



My Health Habits

Pretest and Posttest

FOR INTERNAL USE ONLY

For Strategies 2a, 2b, and 3

- ₁ Pretest Start Date (MM/DD/YYYY): ____/____/____
- ₂ Posttest End Date (MM/DD/YYYY): ____/____/____

Name of person administering the “My Health Habits” questionnaire:

Location:

- ₁ Clinic:
Patient identification (ID) number: _____
- ₁ Community-based organization:
Participant identification (ID) number: _____
- ₁ Other: _____
Participant identification (ID) number: _____



My Health Habits

Pretest and Posttest (continued)

Participant Information

1. **Today's date** (MM/DD/YYYY): ____ / ____ / ____

2. **Date of birth** (MM/DD/YYYY): ____ / ____ / ____

3. **Age (in years):** _____

4. Sex

₁ Male

₂ Female

5. Do you consider yourself Latino or Hispanic?

₁ Yes

₂ No

6. Which race do you consider yourself to be?

₁ Alaska Native

₂ American Indian

₃ Asian

₄ Black or African American

₅ Native Hawaiian or other Pacific Islander

₆ White

₇ Mixed race



My Health Habits

Pretest and Posttest (continued)

Participant Information (continued)

7. Have you been told by a health care professional that you have diabetes?

- ₁ Yes
 - ₂ No
 - ₃ Don't know
-

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

- ₁ Yes
 - ₂ No
 - ₃ Don't know
-

9. Do you have any heart disease risk factors?

- ₁ Yes
- ₂ No
- ₃ Don't know



My Health Habits

Pretest and Posttest (continued)

Salt and Sodium

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

1. Do you buy fresh vegetables or low- or no-sodium canned vegetables?

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

4. Do you cook from scratch to avoid high-sodium prepackaged foods?

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

2. Do you use bouillon cubes when you cook?

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

5. Do you add salt to the water when you cook beans, rice, pasta, or vegetables?

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

3. Do you read labels to choose low- or no-sodium foods?

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

6. Do you buy meats such as ham, bologna, hot dogs, or sausage?

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



My Health Habits

Pretest and Posttest (continued)

Salt and Sodium (continued)

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

7. Do you use a salt shaker at the table?

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

9. Do you choose fruits and vegetables instead of potato chips, French fries, and pork rinds?

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

8. Do you fill the salt shaker with a mixture of herbs and spices instead of salt?

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



My Health Habits

Pretest and Posttest (continued)

Saturated Fat

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

1. Do you choose fat-free milk or 1% milk when you have milk?

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

3. Do you use vegetable oil to grease baking pans and skillets instead of using lard or butter?

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

2. Do you choose low-fat cheese?

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

4. Do you read the food label to help you choose foods lower in saturated fat, sugar, and sodium?

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



My Health Habits

Pretest and Posttest (continued)

Saturated Fat (continued)

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

5. Do you remove the skin before cooking chicken?

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

7. Do you choose fat-free or low-fat salad dressing or mayonnaise?

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

6. Do you drain the fat and throw it away when you cook ground meat?

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

8. Do you use vegetable oil to prepare your food instead of using lard?

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



My Health Habits

Pretest and Posttest (continued)

Weight Management

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

1. Do you read labels to choose foods lower in calories?

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

3. Do you put more vegetables on your plate than you do meat?

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

2. Do you bake or grill chicken or other foods instead of frying them?

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

4. Do you serve yourself large portions of food?

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



My Health Habits

Pretest and Posttest (continued)

Weight Management (continued)

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

5. Do you drink water or unsweetened tea instead of regular soda?

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

7. Do you eat fruit instead of desserts or snacks that have a lot of sugar?

- ₁ Never
- ₃ Sometimes
- ₃ Most of the time
- ₄ All the time

6. Do you drink lemonade with sugar or powdered drinks with sugar?

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

8. Do you eat more when you feel stressed?

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



My Health Habits

Pretest and Posttest (continued)

Physical Activity

Mark your answer with an X.

1. Do you do any type of physical activity at your job?

- ₁ Yes
- ₂ No

2. Not including what you do at your job, do you do any other physical activity?

- ₁ Yes
- ₂ No
- ₃ If yes, answer the following questions. If no, go to **Smoking**

a. What type of physical activity do you do?
You may select more than one answer.

- ₁ Walking
- ₂ Aerobic exercise
- ₃ Playing sports
- ₄ Other (please specify): _____

c. 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

b. How often do you do physical activity?

- ₁ Rarely (1 day a week)
- ₂ Several times a week
(2 to 6 days a week)
- ₃ Every day



My Health Habits

Pretest and Posttest (continued)

Smoking

Mark your answer with an X.

1. Do you smoke?

₁ Yes

₂ No

2. Does anyone else in your family smoke?

₁ Yes

₂ No

3. Do you allow people to smoke in your home?

₁ Yes

₂ No



My Health Habits

Pretest and Posttest (continued)

Alcohol

Mark your answer with an X.

NOTE



One drink is one beer (12 ounces) OR one glass of wine (5 ounces) OR 1½ ounces of distilled spirits (liquor, straight or in a mixed drink). Moderate drinking is up to 1 drink per day for women and up to 2 drinks per day for men.

1. Do you drink alcohol?

- ₁ Yes
- ₂ No
- ₃ If yes, answer the following questions. If no, go to **Knowledge**.

a. 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

c. 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

b. 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



My Health Habits

Pretest and Posttest (continued)

Knowledge

Mark your answer with an X.

1. Can your waist measurement indicate that you have a high risk of heart disease?

- ₁ Yes
- ₂ No
- ₃ Don't know

4. Can eating foods that are high in sodium increase your risk of high blood pressure?

- ₁ Yes
- ₂ No
- ₃ Don't know

2. Can the BMI chart tell you if you're overweight?

- ₁ Yes
- ₂ No
- ₃ Don't know

5. Does lard have a low amount of saturated fat?

- ₁ Yes
- ₂ No
- ₃ Don't know

3. Does your liver make all of the cholesterol your body needs to be healthy?

- ₁ Yes
- ₃ No
- ₃ Don't know

6. Can eating too much saturated fat raise your cholesterol level?

- ₁ Yes
- ₂ No
- ₃ Don't know

Answers: 1, 2, 3, 4, 6 -yes; 5-no



My Health Habits

Pretest and Posttest (continued)

Knowledge (continued)

Mark your answer with an X.

7. Is a consistent blood pressure of 140/90 mmHg considered high?

- ₁ Yes
- ₂ No
- ₃ Don't know

9. Is being physically active a way to reduce your risk for heart disease?

- ₁ Yes
- ₂ No
- ₃ Don't know

8. If you haven't gained weight, does that mean your cholesterol is fine?

- ₁ Yes
- ₂ No
- ₃ Don't know

10. Is it only people with high cholesterol who need to follow a heart healthy diet?

- ₁ Yes
- ₂ No
- ₃ Don't know

Answers: 7, 9-yes; 8, 10-no



My Health Habits

Pretest and Posttest (continued)

Knowledge (continued)

Mark your answer with an X.

11. Can nonsmokers die from secondhand smoke?

- ₁ Yes
- ₂ No
- ₃ Don't know

13. Is having a waist measurement greater than 35 inches healthy for a woman?

- ₁ Yes
- ₂ No
- ₃ Don't know

12. Is having a fasting blood sugar of 126 mg/dL or higher considered diabetes?

- ₁ Yes
- ₂ No
- ₃ Don't know

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

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

Answers: 11, 12-yes; 13-no



My Health Habits

Pretest and Posttest (continued)

A Day With the Harris Family

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



The Disbeliever

It takes awhile and some convincing for Darnell to decide to take care of his heart. At first he says he isn't concerned that he's at risk for heart disease. He doesn't intend to change. "Nothing's going to happen to me," he says.



The Frustrated

James is frustrated because he's aware of his risk factors for heart disease, he's made some changes, but he can't control all of them. "Sometimes you 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.



The Well Intentioned

When Pam first learns that she's at risk for heart disease, she's going to take action right away to improve her health. But instead, for a long time, she puts it off. "It's harder walking the walk than talking the talk," she says.



The Active

Ms. Diane (Grandma Harris) learns that she's at risk for heart disease and quickly makes a plan. She gets information and attends classes to learn how to improve her health. 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.



The Believer

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



My Health Habits

Posttest Only (continued)

Please answer these questions after completing all of the sessions of the With Every Heartbeat Is Life course. *Mark your answer with an X.*

1. How satisfied are you with the With Every Heartbeat Is Life sessions presented by community health workers?

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

2. With whom have you shared the information from the sessions?

Mark your answer with an X. You can select more than one answer.

- ₁ Friends
- ₂ Family
- ₃ Coworkers
- ₄ Others (please specify): _____