

## Before We Begin.....

Welcome to the *Step Up & Scale Down* program. Before we begin we would like to ask you a few questions. Your answers will not be shared with anyone and you can skip any question that makes you uncomfortable.

1. I am **(check one)**     Male  Female
2. With what ethnic group do you identify? **(check one box)**  
 Hispanic or Latino                     Not Hispanic/Latino
3. With what race do you identify? **(You may check more than one box):**  
 Asian     Black         White         Hawaiian/Pacific Islander     American Indian/Alaska Native
4. How many days a week are you physically active for at least 30 minutes? **(Check one box)**  
 0     1         2     3     4     5     6     7
5. How many days per week do you eat breakfast? (Check one box)  
 0     1         2     3     4     5     6     7
6. How many hours do you spend watching TV and videos per day or per week? **(Check one box)**  
 less than 4 hours per week     4 to 6 hours per week     1 hour per day  
 2 hours per day         3 hours per day         4 hours per day         5 to 6 hours per day  
 7 or more hours per day.
7. In the last year, have you tried to lose weight?     Yes     No        If yes, how many times? \_\_\_\_\_
8. If the answer to question 7 was “yes”, what method(s) have you used to try to lose weight?

9. In general, how would you rate your health? (select one)  
 \_\_\_\_\_ Excellent    \_\_\_\_\_ Very good    \_\_\_\_\_ Good    \_\_\_\_\_ Fair    \_\_\_\_\_ Poor
10. Think about your physical health, which includes physical illness and injury. How many days during the past 30 days was your physical health **not** good?  
 \_\_\_\_\_ number of days
11. Think about your mental health, which includes stress, depression, and problems with emotions. How many days during the past 30 days was your mental health **not** good?  
 \_\_\_\_\_ number of days

12. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

\_\_\_\_\_ number of days

13. Think about the times that you eat out at fast food and chain restaurants. When calorie information is available in the restaurant, how often does this information help you decide what to order?

\_\_\_\_\_ Always \_\_\_\_\_ Most of the time \_\_\_\_\_ About half the time \_\_\_\_\_ Sometimes \_\_\_\_\_ Never

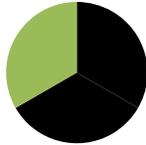
14. How often do you plan your meals and snacks in advance?

\_\_\_\_\_ Always \_\_\_\_\_ Sometimes \_\_\_\_\_ Never \_\_\_\_\_ Not sure

15. Generally speaking, what percent of **your** lunch and dinner plates are filled with fruits and vegetables?



1/4 of my plate



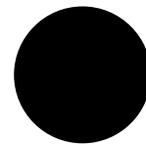
1/3 of my plate



1/2 of my plate



3/4 of the plate



none of my plate

16. Generally speaking, how many times a day do you drink sweetened beverages such as soda (not diet), sweet tea, juice drinks, or sports drinks?

\_\_\_\_\_ times a day

17. Generally speaking, how many times a day do you drink water?

\_\_\_\_\_ times a day

18. What do you hope to learn by participating in this program? (check all that apply)

\_\_\_\_\_ become more physically active

\_\_\_\_\_ improve my eating habits

\_\_\_\_\_ learn ways to manage my weight

\_\_\_\_\_ other (please let us know) \_\_\_\_\_

Personal ID Code \_\_\_\_\_