

**WITH DIABETES PRE-TEST**

**LIVE HEALTHY GEORGIA – SENIORS TAKING CHARGE!  
CONSENT FORM (WITH 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 and self-management of diabetes. This study will also help the investigators learn more about good ways to help older adults improve their nutrition and physical activity habits and self-management of diabetes. 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 16 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) Provide blood samples for hemoglobin A1c. A licensed nurse, medical technologist, or phlebotomist will obtain 2-3 drops (about 35 microliters) of whole blood via finger stick and/or up to 3 ml of whole blood via venipuncture on two occasions about four to six months apart. Or, I can obtain a hemoglobin A1c value from my local physician, health department, clinical laboratory, or hospital. This test will help determine if the diabetes self-management program is improving my management of diabetes. The risks of drawing blood from my finger or arm include the unlikely possibilities of a small bruise or localized infection, bleeding and fainting. These risks will be reduced in the following ways: my blood will be drawn only by a qualified and experienced person who will follow standard sterile techniques, who will observe me after the blood draw,

and who will apply pressure and a Band-Aid to the blood draw site. My blood will not be tested for HIV-AIDS. Any unused portion of my blood sample will be discarded. I understand that these questions and blood tests are not for diagnostic purposes. I should see a physician if I have questions about my test results. In the event that I have any health problems associated with the blood draw or my blood sample, my insurance or I will be responsible for any related medical expenses.

- 7) 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.

|   |  |               |
|---|--|---------------|
| _____<br>Signature of Participant   | _____<br>Participant's Printed Name                              | _____<br>Date |
| _____<br>Participant Address and Phone  |  |               |
| _____<br>Signature of Investigator<br>Email: <a href="mailto:mjohnson@fcs.uga.edu">mjohnson@fcs.uga.edu</a> | <u>Mary Ann Johnson</u><br>_____<br>Printed Name of Investigator | _____<br>Date |
| _____<br>Signature of Staff who Reads<br>Consent Form to Participant  | _____<br>Printed Name of Staff                                   | _____<br>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](mailto:IRB@uga.edu).

**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.

UGA project number: 2006-10022-0

DHR project number: 050801

Date: October 10, 2005 maj

## 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:<br>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<br>"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 <b>moderate</b> physical activity? Examples of <b>moderate</b> 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    |

|  |                  | Line 2             |
|--|------------------|--------------------|
| 1. What is the current effect of diabetes on your daily activities?<br>No effect (1)                  Little effect (2)                  Large effect (3)  | 1   2   3        | 10                 |
| 2. Thinking about your diet, on how many of the last SEVEN DAYS did you space carbohydrates evenly?  | 0 1 2 3 4 5 6 7  | 11                 |
| 3. On how many of the last SEVEN DAYS did you test your blood sugar?   | 0 1 2 3 4 5 6 7  | 12                 |
| 4. How many times per day has your doctor told you to test your blood sugar?   | 0 1 2 3 4 5 6 7  | 13                 |
| 5. On how many of the last SEVEN DAYS did you test your blood sugar as recommended by your doctor?   | 0 1 2 3 4 5 6 7  | 14                 |
| 6. Are you taking medications for your diabetes? If yes, which ones do you take?   | No (0)   Yes (1) | 15                 |
| 7. An insulin shot 1 or 2 times a day  | No (0)   Yes (1) | 16                 |
| 8. An insulin shot 3 or more times a day   | No (0)   Yes (1) | 17                 |
| 9. Diabetes pills to control my blood sugar  | No (0)   Yes (1) | 18                 |
| 10. Other medication for diabetes? If yes, write name of medication here:  | No (0)   Yes (1) | 19                 |
| 11. On how many of the last SEVEN DAYS, did you take your diabetes medication as prescribed by your doctor?  | 0 1 2 3 4 5 6 7  | 20                 |
| 12. On how many of the last SEVEN DAYS did you check your feet?  | 0 1 2 3 4 5 6 7  | 21                 |
| 13. On how many of the last SEVEN DAYS did you inspect the inside of your shoes?   | 0 1 2 3 4 5 6 7  | 22                 |
| 14. Have you heard of (hemoglobin) A1c?  | No (0)   Yes (1) | 23                 |
| 15. If yes, what should your level be? _____%  |                  | 24-26<br>9=DK      |
| 16. INTERVIEWER: Encourage and/or arrange to have the participant's A1c measured by their local physician, health department, clinical laboratory, or hospital or at the Senior Center. Record the value here. A1c: _____% |                  | 27-29<br>9=missing |
| 17. Date A1c performed (M/D/Y): ____/____/____   |                  | 30-35              |
| 18. Where was value obtained from?<br>Local physician (1)                  Health department (2)<br>Clinical laboratory (3)                  Hospital (4)                  Senior Center (5)                               |                  | 36                 |
| 19. <u>Post-test only</u> : Was the A1c value obtained from the same laboratory or facility at both the pre- and post-test?  | No (0)   Yes (1) | 37                 |

**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.

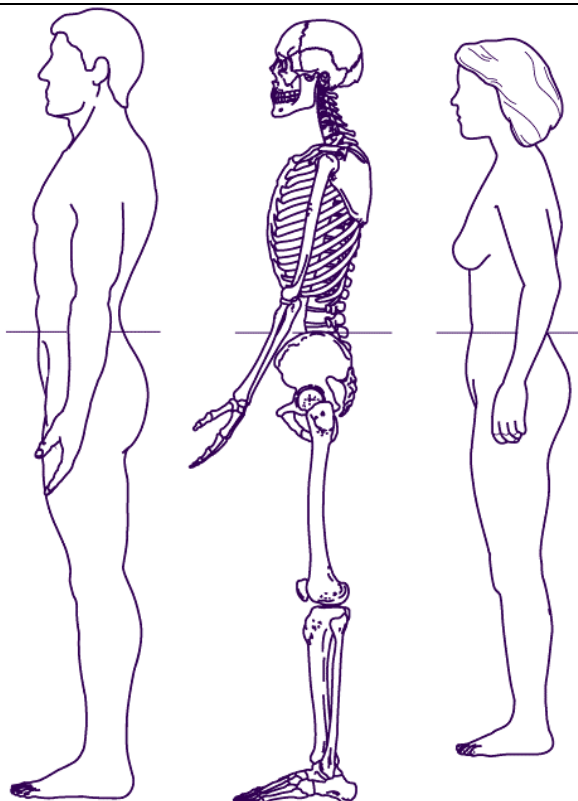
A high waist circumference is associated with an increased risk for type 2 diabetes, dyslipidemia, hypertension, and CVD in patients with a BMI between 25 and 34.9 kg/m<sup>2</sup>.

**High-Risk Waist Circumference**

Men: > 40 in (> 102 cm)

Women: > 35 in (> 88 cm)

[http://www.nhlbi.nih.gov/guidelines/obesity/prctgd\\_c.pdf](http://www.nhlbi.nih.gov/guidelines/obesity/prctgd_c.pdf)



|  |            |                         |
|--|------------|-------------------------|
| <p><b>59. Waist Circumference = _____ INCHES</b></p>   |            | <p>Line 3<br/>10-13</p> |
| <p><b>60. How was measurement made?</b> (1) Under clothes OR (2) Over clothes</p>  | <p>1 2</p> | <p>14</p>               |
| <p><b>61. Chair Sit-and-Reach:</b> 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<br/>19-22</p>  |
| <p><b>62. What is your current height without shoes?</b> _____ feet and ____ inches</p>  |            | <p>23-25</p>            |
| <p><b>63. What is your current weight without clothes?</b> _____ pounds</p>  |            | <p>26-28</p>            |
| <p><b>64. How was weight measurement made?</b><br/>PREFERRED: With a scale and without shoes (1)<br/>With a scale and with shoes (2)<br/>Self-report (3)</p>   |            | <p>29</p>               |



| Physical Performance Test-Task Descriptions<br>Equipment: Stopwatch, 8-Ft Tape Measure, Ruler, Folding Chair |   | RECORD TIME<br>IN SECONDS  | LINE 4<br>UGA Staff<br>can score<br>with open<br>coding |
|--|---|--|---|
| ASB  | <p><b>STANDING BALANCE:</b><br/>Time each item until &gt;10.0 sec. OR<br/>until participant moves feet or reaches for support.</p> <p><b>1a) SEMI-TANDEM</b> (heel of one foot placed at mid-position of the other)<br/>*If can hold for 10 seconds, move to <b>1b)</b><br/>*If can NOT hold for 10 seconds, move to <b>1c)</b></p> <p><b>1b) TANDEM</b> (heel to toe, one foot directly in front of the other)</p> <p><b>1c) SIDE-BY-SIDE</b> (toes lined up evenly and feet touching)</p> | <p>Time to the nearest 10<sup>th</sup> second:</p> <p>a) ____ . ____<br/>&gt; 10.0 sec. Go to <b>b)</b><br/>&lt; 10.0 sec. Go to <b>c)</b></p> <p>b) ____ . ____</p> <p>c) ____ . ____</p>           | <p>10-13</p> <p>14-17</p> <p>18-21</p>                  |
| ASB<br>D   | <p><b>DOMAIN SCORE:</b><br/>If A= &lt;10 &amp; C= 0-9, score= 0    A= &lt;10 &amp; C= 10, score= 1<br/>A= ≥10 &amp; B= 0-2, score= 2    A= ≥10 &amp; B= 3-9, score= 3<br/>A= ≥10 &amp; B= ≥10, score= 4</p>   | SCORE: _____   | 22  |
| AFW  | <p><b>8 FOOT WALK:</b></p> <p>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 10<sup>th</sup> second:</p> <p>1) ____ . ____</p> <p>2) ____ . ____</p> <p>Use best (lowest) time</p> <p>Assistive device used?<br/>NO (0)<br/>YES (1)<br/>Describe _____</p> | <p>23-26</p> <p>27</p>                                  |
| AFW<br>D   | <p><b>DOMAIN SCORE:</b><br/>1= ≥5.7    2= 4.1-5.6    3= 3.2-4.0    4= ≤3.1</p>  | SCORE: _____   | 28  |
| ACS  | <p><b>CHAIR STANDS:</b></p> <p>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.<br/>If not able to perform, then the test is complete.</p>   | <p>Time to the nearest 10<sup>th</sup> second:</p> <p>1) ____ . ____</p>   | 29-32   |
| ACS<br>D   | <p><b>DOMAIN SCORE:</b><br/>1= ≥16.7    2= 13.7-16.6    3= 11.2-13.6    4= ≤11.1</p>  | SCORE: _____   | 33  |
| TDS  | <p><b>TOTAL SCORE: Add all 3 domain scores (1-12)</b></p> <p>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   |