

Form 34 - Personal Habits Questionnaire

MARKING INSTRUCTIONS

- Use a No. 2 pencil only.
- Darken the oval completely next to the answer you choose.
- Erase cleanly any marks you wish to change.
- Do not make any stray marks on this form.



CORRECT MARK

0000

INCORRECT MARKS

• For questions where you write in a number, write the number in the box provided. Then mark the corresponding oval to the right.

Example: If your age is 59:

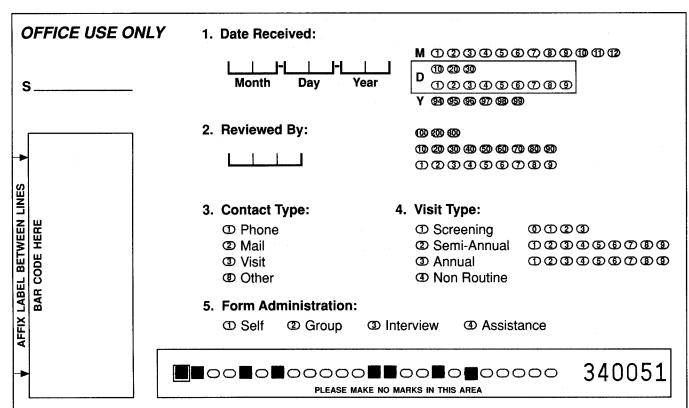
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10 20 30 40 50 60 70 80 90 10 2 3 4 5 6 7 8 9

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Public reporting for this collection of information is estimated to average 10 minutes, including the time for reviewing instructions, gathering needed information and completing and reviewing the questionnaire. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: PHS Reports Clearance Officer, Rm. 721-B, Humphrey Building, 200 Independence Ave., SW, Washington, D.C. 20201, ATTN: PRA; and to Office of Management and Budget, Paperwork Reduction Project (0925-0414), Washington, D.C. 20503. Do not return the completed form to either of these addresses.



These questions ask about habits (smoking, caffeine, alcohol use, diet, and exercise) that may affect your health. Please answer each question as accurately as possible. There are no right or wrong answers.

1. During your entire life, have you smoked at least 100 cigarettes?

Yes

©	No	
-1		

1.1.	How old were you when you first started smoking cigarettes regularly?
	(Give your best guess.)

Less	15.10	20.24	25.20	20.21				50 or
tnan 15	15-19	20-24	25-29	30-34	35-39	40-44	45-49	older
Œ	2	3	④	⑤	©	7	®	9

1.2. Do you smoke cigarettes now?

/			<u>. </u>				
No →	1.3.	How old	were you	when you	quit smok	ing regula	rly?
① Yes		Less than 15 ①	15-19 ②	20-24 ③	25-29 •	30-34 ⑤	35-39
		40-44 D	45-49	50-54 D	55-59	60 or older ®	
	1.4.	Did you q			e you had worse by s		roblem
		∞ No	D \	Yes			
	Go	on to Que	stion 1.5.				

1.5. On the average, how many cigarettes do you (did you) usually smoke each day?

Less						45 or
than 1	1-4	5-14	15-24	25-34	35-44	
Œ	2	③	④	⑤	©	Ø

1.6. How many years have you been (were you) a regular smoker? Do not count the times you stayed off cigarettes.

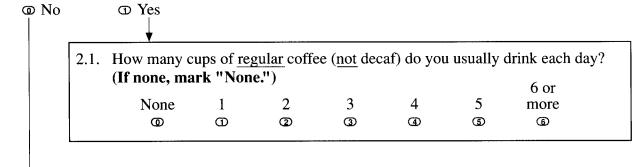
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Less than	5-9	10-19	20-29	30-39	40-49	more
5 years	vears	vears	vears	vears	vears	years
OD	് മ	3	4	⑤	©	(D)

1.7. Have you ever smoked to keep from gaining weight or to lose weight?

© No D Yes

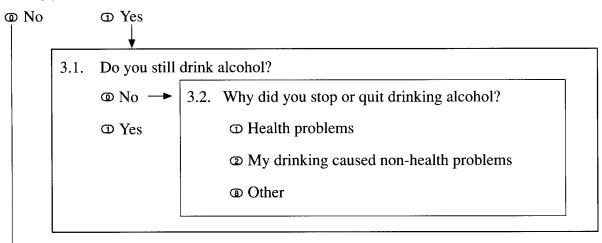
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2. Do you usually drink coffee each day?



Alcohol may affect a person's health. We would like to know about the alcohol you have drunk over your lifetime. (For the question below, one <u>drink</u> of alcohol is about equal to one can of beer, one glass of wine, or one shot of liquor.)

3. During your entire life, have you had at least 12 drinks of any kind of alcoholic beverage?



Go to the next page.

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- 4. Women's weights change during their adult lives. Mark the one answer that best describes you during your adult life. Please <u>don't</u> include times when you were pregnant or sick. (Mark only one.)
 - Weight has stayed about the same (within 10 pounds)
 - 2 Steady gain in weight
 - S Lost weight as an adult and kept it off
 - Weight has gone up and down again by more than 10 pounds
 - 4.1. About how many times did your weight go up and down again by more than 10 pounds? Please don't include times when you were pregnant or sick.

1-3 times	4-6 times	7-10 times	11-15 times	More than 15 times
①	2	3	④	(5)

The next set of questions are about special diets or types of foods women may choose or may be told to eat by their doctors.

- 5. Are you <u>now</u> on any of the following special diets?
 - No
 Yes

 5.1. A low calorie diet?
 □
 □

 - 5.5. A diabetic or ADA diet? ©
 - 5.6. A lactose-free (no milk or dairy foods) diet? ©
 - 5.7. <u>Any other</u> diet? ©
 - 5.8. What kind of other diet is it? (Specify):

1

The following questions are about your usual physical activity and exercise. This includes walking and sports.

6. Think about the walking you do outside the home. How often do you walk outside the home for more than 10 minutes without stopping? (Mark only one.)

Rarely or never

© 1-3 times each month

2 1 time each week

② 2-3 times each week

4-6 times each week

To 7 or more times each week

6.1. When you walk outside the home for more than 10 minutes without stopping, for how many minutes do you usually walk?

Less than 20-39 40-59 1 hour 20 min. min. or more ① ② ③ ④

6.2. What is your usual speed?

© Casual strolling or walking (less than 2 miles an hour)

Average or normal (2-3 miles an hour)

Tairly fast (3-4 miles an hour)

© Very fast (more than 4 miles an hour)

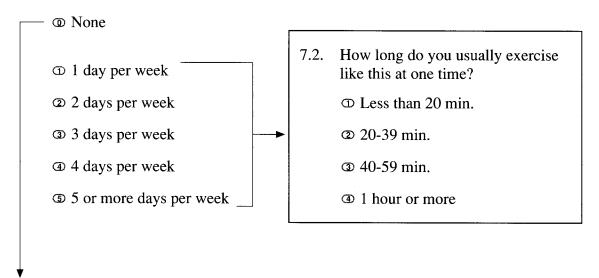
Don't know

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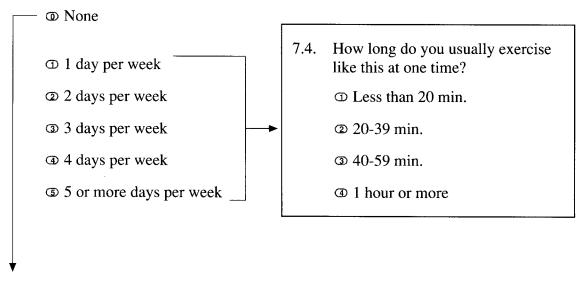
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Pg. 5 of 8

- 7. Not including walking outside the home, <u>how often each week</u> (7 days) do you usually do the exercises below?
 - 7.1. STRENUOUS OR VERY HARD EXERCISE (You work up a sweat and your heart beats fast.) For example, aerobics, aerobic dancing, jogging, tennis, swimming laps.

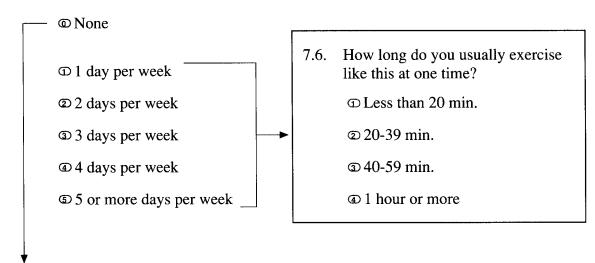


7.3. MODERATE EXERCISE (Not exhausting). For example, biking outdoors, using an exercise machine (like a stationary bike or treadmill), calisthenics, easy swimming, popular or folk dancing.



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7.5. MILD EXERCISE. For example, slow dancing, bowling, golf.

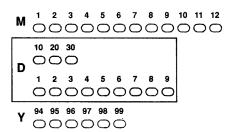


8. For each of the ages below, did you usually do strenuous or very hard exercises at least 3 times a week? This would include exercise that was long enough to work up a sweat and make your heart beat fast. (Be sure to mark "No" if you did not do very hard exercises at the ages listed below.)

		No	Yes
8.1.	18 years old	0	①
8.2.	35 years old	0	(D
8.3.	50 years old	©	Ð

9. What is the date you finished this form?





Thank you. Plea o write any com	ase take a moment to review any questions you may have missed. Feel fr nments here:
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PLEASE MAKE NO MARKS IN THIS AREA