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. | 2. | 1. Having high blood pressure |
   | 1. | 2. | 2. Smoking cigarettes |
   | 1. | 2. | 3. Not being physically active |
   | 1. | 2. | 4. Your family history of heart disease |
   | 1. | 2. | 5. Being overweight or obese |
   | 6. | Don’t know |

2. **Things that affect your blood cholesterol level include:**

   | [MARK “YES” OR “NO” FOR EACH ITEM] |
   |-----------------|-----------------|
   | YES | NO |
   | 1. | 2. | 1. Having family members with high blood cholesterol |
   | 1. | 2. | 2. What you eat |
   | 1. | 2. | 3. Your weight |
   | 6. | Don’t know |

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

   | [MARK “YES” OR “NO” FOR EACH ITEM] |
   |-----------------|-----------------|
   | YES | NO |
   | 1. | 2. | 1. Being overweight or obese |
   | 1. | 2. | 2. Having family members with diabetes |
   | 1. | 2. | 3. Having high blood pressure |
   | 1. | 2. | 4. Being part of an ethnic or racial group that has a high rate of diabetes |
   | 6. | Don’t know |

4. **Which of the following are symptoms of diabetes?**

   | [MARK “YES” OR “NO” FOR EACH ITEM] |
   |-----------------|-----------------|
   | YES | NO |
   | 1. | 2. | 1. Frequent urination |
   | 1. | 2. | 2. Sores that do not heal |
   | 1. | 2. | 3. Being thirsty a lot |
   | 6. | Don’t know |

5. **Which of the following are signs of a stroke?**

   | [MARK “YES” OR “NO” FOR EACH ITEM] |
   |-----------------|-----------------|
   | YES | NO |
   | 1. | 2. | 1. Numbness of the face, arm, or leg |
   | 1. | 2. | 2. Confusion, trouble talking, and difficulty understanding others |
   | 1. | 2. | 3. Trouble seeing in one or both eyes |
   | 1. | 2. | 4. Trouble walking, dizziness, and loss of balance or coordination |
   | 1. | 2. | 5. Severe headache |
   | 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. | 2. | 1. You may feel like you can’t breathe |
   | 1. | 2. | 2. You may feel pain in the neck or jaw |
   | 1. | 2. | 3. One or both of your arms, your back, or stomach may hurt |
   | 1. | 2. | 4. You may feel light-headed or break out in a cold sweat |
   | 6. | Don’t know |

7. **Which of the following are true about heart attacks?**

   | [MARK “YES” OR “NO” FOR EACH ITEM] |
   |-----------------|-----------------|
   | YES | NO |
   | 1. | 2. | 1. Sometimes people confuse the warning signs of a heart attack with symptoms of the flu or indigestion |
   | 1. | 2. | 2. If you are having signs of a heart attack, you should drive yourself to the hospital |
   | 1. | 2. | 3. Getting treatment within 1 hour after warning signs for a heart attack begin can lower damage to the heart |
   | 6. | Don’t know |
8. Ways to lower your risk of getting heart disease include:

[MARK “YES” OR “NO” FOR EACH ITEM]

YES  NO
1 □  2 □  1 Cutting down on salt and sodium
1 □  2 □  2 Being physically active
1 □  2 □  3 Getting your blood pressure checked
1 □  2 □  4 Getting your blood cholesterol level checked
1 □  2 □  5 Maintaining a healthy weight
6 □  6 □  Don’t know

9. Smoking cigarettes can raise your risk of:

[MARK “YES” OR “NO” FOR EACH ITEM]

YES  NO
1 □  2 □  1 Having a heart attack
1 □  2 □  2 Having a stroke
1 □  2 □  3 Having an asthma attack
1 □  2 □  4 Getting cancer
6 □  6 □  Don’t know

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

10. To lose weight, you can:

[MARK “YES” OR “NO” FOR EACH ITEM]

YES  NO
1 □  2 □  1 Cut down on the calories you eat
1 □  2 □  2 Eat smaller portions
1 □  2 □  3 Read the “Nutrition Facts” food labels to make healthier food choices
1 □  2 □  4 Be physically active
6 □  6 □  Don’t know

11. Physical activity can help you:

[MARK “YES” OR “NO” FOR EACH ITEM]

YES  NO
1 □  2 □  1 Control your weight
1 □  2 □  2 Lower your blood pressure
1 □  2 □  3 Strengthen your heart and lungs
1 □  2 □  4 Lower your cholesterol
6 □  6 □  Don’t know

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 de la Cruz 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 (X) next to the name of the family member with whom you identify the most.

1  □  Ric: “I don’t really care.” [The Disbeliever]

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 health. “Whatever will be, will be,” claims Ric.

2  □  Mila: “I am stuck.” [The Frustrated]

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,” ponder Mila.

3  □  Rose: “I am making plans.” [The Well Intentioned]

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.

4  □  Lola (Mrs. Caridad de la Cruz): “I am taking action.” [The Active]

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 do the same. “An ounce of prevention is better than a pound of cure,” says Lola.

5  □  Jose: “I stay on the healthy path.” [The Believer]

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.
### ABOUT YOU (Y)

1. **Have you ever been told by a doctor or health professional that you have diabetes?**
   - [ ] No
   - [ ] Yes, borderline or prediabetes
   - [ ] Yes, diabetes
   - [ ] Yes, but only when I was pregnant
   - [ ] Don’t know

2. **Have you ever been told by a doctor or health professional that you have heart disease?**
   - [ ] Yes
   - [ ] No
   - [ ] Don’t know

3. **Does your family have a history of heart disease?**
   - [ ] Yes
   - [ ] No
   - [ ] Don’t know

4. **How old are you?**
   - [__] [__] years old

5. **What is your gender?**
   - [ ] Male
   - [ ] Female

6. **How far did you go in school?**
   - [ ] Did not finish high school
   - [ ] Graduated from high school or earned a GED
   - [ ] Attended some college
   - [ ] Graduated from college
   - [ ] 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?**
   - [ ] Yes
   - [ ] No

9. **What is your employment status?**
   - [ ] Employed full-time
   - [ ] Employed part-time
   - [ ] Not employed (fully retired)
   - [ ] Not employed
   - [ ] Full-time homemaker

10. **What is your race?**
    - [ ] 1 Asian
    - [ ] 2 Black or African American
    - [ ] 3 Native Hawaiian or Pacific Islander
    - [ ] 4 White
    - [ ] 5 American Indian or Alaska Native
    - [5a] What tribe (or tribes) do you identify most closely with?
    - [ ] 6 Another race
    - [6a] Please specify:

11. **Do you consider yourself Latino or Hispanic?**
    - [ ] Yes
    - [ ] No

12. **Do you speak a language other than English at home?**
    - [ ] Yes
    - [ ] 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.