

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!

Date:

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.)

Consent to Participate In *I Can Do It, You Can Do It*

Welcome! Thank you for your interest in the *I Can Do It, You Can Do It* Program. The Center for Development and Disability at the University of New Mexico will be evaluating this Program to determine how well it works on improving nutritional and physical activity behavior in youth with disabilities.

Youth Participants: If you are a youth with a disability, you will be asked to complete a program registration form and 3 surveys. Each survey is identical and should take about 20 minutes to complete. You will be asked to complete the survey at the beginning of the Program, immediately after the Program has ended and six months after the Program has ended.

Adult Mentors: If you are a mentor, you will fill out the mentor registration form and be assigned a participating youth. You will also be asked to complete a survey at the end of the Program.

Your involvement in these surveys is voluntary, and you may choose not to participate. The survey includes questions about your physical and emotional health, nutrition, any limiting conditions you have. You can refuse to answer any of the questions at any time. All surveys will be completed online unless you request the materials in alternative format.

By completing and returning the Participant Registration Form (if you are a youth participant) or the Mentor Registration Form (if you are an adult mentor) online, you will be agreeing to participate in the above described study. The registration forms ask for individual and household demographic information to help to match mentors with participants and analyzing data. Asking about your household income, for example, helps us to learn whether persons in one income group have certain conditions more or less often than others. If you are unsure about the answers to some of the questions, you may ask a parent, guardian, or adult family member to help.

Each survey will be coded with a unique number. No names or other personal identifiers will appear on the surveys. All completed forms with your name will be kept confidential by your sponsoring agency. Faculty and staff analyzing data will not have access to your name. All completed surveys will be kept confidential and only project staff and the University of New Mexico Health Science Center (UNMHSC) Human Research Review Committee will have access to research data. The findings from this project will provide information on designing future health promotion interventions for people with disabilities. If published, results will be presented in summary form only.

If you have any questions about this Program, please feel free to call Dr. Anthony Cahill at (505)272-2990. If you have questions regarding your legal rights as a research subject, you may call the UNMHSC Human Research Review Committee at (505) 272-1129.

Thank you for your consideration.

Sincerely,

Cate McClain

Dr. Cate McClain

Director for the Center of Development and Disability

HRRC 06-001 V. 01/04/07

Approved: 12/11/2008

OFFICIAL USE ONLY

Expires:12/12/2009

The University of New Mexico Human Research Review Committee

**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 PHYSICAL ACTIVITY**

3. How much do you enjoy physical activity?

- I love it!
- I like it.
- It is okay; I neither like nor dislike it
- I dislike it.
- I hate it!

4. During the past 7 days, on how many days were you physically active for a total of **at least 30 minutes per day? (Physically active means engaging in activity that increases your heart rate and makes you breathe hard some of the time.)**

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

5. During the past 7 days, on how many days were you physically active for a total of **at least 60 minutes per day**? (Physically active means engaging in activity that increases your heart rate and makes you breathe hard some of the time.)
- 0 days
 - 1 day
 - 2 days
 - 3 days
 - 4 days
 - 5 days
 - 6 days
 - 7 days
6. On an average school day, how many hours do you **watch TV**?
- I do not watch TV on an average school day
 - Less than 1 hour per day
 - More than 1 hour, but less than 2 hours per day
 - More than 2 hours, but less than 3 hours per day
 - More than 3 hours, but less than 4 hours per day
 - More than 4 hours, but less than 5 hours per day
 - More than 5 hours per day
7. On an average school day, how many hours do you **play video or computer games or use a computer for something that is not school work**? (Include activities such as Nintendo, Game Boy, PlayStation, Xbox, computer games, and the Internet.)
- I do not play video or computer games or use a computer for something that is not school work
 - Less than 1 hour per day
 - More than 1 hour, but less than 2 hours per day
 - More than 2 hours, but less than 3 hours per day
 - More than 3 hours, but less than 4 hours per day
 - More than 4 hours, but less than 5 hours per day
 - More than 5 hours per day
8. Does your school offer physical education (PE) classes?
- Yes (*please answer question 8A*)
 - No (*please skip to question 9*)
- 8A. If Yes to Question 8:** Are you currently enrolled in a physical education (PE) class?
- Yes (*Please answer question 8B*)
 - No (*Please skip to question 9*)
- 8B. If Yes to Question 8B:** In an average school week, on how many days do you do physical education (PE) classes?
- 1 day
 - 2 days
 - 3 days
 - 4 days
 - 5 days

9. During the past 12 months, on how many sports teams did you play? (Include any teams run by your school or community groups.)

- None
- 1 team
- 2 teams
- 3 or more teams

SECTION THREE 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.

10. 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 punch, Kool-Aid, sports drinks, or other fruit-flavored 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

11. 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

12. 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

13. 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

14. 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

15. 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

16. 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

17. 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 glasses

18. Are you happy with your weight?

- Yes
- No

19. Which of the following are you trying to do about your weight?

- Lose weight
- Gain weight
- Stay the same weight
- I am **not trying to do anything** about my weight

SECTION FOUR HEALTH CARE YOU'VE RECEIVED

20. 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 21)

20A. How many visits were for regular or routine check ups (e.g., annual check-ups, check-ups for school activities, etc.)?

20B. How many of these visits were for specific problems you were having?

SECTION FIVE YOUR GENERAL HEALTH

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

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

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

- Poor Fair Good Very Good Excellent

24. 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

25. 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 SIX
YOUR ACTIVITY AND INDEPENDENCE**

26. 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 27)*
- No, I need assistance in one or more of these areas *(Please answer question 26A)*

26A. 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"/>

27. 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 SEVEN
YOUR SOCIAL HEALTH**

28. 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

29. During the past 30 days, how often have you felt so sad and down in the dumps that nothing could cheer you up?

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

30. 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

31. Have you ever had counseling or been treated by a mental health professional?

- Yes
- No

**SECTION SEVEN
YOUR LIFESTYLE BEHAVIOR**

32. Have you ever smoked cigarettes?

- Yes (Please answer questions 32A, B and C)
- No

32A. Do you now smoke cigarettes?

- Yes
- No

32B. If yes, how often do you smoke?

- About once per month or less often
- About once per week
- About every other day
- Most days
- Every day

32C. If yes, how many cigarettes do you smoke per day on each of the days that you smoke?

- 1 to 5
- 6 to 10
- 11 to 15
- 16 to 20
- More than 20

Thank You for Completing This Survey!