

--	--	--



ENROLLMENT SURVEY

Participant Contact Information	
Last Name:	
First Name:	
Telephone:	
WeChat ID:	
Email:	
Address:	
Preferred Method of Contact:	<input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Other:
Best time(s) to contact:	

DETACH THIS PAGE FROM FORM AFTER PROCESSING.

UID:

--	--	--

(This page is intentionally blank)

--	--	--

Interview Date (mm/dd/yy): _____ Interviewer name: _____

Study site: _____

DEMOGRAPHIC INFORMATION

1. Participant gender: ☐ a. Female ☐ b. Male
2. What is your date of birth? (mm/dd/yy) _____
(Write age if patient does not want to give DOB.)
3. How many years have you lived in the United States? _____ (years)
4. Which country were you born in?
☐ a. China ☐ b. Taiwan ☐ c. Hong Kong ☐ e. USA
☐ d. Other (specify): _____
5. **If born in China:** Which province/region of China are you from?
☐ a. Fujian ☐ b. Guangdong ☐ c. Zhejiang ☐ e. Jiangsu (includes Shanghai)
☐ d. Other (specify): _____
6. What is the highest grade or year of school you completed?
☐ a. Never attended school or only attended kindergarten
☐ b. Grades 1 through 8 (elementary)
☐ c. Grades 9 through 11 (some high school but did not graduate)
☐ d. Grade 12 or GED (high school graduate)
☐ e. College 1-3 years (some college or technical school)
☐ f. College 4 years or more (college graduate)
☐ g. Don't know/Not sure
☐ h. Refused
7. What is your current marital status?
☐ a. Married, living with spouse
☐ b. Living with partner
☐ c. Never married/single
☐ d. Divorced
☐ e. Widowed
☐ f. Separated
☐ g. Refused
8. What is your current employment status?
☐ a. Employed full time ☐ f. Retired
☐ b. Employed part-time ☐ g. Student
☐ c. Self-employed ☐ h. Homemaker / stay-at-home parent
☐ d. Unemployed (less than one year) ☐ i. Refused

--	--	--

☐ e. Unemployed (more than one year)

9. What is your total annual household income from all sources? (*Read all options*)

☐ a. <\$25,000

☐ d. Don't know/Not sure

☐ b. \$25,000-55,000

☐ e. Refused

☐ c. >\$55,000

10. Which Chinese dialect(s) do you speak? (*choose all that apply*)

☐ a. Mandarin

☐ d. Taishanese

☐ b. Cantonese

☐ e. Other (specify): _____

☐ c. Fujianese

I am going to ask you a set of questions about your language and social preferences. Please choose the option which best describes those preferences.

11. In general, what language(s) do you read and speak?

☐ a. Only Chinese

☐ d. English better than Chinese

☐ b. Chinese better than English

☐ e. Only English

☐ c. Both equally

12. What language(s) do you usually speak at home?

☐ a. Only Chinese

☐ d. English more than Chinese

☐ b. Chinese more than English

☐ e. Only English

☐ c. Both equally

13. In which language(s) do you usually think?

☐ a. Only Chinese

☐ d. English more than Chinese

☐ b. Chinese more than English

☐ e. Only English

☐ c. Both equally

14. What language(s) do you usually speak with your friends?

☐ a. Only Chinese

☐ d. English more than Chinese

☐ b. Chinese more than English

☐ e. Only English

☐ c. Both equally

ACCESS TO HEALTH CARE

15. What kind of health insurance do you have?

☐ a. Medicaid ("*White card*")

☐ f. Don't know/Not sure

☐ b. Medicare ("*Blue & Red card*")

☐ g. Refused

☐ c. Other type of public/government insurance

☐ d. Private insurance/Work or company insurance

☐ e. No health insurance

16. Do you have a regular doctor or other health care provider you usually go to when you are sick or need health care?

--	--	--

- ☐ a. Yes ☐ b. No ☐ c. Don't know/unsure ☐ Refused

17. Do you have a doctor/health care provider speak a language in which you can comfortably communicate?

- ☐ a. Yes ☐ b. No ☐ c. Don't know/unsure ☐ Refused

18. In general, where do you get information about your health and health services? (Ask without listing options. After a pause, read all options, choose all that apply)

- | | |
|---|--|
| <input type="checkbox"/> a. Friends | <input type="checkbox"/> j. Chinese newspaper |
| <input type="checkbox"/> b. Family | <input type="checkbox"/> k. English newspaper |
| <input type="checkbox"/> c. Work/colleagues | <input type="checkbox"/> l. Chinese TV shows |
| <input type="checkbox"/> d. Doctor/nurse/health care provider | <input type="checkbox"/> m. English TV shows |
| <input type="checkbox"/> e. Social service programs | <input type="checkbox"/> n. Chinese radio |
| <input type="checkbox"/> f. Religious leader | <input type="checkbox"/> o. English radio |
| <input type="checkbox"/> g. Social media (WeChat, Facebook) | <input type="checkbox"/> p. Other (specify): _____ |
| <input type="checkbox"/> h. Chinese websites | <input type="checkbox"/> q. Don't know/unsure |
| <input type="checkbox"/> i. English websites | <input type="checkbox"/> r. Refused |

SELF-EFFICACY, HEALTH LITERACY AND MEDICATION ADHERENCE

I am now going to ask you some questions about how confident you feel when you are making decisions and choices about your health and medical treatment options – for example, if you have been diagnosed with an illness. I would like you to rate, on a scale of 0 to 4, with 0 being not at all confident, and 4 being very confident, how confident you feel in your ability to perform the things described **if language was not a barrier**.

19. I feel confident that I can get the facts about the medical treatment choices available to me (for example, treatment, medicine, information, etc). (Circle a number from 0 to 4)

Not at all confident	0	1	2	3	4	Very confident
----------------------	---	---	---	---	---	----------------

20. I feel confident that I can get the facts about the benefits of each medical choice.

Not at all confident	0	1	2	3	4	Very confident
----------------------	---	---	---	---	---	----------------

21. I feel confident that I can get the facts about the risks and side effects of each medical choice.

Not at all confident	0	1	2	3	4	Very confident
----------------------	---	---	---	---	---	----------------

22. I feel confident that I understand the information enough to be able to make a choice.

Not at all confident	0	1	2	3	4	Very confident
----------------------	---	---	---	---	---	----------------

--	--	--

23. I feel confident that I can ask questions without feeling dumb.

<i>Not at all confident</i>	<i>0</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>Very confident</i>
-----------------------------	----------	----------	----------	----------	----------	-----------------------

24. I feel confident that I can express my concerns about each choice.

<i>Not at all confident</i>	<i>0</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>Very confident</i>
-----------------------------	----------	----------	----------	----------	----------	-----------------------

25. I feel confident that I can ask for advice.

<i>Not at all confident</i>	<i>0</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>Very confident</i>
-----------------------------	----------	----------	----------	----------	----------	-----------------------

26. I feel confident that I can figure out the medical treatment options that best suits me.

<i>Not at all confident</i>	<i>0</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>Very confident</i>
-----------------------------	----------	----------	----------	----------	----------	-----------------------

27. I feel confident that I can handle unwanted pressure from others in making my choice.

<i>Not at all confident</i>	<i>0</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>Very confident</i>
-----------------------------	----------	----------	----------	----------	----------	-----------------------

28. I feel confident that I can let the clinic team know what's best for me.

<i>Not at all confident</i>	<i>0</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>Very confident</i>
-----------------------------	----------	----------	----------	----------	----------	-----------------------

29. I feel confident that I can delay my decision if I feel I need more time.

<i>Not at all confident</i>	<i>0</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>Very confident</i>
-----------------------------	----------	----------	----------	----------	----------	-----------------------

30. How often do you have someone help you read hospital materials, if the materials are in Chinese (or in your preferred language)?

☐ a. Always

☐ b. Often

☐ c. Sometimes

☐ d. Occasionally

☐ e. Never

31. How often do you have problems learning about your medical condition because of difficulty understanding written information in Chinese (or in your preferred language)?

--	--	--

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> a. Always | <input type="checkbox"/> d. Occasionally |
| <input type="checkbox"/> b. Often | <input type="checkbox"/> e. Never |
| <input type="checkbox"/> c. Sometimes | |

32. How often do you have a problem understanding what is told to you in Chinese (or in your preferred language) about your medical condition?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> a. Always | <input type="checkbox"/> d. Occasionally |
| <input type="checkbox"/> b. Often | <input type="checkbox"/> e. Never |
| <input type="checkbox"/> c. Sometimes | |

33. How confident are you filling out medical forms by yourself, if the forms are in Chinese (or in your preferred language)?

- | | |
|--|---|
| <input type="checkbox"/> a. Not at all | <input type="checkbox"/> d. Quite a bit |
| <input type="checkbox"/> b. A little bit | <input type="checkbox"/> e. Extremely |
| <input type="checkbox"/> c. Somewhat | |

Now I am going to read you some statements about your medication-taking behavior. You should think about all your medications in general when answering these questions. Your answers are confidential. Please let me know – for the following scenarios – whether you do this always, often, sometimes, rarely, or never.

34. I forget to take my medication.

- | | |
|---------------------------------------|------------------------------------|
| <input type="checkbox"/> a. Always | <input type="checkbox"/> d. Rarely |
| <input type="checkbox"/> b. Often | <input type="checkbox"/> e. Never |
| <input type="checkbox"/> c. Sometimes | |

35. I change the dosage of my medication.

- | | |
|---------------------------------------|------------------------------------|
| <input type="checkbox"/> a. Always | <input type="checkbox"/> d. Rarely |
| <input type="checkbox"/> b. Often | <input type="checkbox"/> e. Never |
| <input type="checkbox"/> c. Sometimes | |

36. I stop taking my medication for a while.

- | | |
|---------------------------------------|------------------------------------|
| <input type="checkbox"/> a. Always | <input type="checkbox"/> d. Rarely |
| <input type="checkbox"/> b. Often | <input type="checkbox"/> e. Never |
| <input type="checkbox"/> c. Sometimes | |

37. I decide to skip one of my medication dosages.

- | | |
|---------------------------------------|------------------------------------|
| <input type="checkbox"/> a. Always | <input type="checkbox"/> d. Rarely |
| <input type="checkbox"/> b. Often | <input type="checkbox"/> e. Never |
| <input type="checkbox"/> c. Sometimes | |

38. I use my medication less than is prescribed.

- | | |
|---------------------------------------|------------------------------------|
| <input type="checkbox"/> a. Always | <input type="checkbox"/> d. Rarely |
| <input type="checkbox"/> b. Often | <input type="checkbox"/> e. Never |
| <input type="checkbox"/> c. Sometimes | |

--	--	--

39. Have you heard of H. pylori before your doctor told you have been diagnosed with it?

- ☐ a. Yes ☐ b. No ☐ c. Don't know/unsure ☐ Refused

40. Have you previously been diagnosed with H. pylori before this test?

- ☐ a. Yes ☐ b. No ☐ c. Don't know/unsure ☐ Refused

41. When you spoke to your doctor about H. pylori, how much did you understand of what he/she said?

- ☐ a. Everything the doctor said ☐ d. Only a little of what the doctor said
☐ b. Most of what the doctor said ☐ e. Refused
☐ c. Some of what the doctor said

42. Did your doctor give you any materials to read about H. pylori?

- ☐ a. Yes ☐ b. No ☐ c. Don't know/unsure ☐ Refused

43. **If doctor gave materials:** Please describe the materials. Did you find the H. pylori materials helpful?

44. When did you fill your current prescriptions for H. pylori medication?

- ☐ a. Same day
☐ b. Within one week
☐ c. Within two weeks
☐ d. Have not filled _____
☐ e. Don't know/unsure
☐ f. Refused

g. When do you plan to fill the prescription? (mm/dd/yy):

____/____/____

45. Now I will ask you some questions about H. pylori to see what you know. Can you tell me if you think the following are associated with **H. pylori transmission**?

	Associated	Not associated	Unsure
a. Blood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Untreated/contaminated water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Rats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Mosquitoes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

UID:

--	--	--

e. Contaminated food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Vomit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Poor sanitation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Other, specify:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

46. Now I will ask you some questions about stomach cancer to see what you know. Can you tell me if you think the following are associated with the **risk of getting stomach cancer**?

	Associated	Not associated	Unsure
a. Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Spicy food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Family history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. H. pylori infection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Salty food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Being physically inactive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Pickled food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Food high in sugar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Other, specify:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DIET AND DRINKING

47. For the next two questions, I am going to ask you about healthy eating.

How important is it to you to eat a healthy diet?

- | | |
|--|---|
| <input type="checkbox"/> a. Not at all important | <input type="checkbox"/> d. Don't know/unsure |
| <input type="checkbox"/> b. Somewhat important | <input type="checkbox"/> e. Refused |
| <input type="checkbox"/> c. Very important | |

48. In general, how healthy is your diet overall?

- | | |
|---------------------------------------|----------------------------------|
| <input type="checkbox"/> a. Excellent | <input type="checkbox"/> e. Poor |
|---------------------------------------|----------------------------------|

--	--	--

- ☐ b. Very good
☐ c. Good
☐ d. Fair

- ☐ f. Don't know/unsure
☐ g. Refused

49. Please tell me whether you agree or disagree with the following statements.

	Agree	Disagree	Unsure
a. It is difficult for me to choose a healthy snack.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I cannot afford to buy healthier foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I do not have the time to prepare healthier foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. There is no store for me to buy healthy foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. It is uncomfortable for me to refuse unhealthy foods when they are offered to me at get-togethers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I do not like how healthier foods taste.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I do not cook healthier foods because my family does not like them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

50. Please tell me whether you agree or disagree with the following statements. **Are you confident that you can...**

	Agree	Disagree	Unsure
a. Know what foods constitute a healthy diet?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Stay on a healthy diet?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Cook a healthy diet?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Decrease the amount of highly salted foods you eat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Decrease the amount of processed foods you eat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Stay on a healthy diet when eating outside your home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

51. How often do you eat food outside? (at a restaurant or food bought from vendors)

- ☐ a. All of the time
☐ b. Most of the time
☐ c. Some of the time
☐ d. None of the time
☐ e. Don't know/unsure
☐ f. Refused

--	--	--

52. How often do you add salt to your food before you eat it?

- | | |
|--|---|
| <input type="checkbox"/> a. All of the time | <input type="checkbox"/> e. Don't know/unsure |
| <input type="checkbox"/> b. Most of the time | <input type="checkbox"/> f. Refused |
| <input type="checkbox"/> c. Some of the time | |
| <input type="checkbox"/> d. None of the time | |

53. Please rate how you usually like your food to taste: not salty, slightly salty, salty, or very salty.

- | | |
|--|---|
| <input type="checkbox"/> a. Not salty | <input type="checkbox"/> d. Very salty |
| <input type="checkbox"/> b. Slightly salty | <input type="checkbox"/> e. Don't know/unsure |
| <input type="checkbox"/> c. Salty | <input type="checkbox"/> f. Refused |

54. How much salt do you think you consume?

- | | |
|---|---|
| <input type="checkbox"/> a. Far too much | <input type="checkbox"/> d. Very little |
| <input type="checkbox"/> b. Too much | <input type="checkbox"/> e. Don't know/unsure |
| <input type="checkbox"/> c. Just the right amount | <input type="checkbox"/> f. Refused |

55. How important to you is lowering the salt or sodium in your diet?

- ☐ a. Not at all important
- ☐ b. Somewhat important
- ☐ c. Very important
- ☐ d. Don't know/unsure
- ☐ e. Refused

56. Do you read nutrition labels on packaged foods?

- ☐ a. Yes
- ☐ b. No —————> Skip to Q58
- ☐ c. Don't know what a nutrition label is —————> Skip to Q58
- ☐ d. Refused

57. **If yes:** what are you checking the label for? (Do not read list; check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> a. Calories | <input type="checkbox"/> f. Don't know/unsure |
| <input type="checkbox"/> b. Sodium/salt | <input type="checkbox"/> g. Refused |
| <input type="checkbox"/> c. Fats and cholesterol | |
| <input type="checkbox"/> d. Sugar | |
| <input type="checkbox"/> e. Other, specify: _____ | |

58. Do you drink alcohol?

- | | | |
|---------------------------------|---|-------------------------------------|
| <input type="checkbox"/> a. Yes | <input type="checkbox"/> b. No —————> Skip to Q62 | <input type="checkbox"/> c. Refused |
|---------------------------------|---|-------------------------------------|

59. How often do you drink alcohol? (Read all, check only one)

- | | |
|---|---|
| <input type="checkbox"/> a. Rarely (special occasions) | <input type="checkbox"/> e. Everyday |
| <input type="checkbox"/> b. Occasionally (once a month) | <input type="checkbox"/> f. Don't know/unsure |

--	--	--

☐ c. Once or twice a week

☐ g. Refused

☐ d. Regularly (several times a week)

60. When you drink alcohol, how many drinks do you have per day? (Read all, check only one)

One drink is defined as one can or small bottle of beer, one glass of wine, or one shot of liquor such as baijiu.

☐ a. 1-2 drinks

☐ d. Don't know/unsure

☐ b. 3-4 drinks

☐ e. Refused

☐ c. 5 or more drinks

61. In the past 30 days, on how many days did you have 4 or more alcoholic drinks in one occasion?

_____ days

☐ a. Don't know/unsure

☐ b. Refused

SMOKING

62. Do you currently smoke cigarettes?

☐ a. Everyday

☐ b. Some days

☐ c. Not at all → Skip to Q66

☐ d. Refused

63. If "Everyday" or "Some days": How many cigarettes do you smoke per day?

_____ per day

☐ a. Don't know/unsure

☐ b. Refused

64. During the past 12 months, have you stopped smoking for 24 hours or longer because you were trying to quit smoking?

☐ a. Yes

☐ b. No → Skip to Q66

☐ c. Refused

65. What best describes your intentions about quitting cigarette smoking?

☐ a. I may quit in the future, but not in the next 6 months

☐ b. I plan to quit in the next 6 months

☐ c. I plan to quit in the next 30 days

☐ d. I am currently trying to quit

☐ e. Don't know/unsure

☐ f. Refused

PHYSICAL ACTIVITY

66. During the last 7 days, on how many days did you do **moderate physical activities**?

[Moderate physical activities make you breathe somewhat harder than normal, but not so much that you are out of breath. Activities can take place at home, work, or in the gym, but think only

--	--	--

about those physical activities that you do for at least 10 minutes at a time, such as brisk walking, carrying shopping bags or laundry, gardening, or tai chi.]

_____ days/week

☐ a. Don't know/unsure

☐ b. Refused

67. How much time did you usually spend doing these **moderate** types of physical activities on a normal day? *[If participant answers that the length of time varies, ask them to think about a normal day or the last day they did these types of physical activities]*

_____ minutes/day

☐ a. Don't know/unsure

☐ b. Refused

68. During the last 7 days, on how many days did you do **large effort physical activities**?
[Large effort physical activities make your heart rate and breathing faster. Activities can take place at home, work, or in the gym, but think only about those physical activities that you do for at least 10 minutes at a time, such as running or jogging, swimming, or aerobics.]

_____ days/week

☐ a. Don't know/unsure

☐ b. Refused

69. How much time did you usually spend doing these **large effort** types of physical activities on a normal day? *[If participant answers that the length of time varies, ask them to think about a normal day or the last day they did these types of physical activities]*

_____ minutes/day

☐ a. Don't know/unsure

☐ b. Refused

70. I would like you to rate, on a scale of 0 to 4, with 0 being not at all confident, and 4 being very confident, how confident you feel in your ability to do moderate exercise for at least 30 minutes 5 times per week in the future. *(Circle one number from 0 to 4)*

Not at all confident	0	1	2	3	4	Very confident
----------------------	---	---	---	---	---	----------------

71. How often do you suggest doing something active when you get together with family or friends, such as going for a walk, biking, or swimming?

☐ a. Almost never

☐ d. Almost always

☐ b. Sometimes

☐ e. Refused

☐ c. Often

72. How often do you set aside a special time to do physical activity?

☐ a. Almost never

☐ d. Almost always

☐ b. Sometimes

☐ e. Refused

☐ c. Often

73. How often do you ask a friend or relative to do some physical activity with you?

☐ a. Almost never

☐ d. Almost always

☐ b. Sometimes

☐ e. Refused

--	--	--

☐ c. Often

74. How often do you talk to others about the benefits of physical activity?

☐ a. Almost never

☐ d. Almost always

☐ b. Sometimes

☐ e. Refused

☐ c. Often

HEALTH STATUS

I am now going to ask you some questions about your general health.

75. In general, would you say your health is:

☐ a. Poor

☐ d. Very good

☐ b. Fair

☐ e. Excellent

☐ c. Good

☐ f. Refused

76. In general, would you say your quality of life is:

☐ a. Poor

☐ d. Very good

☐ b. Fair

☐ e. Excellent

☐ c. Good

☐ f. Refused

77. In general, how would you rate your physical health?

☐ a. Poor

☐ d. Very good

☐ b. Fair

☐ e. Excellent

☐ c. Good

☐ f. Refused

78. In general, how would you rate your mental health, including your mood and your ability to think?

☐ a. Poor

☐ d. Very good

☐ b. Fair

☐ e. Excellent

☐ c. Good

☐ f. Refused

79. In general, how would you rate your satisfaction with your social activities and relationships?

☐ a. Poor

☐ d. Very good

☐ b. Fair

☐ e. Excellent

☐ c. Good

☐ f. Refused

80. In general, please rate how well you carry out your usual social activities and roles. *(Includes activities at home, at work, and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)*

☐ a. Poor

☐ d. Very good

☐ b. Fair

☐ e. Excellent

☐ c. Good

☐ f. Refused

81. To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?

☐ a. Not at all

☐ d. Mostly

☐ b. A little

☐ e. Completely

☐ c. Moderately

☐ f. Refused

--	--	--

82. In the past 7 days, how often have you been bothered by emotional problems such as feeling anxious, depressed, or irritable?

- | | |
|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> a. Always | <input type="checkbox"/> d. Rarely |
| <input type="checkbox"/> b. Often | <input type="checkbox"/> e. Never |
| <input type="checkbox"/> c. Sometimes | <input type="checkbox"/> f. Refused |

83. In the past 7 days, how would you rate your fatigue on average?

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> a. Very severe | <input type="checkbox"/> d. Mild |
| <input type="checkbox"/> b. Severe | <input type="checkbox"/> e. None |
| <input type="checkbox"/> c. Moderate | <input type="checkbox"/> f. Refused |

84. In the past 7 days, how would you rate your pain on average? Please give me a number from 0, which is no pain, to 10, which is worst imaginable pain. (Circle a number from 0 to 10)

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

No pain

Worst imaginable pain

85. Over the past 2 weeks, how often have you been bothered by the following problems?

	Not at all	Several days	More than half the days	Nearly everyday	Refused
a. Little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Feeling down, depressed or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

86. How motivated do you feel right now to make changes in your life to improve your health?

- | | |
|--|---|
| <input type="checkbox"/> a. Not at all motivated | <input type="checkbox"/> e. Extremely motivated |
| <input type="checkbox"/> b. Slightly motivated | <input type="checkbox"/> f. Don't know/unsure |
| <input type="checkbox"/> c. Somewhat motivated | <input type="checkbox"/> g. Refused |
| <input type="checkbox"/> d. Moderately motivated | |

RANDOMIZATION

Perform randomization now. Open the envelope with the participant's ID.

87. Which group has the participant been randomized to?

- | | |
|---|--|
| <input type="checkbox"/> a. Standard care group | <input type="checkbox"/> b. Intervention group |
|---|--|

END OF SURVEY