

Heart of New Ulm Project – Screening Assessment



Directions: Use pencil. X the circle next to the response that best answers each question below. Unless otherwise indicated, only select one response per question. If you change a response, please erase thoroughly. Note that there is a space at the end of the survey if you wish to add any comments. If an item does not apply to you or if you do not know the answer (or just do not want to answer it), select the “Don’t know or choose no answer” option. If you have any questions or concerns, ask for assistance.

1. What is your **sex**?
- Male
 - Female
 - Don’t know or choose no answer

2. What best describes your **racial/ethnic** background?
- (Pick all responses that apply.)*
- White
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Hispanic or Latino
 - Native Hawaiian or Pacific Islander
 - Other
 - Don’t know or choose no answer

3. What is the highest level of **education** that you have completed?
- Less than high school
 - High school diploma or GED
 - Technical training or Associate degree
 - Some college
 - College degree
 - Graduate degree
 - Don’t know or choose no answer

4. Do you have any kind of **health care coverage**, including health insurance, prepaid plan, HMO, or a government plan such as Medicare?
- Yes
 - No
 - Don’t know or choose no answer

5. Did your **mother or father** have any of the following health conditions?
- (Pick all responses that apply.)*
- Heart attack before age 60
 - Diabetes
 - None of the above
 - Don’t know or choose no answer



6. Has a healthcare provider ever told you that **you** have any of the following health conditions?

(Pick all responses that apply.)

- Heart disease
 - Diabetes (other than during pregnancy)
 - High blood pressure
 - High cholesterol
 - None of the above
 - Don't know or choose no answer
-

7. Do you **smoke cigarettes**?

- Yes
 - No, I quit
 - No, I have never smoked
 - Don't know or choose no answer
-

8. How often are you **around someone else's tobacco smoke**?

- Daily
 - Less than daily
 - Don't know or choose no answer
-

9. In a typical week, how many **drinks containing alcohol** do you have?

(One alcoholic drink is equal to one can/bottle of beer, one glass of wine, one mixed drink, or one shot of hard liquor.)

- 0
 - 1-7
 - 8-14
 - 15 or more
 - Don't know or choose no answer
-

10. How often do you take **aspirin**?

- Daily
- Less than daily
- Don't know or choose no answer



11. Do you have a prescription to take **medication** for any of the following health conditions?

(Pick all responses that apply.)

- Diabetes
 - High blood pressure
 - High cholesterol
 - None of the above
 - Don't know or choose no answer
-

12. If 100% is all of the time and 0% is not at all, over the past month, **how much of the time** have you taken all of your prescribed medications indicated above?

- 0%
 - 1-9%
 - 10-19%
 - 20-29%
 - 30-39%
 - 40-49%
 - 50-59%
 - 60-69%
 - 70-79%
 - 80-89%
 - 90-99%
 - 100%
 - Not prescribed medications above
 - Don't know or choose no answer
-

13. How many **days** in a typical week do you do **vigorous physical activities** for at least 10 minutes at a time?

(Vigorous physical activities refer to activities that take hard effort and make your heart rate and breathing much harder than normal. They include things like heavy lifting, digging, aerobic exercise, jogging, or bicycling at a fast pace.)

- 0
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - Don't know or choose no answer
-

14. How many **minutes** do you usually spend doing **vigorous physical activities** on any one of those days?

- 0
- 1-9
- 10-19
- 20-29
- 30-39
- 40-49
- 50-59
- 60-69
- 70-79
- 80-89
- 90-99
- 100-109
- 110-119
- 120 or more
- I do not do vigorous activities
- Don't know or choose no answer

15. How many **days** in a typical week do you do **moderate physical activities** for at least 10 minutes at a time?

(Moderate physical activities refer to activities that take modest effort and make you breathe somewhat harder than normal. They include things like brisk walking, carrying light loads, vacuuming, gardening, dancing, or bicycling at a regular pace.)

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- Don't know or choose no answer

16. How many **minutes** do you usually spend doing **moderate physical activities** on any one of those days?

- 0
- 1-9
- 10-19
- 20-29
- 30-39
- 40-49
- 50-59
- 60-69
- 70-79
- 80-89
- 90-99
- 100-109
- 110-119
- 120 or more
- I do not do moderate activities
- Don't know or choose no answer

17. How many servings of **fruits and vegetables** do you usually eat each day?

(A serving is 1 piece of fruit, 1/2 cup of fruit or cooked vegetables, 1 cup of raw leafy vegetables, or 3/4 cup of juice.)

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12 or more
- Don't know or choose no answer

18. Overall, would you say your diet is high, moderate, or low in **fat**?

- High
- Moderate
- Low
- Don't know or choose no answer



19. In the last month, how often have you felt that you were **unable to control the important things in your life?**

- Never
 - Almost never
 - Sometimes
 - Fairly often
 - Very often
 - Don't know or choose no answer
-

20. In the last month, how often have you felt **confident about your ability to handle your personal problems?**

- Never
 - Almost never
 - Sometimes
 - Fairly often
 - Very often
 - Don't know or choose no answer
-

21. In the last month, how often have you felt that **things were going your way?**

- Never
 - Almost never
 - Sometimes
 - Fairly often
 - Very often
 - Don't know or choose no answer
-

22. In the last month, how often have you felt **difficulties were piling up so high that you could not overcome them?**

- Never
- Almost never
- Sometimes
- Fairly often
- Very often
- Don't know or choose no answer

23. Do you **intend to improve your lifestyle habits** over the next 6 months?

(For example, are you planning to eat healthier, quit smoking, or become more physically active soon?)

- No, I do not need to or do not want to
 - Maybe, I'm thinking about it
 - Yes
 - Don't know or choose no answer
-

24. Are you currently **employed** (i.e., working for pay)?

- No → skip to question 29
 - Yes
-

25. During the past 7 days, how many **hours did you miss from work because of your health problems?**

(Include hours you missed on sick days, times you went in late, left early, etc., because of your health problems.)

- 0
 - 1-3
 - 4-6
 - 7-9
 - 10-12
 - 13-15
 - 16-18
 - 19-21
 - 22-24
 - 25-27
 - 28-30
 - 31-33
 - 34-36
 - 37-39
 - 40 or more
 - Don't know or choose no answer
-

26. During the past 7 days, how many **hours did you miss from work because of any other reason**, such as vacation, holidays, or time off?

- 0
- 1-3
- 4-6
- 7-9
- 10-12
- 13-15
- 16-18
- 19-21
- 22-24
- 25-27
- 28-30
- 31-33
- 34-36
- 37-39
- 40 or more
- Don't know or choose no answer



27. During the past 7 days, how many **hours did you actually work?**

- 0
- 1-3
- 4-6
- 7-9
- 10-12
- 13-15
- 16-18
- 19-21
- 22-24
- 25-27
- 28-30
- 31-33
- 34-36
- 37-39
- 40 or more
- Don't know or choose no answer

28. During the past 7 days, how much did your **health problems affect your productivity** while you were working? Rate your productivity on a scale from 0 (no effect on work) to 10 (completely prevented work).

(Think about days you were limited in the amount of work you could do, days you accomplished less than you would like, or days you could not do your work as carefully as usual.)

- 0 No effect on work
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Completely prevented work
- Don't know or choose no answer

29. Comments or concerns?

Thank you. Please return this survey to a staff member. Do not write beyond this line.



Affix label here

Medical Record Number

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<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

Age (years)

—	—	—
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

Fasting

- 12 hours or more
- 8-11 hours
- Less than 8 hours

Blood pressure #1
Systolic (mm/Hg) Diastolic (mm/Hg)

Blood pressure #2
Systolic (mm/Hg) Diastolic (mm/Hg)

○ 0	○ 0	○ 0	○ 0	○ 0	○ 0	○ 0	○ 0	○ 0	○ 0	○ 0	○ 0
○ 1	○ 1	○ 1	○ 1	○ 1	○ 1	○ 1	○ 1	○ 1	○ 1	○ 1	○ 1
○ 2	○ 2	○ 2	○ 2	○ 2	○ 2	○ 2	○ 2	○ 2	○ 2	○ 2	○ 2
○ 3	○ 3	○ 3	○ 3	○ 3	○ 3	○ 3	○ 3	○ 3	○ 3	○ 3	○ 3
○ 4	○ 4	○ 4	○ 4	○ 4	○ 4	○ 4	○ 4	○ 4	○ 4	○ 4	○ 4
○ 5	○ 5	○ 5	○ 5	○ 5	○ 5	○ 5	○ 5	○ 5	○ 5	○ 5	○ 5
○ 6	○ 6	○ 6	○ 6	○ 6	○ 6	○ 6	○ 6	○ 6	○ 6	○ 6	○ 6
○ 7	○ 7	○ 7	○ 7	○ 7	○ 7	○ 7	○ 7	○ 7	○ 7	○ 7	○ 7
○ 8	○ 8	○ 8	○ 8	○ 8	○ 8	○ 8	○ 8	○ 8	○ 8	○ 8	○ 8
○ 9	○ 9	○ 9	○ 9	○ 9	○ 9	○ 9	○ 9	○ 9	○ 9	○ 9	○ 9

Height (inches)

Weight (pounds)

Waist circumference (inches)

○ 0	○ 0	●	○ 0	○ 0	○ 0	○ 0	○ 0	○ 0	○ 0	●	○ 0
○ 1	○ 1	○ 1	○ 1	○ 1	○ 1	○ 1	○ 1	○ 1	○ 1	○ 1	○ 1
○ 2	○ 2	○ 2	○ 2	○ 2	○ 2	○ 2	○ 2	○ 2	○ 2	○ 2	○ 2
○ 3	○ 3	○ 3	○ 3	○ 3	○ 3	○ 3	○ 3	○ 3	○ 3	○ 3	○ 3
○ 4	○ 4	○ 4	○ 4	○ 4	○ 4	○ 4	○ 4	○ 4	○ 4	○ 4	○ 4
○ 5	○ 5	○ 5	○ 5	○ 5	○ 5	○ 5	○ 5	○ 5	○ 5	○ 5	○ 5
○ 6	○ 6	○ 6	○ 6	○ 6	○ 6	○ 6	○ 6	○ 6	○ 6	○ 6	○ 6
○ 7	○ 7	○ 7	○ 7	○ 7	○ 7	○ 7	○ 7	○ 7	○ 7	○ 7	○ 7
○ 8	○ 8	○ 8	○ 8	○ 8	○ 8	○ 8	○ 8	○ 8	○ 8	○ 8	○ 8
○ 9	○ 9	○ 9	○ 9	○ 9	○ 9	○ 9	○ 9	○ 9	○ 9	○ 9	○ 9

