

MOVE!11 Questionnaire

Name: _____ Date: _____

SSN: XXX - XX - _____ (Please give all nine digits.)

Height: _____ (feet) _____ (inches) Weight: _____ (lbs)

Date of Birth: Month _____ /Day _____ /Year _____

Male _____ or Female _____

Ethnicity

**Do you consider yourself to be Hispanic or Latino?
Select one.**

- Hispanic or Latino
A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race
- Not Hispanic or Latino
- I do not wish to provide this information.

Race

What race do you consider yourself to be? Select one or more of the following.

- American Indian or Alaskan Native
A person having origins in any of the original peoples of North, Central or South America, and who maintains tribal affiliation or community attachment
- Asian
A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- Black or African American
A person having origins in any of the black racial groups of Africa
- Native Hawaiian or Other Pacific Islander
A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- White
A person having origins in any of the original peoples of Europe, the Middle East, or North Africa
- I do not wish to provide this information.

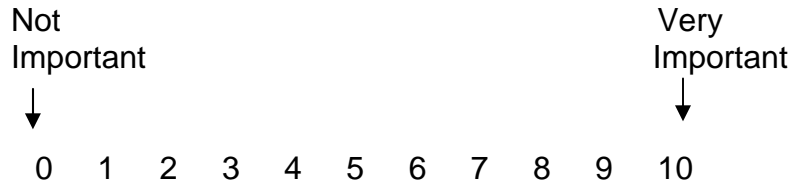
Are you completing this questionnaire (MOVE!11)...

- as a Veteran?
- as a VA employee?
- as a guest?

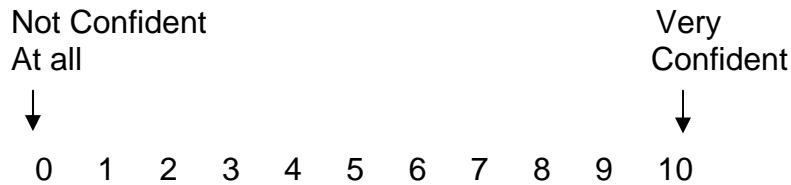
Please enter measured height and today's weight - Your Body Mass Index or BMI will be calculated from these measurements. Height should be measured without shoes.

Please answer the following questions.

1. How important is controlling your weight to you personally? Please circle the number that applies. Please do not place a circle in the space between numbers.



2. How confident are you that you can successfully change your eating and physical activity to control your weight? Please circle the number that applies. Please do not place a circle in the space between numbers.



3. How much can you rely on family or friends for support and encouragement?

- a. A lot
- b. Somewhat
- c. Not at All

4. Select any of the following that apply to you:

- a. Too much stress
- b. General unhappiness
- c. Depression
- d. Anxiety or Nervousness
- e. Family or relationship problems
- f. Bipolar disorder - Manic depressive disorder
- g. Schizophrenia
- h. PTSD - Post-traumatic stress disorder
- i. OCD - Obsessive/compulsive disorder
- j. Eating disorder Binge eating/Anorexia/Bulimia
- k. Tobacco use or Smoking
- l. Substance Abuse/ Dependence
- m. None

5. Select any of the following that have anything to do with your being overweight?

- a. Eating because of emotions or stress
- b. Family or relationship problems
- c. Boredom
- d. Loneliness or Loss of loved one
- e. Eating too much
- f. Poor food choices or habits
- g. Not getting enough physical activity
- h. Difficulty with self-control
- i. Hungry all the time
- j. Feeling bad about myself
- k. Love to eat
- l. Quitting tobacco use
- m. Pregnancy/Childbirth
- n. Illness or injury
- o. Medications led to weight gain
- p. Other
- q. None of the above

6. What do you think may get in the way of changing your eating habits (select all that apply)?

- a. Eating food from restaurants, fast food shops, convenience stores, vending machines
- b. Person who prepares my food is uncooperative or unsupportive
- c. Too much high calorie food available at home or work
- d. Too little time to prepare and eat healthy food
- e. Too little money to buy healthy food
- f. Feeling hungry much of the time
- g. Used to eating a certain way
- h. Difficulties such as stress or depression
- i. Being with others who overeat
- j. Don't know how
- k. Other
- l. None

7. What do you think may get in the way of changing your physical activity habits (select all that apply)?

- a. Too little time
- b. Too little money
- c. Safety concerns
- d. No place to walk or be active
- e. No transportation
- f. Lack of support or encouragement from others
- g. Difficulties such as stress, depression, etc.
- h. Do not like to exercise
- i. Daily habits or routines that do not include exercise
- j. Pain
- k. Amputation
- l. Back Problems
- m. Arthritis
- n. Muscular Problems
- o. Heart or Lung Disease
- p. Joint Problems
- q. Spinal Cord Injury
- r. Too Tired
- s. Job or work schedule
- t. Other
- u. None of these

8. How much juice (including juice-drinks) or sugar-sweetened soda, tea or other beverages do you drink most days?

- a. I do not drink juice; juice-drinks; or sugar-sweetened soda, tea or other beverages.
- b. 1 – 2 cups, cans, small bottles or drink boxes per day.
- c. 3 or more cups, cans, small bottles or drink boxes per day.

9. Do you drink alcoholic beverages (such as beer, malt liquor, wine, wine coolers, hard/distilled liquor)?

- a. Yes
- b. No

10. On average, how often have you eaten extremely large amounts of food at one time and felt that your eating was out of control at that time? (select one)

- a. Never
- b. Less than 1 time per week
- c. 1 time per week
- d. 2 to 4 times per week
- e. 5 or more times per week

11. **Moderate** physical activities cause light sweating and a slight to moderate increase in breathing or heart rate. Examples include brisk walking, bicycling, vacuuming, gardening, and golfing without a cart. **Strenuous** or **vigorous** activities cause heavy sweating and large increases in breathing or heart rate. Examples include running, aerobic classes, heavy yard work, and briskly swimming laps.

A. On average, how many days per week do you engage in moderate or greater physical activity (like a brisk walk)?

0 1 2 3 4 5 6 7 Days

B. On those days, on average, how many minutes do you engage in this physical activity?

- 0 minutes
- 10 minutes
- 20 minutes
- 30 minutes
- 40 minutes
- 50 minutes
- 60 minutes
- 90 minutes
- 120 minutes
- 150 or greater minutes