

PARTICIPANT SURVEY



I CAN DO IT, YOU CAN DO IT!

Instructions:

The questions on this survey will help us understand our program participants better and help to improve the "I Can Do It, You Can Do It" program. We're not asking for any names, and your individual answers will not be shared with anyone else. You can complete this survey by yourself or with the help of a parent/guardian or another adult family member or the agency coordinator (not your mentor). Adults who are helping should make every effort to make sure that the answers you give are yours.

Thank you for taking the time to complete this survey!

Name:

Date:

Program:

User ID:

(This is the User ID you selected when you registered for the program on the I Can Do It website and which you used to log into these forms. This is NOT your actual name.)

SECTION ONE GENERAL INFORMATION

1. Are you completing this survey with help from someone else?

- Yes (*please answer question 1A*)
- No (*please go to question 2*)

1A. Who is helping you fill out this survey?

- Parent or guardian
- Family member other than parent or guardian
- Agency Coordinator
- Other (please specify): _____

2. Why did you sign up for this program? (Check all that apply.)

- I enjoy being physically active
- I need to be more physically active
- I enjoy eating healthy foods
- I need to eat more healthy foods
- Other people encouraged me to join
- Other (please specify): _____

SECTION TWO YOUR EATING HABITS

The next 10 questions ask about food you ate or drank during the past week (7 days). When you're answering them, think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.

3. During the past 7 days, how many times did you drink **100% fruit juices such as orange juice, apple juice, or grape juice? (Do **not** count Kool-Aid, sports drinks, or other fruit-flavor drinks.)**

- I did not drink 100% fruit juice during the past 7 days
- 1 to 3 times
- 4 to 6 times
- 7 to 10 times
- 11 to 13 times
- 14 or more times

4. During the past 7 days, how many times did you eat **fruit? (Do **not** count fruit juice.)**

- I did not eat fruit during the past 7 days
- 1 to 3 times
- 4 to 6 times
- 7 to 10 times

- 11 to 13 times
- 14 or more times

5. During the past 7 days, how many times did you eat **green salad**?

- I did not eat green salad during the past 7 days
- 1 to 3 times
- 4 to 6 times
- 7 to 10 times
- 11 to 13 times
- 14 or more times

6. During the past 7 days, how many times did you eat **potatoes such as mashed potatoes, boiled potatoes, etc?** (Do **not** count French fries, fried potatoes, or potato chips.)

- I did not eat potatoes during the past 7 days
- 1 to 3 times
- 4 to 6 times
- 7 to 10 times
- 11 to 13 times
- 14 or more times

7. During the past 7 days, how many times did you eat **carrots**?

- I did not eat carrots during the past 7 days
- 1 to 3 times
- 4 to 6 times
- 7 to 10 times
- 11 to 13 times
- 14 or more times

8. During the past 7 days, how many times did you eat **other vegetables?** (Do **not** count green salad, potatoes, or carrots.)

- I did not eat other vegetables during the past 7 days
- 1 to 3 times
- 4 to 6 times
- 7 to 10 times
- 11 to 13 times
- 14 or more times

9. During the past 7 days, how many times did you drink a can, bottle, or glass of **regular (not diet) soda or pop**, such as Coke, Pepsi, or Sprite?

- I did not drink soda or pop during the past 7 days
- 1 to 3 times
- 4 to 6 times

- 7 to 10 times
- 11 to 13 times
- 14 or more times

10. During the past 7 days, how many **glasses of milk** did you drink? (Include the milk you drank in a glass or cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass.)

- I did not drink milk during the past 7 days
- 1 to 3 glasses
- 4 to 6 glasses
- 7 to 10 glasses
- 11 to 13 glasses
- 14 or more glasses

11. Are you happy with your weight?

- Yes
- No

11A. If No, please explain WHY?

SECTION THREE HEALTH CARE YOU'VE RECEIVED

12. In the last 30 days, how many times did you **visit a primary health care provider** (e.g., your regular doctor's office or other regular health care provider)?

(if "0" please skip to question 13)

12A. How many visits were for regular or routine check ups (e.g., annual check-ups, check-ups for school activities, etc.)?

12B. How many of these visits were for specific problems you were having?

SECTION FOUR YOUR GENERAL HEALTH

13. About how much do you **weigh without shoes on?** _____ pounds

14. About how **tall are you without shoes on?** _____ feet _____ inches

15. In general, which of the following choices **best describes your health?**

- Poor Fair Good Very Good Excellent

16. During the **past 30 days**, how often have you **felt active and full of energy?**

- None of the time
 A little of the time
 Some of the time
 Most of the time

17. During the **past 30 days**, how often have you **felt worn out and tired?**

- None of the time
 A little of the time
 Some of the time
 Most of the time

SECTION FIVE YOUR ACTIVITY AND INDEPENDENCE

19. Can you take care of your **basic needs in the areas of washing, dressing, taking medications, and toileting?**

- Yes, I can take care of my basic needs in all of these areas (*Please skip to question 21*)
 No, I need assistance in one or more of these areas (*Please answer question 19A*)

19A. How much assistance do you need for each of these four types of activities:

	I am independent	I need partial assistance	I need full assistance
Basic bathing/washing needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic dressing needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic toilet needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. Please tell us how much each of the following conditions has affected your activity and independence in the last 30 days. If you have not experienced a condition in the last 30 days, please check "Rarely or Never Limits Me".

Condition: Contractures

Description: A contracture is when you can't fully move a joint like your elbow or hip. This condition is usually painful.			
How Much Does This Condition Limit Your Activity and Independence?			
Rarely or Never Limits Me	Limits me 1-5 hours per week	Limits me 6-10 hours per week	Limits me 11 or more hours per week
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Condition: Circulatory Problems			
Description: : This condition includes swelling of veins, feet, or having blood clots			
How Much Does This Condition Limit Your Activity and Independence?			
Rarely or Never Limits Me	Limits me 1-5 hours per week	Limits me 6-10 hours per week	Limits me 11 or more hours per week
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Condition: Joint and Muscle Pain			
Description: Trouble moving muscles or joints; pain when you move your muscles or joints.			
How Much Does This Condition Limit Your Activity and Independence?			
Rarely or Never Limits Me	Limits me 1-5 hours per week	Limits me 6-10 hours per week	Limits me 11 or more hours per week
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Condition: Sleep Problems/Disturbances			
Description: Difficulty falling asleep or staying asleep, difficulty staying awake during the day, or waking up too early are all sleep disturbances.			
How Much Does This Condition Limit Your Activity and Independence?			
Rarely or Never Limits Me	Limits me 1-5 hours per week	Limits me 6-10 hours per week	Limits me 11 or more hours per week
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION SIX YOUR SOCIAL HEALTH

21. Which of the following statements **most closely matches how you feel?**

- Mostly I am unhappy and dissatisfied with my life
- Some things about my life are good, but there is a lot I wish was different
- I'm neither happy nor unhappy—most of the time I feel just okay
- Mostly I am happy, but there are a few things I wish were different

I am a very happy person

22. During the past 30 days, how often have you felt sad and down in the dumps?

- None of the time
- A little of the time
- Some of the time
- Most of the time

23. How satisfied are you with your friendships and social life?

- I'm very dissatisfied
- I'm somewhat dissatisfied
- They are just okay
- I'm somewhat satisfied
- I'm very satisfied