Check one for each question

1. In general, how would you rate your health? □ Excellent □ Very Good □ Good □ Fair □ Poor

2. Has a doctor told you that you have hearing loss or are deaf? □ Yes □ No

3. (For women only) Are you currently pregnant? □ Yes □ No □ Not applicable (men only)

4. In the last 7 days, how often did you exercise for at least 20 minutes in a day?
   □ Every day □ 3-6 days □ 1-2 days □ 0 days
   🔄 Exercise includes walking, housekeeping, jogging, weights, a sport or playing with your kids. It can be done on the job, around the house, just for fun or as a work-out.

5. In the last 7 days, how often did you eat 3 or more servings of fruits or vegetables in a day?
   □ Every day □ 3-6 days □ 1-2 days □ 0 days
   🔄 Each time you ate a fruit or vegetable counts as one serving. It can be fresh, frozen, canned, cooked or mixed with other foods.

6. In the last 7 days, how often did you have (5 or more for men, 4 or more for women) alcoholic drinks at one time?
   □ Never □ Once a week □ 2-3 times a week □ More than 3 times during the week
   🔄 1 drink is 1 beer, 1 glass of wine, or 1 shot.

7. In the last 30 days have you smoked or used tobacco? □ Yes □ No
   If YES, Do you want to quit smoking or using tobacco?
   □ Yes □ I am working on quitting or cutting back right now □ No

8. How often is stress a problem for you in handling everyday things such as your health, money, work, or relationships with family and friends?
   □ Almost every day □ Sometimes □ Rarely □ Never