 REGARDS

 PARTICIPANT PACKET

VISIT \_ID

 PLACE BARCODE LABEL HERE

PLEASE WRITE PARTICIPANT ID HERE:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*LEAVE WITH PARTICIPANT\*\*

**Dear REGARDS Participant**:

Please complete the following forms and return them to the REGARDS Operations Center in the stamped envelope provided to you. Please try to answer as best as you can. Please use a pencil if you have one. It should take about 30 minutes to complete these forms.

If you have any questions, please contact the Operations Center at 1-888-REGARD8 (1-888-734-2738).

**INSTRUCTIONS FOR ANSWERING QUESTIONS IN THIS PACKET:**

1. Please answer each question to the best of your ability.

1. Please choose only **one** answer for each question.
2. In addition to answering the question, please feel invited to write comments or clarifications on the form. We are very interested in your comments and each form will be reviewed when we get it at UAB.
3. Please mark answers by filling in the circles with either a pen or pencil.
* A correct response is indicated by a circle, for example assume your answer was “A little of the time,” then complete as below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Noneof the time | A littleof the time | Someof the time | Mostof the time | All of the time |
| 1. Example of how to mark an answer | O | O | O |  O | O  |

* If you make a mistake and wish to change your answer after you

have filled in a circle, fill in the correct circle and place an “X” in the incorrect circle. For example, if you change your mind and want to answer “None of the time,” please show answer as below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Noneof the time | A littleof the time | Someof the time | Mostof the time | All of the time |
| 1. Example of how to mark an answer | O | O | O |  O | O  |

**Questions about Social Support**

Other studies have shown how the people you depend on for help can impact your health. The following questions ask about other people who provide you with assistance and support. Please choose **one** answer for each of the six questions below.

**Questions**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Noneof the time | A littleof the time | Someof the time | Mostof the time | All of the time |
| 1. Is there someone available to you whom you can count on to listen to you when you need to talk? | O | O | O | O | O |
| 2. Is there someone available to you to give you good advice about a problem? | O | O | O | O | O |
| 3. Is there someone available to you who shows you love and affection? | O | O | O | O | O |
| 4. Is there someone available to you to help you with daily chores? | O | O | O | O | O |
| 5. Can you count on anyone to provide you with emotional support (talking over problems or helping make difficult decisions)? | O | O | O | O | O |
| 6. Do you have as much contact as you would like with someone you feel close to, someone in whom you can trust and confide? | O | O | O | O | O |

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Questions about Physical Activity**

We are interested in finding out about the kinds of exercise and physical activities that people do as part of their everyday lives.

The questions will ask you about the time you spent being physically active in the last 7 days. Please answer each question even if you do not consider yourself to be an active person.

To describe the intensity of the physical activity, two terms (Moderate and Vigorous) are used:

* Moderate physical activities refer to activities that are pretty hard and make you breathe somewhat harder than normal.
* Vigorous physical activities refer to activities that are very hard and make you breathe **much** harder than normal.
1. The first question is about the time you spent **sitting** during the **last 7 days**. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

During the last 7 days, how much time did you usually spend sitting during a day?

1a. \_\_\_\_\_hours per day

1b. If less than an hour how many minutes? \_\_\_\_\_\_minutes per day

1. Think about the time you spent **walking** in the **last 7 days**. This includes at work and at home, walking to travel from place to place, and any other walking that you might do solely for recreation, sport, exercise, or leisure.

During the last 7 days, on how many days did you walk for **at least 10 minutes** at a time?

2a. \_\_\_\_\_\_ No day (indicate with an “X”)

2b. \_\_\_\_\_\_ Days per week **Go to question 2b1**.

2b1. How much time did you usually spend walking on one of those days? \_\_\_\_\_hours per day \_\_\_\_\_\_minutes per day

1. During the **last 7 days**, on how many days did you do **moderate physical activities** like gardening, cleaning, bicycling at a regular pace, swimming, or other fitness activities. Think only about those physical activities that you did for at least 10 minutes at a time. *Do not include walking.*

3a. \_\_\_\_\_\_ No day (indicate with an “X”)

3b. \_\_\_\_\_\_ Days per week **Go to question 3b1**.

3b1. How much time did you usually spend doing **moderate** physical

 activitieson one of those days?

 \_\_\_\_\_hours per day \_\_\_\_\_\_minutes per day

1. During the **last 7 days**, on how many days did you do **vigorous physical activities** like heavy lifting, heavier garden or construction work, chopping woods, aerobics, jogging/running, or fast bicycling? Think only about those physical activities that you did for at least 10 minutes at a time.

4a. \_\_\_\_\_\_ No day (indicate with an “X”)

4b. \_\_\_\_\_\_ Days per week **Go to question 4b1**.

4b1. How much time did you usually spend doing **vigorous** physical

 activities on one of those days?

 \_\_\_\_\_hours per day \_\_\_\_\_\_minutes per day

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Questions about Your Neighborhood**

Things about the neighborhood where you live may be important to your health. Now we would like to ask you some questions about what it is like to live in your neighborhood. By neighborhood we mean the area around where you live and around your house. It may include places you shop, religious or public institutions, or a local business district. It is the general area around your house or apartment where you might perform routine tasks, such as shopping, going to the park, or visiting with neighbors. Please take the time to answer carefully, but do not spend too much time on any one question. Remember that there are no right or wrong answers.

1. How many blocks are in the area that you think of as your neighborhood?

\_\_\_\_\_ blocks

1. How long have you lived in this neighborhood?

2a. \_\_\_\_\_ years

2b. If less than a year, how many months? \_\_\_\_\_\_ months

1. For each of the following statements, please tell me whether you agree by choosing the **one** best option:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Agree | Agree | Neither Agree or Disagree | Disagree | Strongly Disagree |
| a. This is a close-knit neighborhood. | O | O | O | O | O |
| b. People around here are willing to help their neighbors. | O | O | O | O | O |
| c. People in this neighborhood generally don’t get along with each other. | O | O | O | O | O |
| d. People in this neighborhood can be trusted. | O | O | O | O | O |
| e. People in this neighborhood do not share the same values. | O | O | O | O | O |

1. How safe from crime do you consider your neighborhood to be?

O Very Safe

O Safe

O Somewhat Safe

O Somewhat not Safe

O Not Safe at All

1. Think about your neighborhood as a whole, then please choose the best option for each of the following to show how much of a problem each one is in your neighborhood.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Very serious Problem | Somewhat Serious Problem | MinorProblem | Not Really a Problem |
| a. Excessive Noise | O | O | O | O |
| b. Heavy traffic or speeding cars | O | O | O | O |
| c. Lack of access to adequate food shopping | O | O | O | O |
| d. Lack of parks or playgrounds | O | O | O | O |
| e. Trash and litter | O | O | O | O |
| f. No sidewalks or poorly maintained sidewalks | O | O | O | O |
| g. Violence | O | O | O | O |

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Questions about Discrimination**

Other studies have shown that personal experiences of being treated unfairly for differences in your race, skin color, or other reasons can affect your health. For the following questions, think about how you have been treated in each situation and about the times you feel you have been treated unfairly.

Have you ever experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior because of your race, ethnicity, or color? Please choose **one** answer.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | I have not experienced discrimination | Yes,1 time | Yes,2 or 3 times | Yes,4 or more times |
| 1. At school? | O | O | O | O |
| 2. Getting hired or getting a job? | O | O | O | O |
| 3. At work? | O | O | O | O |
| 4. Getting housing? | O | O | O | O |
| 5. Getting medical care? | O | O | O | O |
| 6. Getting service in a store or restaurant? | O | O | O | O |
| 7. Getting credit, bank loans, or a mortgage? | O | O | O | O |
| 8. On the street or in a public setting? | O | O | O | O |
| 9. From the police or in the courts? | O | O | O | O |

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Questions about How You Move Around to Places**

The ways in which you “get around” your house, neighborhood or town may play a role in your risk for certain diseases, such as stroke. The next questions are about what you did in the **last 4 weeks** (about 1 month). Please choose **one** answer for each question.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **During the past four weeks, how often did you get to…** | **Daily** | **4-6 times per week** | **1-3 times per week** | **Less than 1 time per week** | **Not at all** |
| 1. | Other rooms of your home besides the room where you sleep? | O | O | O | O | O |
| 2. | An area outside your home such as your porch, deck or patio, hallway (of an apartment building) or garage, in your own yard or driveway? | O | O | O | O | O |
|  3. | Places in your neighborhood, other than your own yard or apartment building? | O | O | O | O | O |
|  4. | Places outside your neighborhood, but within your town? | O | O | O | O | O |
| 5. | Places outside your town? | O | O | O | O | O |

|  |  |  |
| --- | --- | --- |
| **During the past four weeks, did you use aids or equipment, such as a cane, walker, wheelchair, or something like that to get to…** | ***Yes*** | ***No*** |
| 6. | Other rooms of your home besides the room where you sleep? | O | O |
| 7. | An area outside your home such as your porch, deck or patio, hallway (of an apartment building) or garage, in your own yard or driveway? | O | O |
| 8. | Places in your neighborhood, other than your own yard or apartment building? | O | O |
| 9. | Places outside your neighborhood, but within your town? | O | O |
| 10. | Places outside your town? | O | O |

|  |  |  |
| --- | --- | --- |
| **During the past four weeks, did you use help from another person to get to…** | ***Yes*** | ***No*** |
|  11. | Other rooms of your home besides the room where you sleep? | O | O |
|  12. | An area outside your home such as your porch, deck or patio, hallway (of an apartment building) or garage, in your own yard or driveway? | O | O |
| 13. | Places in your neighborhood, other than your own yard or apartment building? | O | O |
|  14. | Places outside your neighborhood, but within your town? | O | O |
| 15. | Places outside your town? | O | O |

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Questions about Your Relationship with Your Doctor**

How you feel about the medical care you receive and the relationships you have with your doctors are important in managing your personal health. For this reason, we are asking questions about the relationships you have with the doctors and/or the health professionals that you see most often for medical care.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Agree | Agree | Neither Agree orDisagree | Disagree | Strongly Disagree |
| 1. Doctors in general care about their patients' health just as much or more as their patients do.
 | O | O | O | O | O |
| b. Sometimes doctors care more about what is convenient for them than about your medical needs. | O | O | O | O | O |
| c. Doctors are extremely thorough and careful. | O | O | O | O | O |
| d. You completely trust doctors' decisions about which medical treatments are best. | O | O | O | O | O |
| e. Doctors are totally honest in telling their patients about all of the different treatment options available for their conditions. | O | O | O | O | O |
| f. Doctors think only about what is best for their patients. | O | O | O | O | O |
| g. Sometimes doctors do not pay full attention to what patients are trying to tell them. | O | O | O | O | O |
| h. Doctors always use their very best skill and effort on behalf of their patients. | O | O | O | O | O |
| i. You have no worries about putting your life in the hands of doctors. | O | O | O | O | O |
| j. A doctor would never mislead you about anything. | O | O | O | O | O |
| k. All in all, you trust doctors completely. | O | O | O | O | O |

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_

END PACKET

*THANK YOU FOR YOUR PARTICIPATION!*

Please return this form and the completed Food Frequency Questionnaire to the REGARDS Operations Center in the envelope provided to you.

If you have misplaced your envelope, please return these forms as soon as possible to:

912 18th Street South

Suite 200

Birmingham, AL 35294-1200

Or call the Operations Center at *1-888-REGARD8* to have a new envelope sent to you.