

Healthy Heart Questionnaire

Thank you for participating in the Urban Indian Heart Health Program. The purpose of this survey is to learn about the heart health of patients at this clinic. The following pages ask questions about heart attack and stroke, and about your blood pressure, cholesterol, physical activity, diet, and tobacco use.

The survey should take about 20-30 minutes to complete. **Answering these questions is voluntary** and your answers will be kept private. **This is not a test.** Just mark the answers that best reflect what you think. If you have questions, please feel free to ask a project staff member for help. Thank you for completing this survey!

For each item, please check the box for the answer that is closest to how you feel, think, act, or what you know about your blood pressure, cholesterol, physical activity, diet, and tobacco use. Unless otherwise directed, choose only one answer for each item.

First, we'd like to ask you some questions about your blood pressure.

1. When was the last time you had your blood pressure checked?

- ☐ Within the past year (anytime less than 12 months ago)
- ☐ Within the past 2 years (more than 1 year ago but less than 2 years ago)
- ☐ Within the past 5 years (more than 2 years ago but less than 5 years ago)
- ☐ Five or more years ago
- ☐ Don't Know
- ☐ Never had it checked → **you may go to question #10**

2. The LAST time you had your blood pressure checked, was it normal or high?

- ☐ Normal
- ☐ High
- ☐ Don't Know/Not Sure

3. Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?

- ☐ Yes
- ☐ No → **you may go to question #10**
- ☐ Don't Know/Not Sure → **you may go to question #10**

4. **If yes, and if you are female**, was this only when you were pregnant?

- ☐ Yes → **you may go to question #10**
- ☐ No
- ☐ Don't Know/Not Sure → **you may go to question #10**

5. Are you currently taking medicine for your high blood pressure?

- ☐ Yes
- ☐ No
- ☐ Don't Know/Not Sure

6. Are you changing your eating habits to help lower or control your blood pressure?

- ☐ Yes
- ☐ No
- ☐ Don't Know/Not Sure

7. Are you cutting down on salt to help lower or control your blood pressure?

- ☐ Yes
- ☐ No
- ☐ Do Not Use Salt
- ☐ Don't Know/Not Sure

8. Are you reducing alcohol use to help lower or control your blood pressure?

- ☐ Yes
- ☐ No
- ☐ Do Not Drink
- ☐ Don't Know/Not Sure

9. Are you exercising to help lower or control your blood pressure?

- ☐ Yes
- ☐ No
- ☐ Don't Know/Not Sure

Next, we'd like to ask you some questions about your blood cholesterol levels.

10. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked?

- ☐ Yes
- ☐ No → **you may skip questions #11 through #14**
- ☐ Don't Know/Not Sure → **you may skip questions #11 through #14**

11. About how long has it been since you last had your blood cholesterol checked?

- ☐ Within the past year (anytime less than 12 months ago)
☐ Within the past 2 years (more than 1 year ago but less than 2 years ago)
☐ Within the past 5 years (more than 2 years ago but less than 5 years ago)
☐ Five or more years ago
☐ Don't Know/Not Sure

12. The last time you had your blood cholesterol checked, was it normal or high?

- ☐ Normal
☐ High
☐ Don't Know/Not Sure

13. Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high?

- ☐ Yes
☐ No → **you may skip question #14**
☐ Don't Know/Not Sure → **you may skip question #14**

14. If so, when were you told that your blood cholesterol was high?

- ☐ Within the past year (anytime less than 12 months ago)
☐ Within the past 2 years (more than 1 year ago but less than 2 years ago)
☐ Within the past 5 years (more than 2 years ago but less than 5 years ago)
☐ Five or more years ago
☐ Don't Know/Not Sure

Next, we are interested in learning about your physical activity, diet, and tobacco use.

The following questions are about your physical activities – those activities where you move and your heart beats faster than when you are just resting. You may do these activities for pleasure, work, or to get from one place to another. These questions ask about how much physical activity you usually do. They also ask about intensity, which is related to the amount of energy you use to do these activities. Below are some examples of different physical activity intensity levels:

<ul style="list-style-type: none"> • Light activity level: Your heart beats slightly faster than normal; you can talk and sing. Examples include walking slowly, stretching, vacuuming, or light yard work.
<ul style="list-style-type: none"> • Moderate activity level: Your heart beats faster than normal; you can talk but not sing. Examples include fast walking, aerobics class, doing weights, or swimming gently.
<ul style="list-style-type: none"> • Vigorous activity level: Your heart beat increases a lot; you can't talk or your talk is broken up by large breaths. Examples include jogging, running, basketball, or hiking up a steep hill.

15. How many days per week do you do **moderate** physical activities for at least 30 minutes?

_____ Days per week (Please write "0" if the answer is "none.")

16. How many days per week do you do **vigorous** physical activities for at least 20 minutes?

_____ Days per week (Please write "0" if the answer is "none.")

17. Thinking back on the **past 30 days**, please check yes or no for each statement. You may choose "yes" for more than one statement.

	Yes	No
a. I rarely or never do any physical activities	<input type="radio"/>	<input type="radio"/>
b. I do some light or moderate physical activities, but not every week	<input type="radio"/>	<input type="radio"/>
c. I do some light physical activity every week	<input type="radio"/>	<input type="radio"/>
d. I do moderate physical activities every week, but less than 30 minutes a day, 5 days a week	<input type="radio"/>	<input type="radio"/>
e. I do vigorous physical activities every week, but less than 20 minutes a day, 3 days a week	<input type="radio"/>	<input type="radio"/>
f. I do 30 minutes or more per day of moderate physical activities, 5 or more days a week	<input type="radio"/>	<input type="radio"/>
g. I do 20 minutes or more per day of vigorous physical activities, 3 or more days a week	<input type="radio"/>	<input type="radio"/>
h. I do activities to increase muscle strength , such as lifting weights, once a week or more	<input type="radio"/>	<input type="radio"/>
i. I do activities to improve flexibility , such as stretching or yoga, once a week or more	<input type="radio"/>	<input type="radio"/>

18. Over the **past 30 days** in general, how many hours per day did you usually spend watching television, sitting at a computer, playing video games, doing beadwork, or other activities that don't require much physical activity?

- | | |
|---|---|
| <input type="checkbox"/> 1 hour or less | <input type="checkbox"/> 6 hours |
| <input type="checkbox"/> 2 hours | <input type="checkbox"/> 7 hours |
| <input type="checkbox"/> 3 hours | <input type="checkbox"/> 8 hours |
| <input type="checkbox"/> 4 hours | <input type="checkbox"/> 9 hours |
| <input type="checkbox"/> 5 hours | <input type="checkbox"/> 10 hours or more |

19. Do you plan to increase the amount of physical activity you get every week?

- ☐ Yes, I intend to in the next 30 days
☐ Yes, I intend to in the next 6 months
☐ No, and I do not intend to in the next 6 months

[illegible]

21. What kind of milk did you usually use? (Pick the one that you used most often in the **past 30 days**.)

- ☐ Whole milk
- ☐ 2% fat
- ☐ 1% fat
- ☐ ½% fat
- ☐ Non-fat or skim
- ☐ Soy/lactose free
- ☐ Canned milk
- ☐ Powdered milk
- ☐ Did not use milk in past 30 days

22. What kinds of fat or oil did you usually use in cooking in the **past 30 days** (if more than one, choose the **one** used most often)?

- ☐ Pam/cooking spray
- ☐ Stick margarine/butter/margarine blend/soft-tub
- ☐ Lard, fatback, bacon fat
- ☐ Crisco
- ☐ Vegetable oil/olive oil/corn oil

23. How often do you do the following things? Mark your answer with an **X**.

	Never	Sometimes	Most of the Time	All of the Time	Does Not Apply
a. Do you use fresh vegetables instead of canned vegetables?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Do you use bouillon cubes when you cook?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Do you read food labels to choose foods with a low-sodium content?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Do you add salt to fruit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Do you add salt to the water when you cook beans, rice, pasta, or vegetables?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Do you use a saltshaker at the table?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Do you fill your saltshaker with a mixture of herbs and spices instead of salt?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Do you choose fruits and vegetables instead of potato chips, french fries, or pork rinds?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Do you eat low-fat cheese instead of regular cheese?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Do you read food labels to help you choose foods lower in saturated fat, <i>trans</i> fat, and cholesterol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Do you remove the skin before cooking chicken?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Do you drain the fat and throw it away when you cook ground meat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Do you choose fat-free or low-fat salad dressing or mayonnaise instead of regular?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Do you read labels to choose foods lower in calories?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Do you bake or grill foods instead of frying them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Do you serve more vegetables on your plate than meat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. Do you serve yourself large portions of food?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. Do you eat fruits instead of desserts or snacks that contain large amounts of sugar?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. Are you able to buy or grow low-cost vegetables?

- ☐ Yes

- ☐ No
25. In the future, do you intend to reduce the amount of fat you eat so it is lower than it is now?
- ☐ Yes, and I intend to in the next 30 days
 - ☐ Yes, and I intend to in the next 6 months
 - ☐ No, and I do not intend to in the next 6 months
26. Do you smoke cigarettes now? (For these questions, we are not interested in the tobacco you may smoke for ceremonial use.)
- ☐ Yes
- ☐ No → **you may go to question #32**
27. Thinking over the **past 30 days**, including today, how many days during this time did you smoke?
- _____ days
28. About how many cigarettes a day do you now smoke?
- _____ cigarettes a day
29. About how many years have you been smoking?
- _____ years
30. In the past year, how many times have you quit smoking for at least 24 hours?
- _____ times
31. Are you seriously thinking of quitting smoking?
- ☐ Yes, within the next 30 days
 - ☐ Yes, within the next 6 months
 - ☐ No, not thinking of quitting

Next, we'd like to ask you about the signs and symptoms of a heart attack.

32. Do you think pain or discomfort in the jaw, neck, or back are symptoms of a heart attack?
- ☐ Yes
- ☐ No
- ☐ Don't Know/Not Sure
33. Do you think feeling weak, lightheaded, or faint are symptoms of a heart attack?
- ☐ Yes
- ☐ No
- ☐ Don't Know/Not Sure
34. Do you think swelling of the feet and legs is a symptom of a heart attack?
- ☐ Yes
- ☐ No
- ☐ Don't Know/Not Sure

35. Do you think chest pain or discomfort are symptoms of a heart attack?

- ☐ Yes
- ☐ No
- ☐ Don't Know/Not Sure

36. Do you think sudden trouble seeing in one or both eyes is a symptom of a heart attack?

- ☐ Yes
- ☐ No
- ☐ Don't Know/Not Sure

37. Do you think tingling in the fingers and toes are symptoms of a heart attack?

- ☐ Yes
- ☐ No
- ☐ Don't Know/Not Sure

38. Do you think pain or discomfort in the arms or shoulder are symptoms of a heart attack?

- ☐ Yes
- ☐ No
- ☐ Don't Know/Not Sure

39. Do you think shortness of breath is a symptom of a heart attack?

- ☐ Yes
- ☐ No
- ☐ Don't Know/Not Sure

Next, we'd like to ask you about the signs and symptoms of a stroke.

40. Do you think sudden confusion or trouble speaking are symptoms of a stroke?

- ☐ Yes
☐ No
☐ Don't Know/Not Sure

41. Do you think sudden numbness or weakness of face, arm, or leg, especially on one side, are symptoms of a stroke?

- ☐ Yes
☐ No
☐ Don't Know/Not Sure

42. Do you think feeling sick to your stomach is a symptom of a stroke?

- ☐ Yes
☐ No
☐ Don't Know/Not Sure

43. Do you think sharp pain in the jaw or mouth is a symptom of a stroke?

- ☐ Yes
☐ No
☐ Don't Know/Not Sure

44. Do you think sudden trouble seeing in one or both eyes is a symptom of a stroke?

- ☐ Yes
☐ No
☐ Don't Know/Not Sure

45. Do you think sudden chest pain or discomfort are symptoms of a stroke?

- ☐ Yes
☐ No
☐ Don't Know/Not Sure

46. Do you think sudden trouble walking, dizziness, or loss of balance are symptoms of a stroke?

- ☐ Yes
☐ No
☐ Don't Know/Not Sure

47. Do you think severe headache with no known cause is a symptom of a stroke?

- ☐ Yes
- ☐ No
- ☐ Don't Know/Not Sure

48. If you thought someone was having a heart attack or a stroke, what is the first thing you would do?

- ☐ Take them to the hospital
- ☐ Tell them to call their doctor
- ☐ Call 911
- ☐ Call their spouse or a family member
- ☐ Do something else
- ☐ Don't Know/Not Sure

Now we have some questions about staying healthy.

49. Can a large waist (>35 inches for women or >40 inches for men) increase your risk of heart disease?

- ☐ Yes
- ☐ No
- ☐ Don't Know/Not Sure

50. Can the Body Mass Index (BMI) Chart tell you if you are overweight?

- ☐ Yes
- ☐ No
- ☐ Don't Know/Not Sure

51. Does your liver make all the cholesterol your body needs to keep you healthy?

- ☐ Yes
- ☐ No
- ☐ Don't Know/Not Sure

52. Can eating foods that are high in sodium increase your risk of high blood pressure?

- ☐ Yes
- ☐ No
- ☐ Don't Know/Not Sure

53. Does lard have a low amount of saturated fat?

- ☐ Yes
- ☐ No
- ☐ Don't Know/Not Sure

54. Can eating too much saturated fat and *trans* fat raise your cholesterol level?

- ☐ Yes
- ☐ No
- ☐ Don't Know/Not Sure

55. Is a blood pressure of 140/90 mmHg considered high?

- ☐ Yes
- ☐ No
- ☐ Don't Know/Not Sure

56. Can being overweight or obese put you at risk for developing high blood cholesterol?

- ☐ Yes
- ☐ No
- ☐ Don't Know/Not Sure

57. Is being physically active a way to reduce your risk for heart disease?

- ☐ Yes
- ☐ No
- ☐ Don't Know/Not Sure

58. Is it true that only people with high blood cholesterol should follow a heart healthy diet?

- ☐ Yes
- ☐ No
- ☐ Don't Know/Not Sure

59. Can nonsmokers die from secondhand smoke?

- ☐ Yes
- ☐ No
- ☐ Don't Know/Not Sure

Understanding medical information can be hard. Next, we ask some questions about this.

60. How often do you have a hard time understanding written information about your health that you get from your clinic? (This might include information from a doctor or nurse.)

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

61. How confident are you in filling out medical forms by yourself?

- ☐ Extremely
- ☐ Quite a bit
- ☐ Somewhat
- ☐ A little bit
- ☐ Not at all

62. How often do you prefer that someone (like a family member or someone else) help you read medical materials?

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

63. Which of the following numbers represents the lowest risk? For example, which would you most like to hear from a doctor about your risk for a medical condition?

- ☐ 1 in 10 people
- ☐ 1 in 100 people
- ☐ 1 in 1000 people
- ☐ Don't Know

64. If the chance of getting a health condition is 20 out of 100 people, this would be the same as having a **what** percent (%) chance of getting the condition?

- ☐ 2%
- ☐ 20%
- ☐ 200%
- ☐ Don't Know

65. A prescription says "Take one tablet by mouth every 6 hours." If you take your first tablet at 7 a.m., when should you take your second tablet?

- ☐ 10 a.m.
- ☐ 12 p.m.
- ☐ 1 p.m.
- ☐ 6 p.m.
- ☐ 7 p.m.

66. Normal fasting blood sugar is 70-100. If your blood sugar today is 140, is your blood sugar normal?

- ☐ Yes
- ☐ No
- ☐ Don't Know

Some health programs use TVs, computers, and cell phones to help people improve their health. To know how well those kinds of programs might work for people in this clinic, we would like to learn about the kinds of electronic equipment you use.

67. Do you have a TV?

☐ Yes

☐ No → you may go to question #70

68. Do you have a gaming system you hook up to your TV? By this we mean something like the Nintendo Wii, Xbox, or Sony Playstation?

☐ Yes

☐ No → you may go to question #70

69. Which system do you have?

☐ Nintendo Wii

☐ Xbox

☐ Sony Playstation

☐ Other (Please specify: _____)

70. Do you have a personal computer in your home?

☐ Yes

☐ No → you may go to question #75

71. Is it a Windows or Apple system?

☐ Windows

☐ Apple

72. How confident are you in using your computer?

☐ Very confident

☐ Fairly confident

☐ Not at all confident

73. Do you have Internet access?

☐ Yes

☐ No

74. Do you have an e-mail account that you check regularly?

☐ Yes

☐ No

75. Do you have a cell phone?

☐ Yes

☐ No → you may go to question #79

76. Are you able to send and received text messages using your cell phone?

☐ Yes

☐ No → you may go to question #79

77. Would you be willing to receive text messages about heart disease and heart-healthy living on your cell phone?

☐ Yes

☐ No → you may go to question #79

78. What are some of the reasons you would not be interested in getting text messages about heart health?

☐ Too expensive

☐ I'm not worried about my heart health

☐ Other: _____

Finally, we would like to ask a few questions about you.

79. How much do you currently weigh **without shoes**? _____ pounds

80. How tall are you **without shoes**? _____ feet, _____ inches

81. Are you male or female? ☐ Male ☐ Female

82. How old are you today? _____ years old

83. What is your ethnicity?

☐ Hispanic or Latino of any race

☐ Not Hispanic or Latino

☐ Don't Know

84. What is your race? (Mark all that apply.)

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Pacific Islander

☐ White

☐ Other (specify : _____)

☐ Don't Know

85. If you marked “American Indian or Alaska Native” in the previous question, what tribe do you most closely identify with?

86. What is the highest grade in school you completed?

- | | | | |
|---|---|--|---|
| <input type="radio"/> None | <input type="radio"/> 5 th grade | <input type="radio"/> 10 th grade | <input type="radio"/> Some college |
| <input type="radio"/> 1 st grade | <input type="radio"/> 6 th grade | <input type="radio"/> 11 th grade | <input type="radio"/> College graduate |
| <input type="radio"/> 2 nd grade | <input type="radio"/> 7 th grade | <input type="radio"/> 12 th grade | <input type="radio"/> Some graduate/professional school |
| <input type="radio"/> 3 rd grade | <input type="radio"/> 8 th grade | <input type="radio"/> High School graduate/GED | <input type="radio"/> Graduate/professional degree |
| <input type="radio"/> 4 th grade | <input type="radio"/> 9 th grade | <input type="radio"/> Vocational school | |

87. Please fill in the category below that best fits the total combined income **before taxes** of all people who lived in your household last year. This should include not only wages, salaries, and tips but also income from social security, pension, unemployment, or disability compensation, alimony, child support, welfare, or any other money income received by **all** household members – by you or anyone else living with you.

- | | |
|---|---|
| <input type="radio"/> Nothing | <input type="radio"/> \$20,000 - \$29,999 |
| <input type="radio"/> Less than \$1,000 | <input type="radio"/> \$30,000 - \$39,999 |
| <input type="radio"/> \$1,000 - \$4,999 | <input type="radio"/> \$40,000 – \$49,999 |
| <input type="radio"/> \$5,000 - \$9,999 | <input type="radio"/> \$50,000 - \$74,999 |
| <input type="radio"/> \$10,000 - \$14,999 | <input type="radio"/> \$75,000 - \$99,999 |
| <input type="radio"/> \$15,000 - \$19,999 | <input type="radio"/> More than \$100,000 |

Thank you for taking the time to fill out this survey!