

NO DIABETES PRE-TEST

**LIVE HEALTHY GEORGIA – SENIORS TAKING CHARGE!
CONSENT FORM (NO DIABETES)**

I, _____, agree to participate in the research study titled "Live Healthy Georgia – Seniors Taking Charge" conducted by Dr. Mary Ann Johnson in the Department of Foods and Nutrition at the University of Georgia and at my local Senior Center. I understand that participation is voluntary and I do not have to take part if I do not want to. I can stop taking part anytime without giving any reason and without penalty. I can ask to have all information concerning me removed from the research records, returned to me, or destroyed. My decision to participate will not affect the services that I receive at the Senior Center.

By participating in this study, I may improve my nutrition and physical activity habits. This study will also help the investigators learn more about good ways to help older adults improve their nutrition and physical activity habits. This study will be conducted at my local Senior Center. If I volunteer to take part in this study, I will be asked to do the following things:

- 1) Answer questions about my health, nutrition and physical activity.
- 2) Obtain physician approval to participate in a physical activity program.
- 3) Attend two sessions for collecting information about my health, fitness, food, and nutrition habits. The first session will last about 60 minutes and the second session will last about 30 minutes.
- 4) Attend up to 8 nutrition and physical activity programs that will last about 30 to 60 minutes each over a four month period. I will learn how to use a step counter and record my number of daily steps.
- 5) Take part in a physical activity program of chair exercises and walking to improve my strength, balance, endurance, and flexibility.
- 6) Someone from the study may contact me to clarify my information throughout the study.

The instructor may provide food to taste. Mild to no risk is expected by tasting food. However, I will not taste foods that I should not eat because of swallowing difficulties, allergic reactions, dietary restrictions, or other food-related problems.

There is minimal risk to participation in this study. I may experience some discomfort or stress when the researchers ask me questions about my nutrition, health, and physical activity habits. There is a possibility that I could temporarily injure a muscle or be sore from physical exertion. This risk is minimized by ability to rest at any time. If additional care is needed, then my insurance company or myself will be responsible for any expense that may be incurred. The Senior Center where the programs are conducted and the University of Georgia and their employees shall not incur any liability for incidents that may occur during or as a result of my participation in this study.

The leaders will advise me to stop exercising if I experience any discomfort or chest pains. No information concerning myself or provided by myself during this study will be shared with others without my written permission, unless law requires it. I may choose not to answer any question or questions that may make me uncomfortable. I will be assigned an identifying number and this number will be used on all of the questionnaires I fill out. Data will be stored in locked file cabinets under the supervision of Dr. Mary Ann Johnson at the University of Georgia; only the staff involved in the study will have access to these data and only for the purpose of data analyses and interpretation of results. My identity will not be revealed in any reports or published materials that might result from this study. The data will be destroyed by January 1, 2012.

If I have any further questions about the study, now or during the course of the study I can call Ms. Tiffany Sellers (706-542-4838) or Dr. Mary Ann Johnson (706-542-2292). I will sign two copies of this form. I understand that I am agreeing by my signature on this form to take part in this study. I will receive a signed copy of this consent form for my records.

Signature of Participant	Participant's Printed Name	Date

Participant Address and Phone

	Mary Ann Johnson	
Signature of Investigator	Printed Name of Investigator	Date
Email: mjohnson@fcs.uga.edu		

Signature of Staff who Reads Consent Form to Participant	Printed Name of Staff	Date

For questions or problems about your rights as a research participant please call or write: The Chairperson, Institutional Review Board, University of Georgia, 612 Boyd Graduate Studies Research Center, Athens, Georgia 30602-7411; Telephone (706) 542-3199; E-Mail Address IRB@uga.edu.

UGA project number: 2006-10022-0

DHR project number: 050801

Date: October 10, 2005 maj

UGA IRB APPROVAL

OCT 26 '05 OCT 25 '06

DHR INSTITUTIONAL REVIEW BOARD

Project # 050801
 Consent Form Approval Period
 From: 10-26-05 To: 10-7-06
 Authorizations: m.p.

LIVE HEALTHY GEORGIA – SENIORS TAKING CHARGE!

		Line 1
ID of Participant:		1-4
Phone number to use to clarify information and get step counts:		
1. County:		10-12
2. Date (M/D/Y): ___/___/___		13-18
3. Age of Participant: ___ ___ ___		19-21
4. Gender: Male (0) Female (1)		22
5. Ethnicity: White (1) Black (2) Hispanic/Latino (3) Asian (4) Other (5)		23
6. How many years did you complete in school: ___ years		24-25
7. How would you rate your overall health? Circle one: Poor (0) Fair (1) Good (2) Very good (3) Excellent (4)		26
8. Do you use any tobacco products such as cigarettes, cigars, pipe, or chewing tobacco?	No (0) Yes (1)	27
9. Do you have diabetes?	No (0) Yes (1)	28
10. Do you have high blood pressure?	No (0) Yes (1)	29
11. Do you have heart disease such as angina, congestive heart failure, heart attack or other heart problems?	No (0) Yes (1)	30
12. Do you have arthritis?	No (0) Yes (1)	31
13. During the past 30 days, have you had symptoms of pain, aching, or stiffness in or around a joint?	No (0) Yes (1)	32
14. Do you always have enough money to buy the food you need?	No (0) Yes (1)	33
15. How many over the counter medications do you take?		34-35
16. How many prescription medications, including insulin, do you take?		36-37
<p>Think about the fruits and vegetables you usually eat each day, such as 100% juices; fresh, frozen or canned fruits; fruits for dessert, as well as potatoes, salads, slaws, and other fresh, frozen or canned vegetables. A serving is a piece of fruit or about ½ cup of most fruits and vegetables; ¼ cup of dried fruits (such as raisins); or 1 cup of raw leafy greens used in salads. The next questions are about your usual intake of fruits and vegetables at each meal and for snacks <u>each day</u>.</p>		
17. How many servings of fruit do you usually have with breakfast?	0 1 2 3 4 5	38
18. How many servings of vegetables do you usually have with breakfast?	0 1 2 3 4 5	39
19. How many servings of fruit do you usually have with lunch?	0 1 2 3 4 5	40
20. How many servings of vegetables do you usually have with lunch?	0 1 2 3 4 5	41
21. How many servings of fruit do you usually have with your evening meal?	0 1 2 3 4 5	42
22. How many servings of vegetables do you usually have with your evening meal?	0 1 2 3 4 5	43
23. How many servings of fruit do you usually have as snacks each day?	0 1 2 3 4 5	44
24. How many servings of vegetables do you usually have as snacks each day?	0 1 2 3 4 5	45
25. How many fruits and vegetables should older people eat each day? (Circle the participant's response) 0 1 2 3 4 5 6 7 8 9 10 "5 a day" "5 or more a day" "7 to 10 a day" DK Missing		46-47
26. On how many of the last SEVEN DAYS did you eat five or more servings of fruits and vegetables?	0 1 2 3 4 5 6 7	48

What keeps you from eating more fruits and vegetables? <i>Circle all that apply.</i>									
27. Chewing or dental problems	No (0)	Yes (1)	49						
28. Cooking problems	No (0)	Yes (1)	50						
29. Cost	No (0)	Yes (1)	51						
30. Difficulties with digestion	No (0)	Yes (1)	52						
31. Don't like taste	No (0)	Yes (1)	53						
32. Grocery store does not have what I like	No (0)	Yes (1)	54						
33. Lack of storage space	No (0)	Yes (1)	55						
34. Not in season	No (0)	Yes (1)	56						
35. Spouse doesn't like them	No (0)	Yes (1)	57						
36. Takes too much time	No (0)	Yes (1)	58						
37. Too heavy to carry home from the store	No (0)	Yes (1)	59						
38. Too many are recommended	No (0)	Yes (1)	60						
39. Too much trouble	No (0)	Yes (1)	61						
40. Transportation problems	No (0)	Yes (1)	62						
41. Doctor told me not to eat some fruits and vegetables. <u>If yes, please list:</u>	No (0)	Yes (1)	63						
42. Other reasons that keep you from eating more fruits and vegetables. <u>If yes, please list:</u>	No (0)	Yes (1)	64						
43. How many of the last SEVEN DAYS have you followed a healthful eating plan?	0	1	2	3	4	5	6	7	65
44. On average, over the past month, how many DAYS PER WEEK have you followed an eating plan prescribed by your health care provider?	0	1	2	3	4	5	6	7	66
45. On how many of the last SEVEN DAYS did you eat high fat foods such as high fat red meats or full-fat dairy foods?	0	1	2	3	4	5	6	7	67
46. On how many of the last SEVEN DAYS did you participate in at least 30 minutes of moderate physical activity? Examples of moderate activities are regular walking, housework, yard work, lawn mowing, painting, repairing, light carpentry, ballroom dancing, light sports, golf, or bicycling on level.	0	1	2	3	4	5	6	7	68
47. On how many of the last SEVEN DAYS did you participate in a specific exercise session other than what you do around the house or as a part of your daily activities?	0	1	2	3	4	5	6	7	69
48. On how many of the last SEVEN DAYS, did you participate in specific exercises for your arthritis?	0	1	2	3	4	5	6	7	70
49. How many days of the week do you participate in physical activity?	0	1	2	3	4	5	6	7	71
50. About how many minutes of physical activity do you do on the days you are physically active?	_____ minutes								72-74
What keeps you from being physically active for at least 30 minutes on all or most days of the week? <i>Circle all that apply.</i>									
51. I already am this physically active on all or most days of the week	No (0)	Yes (1)	75						
52. I have a health condition that keeps me from being active	No (0)	Yes (1)	76						
53. It costs too much	No (0)	Yes (1)	77						
54. I don't have time	No (0)	Yes (1)	78						
55. I don't like to	No (0)	Yes (1)	79						
56. It's not safe	No (0)	Yes (1)	80						
57. It's too late to improve my health	No (0)	Yes (1)	81						
58. 30 minutes daily is too much for me	No (0)	Yes (1)	82						

Diabetes Risk - Could You Have Diabetes and Not Know It?

	Circle the answers	Line 2
1. Are you 65 years old or older?	Yes (9) No (0)	10
2. Are you between 45 and 64 years of age?	Yes (5) No (0)	11
3. Are you under 65 years of age <u>AND</u> get little or no exercise?	Yes (5) No (0)	12
4. Do you have a sister or brother with diabetes?	Yes (1) No (0)	13
5. Do you have a parent with diabetes?	Yes (1) No (0)	14
6. Are you a woman who had a baby weighing more than nine pounds at birth?	Yes (1) No (0)	15
7. What is your current height without shoes? _____ feet and ____ inches		inches 16-18
8. What is your current weight without clothes? _____ pounds		19-21
9. Is weight equal to or above that listed in the chart?	Yes (5) No (0)	22

Height in feet and inches without shoes	Weight in pounds without clothing
4 feet, 10 inches	129
4 feet, 11 inches	133
5 feet	138
5 feet, 1 inches	143
5 feet, 2 inches	147
5 feet, 3 inches	152
5 feet, 4 inches	157
5 feet, 5 inches	162
5 feet, 6 inches	167
5 feet, 7 inches	172
5 feet, 8 inches	177
5 feet, 9 inches	182
5 feet, 10 inches	188
5 feet, 11 inches	193
6 feet	199
6 feet, 1 inches	204
6 feet, 2 inches	210
6 feet, 3 inches	216
6 feet, 4 inches	221

10. TOTAL Score:

23-24

If 10 points are more, then you are at high risk for having diabetes. Only your health care provider can check to see if you have diabetes. Take this sheet to your health care provider to find out for sure.

If 3 to 9 points, then you are probably at low risk for having diabetes now. But don't just forget about it. Keep your risk low by losing weight if you are overweight, being active most days, and eating low fat meals that are high in fruits, vegetables, and whole grain foods.

Diabetes Facts You Should Know

Diabetes is a serious disease that can lead to blindness, heart disease, strokes, kidney failure, and loss of limbs.

You are at great risk for diabetes if:

You are 45 and older * You are overweight * You have high blood pressure *
 20 You have a family history of diabetes *

For more information, call 1-800-Diabetes(342-2883) or visit www.diabetes.org

WAIST CIRCUMFERENCE:

Instructions for Measuring Waist Circumference

The measurement should be made under the clothes.

To measure waist circumference, locate the upper hipbone and the top of the right iliac crest. Place a measuring tape in a horizontal plane around the abdomen at the level of the iliac crest. Before reading the tape measure, ensure that the tape is snug, but does not compress the skin, and is parallel to the floor. The measurement is made at the end of a normal expiration.

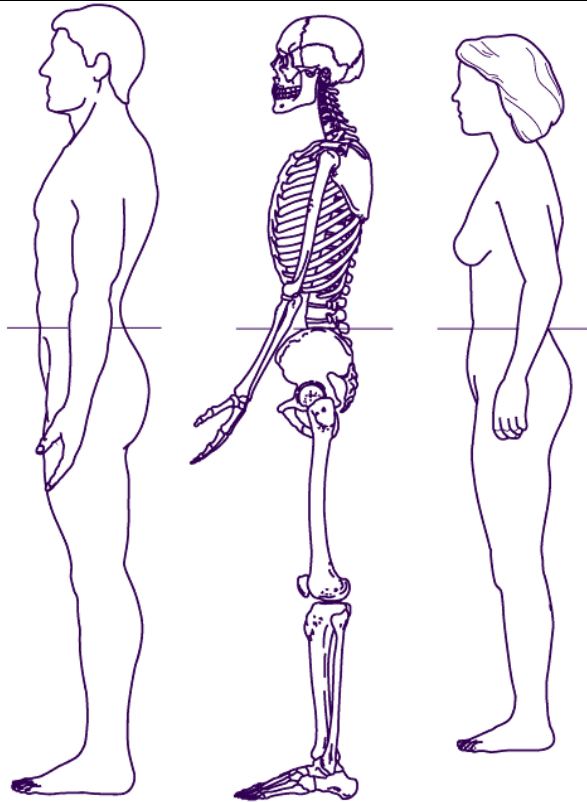
A high waist circumference is associated with an increased risk for type 2 diabetes, dyslipidemia, hypertension, and CVD in patients with a BMI between 25 and 34.9 kg/m².

High-Risk Waist Circumference

Men: > 40 in (> 102 cm)

Women: > 35 in (> 88 cm)

http://www.nhlbi.nih.gov/guidelines/obesity/prctgd_c.pdf



<p>59. Waist Circumference = _____ INCHES</p>		<p>Line 3 10-13</p>
<p>60. How was measurement made? (1) Under clothes OR (2) Over clothes</p>	<p>1 2</p>	<p>14</p>
<p>61. Chair Sit-and-Reach: sit in stable chair, knees straight, bend over, reach with arms straight to toes, then measure with a ruler:</p> <p>Number of inches person is short of reaching the toes: ____ . ____ (-)</p> <p><i>or</i></p> <p>Number of inches person reaches beyond toes: ____ . ____ (+)</p> <p><i>Measure to the nearest 1/2 inch</i></p>		<p>15-18 19-22</p>
<p>62. What is your current height without shoes? _____ feet and ____ inches</p>		<p>23-25</p>
<p>63. What is your current weight without clothes? _____ pounds</p>		<p>26-28</p>
<p>64. How was weight measurement made? PREFERRED: With a scale and without shoes (1) With a scale and with shoes (2) Self-report (3)</p>		<p>29</p>

Physical Performance Test-Task Descriptions Equipment: Stopwatch, 8-Ft Tape Measure, Ruler, Folding Chair		RECORD TIME IN SECONDS	LINE 4 UGA Staff can score with open coding
ASB	<p>STANDING BALANCE: Time each item until >10.0 sec. OR until participant moves feet or reaches for support.</p> <p>1a) SEMI-TANDEM (heel of one foot placed at mid-position of the other) *If can hold for 10 seconds, move to 1b) *If can NOT hold for 10 seconds, move to 1c)</p> <p>1b) TANDEM (heel to toe, one foot directly in front of the other)</p> <p>1c) SIDE-BY-SIDE (toes lined up evenly and feet touching)</p>	<p>Time to the nearest 10th second:</p> <p>a) ____ ____ . ____ > 10.0 sec. Go to b) < 10.0 sec. Go to c)</p> <p>b) ____ ____ . ____</p> <p>c) ____ ____ . ____</p>	<p>10-13</p> <p>14-17</p> <p>18-21</p>
ASB D	<p>DOMAIN SCORE: If A= <10 & C= 0-9, score= 0 A= <10 & C= 10, score= 1 A= ≥10 & B= 0-2, score= 2 A= ≥10 & B= 3-9, score= 3 A= ≥10 & B= ≥10, score= 4</p>	SCORE: _____	22
AFW	<p>8 FOOT WALK: Participant begins at standing position and will walk a straight distance of 8-feet, measured with tape on the floor.</p> <p>Instruct the participant to walk at normal gait using any assistive devices. If possible, have them begin walking a few feet before starting mark, and continue walking a few feet past the 8-foot mark. Tester will start and stop watch at the distance marks.</p> <p>Complete the walk twice.</p>	<p>Time to the nearest 10th second:</p> <p>1) ____ ____ . ____ 2) ____ ____ . ____ Use best (lowest) time</p> <p>Assistive device used? NO (0) YES (1) Describe _____</p>	<p>23-26</p> <p>27</p>
AFW D	<p>DOMAIN SCORE: 1= ≥5.7 2= 4.1-5.6 3= 3.2-4.0 4= ≤3.1</p>	SCORE: _____	28
ACS	<p>CHAIR STANDS: Participant is asked to stand one time from a seated position in an armless, straight-backed chair (such as a folding metal chair) with their arms folded across their chest.</p> <p>If able, participant is asked to stand-up and sit-down 5 times as quickly as possible while being timed. If not able to perform, then the test is complete.</p>	<p>Time to the nearest 10th second:</p> <p>1) ____ ____ . ____</p>	29-32
ACS D	<p>DOMAIN SCORE: 1= ≥16.7 2= 13.7-16.6 3= 11.2-13.6 4= ≤11.1</p>	SCORE: _____	33
TDS	<p>TOTAL SCORE: Add all 3 domain scores (1-12) Coding: 8 = physically unable, 9=refused, 7=not applicable. Good function (score of 10 to 12); moderate function (score of 6 to 9); poor function (score of 0 to 5).</p>	TOTAL SCORE: _____	34-35