

Name: _____ Sex: M F Age: _____

Home Zip Code: _____

Race/Ethnicity: Asian Black/African American Multi Racial Native American White

Are you Hispanic/Latino? Yes No

Reason for participating in Program: _____

Please help us learn about your lifestyle, your feelings about health, and how you manage your health. This information will help us improve our health and wellness programming for you, your family and the community. There are **no right or wrong answers**.

1. Would you say that in general your health is:

- Excellent Very Good Good Fair Poor

2. I know what my healthy Body Mass Index (BMI) or weight for my height (BMI) should be.

- Yes No

3. I can find a doctor or nurse who gives me good advice about how to stay healthy

- Yes No

4. During the past **3 months (90 days)**, have you done any of the following to maintain or improve your health:

	Yes	No
Thought about changing eating habits to maintain or improve health?	<input type="checkbox"/>	<input type="checkbox"/>
Changed eating habits to maintain or improve your health?	<input type="checkbox"/>	<input type="checkbox"/>
Thought about participating in physical activities or exercise to maintain or improve health?	<input type="checkbox"/>	<input type="checkbox"/>
Participated in physical activities or exercise to maintain or improve health?	<input type="checkbox"/>	<input type="checkbox"/>

5.

In a typical week:	ALWAYS (6-7 days)	OFTEN (3-5 days)	SOMETIMES (2 days)	RARELY (1 day)	NOT AT ALL
I find healthy foods that are within my budget					
I eat 2 or more servings of fruit every day					
I eat 2 or more servings of vegetables every day					
I eat low fat and low cholesterol foods (for example low fat dairy, lean meats, chicken & fish)					
I think about what is a healthy BMI or weight to be healthy					
I eat foods high in fiber (for example whole grains and beans)					
I read nutrition labels to see what foods are good for me					

	I drink regular soda and sweetened beverages					
	I drink at least 4 glasses of water every day					
	I do things to help me relax					
	I feel lonely					
	I do things that make me feel good about myself					
	I feel bored					
	I talk to friends and family about the things that are bothering me					
	I change things in my life to reduce my stress					
	I do physical activity for more than 20 minutes per day					
	I fit exercise into my regular routine					
	I find ways to exercise that I enjoy					
	I find places for me to exercise in the community					
	I take steps to be safe when I exercise (for example: reflective clothing, protective gear)					
	I do stretching exercises					
	I know where to get information on how to take care of my health					
	I watch for negative changes in my body's condition (for example: weight changes, breathing problems, sores, sleep changes)					
	When I have a health problem, I call my doctor or nurse.					
	I use medication correctly.					
	I use tobacco products					
	I have more than 1 alcoholic drink per day					
	I get help from others when I need it					

Adapted from:

Becker, H., Stuijbergen, A., Oh, H., & Hall, S. (1993). Self-rated abilities for health practices: A health self-efficacy measure. *Health Values* 17(5), September/October, 42-50.

Wellness Survey Use Criteria

Program Duration:

1. At least 2 sessions

Setting:

1. Group

Content:

A. Healthy Eating:

Focus on increasing fruit/vegetables, fiber and low fat dairy/foods
Decreasing sweetened beverages and increasing water consumption
Nutrition fact label education
Awareness of BMI

B. Physical Activity:

Focus on regular exercise
Exercising safely

C. Physiological Well Being

Relaxation strategies
Stress management
Mental health awareness

D. Responsible Health Practices

Information on chronic disease
How and when to contact health care providers
Medication management
Tobacco and alcohol use

Sites would enter to data base:

1. Don't use names give an unique ID that will be assigned to link Pre to Post tests.
2. Name of institution / facility
3. Name of data entry person
3. Date of data entry
4. Name of program being evaluated
5. Type of program (e.g., drop down menu for behavior change targets of program)
6. Setting where program is delivered (e.g., drop down menu for clinical office, community-based center, home?)
7. Total number of sessions possible (if 100% of sessions were completed, how many?)
8. Cost of program participation (to the patient/client)? Is it varied, out of pocket, covered by insurance, partially covered?
9. Date that client/patient started program (date client/patient started program)
10. Date that client/patient completed the Pre-test
11. Date that client/patient completed the Post-test
12. Number of sessions of program actually completed by client/patient
13. Cost to participate?