



**Aggregate Report**  
**Client: TRALE Demo2**

**10/1/2006 to 11/1/2006**

<b>Field / Value</b>	<b>Number Respondents</b>	<b>Percent Respondents</b>
Total Number of Participants - Complete	14	
Total Number of Participants - Incomplete (Results not included in report)	0	

## **Alcohol**

### **In an average week, how many alcoholic drinks do you consume?**

15 or more drinks	0	0%
8-14 drinks	2	14%
3-7 drinks	8	57%
0-2 drinks	3	21%
None, I don't drink alcohol	1	7%

### **Have you ever felt that you should cut down on your drinking?**

Yes	5	36%
No	7	50%

### **Have people annoyed you by criticizing your drinking?**

Yes	10	71%
No	3	21%

### **Have you ever felt bad or guilty about drinking?**

Yes	3	21%
No	10	71%

### **Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover?**

Yes	9	64%
No	4	29%

### **Do you ever binge drink? (For example, you do not drink at all during the week, but you may consume 6 or more drinks in one evening on the weekend.)**

Yes	7	50%
No	6	43%

## **Back Risk**

### **In the past year have you experienced back or neck pain?**

Yes	2	14%
No	12	86%
Not sure	0	0%

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Total Number of Participants - Complete	14	
Total Number of Participants - Incomplete (Results not included in report)	0	
<b>How many separate episodes?</b>		
1	0	0%
2	1	7%
3	0	0%
4 or more	1	7%
<b>Did it affect your activities of daily living (feeding yourself, bathing, brushing teeth, etc)?</b>		
Yes	2	14%
No	0	0%
<b>Did it affect your ability to perform your required work duties?</b>		
Yes	0	0%
No	2	14%
<b>Does your job involve prolonged sitting?</b>		
Yes	11	79%
No	3	21%
<b>Does your job involve prolonged standing?</b>		
Yes	2	14%
No	12	86%
<b>Does your job involve frequent lifting?</b>		
Yes	10	71%
No	4	29%
<b>Does your job involve unvaried keyboard tasks?</b>		
Yes	4	29%
No	10	71%
<b>Current Health</b>		
<b>Do you perform regular skin self-exams for changes in existing moles and/or the appearance of a new mole?</b>		
Yes	9	64%
No	5	36%
<b>How would you consider your overall health?</b>		
Excellent	2	14%
Very Good	9	64%

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Total Number of Participants - Complete	14	
Total Number of Participants - Incomplete (Results not included in report)	0	
Good	3	21%
Fair	0	0%
Poor	0	0%
<b>Do you currently have or have you ever had any of the following?</b>		
<b>Allergies</b>		
Yes	2	14%
No	12	86%
<b>Arthritis or rheumatism</b>		
Yes	2	14%
No	12	86%
<b>Asthma</b>		
Yes	1	7%
No	13	93%
<b>Cancer (of any kind)</b>		
Yes	1	7%
No	13	93%
<b>Chronic Back/Neck Pain</b>		
Yes	2	14%
No	12	86%
<b>Chronic Bronchitis or Emphysema</b>		
Yes	3	21%
No	11	79%
<b>Chronic Pain</b>		
Yes	1	7%
No	13	93%
<b>Coronary Heart Disease, Angina, Congestive Heart Failure or Heart Attack</b>		
Yes	1	7%
No	13	93%
<b>Depression or Anxiety</b>		
Yes	3	21%
No	11	79%
<b>Diabetes</b>		
Yes	2	14%
No	12	86%
<b>High Blood Pressure</b>		
Yes	2	14%

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Field / Value	Number Respondents	Percent Respondents
Total Number of Participants - Complete	14	
Total Number of Participants - Incomplete (Results not included in report)	0	
No	12	86%
<b>High Cholesterol</b>		
Yes	2	14%
No	12	86%
<b>Immune Disorders</b>		
Yes	2	14%
No	12	86%
<b>Insomnia</b>		
Yes	2	14%
No	12	86%
<b>Migraines or other frequent severe headaches</b>		
Yes	2	14%
No	12	86%
<b>Obesity</b>		
Yes	1	7%
No	13	93%
<b>Osteoporosis</b>		
Yes	2	14%
No	12	86%
<b>Polyps of the Colon or Rectum</b>		
Yes	1	7%
No	13	93%
<b>Stomach Ulcers, Irritable Bowel Syndrome, Gastro Esophageal Reflux Disease (GERD), Chronic Heartburn</b>		
Yes	1	7%
No	13	93%
<b>Stroke</b>		
Yes	2	14%
No	12	86%
<b>Hepatitis</b>		
Yes	3	21%
No	11	79%
<b>Liver disease</b>		
Yes	1	7%
No	13	93%
<b>Tuberculosis</b>		

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10/1/2006 to 11/1/2006

Field / Value	Number Respondents	Percent Respondents
Total Number of Participants - Complete	14	
Total Number of Participants - Incomplete (Results not included in report)	0	
Yes	2	14%
No	12	86%
<b>Sexually transmitted infections</b>		
Yes	2	14%
No	12	86%
<b>Degenerative neuromuscular disease (MS, MD, ALS)</b>		
Yes	3	21%
No	11	79%
<b>When was the last time you had the following screenings?</b>		
<b>Annual Physical</b>		
Within the past year	14	100%
1-2 years ago	0	0%
2-3 years ago	0	0%
More than 3 years ago	0	0%
Never	0	0%
<b>Blood Pressure</b>		
Within the past year	8	57%
1-2 years ago	6	43%
2-3 years ago	0	0%
More than 3 years ago	0	0%
Never	0	0%
<b>Breast Exam by Physician or Nurse</b>		
Within the past year	2	14%
1-2 years ago	0	0%
2-3 years ago	0	0%
More than 3 years ago	0	0%
Never	0	0%
<b>Cholesterol</b>		
Within the past year	8	57%
1-2 years ago	2	14%
2-3 years ago	4	29%
More than 3 years ago	0	0%
Never	0	0%
<b>Colonoscopy</b>		
Within the past year	7	50%
1-2 years ago	3	21%

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Total Number of Participants - Incomplete (Results not included in report)	0	
2-3 years ago	1	7%
More than 3 years ago	3	21%
Never	0	0%
<b>Dental Exam</b>		
Within the past year	7	50%
1-2 years ago	3	21%
2-3 years ago	1	7%
More than 3 years ago	0	0%
Never	3	21%
<b>Diabetes</b>		
Within the past year	8	57%
1-2 years ago	3	21%
2-3 years ago	0	0%
More than 3 years ago	1	7%
Never	2	14%
<b>Digital Rectum Exam</b>		
Within the past year	9	64%
1-2 years ago	2	14%
2-3 years ago	1	7%
More than 3 years ago	2	14%
Never	0	0%
<b>Glaucoma Screening</b>		
Within the past year	8	57%
1-2 years ago	3	21%
2-3 years ago	3	21%
More than 3 years ago	0	0%
Never	0	0%
<b>Mammogram (breast X-ray)</b>		
Within the past year	2	14%
1-2 years ago	0	0%
2-3 years ago	0	0%
More than 3 years ago	0	0%
Never	0	0%
<b>Osteoporosis</b>		
Within the past year	10	71%
1-2 years ago	3	21%

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Total Number of Participants - Complete	14	
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2-3 years ago	1	7%
More than 3 years ago	0	0%
Never	0	0%
<b>Pap Smear</b>		
Within the past year	2	14%
1-2 years ago	0	0%
2-3 years ago	0	0%
More than 3 years ago	0	0%
Never	0	0%
<b>Prostate Exam</b>		
Within the past year	1	7%
1-2 years ago	0	0%
2-3 years ago	0	0%
More than 3 years ago	0	0%
Never	0	0%
<b>Sexually Transmitted Diseases</b>		
Within the past year	11	79%
1-2 years ago	2	14%
2-3 years ago	1	7%
More than 3 years ago	0	0%
Never	0	0%
<b>Sigmoidoscopy</b>		
Within the past year	9	64%
1-2 years ago	2	14%
2-3 years ago	3	21%
More than 3 years ago	0	0%
Never	0	0%
<b>Stool Blood Test</b>		
Within the past year	7	50%
1-2 years ago	4	29%
2-3 years ago	3	21%
More than 3 years ago	0	0%
Never	0	0%
<b>Vision Exam</b>		
Within the past year	9	64%
1-2 years ago	3	21%

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Total Number of Participants - Complete	14	
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2-3 years ago	2	14%
More than 3 years ago	0	0%
Never	0	0%
<b>Are you sexually active?</b>		
Yes	8	57%
No	6	43%
<b>In the past 24 months have you had more than one sexual partner?</b>		
Yes	5	36%
No	3	21%
<b>Do you practice safe sex (i.e. use a protective barrier)?</b>		
Yes	5	36%
No	3	21%

## Family Health History

**Has a natural brother, sister, child, parent or grandparent of yours had any of the following conditions?**

### Arthritis

Yes	3	21%
No	11	79%

### Cancer (of any kind)

Yes	2	14%
No	12	86%

### Depression or Anxiety

Yes	1	7%
No	13	93%

### Diabetes

Yes	3	21%
No	11	79%

### Glaucoma

Yes	4	29%
No	10	71%

### Heart Disease, Heart Attack or Angina before the age of 60

Yes	3	21%
No	11	79%

### High Blood Pressure

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Total Number of Participants - Complete	14	
Total Number of Participants - Incomplete (Results not included in report)	0	
Yes	3	21%
No	11	79%
<b>High Cholesterol</b>		
Yes	5	36%
No	9	64%
<b>Neurological Disease</b>		
Yes	2	14%
No	12	86%
<b>Obesity</b>		
Yes	4	29%
No	10	71%
<b>Osteoporosis</b>		
Yes	4	29%
No	10	71%
<b>Stroke</b>		
Yes	3	21%
No	11	79%
<b>None of the Above or Don't know</b>		
Yes	4	29%
No	10	71%

## Health & Attendance

**In the past 6 months, what is the total number of days you have been away from work due to work related injury or accident?**

0-2	12	86%
3-5	1	7%
6-9	0	0%
10+	1	7%

**In the past 6 months, what is the total number of days you have been away from work due to personal illness or injury?**

0-2	10	71%
3-5	3	21%
6-9	0	0%
10+	1	7%

**About how many hours altogether did you work in the past 14 days?**

0	0	0%
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Total Number of Participants - Complete	14	
Total Number of Participants - Incomplete (Results not included in report)	0	
1-10	14	100%
11-20	0	0%
21-30	0	0%
31-40	0	0%
41-50	0	0%
51-60	0	0%
61-70	0	0%
71-80	0	0%
81+	0	0%
<b>In the past 6 months, what is the total number of days you have been away from work due to family needs or injury?</b>		
0-2	12	86%
3-5	0	0%
6-9	1	7%
10+	1	7%
<b>Over the past 4 weeks (28 days) how many days have you spent:</b>		
0-2	11	79%
3-5	2	14%
6-9	0	0%
10+	1	7%
<b>Over the past 4 weeks (28 days) how many days have you spent:</b>		
0-2	11	79%
3-5	2	14%
6-9	0	0%
10+	1	7%
<b>Over the past 4 weeks (28 days) how many days have you spent:</b>		
0-2	11	79%
3-5	2	14%
6-9	0	0%
10+	1	7%
<b>Over the past 4 weeks (28 days) how many days have you spent:</b>		
0-2	12	86%
3-5	2	14%
6-9	0	0%
10+	0	0%

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Total Number of Participants - Complete	14	
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## Men's Health

### How many men in your family (father, brothers, grandfathers, uncles) have had prostate cancer?

None	3	21%
One	7	50%
Two or more	1	7%
Don't know	1	7%

## Nutrition

### How often do you eat out?

Never	0	0%
Rarely (1-4 / wk)	5	36%
Sometimes (4-7 / wk)	8	57%
Frequently (2/day)	1	7%
Often (3+/day)	0	0%

### How often do you eat the following meals?

#### Breakfast

7 Days a Week	8	57%
5-6 Days a Week	3	21%
3-4 Days a Week	1	7%
1-2 Days a Week	1	7%
Never	1	7%

#### Lunch

7 Days a Week	3	21%
5-6 Days a Week	8	57%
3-4 Days a Week	2	14%
1-2 Days a Week	0	0%
Never	1	7%

#### Dinner

7 Days a Week	4	29%
5-6 Days a Week	7	50%
3-4 Days a Week	1	7%
1-2 Days a Week	1	7%
Never	1	7%

### Are you comfortable with your eating habits?

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Total Number of Participants - Complete	14	
Total Number of Participants - Incomplete (Results not included in report)	0	
Yes	9	64%
No	5	36%
<b>Do you take a daily multivitamin?</b>		
Always	1	7%
Often	8	57%
Sometimes	5	36%
Rarely	0	0%
Never	0	0%
<b>How much water do you drink a day?</b>		
None	2	14%
1 cup (8oz glass)	4	29%
2-4 cups	6	43%
5-8 cups	2	14%
More than 8 cups	0	0%
<b>Pick the category that best describes how often you eat from the following food groups:</b>		
<b>High Fat Foods (sweets, cheese, butter, deserts)</b>		
Never (up to 3/mo)	12	86%
Rarely (1-4/wk)	0	0%
Sometimes (4-7/wk)	1	7%
Frequently (2/day)	1	7%
Often (3+/day)	0	0%
<b>Fruits</b>		
Never (up to 3/mo)	2	14%
Rarely (1-4/wk)	11	79%
Sometimes (4-7/wk)	0	0%
Frequently (2/day)	1	7%
Often (3+/day)	0	0%
<b>Vegetables</b>		
Never (up to 3/mo)	1	7%
Rarely (1-4/wk)	4	29%
Sometimes (4-7/wk)	9	64%
Frequently (2/day)	0	0%
Often (3+/day)	0	0%
<b>Lean Proteins (Chicken, Turkey, Fish, beans/legumes)</b>		
Never (up to 3/mo)	1	7%

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Total Number of Participants - Complete	14	
Total Number of Participants - Incomplete (Results not included in report)	0	
Rarely (1-4/wk)	5	36%
Sometimes (4-7/wk)	1	7%
Frequently (2/day)	6	43%
Often (3+/day)	1	7%
<b>Non-Lean Proteins (Beef, Pork, Ground Beef)</b>		
Never (up to 3/mo)	3	21%
Rarely (1-4/wk)	0	0%
Sometimes (4-7/wk)	4	29%
Frequently (2/day)	3	21%
Often (3+/day)	4	29%
<b>High Fiber Foods</b>		
Never (up to 3/mo)	3	21%
Rarely (1-4/wk)	2	14%
Sometimes (4-7/wk)	5	36%
Frequently (2/day)	2	14%
Often (3+/day)	2	14%
<b>Low Fat Dairy</b>		
Never (up to 3/mo)	3	21%
Rarely (1-4/wk)	4	29%
Sometimes (4-7/wk)	4	29%
Frequently (2/day)	3	21%
Often (3+/day)	0	0%
<b>Fried Foods, Crackers, Chips, Pre-packaged Cookies</b>		
Never (up to 3/mo)	6	43%
Rarely (1-4/wk)	4	29%
Sometimes (4-7/wk)	4	29%
Frequently (2/day)	0	0%
Often (3+/day)	0	0%
<b>Do you ever eat for reasons other than hunger (i.e. stress, boredom)?</b>		
Never	0	0%
Rarely (less than 1x week)	6	43%
Sometimes (more than 1x week but not everyday)	8	57%
Often (at least once a day)	0	0%
<b>I eat a diet that is low in fat.</b>		
I have been doing this for at least six months or more	1	7%

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Field / Value	Number Respondents	Percent Respondents
Total Number of Participants - Complete	14	
Total Number of Participants - Incomplete (Results not included in report)	0	
I have started doing this within the last six months	4	29%
I have plans to do this within the next 30 days	7	50%
I have plans to do this within the next 6 months	2	14%
I am currently not doing this and have no plans to start doing this	0	0%
<b>I take steps in my daily life to achieve or maintain a stable and healthy weight.</b>		
I have been doing this for at least six months or more	1	7%
I have started doing this within the last six months	3	21%
I have plans to do this within the next 30 days	4	29%
I have plans to do this within the next 6 months	6	43%
I am currently not doing this and have no plans to start doing this	0	0%
<b>I eat five or more fruits and vegetables every day.</b>		
I have been doing this for at least six months or more	1	7%
I have started doing this within the last six months	3	21%
I have plans to do this within the next 30 days	4	29%
I have plans to do this within the next 6 months	6	43%
I am currently not doing this and have no plans to start doing this	0	0%
<b>Personal Safety</b>		
<b>If you have a gun in your house do you keep it locked?</b>		
Yes	4	29%
No	6	43%
<b>Are you aware of the posted speed limits in your community?</b>		
Yes	8	57%
No	6	43%
<b>How often in the last year have you driven or ridden in a vehicle when the driver has had more than 2 alcoholic drinks?</b>		
Frequently	4	29%
Sometimes	8	57%
Never	2	14%
<b>How often in the last year have you driven or ridden in a vehicle when the driver has been awake for more than 18 hours straight?</b>		
Frequently	7	50%
Sometimes	5	36%
Never	2	14%

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Total Number of Participants - Complete	14	
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<b>How often do you buckle your safety belt when either driving or riding in a motor vehicle?</b>		
Always	0	0%
Sometimes	8	57%
Never	6	43%
<b>On average, how close to the posted speed limit do you usually drive?</b>		
Within 5 miles per hour	1	7%
6-10 mph over	5	36%
More than 10 mph over	7	50%
I don't drive	1	7%
<b>When riding a bicycle do you wear a helmet?</b>		
Always	4	29%
Sometimes	8	57%
Never	2	14%
I never ride a bicycle	0	0%
<b>When riding a motorcycle do you wear a protective helmet?</b>		
Always	1	7%
Sometimes	3	21%
Never	9	64%
I never ride a motorcycle	1	7%
<b>Do you have a gun in your home?</b>		
Yes	10	71%
No	4	29%
<b>Have you taken a course in gun safety?</b>		
Yes	3	21%
No	7	50%
<b>Do you have a working smoke detector in your house?</b>		
Yes	7	50%
No	7	50%
<b>Do you regularly change your smoke detector's batteries?</b>		
Yes	2	14%
No	5	36%

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Total Number of Participants - Complete	14	
Total Number of Participants - Incomplete (Results not included in report)	0	
<b>When outside do you wear sunscreen, sunblock or protective clothing (hat, long sleeved shirt)?</b>		
Always	7	50%
Sometimes	5	36%
Never	2	14%

## Physical Activity

How many days a week do you perform the following activities?

### Cardiovascular - running, jogging, swimming, biking

Never	10	71%
1-2 days	3	21%
3-4 days	1	7%
5-7 days	0	0%

### Aerobic Sports - soccer, lacrosse, basketball

Never	1	7%
1-2 days	12	86%
3-4 days	1	7%
5-7 days	0	0%

### Non-Aerobic Sports - baseball, golf, bowling, martial arts

Never	1	7%
1-2 days	8	57%
3-4 days	5	36%
5-7 days	0	0%

### Aerobics - fitness classes, cardio-kick boxing

Never	4	29%
1-2 days	5	36%
3-4 days	2	14%
5-7 days	3	21%

### Weight Training - weight lifting, yoga, pilates

Never	6	43%
1-2 days	3	21%
3-4 days	5	36%
5-7 days	0	0%

### Daily Activity - walking, taking stairs, dancing

Never	7	50%
1-2 days	7	50%
3-4 days	0	0%

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Total Number of Participants - Complete	14	
Total Number of Participants - Incomplete (Results not included in report)	0	
5-7 days	0	0%
<b>In total, how many days a week do you do at least 30 minutes of physical activity, without stopping, in which you breathe heavier and your heart beats faster?</b>		
6-7 days a week	0	0%
4-5 days a week	5	36%
2-3 days a week	7	50%
1 day a week or less	2	14%
Never	0	0%
<b>In an average day, how much time do you spend exercising?</b>		
More than 2 hours	0	0%
1-2 hours	5	36%
30 min - 1 hour	8	57%
Less than 30 minutes	1	7%
I don't exercise	0	0%
<b>Are you satisfied with the amount of exercise you perform?</b>		
Yes	9	64%
No	5	36%
<b>What are your feelings about exercising?</b>		
I enjoy exercising very much	1	7%
I somewhat enjoy exercising	6	43%
I have mixed feelings about exercising	6	43%
I somewhat don't enjoy it	1	7%
I don't enjoy it at all	0	0%
<b>I do at least 30 minutes of physical activity, without stopping, most days of the week (4 or more).</b>		
I have been doing this for at least six months or more	4	29%
I have started doing this within the last six months	3	21%
I have plans to do this within the next 30 days	4	29%
I have plans to do this within the 6 months	0	0%
I am not currently doing this and have no plans to start doing this	3	21%

## Stress & Depression

Below is a list of some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the past week.

I was bothered by things that don't usually bother me.

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## Client: TRALE Demo2

10/1/2006 to 11/1/2006

Field / Value	Number Respondents	Percent Respondents
Total Number of Participants - Complete	14	
Total Number of Participants - Incomplete (Results not included in report)	0	
Rarely	14	100%
Some	0	0%
Occasionally	0	0%
Most	0	0%
<b>I did not feel like eating; my appetite was poor.</b>		
Rarely	6	43%
Some	8	57%
Occasionally	0	0%
Most	0	0%
<b>I felt that I could not shake off the blues, even with help from my family and friends.</b>		
Rarely	7	50%
Some	3	21%
Occasionally	4	29%
Most	0	0%
<b>I felt that I was just as good as other people.</b>		
Rarely	6	43%
Some	3	21%
Occasionally	1	7%
Most	4	29%
<b>I had trouble keeping my mind on what I was doing.</b>		
Rarely	7	50%
Some	1	7%
Occasionally	3	21%
Most	3	21%
<b>I felt depressed.</b>		
Rarely	6	43%
Some	3	21%
Occasionally	5	36%
Most	0	0%
<b>I felt everything I did was an effort.</b>		
Rarely	8	57%
Some	3	21%
Occasionally	3	21%
Most	0	0%
<b>I felt hopeful about the future.</b>		
Rarely	9	64%

# Aggregate Report

## Client: TRALE Demo2

10/1/2006 to 11/1/2006

Field / Value	Number Respondents	Percent Respondents
Total Number of Participants - Complete	14	
Total Number of Participants - Incomplete (Results not included in report)	0	
Some	3	21%
Occasionally	2	14%
Most	0	0%
<b>I thought my life had been a failure.</b>		
Rarely	10	71%
Some	3	21%
Occasionally	1	7%
Most	0	0%
<b>I felt fearful.</b>		
Rarely	6	43%
Some	5	36%
Occasionally	3	21%
Most	0	0%
<b>My sleep was restless.</b>		
Rarely	5	36%
Some	4	29%
Occasionally	3	21%
Most	2	14%
<b>I was happy.</b>		
Rarely	6	43%
Some	1	7%
Occasionally	3	21%
Most	4	29%
<b>I talked less than usual.</b>		
Rarely	7	50%
Some	1	7%
Occasionally	2	14%
Most	4	29%
<b>I felt lonely.</b>		
Rarely	5	36%
Some	4	29%
Occasionally	4	29%
Most	1	7%
<b>People were unfriendly.</b>		
Rarely	7	50%
Some	6	43%

**Aggregate Report**  
**Client: TRALE Demo2**

**10/1/2006 to 11/1/2006**

<b>Field / Value</b>	<b>Number Respondents</b>	<b>Percent Respondents</b>
Total Number of Participants - Complete	14	
Total Number of Participants - Incomplete (Results not included in report)	0	
Occasionally	1	7%
Most	0	0%
<b>I enjoyed life.</b>		
Rarely	11	79%
Some	2	14%
Occasionally	1	7%
Most	0	0%
<b>I had crying spells.</b>		
Rarely	12	86%
Some	2	14%
Occasionally	0	0%
Most	0	0%
<b>I felt sad.</b>		
Rarely	9	64%
Some	4	29%
Occasionally	1	7%
Most	0	0%
<b>I felt that people disliked me.</b>		
Rarely	8	57%
Some	3	21%
Occasionally	3	21%
Most	0	0%
<b>I could not get "going."</b>		
Rarely	8	57%
Some	4	29%
Occasionally	2	14%
Most	0	0%
<b>Check the boxes indicating which life events you have experienced in the past year.</b>		
Death of a Spouse	0	0%
Divorce	0	0%
Marital Separation	0	0%
Imprisonment	0	0%
Death of a Close Family Member	0	0%
Personal Injury or Illness	0	0%
Marriage	0	0%

# Aggregate Report

## Client: TRALE Demo2

10/1/2006 to 11/1/2006

Field / Value	Number Respondents	Percent Respondents
Total Number of Participants - Complete	14	
Total Number of Participants - Incomplete (Results not included in report)	0	
Dismissal from Work	0	0%
Marital Reconciliation	0	0%
Retirement	0	0%
Change in Health of Family Member	0	0%
Pregnancy	0	0%
Sexual Difficulties	0	0%
Gain a New Family Member	0	0%
Business Readjustment	1	7%
Change in Financial State	1	7%
Change in Frequency of Arguments	0	0%
Major Mortgage	3	21%
Foreclosure of Mortgage or Loan	0	0%
Change in Responsibilities at Work	1	7%
Child Leaving Home	2	14%
Trouble with In-Laws	1	7%
Outstanding Personal Achievement	0	0%
Spouse Starts or Stops Work	0	0%
Begin or End School	0	0%
Change in Living Conditions	0	0%
Revision of Personal Habits	0	0%
Trouble with Boss	0	0%
Change in Working Hours or Conditions	0	0%
Change in Residence	0	0%
Change in Schools	0	0%
Change in Recreation	0	0%
Change in Religious Activities	0	0%
Change in Social Activities	0	0%
Minor Mortgage or Loan	0	0%
Change in Sleeping Habits	0	0%
Change in Number of Family Reunions	0	0%
Change in Eating Habits	0	0%
Vacation	1	7%
Christmas/Holiday Season	1	7%
Minor Violation of Law	4	29%

**At any time in the past year, how often have you felt:**

**That you are receiving good support from friends and family?**

# Aggregate Report

## Client: TRALE Demo2

10/1/2006 to 11/1/2006

Field / Value	Number Respondents	Percent Respondents
Total Number of Participants - Complete	14	
Total Number of Participants - Incomplete (Results not included in report)	0	
Rarely	9	64%
Occasionally	0	0%
Sometimes	2	14%
Most of the time	2	14%
Almost Always	1	7%
<b>That interesting and challenging situations fill your life?</b>		
Rarely	1	7%
Occasionally	8	57%
Sometimes	1	7%
Most of the time	3	21%
Almost Always	1	7%
<b>I do things to manage the amount of stress in my daily life.</b>		
I have been doing this for at least six months or more	0	0%
I have started doing this within the last six months	0	0%
I have plans to do this within the next 30 days	5	36%
I have plans to do this within the next 6 months	6	43%
I am currently not doing this and have no plans to start doing this	3	21%
I do not have stress in my life	0	0%
<b>Do you feel that you are effective in managing your daily stress?</b>		
I am very effective	1	7%
I am somewhat effective	2	14%
I try to manage my stress but it doesn't seem to help	9	64%
I am not effective	2	14%
<b>Tobacco</b>		
<b>Do you smoke and take Oral Contraceptives?</b>		
Yes	0	0%
No	1	7%
<b>Do you smoke cigarettes?</b>		
Yes	4	29%
Not now, but I used to	8	57%
I have never smoked cigarettes	2	14%
<b>Have you used any other tobacco products besides cigarettes?</b>		
Yes	5	36%

# Aggregate Report

## Client: TRALE Demo2

10/1/2006 to 11/1/2006

Field / Value	Number Respondents	Percent Respondents
Total Number of Participants - Complete	14	
Total Number of Participants - Incomplete (Results not included in report)	0	
Not now, but I used to	5	36%
I have never used any tobacco products	4	29%
<b>How many cigarettes do you smoke in an average day?</b>		
Less than 1 a day	0	0%
1 to 9	4	29%
10-19	0	0%
More than 20	0	0%
<b>How many times a day do you use the following:</b>		
<b>Cigars</b>		
Never Used	9	64%
None, but used to	1	7%
1 or less	0	0%
2 or more	0	0%
<b>Pipe</b>		
Never Used	5	36%
None, but used to	5	36%
1 or less	0	0%
2 or more	0	0%
<b>Smokeless Tobacco (snuff, chew)</b>		
Never Used	4	29%
None, but used to	4	29%
1 or less	2	14%
2 or more	0	0%
<b>Please read the following statements and mark the answer that best describes your situation:</b>		
I quit using tobacco products more than 6 months ago	0	0%
I quit using tobacco products less than 6 months ago	2	14%
I currently use tobacco but am considering quitting within the next 6 months	5	36%
I currently use tobacco but am considering quitting within the next 30 days	1	7%
I have no desire to stop using tobacco products	1	7%
<b>How long have, or had, you used tobacco products for?</b>		
Less than 10 years	1	7%
10-19 years	1	7%
20-29 years	6	43%
30-39 years	1	7%

# Aggregate Report

## Client: TRALE Demo2

10/1/2006 to 11/1/2006

Field / Value	Number Respondents	Percent Respondents
Total Number of Participants - Complete	14	
Total Number of Participants - Incomplete (Results not included in report)	0	
More than 40 years	0	0%
<b>How often do you spend time with other people who are smoking?</b>		
Always	0	0%
Often	6	43%
Sometimes	4	29%
Rarely	3	21%
Never	1	7%
<b>Women's Health</b>		
<b>Are you currently pregnant?</b>		
Yes	2	14%
No	0	0%
<b>Are you receiving prenatal care?</b>		
Yes	0	0%
No	2	14%
<b>How often do you do a self-administered breast exam to check for lumps?</b>		
Monthly	2	14%
Once every few months	0	0%
Rarely	0	0%
Never	0	0%
<b>At what age did you have your first menstrual cycle?</b>		
11 or under	0	0%
12-13	2	14%
14 or older	0	0%
<b>How old were you when your first child was born?</b>		
Under 20	0	0%
20-24	0	0%
25-29	2	14%
Over 29	0	0%
No Children	0	0%
<b>Have you given birth to a child weighing more than 9 pounds?</b>		
Yes	0	0%

# Aggregate Report

## Client: TRALE Demo2

10/1/2006 to 11/1/2006

Field / Value	Number Respondents	Percent Respondents
Total Number of Participants - Complete	14	
Total Number of Participants - Incomplete (Results not included in report)	0	
No	2	14%
<b>How many women in your family (mother, sisters, grandmothers, aunts) have had breast cancer?</b>		
None	0	0%
One	1	7%
Two or more	1	7%
Don't know	0	0%
<b>Are you experiencing peri-menopausal symptoms (associated with transition to menopause such as hot flashes, insomnia, irritability or fatigue)?</b>		
Yes	0	0%
No	0	0%
Not Sure	0	0%
<b>Have you experienced menopause (ending of menstrual cycle (period) for 12 months or more)?</b>		
Yes	0	0%
No	2	14%
Not Sure	0	0%

# Aggregate Report

## Client: TRALE Demo2

10/1/2006 to 11/1/2006

Field / Value	Number Respondents	Percent Respondents
Total Number of Participants - Complete	14	
Total Number of Participants - Incomplete (Results not included in report)	0	

### Biometrics & Demographics

#### Gender

Male	12	86%
Female	2	14%

#### Blood Pressure

Ideal (Below 120/80 mg/dl)	3	21%
Borderline (120/80 - 140/90 mg/dl)	11	79%
High (Over 140/90 mg/dl)	0	0%

#### Total Cholesterol

Ideal (Below 200 mg/dl)	13	93%
Borderline (200-239 mg/dl)	1	7%
Undesirable (Over 239 mg/dl)	0	0%

#### HDL ("Good") Cholesterol

Ideal (Over 40 mg/dl)	9	64%
Undesirable (Below 40 mg/dl)	5	36%
Don't Know	0	0%

#### Blood Sugar

Ideal (Below 110 mg/dl)	5	36%
Borderline (110 - 125 mg/dl)	8	57%
Undesirable (Over 125 mg/dl)	1	7%
Don't Know	0	0%