

Online Supplementary Material

Glasgow RE, Ory MG, Klesges LM, Cifuentes M, Fernald DH, Green LA. Practical and relevant self-report measures of health behavior for primary care settings. *Ann Fam Med*. 2005;3:73-81.

<http://www.annfammed.org/cgi/content/full/3/1/73/DC>

Appendix 2. Secondary Recommendations for Adult Measures

Physical Activity (BRFSS 2003²⁷) Scoring – See Below

1. When you are at work, which of the following best describes what you do? Would you say?
 - a. Mostly sitting or standing
 - b. Mostly walking, or
 - c. Mostly heavy labor or physically demanding work

"We are interested in two types of physical activity--vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate."

2. Now, thinking about the moderate activities you do in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?

Y or N

3. How many days per week do you do these moderate activities for at least 10 minutes?

Days per week

4. On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

: Hours and minutes per day

5. Now, thinking about the vigorous activities you do in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?

Y or N

6. How many days per week do you do these vigorous activities for at least 10 minutes at a time?

Days per week

7. On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

: Hours and minutes per day

- Scoring:**
- a. If Item 2 is "Yes," multiply answers to Item 3 x Item 4 = Moderate activity
 - b. If Item 5 is "Yes," multiple answers to Item 6 x Item 7 = Vigorous activity
 - c. Guidelines are met if:
 1. Item 3 > 5 and Item 4 > 30 or
 2. Item 6 > 3 and Item 7 > 20

Risky Drinking (AUDIT^{30,31})

Scoring: See Web site: <http://hmcrc.srph.tamu.edu/measurement%20folder/alcohol/audit.htm>

1. How often do you have a drink containing alcohol?

Never Monthly or less Two to four times a month Two to three times per week Four or more times a week

2. How often do you have six or more drinks on one occasion?

1 or 2 3 or 4 5 or 6 7 to 9 10 or more

3. How often do you have six or more drinks on one occasion?

Never Less than monthly Monthly Two to three times per week Four or more times a week

4. How often during the last year have you found that you were not able to stop drinking once you had started?

Never Less than monthly Monthly Two to three times per week Four or more times a week

5. How often during the last year have you failed to do what was normally expected from you because of drinking?

Never Less than monthly Monthly Two to three times per week Four or more times a week

6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

Never Less than monthly Monthly Two to three times per week Four or more times a week

7. How often during the last year have you had a feeling of guilt or remorse after drinking?

Never Less than monthly Monthly Two to three times per week Four or more times per week

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

Never Less than monthly Monthly Two to three times per week Four or more times a week

9. Have you or someone else been injured as a result of your drinking?

No Yes, but not in the last year Yes, during the last year

10. Has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?

No Yes, but not in the last year Yes, during the last year

Cigarette Smoking (Smoking SRNT Consensus Items³⁶)

Scoring: Complex. See Web site:

<http://hmcrc.srph.tamu.edu/Measurement%20folder/Smoking/Tobacco%20SNT.pdf>

1. Since [end of grace period] have you ever smoked at least a part of a cigarette on each of 7 consecutive days? After [end of grace period] have you smoked any in each of 2 consecutive weeks (prolonged abstinence)? When was the first day of that 7 day or 2 week period you smoked (survival analysis)?

2. Since [quit date for aid-to-cessation trials or beginning of treatment/end of treatment for cessation induction trials] have you smoked at least a part of a cigarette on each of 7 consecutive days, or have you smoked any in each of 2 consecutive weeks (continued abstinence)? What was the first day of that 7 day or 2 week period you smoked (survival analysis)?

3. Have you smoked at least a part of a cigarette in the last 7 days? If no, in last 30 days? (Point prevalence, relapse point prevalence.)

Eating Patterns (Summary Diabetes Self-Care Activities²⁵)

Scoring – take average of Items 1 and 2. From this subtract [7 – (average of items 3 and 4)]

How many of the past 7 days did you:

- Follow a healthful eating plan?
- Eat five or more servings of fruits and vegetables?
- Eat high-fat foods, such as red meat or full-fat dairy products?
- Eat regular packaged or bakery sweets and desserts, such as pie, cake, or cookies?

Responses (Days)

00 01 02 03 04 05 06 07

BRFSS = Behavioral Risk Factor Surveillance System; AUDIT = Alcohol Use Disorders Identification Test; SRNT- = Society for Research on Nicotine and Tobacco.