1. **What is your gender?**

 Female

 Male

1. **When were you born?**

\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

Month Day Year

1. **Where were you born? *(Check only one)***

 United States

 Mexico

 Central or South America

 Asia or Pacific Islands (e.g., Philippines, Cambodia, China, Japan, Laos, Thailand, Vietnam)

 Other country (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Don't know

1. **What is your race? *(Check only one)***

 Asian or Pacific Islander

 Black/African-American

 Mexican, Mexican-American, Latino

 White/Caucasian

 Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What language do you usually speak at home? *Check only one)***

 Only English

 Mostly English

 Both English and another language equally

 Mostly another language

 Only another language

1. **How many years of school have you completed? Include any vocational or**

**educational training after high school. *( 12 years = graduation from high school)***

**\_\_\_ \_\_\_**Number of years

1. **Do you have a high school diploma, a GED, or no diploma?**

 High school diploma

 GED

 No diploma

* College degree
* Advanced college degree

1. **What was your family's total income last year? *(Include income from all the people who live with you and earn a salary )***

 Less than $5,000

 $5,000-$9,999

 $10,000-$19,999

 $20,000-$29,999

 $30,000 or more

 Do not know

1. **What is your current marital status?**

 Never married

 Married

 Living as married

 Separated

 Divorced

 Widowed

**II. Your Health History**

1. **Have you or anyone in your family (grandparents, mother, father, brothers/sisters, aunts/uncles) had a heart attack?**

Yes No

1. **Have you or anyone in your family (grandparents, mother, father, brothers, sisters, aunts/uncles) developed diabetes as an adult?**

Yes No

1. **Do you have any orthopedic problems?**

If so, please explain

1. **On average, how many cigarettes a day do you smoke now? *(1 pack = 20 cigarettes)***

**\_\_\_ \_\_\_** Number of packs I smoke every day

Number of years smoked

 I smoke some but not every day

 I used to smoke, but I quit

 I never have smoked

1. **What type of weight loss surgery are you having?**
2. **What is you reason for losing weight? (please select one)**

To extend your life To look better Other (please explain)

1. **Have you ever exercised?** Yes No

If yes, what types of exercise did you do or do you do currently?

If no, why not?

1. **Are you a member of a gym or health club?** Yes No
2. **Are you willing to participate in an exercise program at no cost to you?** Yes No
3. **Are you willing to participate in an exercise program for a small fee?**

Yes No

1. **What are the best days of the week for you to attend and exercise program?** **(check all that apply)**

M T W TH F Sat. Sun.

1. **What is the best time of day for you to participate? (check all that apply)**

Morning (8-12) Afternoon (1-4) Evening (5-9)

1. **Do you have means of transportation?**

Yes No

1. **How far would you be willing to travel for the program? (check all that apply)**

5-10 miles 10-15 miles 20-25 miles 30-40 miles

1. **Do you know what types of exercises to do after surgery?**

Yes No

1. **Do you know how to plan workouts?**

Yes No