

MAY AND JUNE 2006

WITH DIABETES POST-TEST

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						

List of FV barriers selected from John and Ziebland, 2004 (<http://her.oxfordjournals.org/cgi/reprint/19/2/165>).

		Line 2
1. What is the current effect of diabetes on your daily activities? 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 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 9=missing
17. Date A1c performed (M/D/Y): ____/____/____		30-35
18. Where was value obtained from? Local physician (1) Health department (2) 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

After attending the fruit, vegetable, and physical activity programs, have you done any of the following? (Circle all the apply.)		Line 3
1. Increased your physical activity?	No (0) Yes (1)	10
2. Tried to follow a healthier diet?	No (0) Yes (1)	11
3. Increased your intake of fruit?	No (0) Yes (1)	12
4. Increased your intake of vegetables?	No (0) Yes (1)	13
5. Ate more fruits and vegetables for snacks?	No (0) Yes (1)	14
6. Ate more fruits and vegetables with breakfast?	No (0) Yes (1)	15
7. Ate more fruits and vegetables with lunch?	No (0) Yes (1)	16
8. Ate more fruits and vegetables with your evening meal?	No (0) Yes (1)	17
9. Made a recipe from one of the lessons?	No (0) Yes (1)	18
10. What was your overall level of satisfaction with this fruit and vegetable nutrition education program? Circle one: Poor (0) Fair (1) Good (2) Very good (3) Excellent (4)	0 1 2 3 4 5	19
11. What was your overall level of satisfaction with this physical activity program? Circle one: Poor (0) Fair (1) Good (2) Very good (3) Excellent (4)	0 1 2 3 4 5	20
12. How many sessions of the fruit and vegetable nutrition education program did the participant attend? <i>Staff should document with attendance records.</i>		21

Has this diabetes education program helped you improve your ability to do any of the following?		Line 4
1. Follow your diet plan	No (0) Yes (1)	10
2. Maintain portion control	No (0) Yes (1)	11
3. Space carbohydrates over the day	No (0) Yes (1)	12
4. Increase your fruit and vegetable intake	No (0) Yes (1)	13
5. Take better care of your feet	No (0) Yes (1)	14
6. Maintain your blood sugar levels	No (0) Yes (1)	15
7. Increase your physical activity	No (0) Yes (1)	16
8. Take medications as recommended by your doctor	No (0) Yes (1)	17
9. Decrease your A1c level	No (0) Yes (1)	18
10. Any other improvements with managing your diabetes? Please list:	No (0) Yes (1)	19
11. Total number of improvements (summary of above)		20-21
12. What was your overall level of satisfaction with this diabetes management program? Circle one: Poor (0) Fair (1) Good (2) Very good (3) Excellent (4)		22
13. How many sessions of the diabetes education program did the participant attend? <i>Staff should document with attendance records.</i>		23

**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.

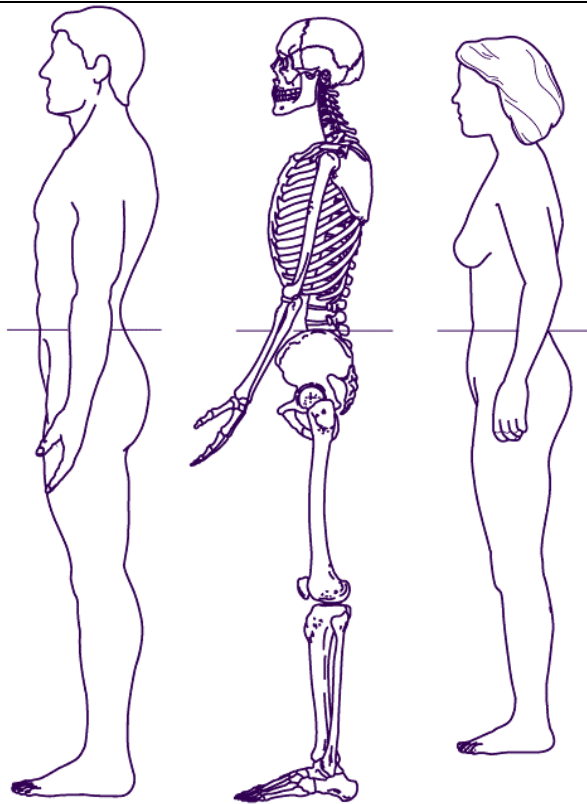
A high waist circumference is associated with an increased risk for type 2 diabetes, dyslipidemia, hypertension, and CVD in patients with a BMI between 25 and 34.9 kg/m².

High-Risk Waist Circumference

Men: > 40 in (> 102 cm)

Women: > 35 in (> 88 cm)

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



59. Waist Circumference = _____ INCHES		Line 5 10-13
60. How was measurement made? (1) Under clothes OR (2) Over clothes	1 2	14
61. Chair Sit-and-Reach: sit in stable chair, knees straight, bend over, reach with arms straight to toes, then measure with a ruler: Number of inches person is short of reaching the toes: ____ . ____ (-) <i>or</i> Number of inches person reaches beyond toes: ____ . ____ (+) <i>Measure to the nearest 1/2 inch</i>		15-18 19-22
62. What is your current height without shoes? _____ feet and ____ inches		23-25
63. What is your current weight without clothes? _____ pounds		26-28
64. How was weight measurement made? PREFERRED: With a scale and without shoes (1) With a scale and with shoes (2) Self-report (3)		29

Physical Performance Test-Task Descriptions Equipment: Stopwatch, 8-Ft Tape Measure, Ruler, Folding Chair		RECORD TIME IN SECONDS	LINE 6 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

THE END