

## Harvest for Health Cancer Survivors

Thank you for your interest in the vegetable gardening study. In order to see if the study is right for you, please complete BOTH sides of this survey as accurately as you can.

Question	Yes	No
Has a doctor ever told you to limit your physical activity? (If yes, are you still limited and for what reason (s)? Write response below.)  -----	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been diagnosed with lymphedema (swelling of arms or legs)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had a lymph node dissection? (If yes, please write the number of nodes in these spaces: ___ ___ )	<input type="checkbox"/>	<input type="checkbox"/>
Have you had a heart attack, angina (heart pain), or congestive heart failure within the past 6 months?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a lung disease that requires extra oxygen?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have kidney problems that require dialysis?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a stroke or other problem that has left you disabled?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use a wheelchair or a walker?	<input type="checkbox"/>	<input type="checkbox"/>

Question	Yes	No
Do you expect to have knee or hip surgery within the next 6 months?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any trouble with your balance or moving around safely?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any other conditions that stop you from being physically active? (If yes, what conditions? Write them on the line below.)  -----	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been diagnosed with a serious psychiatric illness (such as schizophrenia, bipolar disorder, or anything else)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you currently take Coumadin or Warfarin (blood thinners besides aspirin)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a sunny, flat area where a 4' x 8' raised bed or four (29" x 14") gardening containers could be placed?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a way to regularly water your garden if you were provided with a watering can or hose?	<input type="checkbox"/>	<input type="checkbox"/>
Have you planted a vegetable garden in the past 2 years?	<input type="checkbox"/>	<input type="checkbox"/>
Do all members of your household support having a vegetable garden?	<input type="checkbox"/>	<input type="checkbox"/>
<p data-bbox="159 1654 1258 1690">On average, how many minutes do you exercise a week? (circle response)</p> <p data-bbox="181 1753 1451 1789"> <u>Less than 50 minutes</u>      <u>50-99 minutes</u>      <u>100 – 149 minutes</u>      <u>150 minutes or more</u> </p>		



The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?	Yes, limited a lot	Yes, limited a little	No, not limited at all
Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting or carrying groceries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing several flights of stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bending, kneeling, or stooping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking more than a mile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking several hundred yards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking one hundred yards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathing or dressing yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Thank you for taking the time to answer these questions!**