

My Health Habits

Post-Survey

CHW
COMMUNITY HEALTH WORKER
HEALTH DISPARITIES INITIATIVE

Identification Number of the Participant: _____

PROJECT NUMBER: _____

PROJECT NAME: _____

DATE: __/__/__

MY HEALTH HABITS (HH)

The next questions are about the things you do that may affect your health. Your answers help us to develop programs that help people learn more about ways to stay healthy.

1. How often do you eat three or more servings of fruit a day?

- 1 Never or almost never
- 2 Sometimes
- 3 Most of the time
- 4 All of the time

2. How often do you eat three or more servings of vegetables a day?

- 1 Never or almost never
- 2 Sometimes
- 3 Most of the time
- 4 All of the time

3. How often do you eat more vegetables than meat at meals?

- 1 Never or almost never
- 2 Sometimes
- 3 Most of the time
- 4 All of the time

4. How often do you bake or grill your food instead of frying?

- 1 Never or almost never
- 2 Sometimes
- 3 Most of the time
- 4 All of the time

5. How often do you read the "Nutrition Facts" food labels when you shop for food?

- 1 Never or almost never
- 2 Sometimes
- 3 Most of the time
- 4 All of the time

6. How often do you drain the fat after cooking meat?

- 1 Never or almost never
- 2 Sometimes
- 3 Most of the time
- 4 All of the time

7. How often do you drink regular soda or pop that contains sugar?

- 1 Never or almost never
- 2 Sometimes
- 3 Most of the time
- 4 All of the time

8. How often do you drink other sugary drinks, such as powdered drinks, fruit-flavored drinks, or sports or energy drinks?

- 1 Never or almost never
- 2 Sometimes
- 3 Most of the time
- 4 All of the time

9. How often do you buy meats, such as ham, bologna, hotdogs, or sausage?

- 1 Never or almost never
- 2 Sometimes
- 3 Most of the time
- 4 All of the time

10. How often do you add salt to your food when you eat?

- 1 Never or almost never
- 2 Sometimes
- 3 Most of the time
- 4 All of the time

11. How often do you eat low-fat or fat-free cheese instead of regular or whole milk cheese?

- 1 Never or almost never
- 2 Sometimes
- 3 Most of the time
- 4 All of the time
- 8 I do not eat cheese

12. How often do you use low-fat or fat-free salad dressing or mayonnaise instead of regular salad dressing or mayonnaise?

- 1 Never or almost never
- 2 Sometimes
- 3 Most of the time
- 4 All of the time
- 8 I do not use any of these

13. How many days a week do you exercise or do some kind of physical activity for 30 minutes or longer? (This can include physical activity at your job.)

- 0 None
- 1 1 day
- 2 2 days
- 3 3 days
- 4 4 days
- 5 5 days
- 6 6 days
- 7 7 days

14. How often do you ask people to NOT smoke in your home?

- 1 Never or almost never
- 2 Sometimes
- 3 Most of the time
- 4 All of the time
- 8 No one ever smokes in my home

15. How often do you smoke cigarettes?

- 1 Not at all
- 2 Some days
- 3 Every day

16. How often do you drink beer, wine, liquor, or other kinds of alcoholic beverages?

- 1 Never
- 2 Only on special occasions
- 3 About once a month
- 4 A few times a week
- 5 Every day or almost every day

17. When you drink alcoholic beverages, how many drinks do you have per occasion?

- 1 One drink
- 2 Two drinks
- 3 Three drinks
- 4 Four or more drinks
- 8 I do not drink alcoholic beverages

18. How confident are you in your ability to cook heart healthy foods?

- 1 Not confident
- 2 Somewhat confident
- 3 Confident
- 4 Very confident

19. How confident are you in your ability to read the "Nutrition Facts" food labels to make healthier food choices?

- 1 Not confident
- 2 Somewhat confident
- 3 Confident
- 4 Very confident

20. How confident are you in your ability to recognize the signs of a heart attack?

- 1 Not confident
- 2 Somewhat confident
- 3 Confident
- 4 Very confident

21. How confident are you in your ability to get your blood pressure checked once a year?

- 1 Not confident
- 2 Somewhat confident
- 3 Confident
- 4 Very confident

MY HEALTH KNOWLEDGE (HK)

The next questions are about what you know about things that affect heart health. Your answers help us to develop programs that help people learn more about ways to stay healthy.

1. Things that raise your risk of developing heart disease include:

[MARK "YES" OR "NO" FOR EACH ITEM]

- | YES | NO | |
|----------------------------|----------------------------|---|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | ¹ Having high blood pressure |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | ² Smoking cigarettes |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | ³ Not being physically active |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | ⁴ Your family history of heart disease |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | ⁵ Being overweight or obese |
| 6 <input type="checkbox"/> | | ⁶ Don't know |

2. Things that affect your blood cholesterol level include:

[MARK "YES" OR "NO" FOR EACH ITEM]

- | YES | NO | |
|----------------------------|----------------------------|--|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | ¹ Having family members with high blood cholesterol |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | ² What you eat |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | ³ Your weight |
| 6 <input type="checkbox"/> | | ⁴ Don't know |

3. Things that raise your risk of getting diabetes include:

[MARK "YES" OR "NO" FOR EACH ITEM]

- | YES | NO | |
|----------------------------|----------------------------|---|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | ¹ Being overweight or obese |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | ² Having family members with diabetes |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | ³ Having high blood pressure |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | ⁴ Being part of an ethnic or racial group that has a high rate of diabetes |
| 6 <input type="checkbox"/> | | ⁵ Don't know |

4. Which of the following are symptoms of diabetes?

[MARK "YES" OR "NO" FOR EACH ITEM]

- | YES | NO | |
|----------------------------|----------------------------|-------------------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | ¹ Frequent urination |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | ² Sores that do not heal |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | ³ Being thirsty a lot |
| 6 <input type="checkbox"/> | | ⁴ Don't know |

5. Which of the following are signs of a stroke? [MARK "YES" OR "NO" FOR EACH ITEM]

- | YES | NO | |
|----------------------------|----------------------------|--|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | ¹ Numbness of the face, arm, or leg |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | ² Confusion, trouble talking, and difficulty understanding others |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | ³ Trouble seeing in one or both eyes |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | ⁴ Trouble walking, dizziness, and loss of balance or coordination |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | ⁵ Severe headache |
| 6 <input type="checkbox"/> | | ⁶ Don't know |

6. Which of the following are signs of having a heart attack? [MARK "YES" OR "NO" FOR EACH ITEM]

- | YES | NO | |
|----------------------------|----------------------------|---|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | ¹ You may feel like you can't breathe |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | ² You may feel pain in the neck or jaw |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | ³ One or both of your arms, your back, or stomach may hurt |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | ⁴ You may feel light-headed or break out in a cold sweat |
| 6 <input type="checkbox"/> | | ⁵ Don't know |

7. Which of the following are true about heart attacks? [MARK "YES" OR "NO" FOR EACH ITEM]

- | YES | NO | |
|----------------------------|----------------------------|---|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | ¹ Sometimes people confuse the warning signs of a heart attack with symptoms of the flu or indigestion |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | ² If you are having signs of a heart attack you should drive yourself to the hospital |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | ³ Getting treatment within 1 hour after warning signs for a heart attack begin can lower damage to the heart |
| 6 <input type="checkbox"/> | | ⁴ Don't know |

8. Ways to lower your risk of getting heart disease include:

[MARK "YES" OR "NO" FOR EACH ITEM]

- | YES | NO | |
|----------------------------|----------------------------|---|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | ¹ Cutting down on salt and sodium |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | ² Being physically active |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | ³ Getting your blood pressure checked |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | ⁴ Getting your blood cholesterol level checked |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | ⁵ Maintaining a healthy weight |
| 6 <input type="checkbox"/> | | ⁶ Don't know |

9. Smoking cigarettes can raise your risk of:

[MARK "YES" OR "NO" FOR EACH ITEM]

- | YES | NO | |
|----------------------------|----------------------------|--------------------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | ¹ Having a heart attack |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | ² Having a stroke |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | ³ Having an asthma attack |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | ⁴ Getting cancer |
| 6 <input type="checkbox"/> | | ⁵ Don't know |

10. To lose weight, you can:

[MARK "YES" OR "NO" FOR EACH ITEM]

- | YES | NO | |
|----------------------------|----------------------------|--|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | ¹ Cut down on the calories you eat |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | ² Eat smaller portions |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | ³ Read the "Nutrition Facts" food labels to make healthier food choices |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | ⁴ Be physically active |
| 6 <input type="checkbox"/> | | ⁵ Don't know |

11. Physical activity can help you:

[MARK "YES" OR "NO" FOR EACH ITEM]

- | YES | NO | |
|----------------------------|----------------------------|--|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | ¹ Control your weight |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | ² Lower your blood pressure |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | ³ Strengthen your heart and lungs |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | ⁴ Lower your cholesterol |
| 6 <input type="checkbox"/> | | ⁵ Don't know |

The next questions have only one right answer. Please just mark the one you think is correct.

12. How much is one serving of a cooked vegetable?

- 1 Half a cup (½ cup)
- 2 One cup (1 cup)
- 3 One and a half cups (1 ½ cups)
- 4 Two cups (2 cups)
- 6 Don't know

13. For a woman, a waist measure of 38 inches is:

- 1 Healthy
- 2 High
- 6 Don't know

14. For a man, a waist measure of 38 inches is:

- 1 Healthy
- 2 High
- 6 Don't know

15. What is the least amount of time adults should engage in physical activity most days each week to lower the risk of getting heart disease?

- 1 20 minutes
- 2 30 minutes
- 3 40 minutes
- 4 60 minutes
- 6 Don't know

16. A blood pressure of 140/90 mmHg means:

- 1 Your blood pressure is **normal**
- 2 You have **prehypertension**
- 3 You have high blood pressure or **hypertension**
- 6 Don't know

17. A total blood cholesterol level of 240 mg/dL means:

- 1 Your cholesterol level is **normal**
- 2 Your cholesterol level is **borderline high**
- 3 Your cholesterol level is **high**
- 6 Don't know

18. A fasting blood glucose level of 126 mg/dL means:

- 1 Your level is **normal**
- 2 You have **prediabetes**
- 3 You have **diabetes**
- 6 Don't know

19. Can drinking too much alcohol (more than one drink per day for women and more than two drinks per day for men) make your blood pressure go up?

- 1 Yes
- 2 No
- 6 Don't know

20. Can people who **DO NOT** smoke be in danger of getting heart or lung disease from being around people who do smoke?

- 1 Yes
- 2 No
- 6 Don't know

21. High blood pressure is known as a "silent killer." It is called a silent killer because, a lot of the time, most people do not recognize the symptoms.

- 1 Yes, this is true
- 2 No, this is not true
- 6 Don't know

A Day With the Harris Family (SC 1)

People act in different ways when they learn that they need to make lifestyle changes (to lower their chances for getting heart disease) because they have risk factors for heart disease. Read about how the members of the Harris 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.

1 **Darnell: "I don't really care." [The Disbeliever]**

Darnell learns that he is at risk for heart disease, but he is not concerned about it. He gets upset when reminded about changing his unhealthy habits. He does not intend to make lifestyle changes for better health. "Nothing's going to happen to me," he says.

2 **James: "I need to make changes, but I can't get started." [The Frustrated]**

James is frustrated because he's aware of his risk factors for heart disease but has been unable to control them. He feels trapped by life situations and wonders whether he can overcome the obstacles that prevent him from maintaining a heart healthy lifestyle. "Sometimes you can try as hard as you can, but if there's a brick wall standing between you and your goal, what can you do?" says James.

3 **Pam: "I am making plans." [The Well Intentioned]**

Pam learns that she's at risk for heart disease and intends to take action, and she has started making some plans to improve her health after putting off making changes. She has been feeling guilty because she knows she should take steps to improve her health. "Walking the walk is harder than talking the talk," says Pam, but she is now starting to make plans to be healthier.

4 **Ms. Diane: "I am taking action." [The Active]**

Ms. Diane (Grandma Harris) learns that she is at risk for heart disease and quickly draws an action plan. She gets information and attends classes to learn how to improve her health. Ms. Diane practices what she learns and feels optimistic and enthusiastic. She makes healthy lifestyle changes, sets reasonable goals, and helps others to do the same. "Once you know better, you owe it to yourself to do better," says Ms. Diane.

5 **Tina: "I stay on the healthy path." [The Believer]**

Tina is very motivated to make changes to improve her health. She knows it's easy to fall back to old habits. She makes plans to prevent setbacks, and she starts over again when necessary. Tina believes that she and her family can achieve a heart healthy lifestyle. She has a positive attitude towards life, asks for help when needed, and does not give up. "If I just believe it, then I can do it!" says Tina.

ABOUT YOU (Y)

1. Have you ever been told by a doctor or health professional that you have diabetes?

- 1 No
2 Yes, borderline or prediabetes
3 Yes, diabetes
4 Yes, but only when I was pregnant
6 Don't know

2. Have you ever been told by a doctor or health professional that you have heart disease?

- 1 Yes
2 No
6 Don't know

3. Does your family have a history of heart disease?

- 1 Yes
2 No
6 Don't know

4. How old are you?

|__|__| years old

5. What is your gender?

- 1 Male
2 Female

6. How far did you go in school?

[MARK ONLY ONE BOX]

- 1 Did not finish high school
2 Graduated from high school or earned a GED
3 Attended some college
4 Graduated from college
5 Earned a graduate or professional degree

7. Including you, how many people live in your home?

|__|__|

8. Are there children younger than 18 years of age living in your home?

- 1 Yes
2 No

9. What is your employment status?

[MARK ONLY ONE BOX]

- 1 Employed full-time
2 Employed part-time
3 Not employed (fully retired)
4 Not employed
5 Full-time homemaker

10. What is your race?

[MARK ONE OR MORE BOXES]

- 1 ¹ Asian
1 ² Black or African American
1 ³ Native Hawaiian or Pacific Islander
1 ⁴ White
1 ⁵ American Indian or Alaska Native
^{5a} What tribe (or tribes) do you identify most closely with?

1 ⁶ Another race
^{6a} Please specify:

11. Do you consider yourself Latino or Hispanic?

- 1 Yes
2 No

12. Do you speak a language other than English at home?

- 1 Yes
^a What language?

- 2 No

The CHWI Program (CP)

1. How satisfied are you with the sessions presented by the Community Health Worker?

- 1 Not satisfied
- 2 Somewhat satisfied
- 3 Satisfied
- 4 Very satisfied

2. Have you shared the information you learned with your family or friends?

- 1 Yes
- 2 No

Thank you very much for completing the My Health Habits Survey. The responses we receive from you and others help us plan programs to better serve communities like yours.