

# My Health Habits

## Pre-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"/> | <sup>1</sup> Having high blood pressure           |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | <sup>2</sup> Smoking cigarettes                   |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | <sup>3</sup> Not being physically active          |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | <sup>4</sup> Your family history of heart disease |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | <sup>5</sup> Being overweight or obese            |
| 6 <input type="checkbox"/> |                            | <sup>6</sup> 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"/> | <sup>1</sup> Having family members with high blood cholesterol |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | <sup>2</sup> What you eat                                      |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | <sup>3</sup> Your weight                                       |
| 6 <input type="checkbox"/> |                            | <sup>4</sup> 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"/> | <sup>1</sup> Being overweight or obese  |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | <sup>2</sup> Having family members with diabetes                                      |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | <sup>3</sup> Having high blood pressure   |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | <sup>4</sup> Being part of an ethnic or racial group that has a high rate of diabetes |
| 6 <input type="checkbox"/> |                            | <sup>5</sup> 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"/> | <sup>1</sup> Frequent urination     |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | <sup>2</sup> Sores that do not heal |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | <sup>3</sup> Being thirsty a lot    |
| 6 <input type="checkbox"/> |                            | <sup>4</sup> 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"/> | <sup>1</sup> Numbness of the face, arm, or leg                               |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | <sup>2</sup> Confusion, trouble talking, and difficulty understanding others |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | <sup>3</sup> Trouble seeing in one or both eyes                              |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | <sup>4</sup> Trouble walking, dizziness, and loss of balance or coordination |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | <sup>5</sup> Severe headache   |
| 6 <input type="checkbox"/> |                            | <sup>6</sup> 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"/> | <sup>1</sup> You may feel like you can't breathe                      |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | <sup>2</sup> You may feel pain in the neck or jaw                     |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | <sup>3</sup> One or both of your arms, your back, or stomach may hurt |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | <sup>4</sup> You may feel light-headed or break out in a cold sweat   |
| 6 <input type="checkbox"/> |                            | <sup>5</sup> 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"/> | <sup>1</sup> 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"/> | <sup>2</sup> If you are having signs of a heart attack you should drive yourself to the hospital                        |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | <sup>3</sup> Getting treatment within 1 hour after warning signs for a heart attack begin can lower damage to the heart |
| 6 <input type="checkbox"/> |                            | <sup>4</sup> 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"/> | <sup>1</sup> Cutting down on salt and sodium              |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | <sup>2</sup> Being physically active                      |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | <sup>3</sup> Getting your blood pressure checked          |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | <sup>4</sup> Getting your blood cholesterol level checked |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | <sup>5</sup> Maintaining a healthy weight                 |
| 6 <input type="checkbox"/> |                            | <sup>6</sup> 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"/> | <sup>1</sup> Having a heart attack   |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | <sup>2</sup> Having a stroke         |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | <sup>3</sup> Having an asthma attack |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | <sup>4</sup> Getting cancer          |
| 6 <input type="checkbox"/> |                            | <sup>5</sup> 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"/> | <sup>1</sup> Cut down on the calories you eat                                      |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | <sup>2</sup> Eat smaller portions  |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | <sup>3</sup> Read the "Nutrition Facts" food labels to make healthier food choices |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | <sup>4</sup> Be physically active  |
| 6 <input type="checkbox"/> |                            | <sup>5</sup> 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"/> | <sup>1</sup> Control your weight             |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | <sup>2</sup> Lower your blood pressure       |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | <sup>3</sup> Strengthen your heart and lungs |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | <sup>4</sup> Lower your cholesterol          |
| 6 <input type="checkbox"/> |                            | <sup>5</sup> 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 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 (☒)** 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?**

- 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  <sup>1</sup> Asian  
1  <sup>2</sup> Black or African American  
1  <sup>3</sup> Native Hawaiian or Pacific Islander  
1  <sup>4</sup> White  
1  <sup>5</sup> American Indian or Alaska Native  
<sup>5a</sup> What tribe (or tribes) do you identify most closely with?  
\_\_\_\_\_  
1  <sup>6</sup> Another race  
<sup>6a</sup> 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  
<sup>a</sup> What language?  
\_\_\_\_\_

- 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.*