

**Bright Futures for Women's Health and Wellness**  
**Healthy Eating and Physical Activity Materials**  
**ADULT WOMAN ASSESSMENT FORM**

**Section I: About You and Your Health**

OMB No. 0915-xxxx

Expiration Date:

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**1. How old were you on your last birthday?**

\_\_\_\_\_ years old

**2. Are you Hispanic or Latina? (please check one)**

- ① No, I am not Hispanic or Latina
- ② Yes, I am Hispanic or Latina

**3. Which one or more of the following would you say is your race? (please check all that apply)**

- ① White
- ② Black or African American
- ③ American Indian or Alaska Native
- ④ Asian
- ⑤ Native Hawaiian or other Pacific Islander

**4. What is the highest level of education you have completed? (please check one)**

- ① Elementary school (grades 1 through 8)
- ② Some high school (grades 9 through 11)
- ③ High school graduate or GED
- ④ Some college, technical or trade school
- ⑤ Associate degree (2-year)
- ⑥ College graduate (4-year)
- ⑦ Graduate degree (e.g., Masters, Ph.D., J.D., M.D.)

**5. What kind of health insurance do you have? (please check one)**

- ① Private insurance (through a job, family member)
- ② Public (government) insurance like Medicare or Medicaid
- ③ I do not have any health insurance.
- ④ I do not know.

**6. How do you describe your health in general? (please check one)**

- ① Excellent
- ② Very good
- ③ Good
- ④ Fair
- ⑤ Poor

**7. During the past 30 days, how many days did poor physical or mental health keep you from doing most of your usual activities (please check one)**

- ① I was able to do my usual activities all 30 days
- ② 1–2 days
- ③ 3–7 days
- ④ 8–14 days
- ⑤ 15 or more days

**8. Do you consider yourself to be: (please check one)**

- ① Very underweight
- ② Slightly underweight
- ③ Healthy weight
- ④ Slightly overweight
- ⑤ Very overweight

9. How strongly do you agree or disagree with the following statements? (please check one response for each statement)

	Strongly Disagree	Moderately Disagree	Disagree	Agree	Moderately Agree	Strongly Agree
a. I am responsible for my health.	①	②	③	④	⑤	⑥
b. If I take care of myself, I can avoid getting sick.	①	②	③	④	⑤	⑥
c. Good health is mostly due to luck.	①	②	③	④	⑤	⑥
d. Doing what my doctor tells me to will make me well.	①	②	③	④	⑤	⑥
e. There are so many strange diseases around that you never know how or when you might get one.	①	②	③	④	⑤	⑥
f. When people get sick it is because they are careless.	①	②	③	④	⑤	⑥

**Section II: Before You Saw Your Health Care Provider Today**

10. Thinking about BEFORE you saw your health care provider today, which of the following statements would you say is most true? (please check one)

- ① I was thinking about making changes sometime soon in the amount of **physical activity** that I do every day.
- ② I was thinking about making some changes during the next month (30 days) in the amount of **physical activity** I do every day.
- ③ I recently started to make changes in the amount of **physical activity** I do every day.
- ④ I have been doing a lot of **physical activity** every day.
- ⑤ I hadn't been thinking about **physical activity**.

11. Thinking about BEFORE you saw your health care provider today, which of the following statements would you say is most true? (please check one)

- ① I was thinking about making changes sometime soon in the types and/or the amount of **food I eat**.
- ② I was thinking about making some changes in the types and/or the amount of **food I eat** in the next month (30 days).
- ③ I recently started to make changes in the types and/or the amount of **food I eat**.
- ④ I try to **eat healthy foods** in the right amount every day.
- ⑤ I hadn't been thinking about **healthy eating**.

12. BEFORE you came to see your health care provider today, did you want to talk to her/him about healthy eating? (please check one)

- ① Yes
- ② No

13. BEFORE you came to see your health care provider today, did you want to talk to her/him about physical activity? (please check one)

- ① Yes
- ② No

**Section III: During Your Visit with Your Health Care Provider**

14. Before today, had you ever heard of or seen "My Bright Future: Physical Activity and Healthy Eating Guide" and Tip Sheets? (please check one)

- ① Yes
- ② No
- ③ I don't know

15. Who was the MAIN health care provider who talked to you about physical activity and healthy eating during your visit today? (please check one)

- ① Doctor
- ② Nurse
- ③ Nurse Practitioner
- ④ Physician's Assistant
- ⑤ Other (e.g., Health Educator)\_\_\_\_\_

**16. Was this health care provider female or male? (please check one)**

- ① Female
- ② Male

17. Which of the following did you do during this visit? If done, how helpful do you think it will be to your health? (please check yes or no in the first column, and if you check yes, indicate how helpful it was in the columns that follow)

	Did this happen?	If you checked yes, how helpful was it?			
		Not at all helpful	Not helpful	Helpful	Very helpful
a. Before seeing my health care provider, I answered the <b>physical activity</b> questions.	① No ② Yes →	①	②	③	④
b. Before seeing my health care provider, I answered the <b>healthy eating</b> questions.	① No ② Yes →	①	②	③	④
c. My health care provider and I talked about my answers to the <b>healthy eating</b> questions.	① No ② Yes →	①	②	③	④
d. My health care provider and I talked about the <b>foods I eat</b> and how much of them I eat every day.	① No ② Yes →	①	②	③	④
e. My health care provider and I talked about my answers to the <b>physical activity</b> questions.	① No ② Yes →	①	②	③	④
f. My health care provider and I talked about what sorts of <b>physical activity</b> I do regularly.	① No ② Yes →	①	②	③	④
g. I found out whether I was getting enough <b>physical activity</b> every day.	① No ② Yes →	①	②	③	④
h. I was told what my body mass index (BMI) is and what it means.	① No ② Yes →	①	②	③	④
i. My health care provider suggested what I could do to <b>eat healthier</b> .	① No ② Yes →	①	②	③	④
j. My health care provider suggested ways I could become more <b>physically active</b> .	① No ② Yes →	①	②	③	④
k. I set goals with my health care provider about how to <b>eat healthier</b> .	① No ② Yes →	①	②	③	④
l. I set goals with my health care provider about how to be more <b>physically active</b> regularly.	① No ② Yes →	①	②	③	④

18. How certain are you that...? (please check one response for each statement)

	Not at all certain	Not very certain	Not sure how certain I am	Somewhat certain	Very certain
a. You can reach <b>healthy eating</b> goals if you set them with your health care provider?	①	②	③	④	⑤
b. You can reach <b>physical activity</b> goals if you set them with your health care provider?	①	②	③	④	⑤
c. People who are important to you will help you reach your <b>healthy eating</b> goals?	①	②	③	④	⑤
d. People who are important to you will help you reach your <b>physical activity</b> goals?	①	②	③	④	⑤
e. You have the information you need to reach your <b>healthy eating</b> goals?	①	②	③	④	⑤
f. You have the information you need to reach your <b>physical activity</b> goals?	①	②	③	④	⑤
g. You know what practical steps to take to reach your <b>healthy eating</b> goals?	①	②	③	④	⑤
h. You know what practical steps to take to reach your <b>physical activity</b> goals?	①	②	③	④	⑤

## Section IV: After Your Visit with Your Health Care Provider

19. How much do you agree with each of the following statements about your health care visit today?  
(please check one response for each statement)

	Strongly Disagree	Disagree	Not sure if I agree or disagree	Agree	Strongly Agree
a. <b>Healthy eating</b> is something that I should discuss with my health care provider.	①	②	③	④	⑤
b. <b>Physical activity</b> is something I should discuss with my health care provider.	①	②	③	④	⑤
c. I did not learn anything new about <b>healthy eating</b> at my visit today.	①	②	③	④	⑤
d. I did not learn anything new about <b>physical activity</b> at my visit today.	①	②	③	④	⑤
e. It is important to me to reach the <b>healthy eating</b> goals I just set.	①	②	③	④	⑤
f. It is important to me to reach the <b>physical activity</b> goals I just set.	①	②	③	④	⑤
g. Talking to my health care provider helped me think about changing <b>what I eat</b> .	①	②	③	④	⑤
h. Talking to my health care provider helped me think about <b>being more active</b> .	①	②	③	④	⑤
i. Because of my visit today, I will try to <b>eat more healthy foods</b> .	①	②	③	④	⑤
j. Because of my visit today, I will try to change how much or the type of <b>physical activity</b> I get.	①	②	③	④	⑤

20. How much do you agree with these statements? (please check one answer for each statement)

	Strongly Disagree	Disagree	Not sure if I agree or disagree	Agree	Strongly Agree
a. I will be able to reach my <b>healthy eating</b> goals even if I have to learn new information about buying or making healthier foods.	①	②	③	④	⑤
b. I will be able to reach my <b>healthy eating</b> goals even if it takes me more than one try to succeed.	①	②	③	④	⑤
c. I will be able to reach my <b>healthy eating</b> goals even if it takes me more time to make meals.	①	②	③	④	⑤
d. I will be able to reach my <b>healthy eating</b> goals even if it does not taste as good as what I usually eat.	①	②	③	④	⑤
e. I will be able to reach my <b>healthy eating</b> goals when I am worried.	①	②	③	④	⑤
f. I will be able to reach my <b>healthy eating</b> goals when my family does not want to eat what I do.	①	②	③	④	⑤
g. I will be able to reach my <b>physical activity</b> goals even if it takes me more than one try to succeed.	①	②	③	④	⑤
h. I will be able to reach my <b>physical activity</b> goals even if no one else thinks it is important.	①	②	③	④	⑤
i. I will be able to reach my <b>physical activity</b> goals even if the weather is bad.	①	②	③	④	⑤
j. I will be able to reach my <b>physical activity</b> goals even if I don't have an exercise partner.	①	②	③	④	⑤
k. I have the skills I need to be more <b>physically active</b> .	①	②	③	④	⑤
l. At future visits I will talk to my health care provider about <b>healthy eating</b> issues if they don't talk to me about them first.	①	②	③	④	⑤
m. At future visits I will talk to my health care provider about <b>physical activity</b> issues if they don't talk to me about them first.	①	②	③	④	⑤

21. Please indicate if you agree or disagree with each of the following statements (Column A) and how you felt about this before today's health care visit (Column B). (please check one response in each of Column A and Column B for each statement)

	Column A How do you feel about this <b>NOW</b> ?			Column B How did you feel <b>BEFORE</b> your visit?		
	Disagree	Not Sure	Agree	Disagreed	Not Sure	Agreed
a. Some people are born to be fat and some thin; there is not much you can do to change this.	①	②	③	④	⑤	⑥
b. People who are overweight or underweight are more likely to have health problems than people who are not.	①	②	③	④	⑤	⑥
c. As you get older you need less <b>physical activity</b> every day.	①	②	③	④	⑤	⑥
d. Even if you are not overweight or underweight, what you eat can make a difference in your health.	①	②	③	④	⑤	⑥
e. Even if you are not overweight or underweight, how much <b>physical activity</b> you do every day can make a difference in your health.	①	②	③	④	⑤	⑥
f. There are good foods and bad foods.	①	②	③	④	⑤	⑥

22. Please indicate if you plan to make changes in your physical activity level and in what you eat. If you don't plan on making any changes choose an option that indicates why (please check one response for each behavior).

	I plan to make changes	I am already doing all I need to	Other things are more important to me	I don't know how to start	Other
a. My Physical Activity	①	②	③	④	⑤
b. What I Eat	①	②	③	④	⑤

23. Do you have any other comments about the "My Bright Future: Physical Activity and Healthy Eating Guide and Tip Sheets?" (PLEASE PRINT)

**THANK YOU FOR COMPLETING THIS FORM!**  
**BEFORE YOU LEAVE, PLEASE PLACE IT IN THE ENVELOPE PROVIDED AND RETURN IT TO THE PERSON WHO GAVE IT TO YOU AT THE FRONT DESK.**