YOUR SLEEP PATTERNS
(for week 0 and week 12)

1. How many hours of sleep do you normally get each night?
   Typical week night _______
   Typical weekend night _______

2. Do you work at night? If so describe when you sleep: _______________________________

3. Please answer the following by checking one box per question:

<table>
<thead>
<tr>
<th>In the past 7 days:</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>I was alert when I woke up</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I had to force myself to get up in the morning</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>I had trouble stopping my thoughts at bedtime</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>I wake up in the middle of the night and have trouble falling back asleep</td>
<td></td>
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<td></td>
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<tr>
<td>I was sleepy during the daytime</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I had trouble falling asleep at bedtime</td>
<td></td>
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</tr>
</tbody>
</table>
Physical Activity Questionnaire  
(for week 0 and 12)

Please think about what physical activity you do in a typical 7-day week. Write in the number of minutes per session and the number of days per week that you do them.

**HIGH INTENSITY MOVEMENT** (causes large increases in breathing or heart rate)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Minutes/Session</th>
<th>Sessions /Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Running/Jogging</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cross Country Skiing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vigorous Swimming</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vigorous Bicycling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fast Dancing or Aerobics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
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<tr>
<td>Other</td>
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<td></td>
</tr>
</tbody>
</table>

**MODERATE INTENSITY MOVEMENT** (causes some increases in breathing or heart rate)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Minutes/Session</th>
<th>Sessions /Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fast Walking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tennis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gentle Swimming</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Easy Dancing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Easy Bicycling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heavy House Work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(washing windows, cleaning gutters, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heavy Gardening (digging, raking, etc.)</td>
<td></td>
<td></td>
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<tr>
<td>Other</td>
<td></td>
<td></td>
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<tr>
<td>Other</td>
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</tbody>
</table>

**LOWER INTENSITY MOVEMENT** (takes light effort)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Minutes/Session</th>
<th>Sessions/Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leisurely Walking</td>
<td></td>
<td></td>
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<tr>
<td>Stretching Exercises</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yoga or Tai Chi</td>
<td></td>
<td></td>
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<tr>
<td>Bowling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Golf</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Light Strength Training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Light House Work (sweeping, vacuuming, etc.)</td>
<td></td>
<td></td>
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<tr>
<td>Light Gardening (watering plants, etc.)</td>
<td></td>
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<tr>
<td>Other</td>
<td></td>
<td></td>
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<tr>
<td>Other</td>
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</tbody>
</table>

**IF YOU ARE TRACKING STEPS**

How are you tracking steps (pedometer, Fit bit etc.): ______________________

How many days/week do you track steps? ___________ days/week

About how many steps do you get each day that you track? ___________ steps/day
Your Diet: please give one answer for each question

1. During the past 30 days, how often did you drink 100% PURE fruit juices?  
Do not include fruit-flavored drinks. Only include 100% juice.

Number times drank 100% juice:   ____ per day
                                 ____ per week
                                 ____ per month

2. During the past 30 days, not counting juice, how often did you eat fruit?  
Count fresh, frozen, or canned fruit.

Number of ½ cup servings or pieces of fruit:  ____ per day
                                             ____ per week
                                             ____ per month

3. During the past 30 days, how often did you eat cooked or canned beans, such as refried, 
baked, black, garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils.  
Do NOT include long green beans.

Number of ½ cup servings beans:    ____ per day
                                   ____ per week
                                   ____ per month

4. During the past 30 days, how often did you dark green vegetables for example broccoli or 
dark leafy greens including romaine, chard, collard greens or spinach?

Number of ½ cup servings dark green vegetables:   ____ per day
                                                   ____ per week
                                                   ____ per month

5. During the past 30 days, how often did you eat orange-colored vegetables such as sweet 
potatoes, pumpkin, winter squash, or carrots?

Number of ½ cup servings orange vegetables:    ____ per day
                                              ____ per week
                                              ____ per month
6. During the past 30 days, how often did you eat OTHER vegetables that were not asked about yet? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes.

Number of ½ cup servings OTHER vegetables:  ____ per day  
                                           ____ per week  
                                           ____ per month

7. During the past 30 days, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop.
Number of 12-ounce servings:  ____ per day  
                               ____ per week  
                               ____ per month

8. During the past 30 days, how often did you drink diet soda or diet pop.

Number of 12-ounce servings:  ____ per day  
                               ____ per week  
                               ____ per month

9. During the past 30 days, how often did you drink sugar-sweetened beverages (such as Kool-Aid, lemonade), sweet tea, sports drinks (such as Gatorade) and energy drinks (such as Red Bull)?
Number of 12-ounce servings:  ____ per day  
                               ____ per week  
                               ____ per month

10. How many days, weeks, months or years have you been watching or reducing your sodium or salt intake? Please give one answer.
    ____ days  ____ weeks  ____ months  ____ years

11. Did a doctor or other health care professional ever advise you to reduce sodium or salt intake?  ____Yes  ____No

12. How many times have you gone on a diet to lose weight? _____________

13. How often do you go out to eat? ___________ times/week
14. How often do you have a home-prepared meal? _____ times/week

15. Who does most of the cooking? ___________________

16. Who does the grocery shopping, usually: ___________________

17. How many hours of TV do you watch per day, on average? _______

18. How many hours of screen time (computer, phone, games) do you have each day?_______

19. Are you on a special diet right now?    YES   NO

If yes, what?_________________________

20. What do you wish you could change about your diet?_________________________

Please check off what fits you best today:

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>I enjoy trying new foods</td>
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<tr>
<td>I usually eat meals with the TV on</td>
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<tr>
<td>I eat sweets and deserts</td>
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<tr>
<td>Other people think I am a picky eater</td>
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<tr>
<td>I worry about the cost of healthy foods</td>
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<tr>
<td>Most vegetables taste good to me</td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Preparing healthy foods is easy</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>I have been eating healthy lately</td>
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</tbody>
</table>
FEELINGS QUESTIONNAIRE

Over the last 2 weeks, how often have you been bothered by the following problems? (Use “✔” to indicate your answer)

<table>
<thead>
<tr>
<th>Feeling</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Feeling nervous, anxious or on edge</td>
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<tr>
<td>2. Not being able to stop or control worrying</td>
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<tr>
<td>3. Little interest or pleasure in doing things</td>
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<tr>
<td>4. Feeling down, depressed, or hopeless</td>
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</tbody>
</table>
## Fatigue Questionnaire

(for weeks 0 and 12)

<table>
<thead>
<tr>
<th>In the past 7 days…</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>I felt exhausted</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I felt that I had no energy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I felt fatigued</td>
<td></td>
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</tr>
<tr>
<td>I was too tired to do my household chores.</td>
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<tr>
<td>I was too tired to leave the house</td>
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</tr>
<tr>
<td>I was frustrated by being too tired to do the things I wanted to do</td>
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<td></td>
<td></td>
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<tr>
<td>I felt tired</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>I had to limit my social activity because I was tired</td>
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</tr>
</tbody>
</table>
Think about your feelings and thoughts during THE LAST MONTH. In each case, please indicate your response by placing an “X” over the circle representing HOW OFTEN you felt or thought a certain way. The best approach is to answer fairly quickly and just estimate the best answer.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Never</td>
</tr>
<tr>
<td>1</td>
<td>Almost Never</td>
</tr>
<tr>
<td>2</td>
<td>Sometimes</td>
</tr>
<tr>
<td>3</td>
<td>Fairly Often</td>
</tr>
<tr>
<td>4</td>
<td>Very Often</td>
</tr>
</tbody>
</table>

1. In the last month, how often have you been upset because of something that happened unexpectedly?
   - ○ Never
   - ○ Almost Never
   - ○ Sometimes
   - ○ Fairly Often
   - ○ Very Often

2. 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

3. In the last month, how often have you felt nervous and “stressed”?
   - ○ Never
   - ○ Almost Never
   - ○ Sometimes
   - ○ Fairly Often
   - ○ Very Often

4. 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

5. In the last month, how often have you felt that things were going your way?
   - ○ Never
   - ○ Almost Never
   - ○ Sometimes
   - ○ Fairly Often
   - ○ Very Often

6. In the last month, how often have you found that you could not cope with all the things that you had to do?
   - ○ Never
   - ○ Almost Never
   - ○ Sometimes
   - ○ Fairly Often
   - ○ Very Often

7. In the last month, how often have you been able to control irritations in your life?
   - ○ Never
   - ○ Almost Never
   - ○ Sometimes
   - ○ Fairly Often
   - ○ Very Often

8. In the last month, how often have you felt that you were on top of things?
   - ○ Never
   - ○ Almost Never
   - ○ Sometimes
   - ○ Fairly Often
   - ○ Very Often

9. In the last month, how often have you been angered because of things that were outside your control?
   - ○ Never
   - ○ Almost Never
   - ○ Sometimes
   - ○ Fairly Often
   - ○ Very Often

10. 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
My Health Coach Study: Self-confidence (for weeks 0 and 12)

Please think about how you felt about each these behaviors right now. Place a check in the box that fits you best.

<table>
<thead>
<tr>
<th>How confident are you that:</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Undecided</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I can eat fruit and/or vegetables at every meal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can avoid foods like sweets, pop, fries and chips</td>
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</tr>
<tr>
<td>I can be physically active on a regular basis</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>I can deal with everyday challenges that might get in the way of your physical activity plans</td>
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<tr>
<td>I can get the sleep that I need to feel good</td>
<td></td>
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<tr>
<td>I can go to bed at a time that allows me to sleep enough</td>
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</tr>
</tbody>
</table>
Motivation

Part 1: Physical activity

People have different reasons for being physically active or for trying to be more active. Please rate how true each of the following reasons is for you as motivation for being physically active.

Physical activity includes walking, running, gardening, swimming, biking, going to the gym, or any other kind of activities.

1. I have **no interest** in being or trying to be physically active.
   
   1 2 3 4 5 6 7
   Not at all true Very True

2. I am or try to be physically active because I get **pressured from others** to do it.
   
   1 2 3 4 5 6 7
   Not at all true Very True

3. I am or try to be physically active because it feels like an **obligation** and like something I **should** be doing.
   
   1 2 3 4 5 6 7
   Not at all true Very True

4. I am or try to be physically active because I **value the benefits** I get. Being physically active is important to me.
   
   1 2 3 4 5 6 7
   Not at all true Very True

5. I am or try to be physically active because it helps me **feel better**.
   
   1 2 3 4 5 6 7
   Not at all true Very True
Part 2: Healthy Foods

People have different reasons for eating healthy foods or wanting to eat healthy foods. Please rate how true each of the following reasons is for you as motivation for eating healthy foods.

Healthy foods are items such as vegetables, fruits, whole grains, lean meats and legumes.

1. I have **no interest** in trying to eat healthy foods.
   
   1  2  3  4  5  6  7  
   Not at all true  Very True

2. I eat or try to eat healthy foods because I get **pressured from others** to do it.
   
   1  2  3  4  5  6  7  
   Not at all true  Very True

3. I eat or try to eat healthy foods because it **feels like an obligation and like something I should be doing.**
   
   1  2  3  4  5  6  7  
   Not at all true  Very True

4. I eat or try to eat healthy foods because I **value the benefits.** Eating healthy foods is very important to me.
   
   1  2  3  4  5  6  7  
   Not at all true  Very True

5. I eat or try to eat healthy foods because it helps me **feel better.**
   
   1  2  3  4  5  6  7  
   Not at all true  Very True
Part 3: Getting enough sleep

People have different reasons for trying to get enough sleep. Please rate how true each of the following reasons is for you as motivation for trying to get enough sleep.

1. I have **no interest** in trying to get enough sleep.
   
   1  2  3  4  5  6  7
   Not at all true  Very True

2. I work on getting enough sleep because I get **pressured from others** to do it.
   
   1  2  3  4  5  6  7
   Not at all true  Very True

3. I work on getting enough sleep because it **feels like an obligation** and something I **should** be doing.
   
   1  2  3  4  5  6  7
   Not at all true  Very True

4. I work on getting enough sleep because I **value the benefits**. It’s very important to me.
   
   1  2  3  4  5  6  7
   Not at all true  Very True

5. I work on getting enough sleep because it helps me **feel better**.
   
   1  2  3  4  5  6  7
   Not at all true  Very True
ID NUMBER [__  __  __]

HEALTH STATUS QUESTIONNAIRE
(for baseline only)

DEMOGRAPHICS

1. Today's Date [__/__/__]  
2. Age in years _____  
4. Home zip code ________________  
5. Gender [_____] [_____]  
   Male          Female  
6. Which of the categories below best describes you?  
   a. White  
   b. Black or African American  
   c. Hispanic  
   d. Asian or Pacific Islander  
   e. Arabic  
   f. Other (Specify)  
7. What is your current marital status?  
   a. Single  
   b. Married  
   c. Committed Relationship  
   d. Separated  
   e. Divorced  
   f. Widowed  
   g. Other (Specify)  
8. What is the highest grade or year of school that you completed?  
   a. Grades 1-6  
   b. Grades 7-9  
   c. Grades 10-11  
   d. High School Graduate  
   e. GED High School Graduate  
   f. Some College  
   g. College Graduate  
   h. Some Graduate School  
   i. Graduate Degree  
   j. Unknown  
9. Do you work outside of the home? ☐ YES ☐ NO  
10. How many people are in your household?_________  
12. What would you like health coaching to do for you?___________________________________
TOBACCO, SMOKING and ALCOHOL

13. Do you use any smokeless tobacco products at the present time? □ YES □ NO

14. Do you currently smoke cigarettes regularly, at least one a day? □ YES □ NO

15. If yes, average number of cigarettes smoked per day? ______________

16. Did you smoke in the past, at least one cigarette/day? □ YES □ NO

17. How much alcohol do you usually drink?
   Beer ______ 12 oz. beers/day OR ______ 12 oz. beers/week
   Wine ______ glasses/day OR ______ glasses/week
   Spirits ______ drinks/day OR ______ drinks/week

MEDICATIONS

18. Medications taken in the last 2 weeks:

<table>
<thead>
<tr>
<th>Medication</th>
<th>How often</th>
</tr>
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<tbody>
<tr>
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</table>

19. Any major health conditions at the present time (diabetes, kidney disease, heart disease, high blood pressure, previous heart attack, arthritis, broken leg etc.)?
____________________________________________________________________________
____________________________________________________________________________

20. In general, would you say your health is (circle one): Excellent Very Good Good Fair Poor

21. Does your health stand in the way of normal daily activities (Circle one)?
   Very much Sometimes Rarely Never

22. In the past 30 days, how many days was your health not good?________

Thank you for taking the time to fill out these questionnaires for the My Health Coach Study!