

Pre-Program Survey

| Individual Information | | | | |
|-----------------------------------|--|--|--|--|
| First three letters of first name | | | | |
| First three letters of last name | | | | |
| Two digit month of your birth | | | | |
| Two digit day of your birth | | | | |
| First four letters of your county | | | | |
| State Abbreviation | | | | |

Please tell us about you:

- Age: _____
- Your Height: _____ Feet _____ Inches
- Your Weight: _____ pounds
- Are you? Male Female
- Do you consider yourself to be Hispanic or Latino? Yes No
- Please indicate which of the following best describes you (check all that apply):
 - White or Caucasian
 - Black or African American
 - Asian
 - American Indian/Alaskan Native
 - Native Hawaiian or Other Pacific Islander
 - Not sure
 - Other: _____
- Have you participated in a Cooperative Extension program previously?
 - Yes No
- Did you participate in the *LIFT* program previously?
 - Yes No
- In general, compared to other persons your age, how would you rate your health?
 - Extremely healthy
 - Somewhat healthy
 - Not healthy
 - Very unhealthy
 - Don't know

9. How were you recruited to the LIFT program?

- Newspaper Friend Family
 Online Extension Specialist Care Coordinator
 Flyer Community Newsletter
 Other _____

10. On average, how many cups of fruit do you eat each day?

11. On average, how many cups of 100% fruit juice do you drink each day?

12. On average, how many cups of vegetables do you eat each day?

13. On average, how many cups of 100% vegetable juice do you drink each day?

14. How confident are you that you can engage in moderate physical activities (e.g., not exhausting, light perspiration) for 30 minutes for 2 or more days per week?

- Not at all Somewhat Moderately Very Completely

Social Network: Please answer the following questions related to your social network. Over the last two weeks:

- How many times have you spoken to relatives on the phone?

- How many times have you spoken to friends on the phone?

- How many times have you seen relatives (not living in home) in person? _____
- How many times have you seen friends in person? _____
- How many times have you participated in a group event?

- How many times have you gone to a social gathering? _____

Thank you! Please fill out front and back of paper.

Physical Activity. We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. The questions will ask you about the time you spent being physically active in the **last 7 days**. Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise or sport.

Think about all the **vigorous** activities that you did in the **last 7 days**. **Vigorous** physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Think *only* about those physical activities that you did for at least 10 minutes at a time.

During the **last 7 days**, on how many days did you do **vigorous** physical activities like heavy lifting, digging, aerobics, or fast bicycling?

___ **days per week**

___ No vigorous physical activities

How much time did you usually spend **doing vigorous physical activity** on one of those days?

___ **hours per day**

___ **minutes per day**

___ Don't know/Not sure

Think about all the **moderate** activities that you did in the **last 7 days**. **Moderate** activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

During the **last 7 days**, on how many days did you do **moderate** physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking.

___ **days per week**

___ No moderate physical activities

How much time did you usually spend **doing moderate physical activity** on one of those days?

___ **hours per day**

___ **minutes per day**

___ Don't know/Not sure

Think about the time you spent **walking** in the **last 7 days**. This includes at work and at home, walking to travel from place to place, and any other walking that you have done solely for recreation, sport, exercise, or leisure.

___ **days per week**

___ No walking

How much time did you usually spend **walking** on one of those days?

___ **hours per day**

___ **minutes per day**

___ Don't know/Not sure

The last question is about the time you spent **sitting** on weekdays during the **last 7 days**. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

During the **last 7 days**, how much time did you spend **sitting** on a **week day**?

___ **hours per day**

___ **minutes per day**

___ Don't know/Not sure