Fig 4-14   WHEL   Lifestyle Questionnaire   Ver. 1.3   4-26

WHEL — Women's Healthy Eating and Living Study

Lifestyle Questionnaire

Name:

Screening ID:

Date: / /

This Section will ask about your food purchasing, preparation, and eating patterns over the last 3 months.

E1. Circle the number of days per week that you eat the following meals for (1) weekdays and (2) weekends.

	Number of WEEKDAYS: Monday – Friday	Number of WEEKEND Days
Breakfast	0 ..... 1 ..... 2 ..... 3 ..... 4 5	0 ..... 1 2
Morning Snack	0 ..... 1 ..... 2 ..... 3 ..... 4 5	0 ..... 1 2
Lunch	0 ..... 1 ..... 2 ..... 3 ..... 4 5	0 ..... 1 2
Afternoon Snack	0 ..... 1 ..... 2 ..... 3 ..... 4 5	0 ..... 1 2
Dinner	0 ..... 1 ..... 2 ..... 3 ..... 4 5	0 ..... 1 2
Evening Snack	0 ..... 1 ..... 2 ..... 3 ..... 4 5	0 ..... 1 2

E2. Circle the number of days per week that you do each of the following for (1) weekdays and (2) weekends.

	Number of WEEKDAYS: Monday – Friday	Number of WEEKEND Days
Eat BREAKFAST at home	0 .... 1 ..... 2 ..... 3 .... 4 5	0 ..... 1 2
Eat BREAKFAST at a restaurant or take-out	0 .... 1 ..... 2 ..... 3 .... 4 5	0 ..... 1 2
Prepare or eat LUNCH at home	0 .... 1 ..... 2 ..... 3 .... 4 5	0 ..... 1 2
Eat LUNCH at a restaurant or take-out	0 .... 1 ..... 2 ..... 3 .... 4 5	0 ..... 1 2
Prepare DINNER from fresh ingredients	0 .... 1 ..... 2 ..... 3 .... 4 5	0 ..... 1 2
Prepare DINNER from prepared/ frozen entrees	0 .... 1 ..... 2 ..... 3 .... 4 5	0 ..... 1 2
Eat DINNER at a restaurant or take-out	0 .... 1 ..... 2 ..... 3 .... 4 5	0 ..... 1 2

E3. What methods of preparation do you most often use for meat, poultry, and/or fish?

	Never	Rarely	Sometimes	Most Times	Almost Every Time
Frying	A	B	C	D	E
Baking	A	B	C	D	E
Steaming	A	B	C	D	E
Broiling	A	B	C	D	E
Grilling	A	B	C	D	E
Boiling	A	B	C	D	E
Sauteing	A	B	C	D	E

E4. How often do you use the following ingredients when cooking/preparing your meals?

	Never	Rarely	Some Times	Most Times	Almost Every Time
Salt	A	B	C	D	E
Butter	A	B	C	D	E
Margarine	A	B	C	D	E
Reduced-Fat Margarine	A	B	C	D	E
Lard	A	B	C	D	E
Sprays (eg. PAM)	A	B	C	D	E
Vegetable Oils	A	B	C	D	E

E5. How often do you add the following condiments to your food at the table?

	Never	Rarely	Some Times	Most Times	Almost Every Time
Sugar	A	B	C	D	E
Salt	A	B	C	D	E
Butter	A	B	C	D	E
Margarine	A	B	C	D	E
Reduced-Fat Margarine	A	B	C	D	E
Mayonnaise	A	B	C	D	E
Reduced-Fat Mayonnaise	A	B	C	D	E
Salad Dressing	A	B	C	D	E
Reduced-Fat Salad Dressing	A	B	C	D	E

E6. For your main meal of the day, how would you estimate the amount that you eat of the following foods:

	Don't Eat	Small	Medium	Large
Salad	Z	A	B	C
Vegetables	Z	A	B	C
Meat/Chicken/Fish	Z	A	B	C
Pasta/Grains/Potatoes	Z	A	B	C
Dessert	Z	A	B	C
Fruit	Z	A	B	C

E7. On a scale of 1 to 5, how well do you think that you estimate the portion sizes of the foods that make up your meals?

I don't estimate my portion sizes .... Z (go to question E8)

Very Poorly				Extremely Well
1	2	3	4	5

E8. How often do you use each of the following kitchen appliances when you prepare food at home?

	Don't Own	Rarely	Monthly	Weekly	Daily	More than once a day
Microwave Oven	A	B	C	D	E	F
Toaster Oven	A	B	C	D	E	F
Food Processor	A	B	C	D	E	F
Electric Mixer	A	B	C	D	E	F
Juice Extractor	A	B	C	D	E	F
Blender	A	B	C	D	E	F

E9. How much time per day do you normally spend preparing the following meals?

	I don't prepare	less than 10 min.	10 – 29 min.	30 – 59 min.	1 – 2 hours	2 hours +
Breakfast	Z	A	B	C	D	E
Lunch	Z	A	B	C	D	E
Dinner	Z	A	B	C	D	E
Snacks	Z	A	B	C	D	E

E10. For how many people is food purchased in your household? _____ Adults _____ Children (under 18 years)

E11. Circle the response that best describes how often the following people help with food preparation.

	Never	Rarely	Sometimes	Most Times	Almost Every Time	NA
Yourself	A	B	C	D	E	Z
Spouse/Partner	A	B	C	D	E	Z
Children	A	B	C	D	E	Z
Other adult house member(s)	A	B	C	D	E	Z
Other	A	B	C	D	E	Z

E12. Circle the response that best describes how often the following people help with cleanup after meals.

	Never	Rarely	Sometimes	Most Times	Almost Every Time	NA
Yourself	A	B	C	D	E	Z
Spouse/Partner	A	B	C	D	E	Z
Children	A	B	C	D	E	Z
Other adult house member(s)	A	B	C	D	E	Z
Other	A	B	C	D	E	Z

E13. How many times do you buy groceries for your household each week?   Once or less .... A

Twice .... B

Three times C

More than 3 times .... D

E14. How often do you get your groceries from the following sources?

	Never	Rarely	Sometimes	Most Times	Almost Every Time
Grocery Store	A	B	C	D	E
Health Food Store	A	B	C	D	E
Farmers' Market/Co-op	A	B	C	D	E
Garden	A	B	C	D	E
Other_____ please specify other	A	B	C	D	E

E15. How do you plan your grocery shopping?

	Never	Rarely	Sometimes	Most Times	Almost Every Time
Written Shopping List	A	B	C	D	E
Mental Shopping List	A	B	C	D	E
Coupons/Sales	A	B	C	D	E
No Plan	A	B	C	D	E

E16. When you do the food shopping, which nutritional information do you use to help you decide what to buy?

	Never	Rarely	Sometimes	Most Times	Almost Every Time
Calories	A	B	C	D	E
Total Fat	A	B	C	D	E
Sodium	A	B	C	D	E
Carbohydrates	A	B	C	D	E
Protein	A	B	C	D	E
Fiber	A	B	C	D	E
Other_____ please specify other					

E17. Approximately how much does your household spend on grocery purchases each week? $_____

E18. How often do the following people buy groceries for your household?

	Never	Rarely	Sometimes	Most Times	Almost Every Time	NA
Yourself	A	B	C	D	E	Z
Spouse/Partner	A	B	C	D	E	Z
Children	A	B	C	D	E	Z
Other adult house member(s)	A	B	C	D	E	Z
Other	A	B	C	D	E	Z

E19. This question asks you to compare foods that you ate a year before you were diagnosed with breast cancer to foods that you eat now. To answer this question, for each food listed
 (1) indicate whether you ate the food during the year BEFORE DIAGNOSIS, then
 (2) indicate if you changed your consumption of this food AFTER DIAGNOSIS.

| FOOD | BEFORE DIAGNOSIS Did You Eat This? | | AFTER DIAGNOSIS Did You Change Your Consumption? | | | | |
	Yes	No	No Change	Decreased A Little	Decreased A Lot	Increased A Little	Increased A Lot
whole milk products	Y	N	Z	D1	D2	I1	I2
reduced-fat milk products	Y	N	Z	D1	D2	I1	I2
cheese	Y	N	Z	D1	D2	I1	I2
reduced-fat cheese	Y	N	Z	D1	D2	I1	I2
red meat	Y	N	Z	D1	D2	I1	I2
pork	Y	N	Z	D1	D2	I1	I2
poultry	Y	N	Z	D1	D2	I1	I2
fish	Y	N	Z	D1	D2	I1	I2
whole eggs	Y	N	Z	D1	D2	I1	I2
vegetables	Y	N	Z	D1	D2	I1	I2
fruit	Y	N	Z	D1	D2	I1	I2
whole grains	Y	N	Z	D1	D2	I1	I2
sugar	Y	N	Z	D1	D2	I1	I2
fried foods	Y	N	Z	D1	D2	I1	I2
grilled foods	Y	N	Z	D1	D2	I1	I2
pizzas	Y	N	Z	D1	D2	I1	I2
hamburgers	Y	N	Z	D1	D2	I1	I2
other fast foods	Y	N	Z	D1	D2	I1	I2
candy	Y	N	Z	D1	D2	I1	I2
nuts	Y	N	Z	D1	D2	I1	I2
regular ice-cream	Y	N	Z	D1	D2	I1	I2
cakes/sweet desserts	Y	N	Z	D1	D2	I1	I2
vegetable oil	Y	N	Z	D1	D2	I1	I2
margarine/shortening	Y	N	Z	D1	D2	I1	I2
butter	Y	N	Z	D1	D2	I1	I2
wine	Y	N	Z	D1	D2	I1	I2
beer	Y	N	Z	D1	D2	I1	I2
spirits/hard liquor	Y	N	Z	D1	D2	I1	I2

E20. How many different types of nutritional supplements do you take each day?

> *Examples:*
> *1 Vitamin C and 1 Centrum a day=2*
> *supplements*
> *2 Vitamin C a day= 1 supplement*

I don't take supplements .... A

1-2 supplements .... B

3-4 supplements per day C

5-6 supplements per day .... D

7-8 supplements per day .... E

More than 8 supplements per day .... F

The following questions will ask about your weight.

W1. What is your current weight in light clothing without shoes? .... _____ lbs

W2. How long have you been within 10 pounds of this weight? .... _____ years _____ months

W3. What was your weight one year before you were diagnosed with breast cancer? ...... _____ lbs

W4. What was your weight when you were about 18 years of age? .... _____ lbs

W5. What is the maximum weight (non pregnant) you have ever been? .... _____ lbs

        a) How long did you stay within 10 pounds of this weight? ... _____ years _____ months

W6. What do you think would be the best weight for you now? .... _____ lbs

The following set of questions will ask about your health insurance coverage and where you have lived.

H1. Which primary plan do you currently have to help you pay your health care costs?

Medicare .... A

MediCal .... B

Champus/VA/other military C

Health Maintenance Organization .... D

Preferred Provider Fee-for-Service .... E

Unrestricted Fee-for-Service plan .... F

Other .... G

None .... Z

H2. Did you change your insurance coverage within 12 months after your breast cancer diagnosis?

No .... A
Yes, I changed to get better service .... B
Yes, I changed because the costs became too high C
Yes, I changed because I had to .... D
Yes, other .... E
Yes, I became eligible for Medicare .... F
Did not have health care coverage .... Z

H3. On a scale of 0–9, how happy have you been with your health insurance coverage of the costs for your breast cancer treatment?

Very Unhappy   Very Happy

0 ......1 ...... 2...... 3 ......4 ...... 5...... 6 ......7 ...... 8...... 9

H4. How many years have you lived in the state you now live in?

Less than 5 years .... A
5–9 years .... B
10–19 years C
20 years or more .... D

	Country	If in the U. S., Which State?	NA
H5. Where were you born?	_____	_____	
H6. Where did you live at age 15?	_____	_____	
H7. Where did you live at age 35?	_____	_____	___
H8. Where did you live at age 50?	_____	_____	___
H9. In what State or Country have you lived the longest?	_____	_____	

H10. What times of day do you prefer that we contact you? _____

H11. Where would you like us to contact you?

home: .... A
work: .... B

Thank you. Please review any questions you may have missed. Feel free to write any comments here:

_____
_____
_____
_____
_____