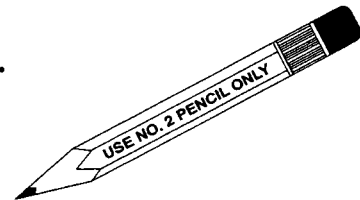




Form 35 - Personal Habits Update

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



INCORRECT MARKS



OFFICE USE ONLY

S _____

1. Date Received:

Month			Day			Year		

M	1	2	3	4	5	6	7	8	9	10	11	12
---	---	---	---	---	---	---	---	---	---	----	----	----

D	10	20	30					
1	2	3	4	5	6	7	8	9

Y	94	95	96	97	98	99	00	01	02	03	04	05	06	07
---	----	----	----	----	----	----	----	----	----	----	----	----	----	----

2. Reviewed By:

--	--	--	--

100	200	300						
10	20	30	40	50	60	70	80	90
1	2	3	4	5	6	7	8	9

3. Contact Type:

- ① Phone
- ② Mail
- ③ Visit
- ④ Other

4. Visit Type:

- ③ Annual
 - ④ Non Routine
- | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
|---|---|---|---|---|---|---|---|---|----|----|

5. Form Administration:

- ① Self
- ② Group
- ③ Interview
- ④ Assistance

6. Language:

- 2
- E S

AFFIX LABEL BETWEEN LINES
BAR CODE HERE



This questionnaire asks about your physical activity, alcohol use and smoking. Please answer each question as accurately as possible. There are no right or wrong answers.

1. 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.)

- ① Rarely or never
- ② 1-3 times each month
- ③ 1 time each week
- ④ 2-3 times each week
- ⑤ 4-6 times each week
- ⑥ 7 or more times each week

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

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

1.2. What is your usual speed?

- ① Casual strolling or walking (less than 2 miles an hour)
- ② Average or normal (2-3 miles an hour)
- ③ Fairly fast (3-4 miles an hour)
- ④ Very fast (more than 4 miles an hour)
- ⑤ Don't know

Go to the next page.

2. Not including walking outside the home, how often each week (7 days) do you usually do the exercises below?

2.1. STRENUOUS OR VERY HARD EXERCISE (You work up a sweat and your heart beats fast.) For example, aerobics, aerobic dancing, jogging, tennis, swimming laps.

<ul style="list-style-type: none"> ① None ② 1 day per week ③ 2 days per week ④ 3 days per week ⑤ 4 days per week ⑥ 5 or more days per week 	→	<p>2.2. How long do you usually exercise like this at one time?</p> <ul style="list-style-type: none"> ① Less than 20 min. ② 20-39 min. ③ 40-59 min. ④ 1 hour or more
--	---	---

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

<ul style="list-style-type: none"> ① None ② 1 day per week ③ 2 days per week ④ 3 days per week ⑤ 4 days per week ⑥ 5 or more days per week 	→	<p>2.4. How long do you usually exercise like this at one time?</p> <ul style="list-style-type: none"> ① Less than 20 min. ② 20-39 min. ③ 40-59 min. ④ 1 hour or more
--	---	---

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

<ul style="list-style-type: none"> ① None ② 1 day per week ③ 2 days per week ④ 3 days per week ⑤ 4 days per week ⑥ 5 or more days per week 	→	<p>2.6. How long do you usually exercise like this at one time?</p> <ul style="list-style-type: none"> ① Less than 20 min. ② 20-39 min. ③ 40-59 min. ④ 1 hour or more
--	---	---

Go to the next page.



The next questions are about alcohol. Some of you may have recently answered these same questions, but please help us by answering them again here.

3. In the last three (3) months, how often did you usually drink the following alcoholic beverages?

First: Mark how often, on the average, you drank the beverage.
Second: Mark your usual serving size as small, medium or large.

Please note:

- A small serving is about one-half (1/2) the medium serving size, or less.
- A large serving is about one-and-a-half (1 1/2) times the medium serving size, or more.
- If you did not drink alcoholic beverages, mark "Never or less than once per month," and omit the serving size altogether.

	HOW OFTEN (Mark one)									AMOUNT (Mark one)			
	Never or less than once per month	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day	Medium Serving Size	Your Serving Size		
											S	M	L
3.1. Beer	0	1	2	3	4	5	6	7	8	12 ounce can or bottle	1	2	3
3.2. Wine	0	1	2	3	4	5	6	7	8	1 medium glass (6 ounces)	1	2	3
3.3. Liquor	0	1	2	3	4	5	6	7	8	1 shot (1 1/2 ounces)	1	2	3

4. Do you smoke cigarettes now?

- 0 No
- 1 Yes



4.1. How many cigarettes do you usually smoke each day? (Mark one.)

1 Less than 1 5 25-34

2 1-4 6 35-44

3 5-14 7 45 or more

4 15-24

