₁ One to two drinks
- ₂ Three to four drinks
- ₃ Five or more drinks

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1c. How often do you drink more than three drinks in one day?

- ₁ Never
- ₂ Once or twice a week
- ₃ Three to six times per week
- ₄ Every day

Knowledge

Mark your answer with an **X**.

1. Can a high waist measure increase your risk of heart disease?	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No	<input type="checkbox"/> ₃ Don't know
2. Can the body mass index (BMI) tell you if you are overweight?	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No	<input type="checkbox"/> ₃ Don't know
3. Does your liver make all the cholesterol your body needs to keep you healthy?	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No	<input type="checkbox"/> ₃ Don't know
4. Can eating foods that are high in sodium increase your risk of high blood pressure?	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No	<input type="checkbox"/> ₃ Don't know
5. Does lard have a low amount of saturated fat?	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No	<input type="checkbox"/> ₃ Don't know
6. Can eating too much saturated fat and <i>trans</i> fat raise your cholesterol level?	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No	<input type="checkbox"/> ₃ Don't know
7. Is a blood pressure of 140/90 mmHg considered high?	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No	<input type="checkbox"/> ₃ Don't know
8. Can being overweight or obese put you at risk for developing high blood cholesterol?	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No	<input type="checkbox"/> ₃ Don't know
9. Is being physically active a way to reduce your risk for heart disease?	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No	<input type="checkbox"/> ₃ Don't know
10. Only people with high blood cholesterol should follow a heart healthy diet.	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No	<input type="checkbox"/> ₃ Don't know
11. Can nonsmokers die from secondhand smoke?	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No	<input type="checkbox"/> ₃ Don't know
12. Is having a fasting blood sugar of 126 mg/dL or higher considered diabetes?	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No	<input type="checkbox"/> ₃ Don't know

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Pretest and Posttest *(continued)*

A Day with the de la Cruz Family

People act in different ways when they learn that they need to make changes to lower their chances of getting heart disease.

Read about how the members of the de la Cruz family react to the news about their risks for heart disease. Then place an **X** next to the name of the family member with whom you identify the most.



Ric: “I don’t really care.”

Ric learns that he is at risk for heart disease but he is not concerned. He gets upset when he’s reminded about changing his unhealthy habits. He has no intention of making changes for better heart health. “Whatever will be, will be,” claims Ric.



Mila: “I am stuck.”

Mila is worried because she knows that smoking is a risk factor for heart disease and she is aware of the effect that secondhand smoking has on asthma. She thinks about making changes, but cannot get started. She feels trapped and is not motivated to take steps for better health. “You can bring a horse to water but you cannot make it drink,” ponders Mila.



Rose: “I am making plans.”

Rose learns that her husband is at risk for heart disease and thinks that she should make changes. Instead of putting off her efforts until tomorrow, she asks her friends and family for suggestions on how she can make heart healthy changes for her family. “Walking the walk is harder than talking the talk,” says Rose.



Lola (Mrs. Caridad de la Cruz): “I am taking action.”

Lola learns that she is at risk for heart disease and quickly starts doing something about it. She goes to classes to learn how to improve her health. She practices what she learns. Lola makes simple changes and helps others to do the same. “An ounce of prevention is better than a pound of cure,” says Lola.



Jose: “I stay on the healthy path.”

Jose is making changes and is motivated to stay on track to improve his health. He knows that it is easy to fall back into old habits. He makes plans to prevent setbacks and learns to start again if he needs to. He is positive toward life. He asks for help and does not give up. “Time is gold, and health is priceless,” says Jose.

My Health Habits

Posttest Questions Only

Please answer these questions after completing all of the sessions of the “Healthy Heart, Healthy Family” manual. Mark your answer with an **X**.

1. How satisfied are you with the Healthy Heart, Healthy Family project presented by community health workers?

₁I am not satisfied.

₂I am somewhat satisfied.

₃I am satisfied.

₄I am very satisfied.

2. With whom have you shared the information from the sessions? (Mark your answer with an **X**. You may select more than one answer.)

₁Friends

₂Family

₃Coworkers

₄Other (please specify): _____