

**TRIALS OF HYPERTENSION PREVENTION
 PARTICIPANT EVALUATION--Weight Loss**

We are very interested in learning what lifestyle changes you may have made during TOHP. Your answers to the following questions will help us in knowing this information and will be kept strictly confidential.

1. How difficult was it to find foods that were lower in fat/calories?

Very Difficult	Somewhat Difficult	Easy
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2. Since joining TOHP, have you started eating **low calorie and/or low fat** versions of any of the following food groups? (Mark all that apply.)
 - Dairy (milk, cream, cheese, yogurt)
 - Red Meat (Beef, pork, lamb, veal, organ meats)
 - Poultry (chicken, turkey, game)
 - Fish (fish, seafood, shellfish)
 - Eggs
 - Soup
 - Legumes (peas, beans, nuts, seeds)
 - Grains (flour, cereals, breads, desserts)
 - Fruits (fruits, juices, berries)
 - Vegetables
 - Fats/Oils (butter, margarine, salad dressings, sauces)
 - Sweets/Beverages (coffee, tea, nonalcoholic beverages, soda, sugars)
 - Alcoholic Beverages (beer, wine, liquor, mixed drinks)
 - None of the above

3. Food labeling has changed since TOHP started. Has this made following your TOHP weight program:

Easier	Harder	No difference
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4. On average, how successful do you think you were in meeting your TOHP weight program goals?

Very Successful	Successful	No Opinion	Not Very Successful	Not at All Successful
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5. In your efforts to meet your TOHP weight goals, how useful were the following components of TOHP?

	Very Useful	Moderately Useful	Not Useful	Did not have/ Do not recall
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 - a. weekly clinic weigh-in
 - b. sharing with group
 - c. weekly goals and action plans
 - d. behavioral topics (cues, rewards, self-talk)

ID NUMBER _____

INITIALS _____

Very Useful Moderately Useful Not Useful Did not have/
Do not recall

e. nutrition information

f. individual meetings with staff

g. post cards or faxes you sent

h. cooking demonstrations

i. experience in sessions with preparing foods

j. receiving low calorie/fat foods

k. using the "Food & Fitness Guide"

l. written feedback on food record

m. exercise topics

n. monitoring exercise

o. exercising with the group

p. monthly contact with nutritionist

q. spouse or other at meetings

6. Are you presently attending an exercise class, health club, gym, or spa at least 3 times per week outside of TOHP?

Yes

No

7. Did you use home exercise equipment as part of your TOHP weight loss program?

Yes

No

8. Did you have a regular physical activity program prior to beginning TOHP?

Yes

No

9. How would you describe your current exercise habits compared to what you were doing before you joined TOHP?

Increased

Decreased

Stayed the same

10. How many days per week do you currently exercise? _____ days per week

11. On the days you get exercise, about how many minutes do you average per day? _____ minutes

12. How long have you been following this exercise program? _____ weeks

13. Please rank **your 3 top barriers** to physical activity (1= presented biggest barrier) or check the box below to indicate no barriers.

No Barriers

Barriers:

- lack of time
- lack of interest
- lack of motivation
- lack of encouragement/support
- lack of energy
- lack of child care
- lack of access to exercise facilities
- lifestyle changes seem too overwhelming
- exercise benefits are not readily apparent
- uncertain about what type of exercise should be done
- physical disability

14. Since joining TOHP, have you tried any of the following approaches to lose weight?

- | | Have Not Tried | Tried Briefly | and Keep Doing |
|--|----------------|---------------|----------------|
| a. a diet that is different from a normal weight loss diet | | | |
| b. exercise | | | |
| c. increasing routine activities; such as climbing stairs, taking on more active yard and household activities | | | |
| d. taking vitamins, minerals, or multivitamins | | | |
| e. eating meal replacements; such as Ultra Slim Fast | | | |
| f. fasting for 24 hours or longer | | | |
| g. going to a weight loss program | | | |
| h. using hypnosis | | | |
| j. taking diet pills or appetite suppressants | | | |
| k. taking water pills or fluid pills (diuretics) | | | |
| l. taking hormone products; such as thyroid pills or hormone injections | | | |
| m. taking laxatives | | | |
| n. causing yourself to vomit after eating | | | |
| o. eating out less | | | |
| p. eating only at certain restaurants | | | |

15. How much did you spend on food during TOHP compared to before TOHP?

- more
- less
- about the same
- do not know

16. Does the amount you spend influence your willingness to continue striving to maintain your weight control program?

- Yes No

17. What is the least you have weighed since you were age 18 (not counting periods of illness)?
_____ pounds

18. What is the highest weight after age 18 (excluding pregnancy)? _____ pounds

19. When you became a TOHP participant, had you:

- recently lost weight.
- recently gained weight.
- been relatively weight stable.

20. How many times have you lost 10 or more pounds intentionally and regained it prior to TOHP (excluding pregnancy and illness)? _____ times

21. Have you ever considered yourself overweight?

- Yes No

22. If yes, at what age did you first consider yourself overweight?

- childhood
- adolescence
- in your 20's
- age 30 or older

Thank you for providing us with this information. Good health to you.