Form 162 – Supplemental Questionnaire

Fred Hutch IRB Approved Effective: 1/28/2026 ver. 1

Please use a pencil or black pen only to complete this form.

1. Think about the walking you do inside and outside the home. How often do you walk inside or outside the home for more than 10 minutes without stopping? **Mark only one.**

- ○0 Rarely or never → **Go to Question 2.**
- ○1 1 to 3 times each month
- ○2 1 time each week
- ○3 2 to 3 times each week
- ○4 4 to 6 times each week
- ○5 7 or more times each week

→ **Go to Question 1.1 below.**

When you walk inside or outside the home for more than 10 minutes without stopping,

1.1. For how many minutes do you usually walk?

- ○1 Less than 20 minutes
- ○2 20 to 39 minutes
- ○3 40 to 59 minutes
- ○4 1 hour or more

1.2. What is your usual speed?

- ○2 Casual strolling or walking (less than 2 miles an hour)
- ○3 Average or normal (2-3 miles an hour)
- ○4 Fairly fast (3-4 miles an hour)
- ○5 Very fast (more than 4 miles an hour)
- ○9 Don't know

2. During a usual day and night, about how many **hours** do you spend sitting? Be sure to include the time you spend sitting at work, sitting at the table eating, driving or riding in a car or bus, and sitting up watching TV or talking. **Mark only one.**

Less than 4	4-5	6-7	8-9	10-11	12-13	14-15	16 or more
○1	○2	○3	○4	○5	○6	○7	○8

3. About how many **hours** of sleep did you get on a typical night during the past 4 weeks?

5 or less	6	7	8	9	10 or more
○1	○2	○3	○4	○5	○6

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Participant ID Label

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These questions are about certain activities you have done in the past 4 weeks. In a typical week during the past 4 weeks, did you…	No	Yes	If yes, how many TIMES (days) a week? 1	2	3-4	5 or more
4. Do moderate to heavy strength training (e.g., hand-held weights of more than 5 lbs., weight machines, or push-ups)?	○0	○1	○1	○2	○3	○4
5. Do light strength training (e.g., hand-held weights of 5 lbs. or less or elastic bands)?	○0	○1	○1	○2	○3	○4
6. Do general conditioning exercises (e.g., light calisthenics or chair exercises; do not count strength training)?	○0	○1	○1	○2	○3	○4

7. How tall were you (without shoes on) **at about age 18** (your tallest adult height, without shoes)? ___ feet ___ ___ inches

8. What is your **current** height (without shoes)? ___ feet ___ ___ inches

9. Compared to one year ago, how would you rate your health in general now? **Mark only one.**

Much better now than 1 year ago	Somewhat better now than 1 year ago	About the same	Somewhat worse now than 1 year ago	Much worse now than 1 year ago
○1	○2	○3	○4	○5

The next questions are about your regular daily activities like work, caregiving, community activities, housework or gardening. As a result of your **physical** health, have any of the following problems occurred during the past 4 weeks?

	Yes	No
10. You cut down on the amount of time you spent on work or other activities	○1	○0
11. You accomplished less than you would have liked	○1	○0
12. You were limited in the kind of work or other activities you did	○1	○0
13. You had difficulty performing work or other activities	○1	○0

In the past 4 weeks, as a result of any **emotional** problem (feeling depressed or anxious), have any of the following occurred?

	Yes	No
14. You cut down on the amount of time you spent on work or other activities	○1	○0
15. You accomplished less than you would have liked	○1	○0
16. You did work or other things less carefully than usual	○1	○0

17. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, neighbors, friends, or groups?

Not at all	Slightly	Moderately	Quite a bit	Extremely
○1	○2	○3	○4	○5

18. During the past 4 weeks, how much bodily pain have you had?

None	Very Mild	Mild	Moderate	Severe
○1	○2	○3	○4	○5

19. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

Not at all	A little bit	Moderately	Quite a bit	Extremely
○1	○2	○3	○4	○5

These questions are about how you feel and how things have been during the past 4 weeks. Give the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks…	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
20. Did you feel full of pep?	○1	○2	○3	○4	○5	○6
21. Have you been a very nervous person?	○1	○2	○3	○4	○5	○6
22. Have you felt so down in the dumps that nothing could cheer you up?	○1	○2	○3	○4	○5	○6
23. Have you felt calm and peaceful?	○1	○2	○3	○4	○5	○6
24. Did you have a lot of energy?	○1	○2	○3	○4	○5	○6
25. Have you felt downhearted and blue?	○1	○2	○3	○4	○5	○6
26. Did you feel worn out?	○1	○2	○3	○4	○5	○6
27. Have you been happy?	○1	○2	○3	○4	○5	○6
28. Did you feel tired?	○1	○2	○3	○4	○5	○6

29. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends or relatives)?

All of the time	Most of the time	Some of the time	A little of the time	None of the time
○1	○2	○3	○4	○5

Of these statements, how true or false is each for you?

	Definitely true	Mostly true	Not sure	Mostly false	Definitely false
30. I seem to get sick a little easier than other people	○1	○2	○3	○4	○5
31. I am as healthy as anybody I know	○1	○2	○3	○4	○5
32. I expect my health to get worse	○1	○2	○3	○4	○5
33. My health is excellent	○1	○2	○3	○4	○5

For each statement below select "Yes" or "No" for those that apply to you.	Yes	No
34. I have an illness or condition that made me change the kind and/or the amount of food I eat.	○1	○0
35. I eat fewer than two meals per day.	○1	○0
36. I eat few fruits or vegetables, or milk products.	○1	○0
37. I have three or more drinks of beer, liquor or wine almost every day.	○1	○0
38. I have tooth or mouth problems that make it hard for me to eat.	○1	○0
39. I don't always have enough money to buy the food I need.	○1	○0
40. I eat alone most of the time.	○1	○0
41. I take three or more different prescribed or over-the-counter drugs a day.	○1	○0
42. Without wanting to, I have lost or gained 10 pounds in the last six months.	○1	○0
43. I am not always physically able to shop, cook, and/or feed myself.	○1	○0

44. How many servings of fruits and vegetables do you eat each day? **Mark only one.**

0	1-2	3-4	5-6	7-8	9-11	12 or more
○0	○1	○2	○3	○4	○5	○6

45. Have you been diagnosed with or had a positive test for COVID-19 in the <u>past two years</u>?

○1 Yes ○0 No ○9 Don't know

If yes, did any of the following symptoms appear after COVID that lasted at <u>least 8 weeks</u>?

	Never	Rarely	Sometimes	Often	Always
46. Fatigue	○1	○2	○3	○4	○5
47. Shortness of breath	○1	○2	○3	○4	○5
48. Cognitive symptoms (memory problems, confusion, difficulty thinking/concentrating)?	○1	○2	○3	○4	○5

Have you had any of the following vaccinations? **Mark one circle on each line.**

49. COVID	○1 Never	○2 More than a year ago	○3 In the past 12 months	
50. Flu	○1 Never	○2 More than a year ago	○3 In the past 12 months	
51. Pneumococcal pneumonia	○1 Never	○2 More than a year ago	○3 In the past 12 months	
52. Shingles	○1 Never	○2 More than 10 years ago	○3 5-10 years ago	○4 Within 5 years

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