

# Traditional Foods Shared Data Elements Reporting Form - revised Sept.

## Traditional Foods Data Sharing Element Form

Form Approved

OMB No.: 0920-xxxx

Exp. Date: mm/dd/yyyy

Public reporting burden of this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX)

# Traditional Foods Shared Data Elements Reporting Form - revised Sept.

## Traditional Foods Data Sharing Element Form

The purpose of this form is to collect shared data elements from each 'traditional foods' grantee. Each reporting period is for six months. Data will be aggregated by CDC across all grantees each six months. Grantees can request individual reports for their respective programs. Contact info. - Email: [mvf9@cdc.gov](mailto:mvf9@cdc.gov) - Phone: 505-232-9907 - Yahoo Group Link: [click here](#)

### Survey Monkey Guidelines/Instructions

Welcome to Survey Monkey (SM) for the Traditional Foods and Sustainable Ecologies project! These guidelines are to assist you with the SM data entry tool.

- 1) The data source to populate SM is your local evaluation data only. SM is not meant to be an environmental scan of your community, but to reflect the evaluation data you have gathered for your Traditional Foods and Sustainable Ecologies program.
- 2) You are NOT expected to populate every question or domain. Only enter relevant local evaluation data collected for each reporting period.
- 3) Some of your local data may not "fit" SM. Highlights of these data can be reported in your meeting presentations and yearly continuation application.
- 4) Please have your 'Traditional Foods' Shared Data Elements Excel spread sheet available as you navigate SM. The spread sheet provides the whole SM layout.
- 5) There are three domains to report activities: Traditional Foods, Physical Activities, and Social Support. Please determine which main domain best fits the primary purpose of your respective activities. Each domain is for activities not reported in other domains.
- 6) In the chosen domain, check the radio button to report on that domain only. If the main domain activity includes activity types of another domain(s), check the respective button(s). Please include a brief description of these activities under the main domain(s) activity section. To prevent double-counting, these activities will not be counted separately.
- 7) Please aggregate your data numerically over the 6 month reporting period. You can enter SM at different times to enter data. If you choose to report monthly, for example, please add the numerical data each time to create a cumulative sum for each activity. Upon completion, your entries will reflect six months of information. All data will be retained over the reporting period.
  - a. For the total number of participants in each section, please provide the total number of all participants over the six month reporting period.
  - b. Of that total number of participants over six months of activities, please provide how many were participating for the first time.
- 8) All data will be cleared at the same time for every six month reporting period, so it is critical to enter data on time. You will have six weeks following each reporting period to enter all you activities for the respective reporting period.
- 9) When you have completed data entry for the reporting period, please contact us to download your data. Please let us know if you would like your local SM data returned to you in an excel spreadsheet.

### 1. Name of person to contact for questions regarding this submission:

**(First, Last Name)**

## Traditional Foods Data Sharing Element Form

### 2. Traditional Food Grantee Name

- Aleutian Pribilof Islands Association, Inc., Alaska
- Catawba Cultural Preservation Project, South Carolina
- Cherokee Nation, Oklahoma
- Confederated Tribes of Siletz Indians, Oregon
- Eastern Band of Cherokee Indians, North Carolina
- Indian Health Care Resource Center of Tulsa, Oklahoma
- Nooksack Indian Tribe, Washington
- Prairie Band Potawatomi Nation, Kansas
- Ramah Navajo School Board, New Mexico
- Red Lake Band of Chippewa Indians, Minnesota
- Salish Kootenai College, Montana
- Santee Sioux Nation, Nebraska
- Sault Ste Marie Tribe of Chippewa Indians, Michigan
- Southeast Alaska Regional Health Consortium, Alaska
- Standing Rock Sioux Tribe, North/South Dakota
- Tohono O'odham Nation, Arizona
- United Indian Health Services, Inc., California

### 3. You are reporting on activities held in what month? (Fiscal Year)

- First 6 months (Oct - March)- 2010/2011
- Second 6 months (April - Sept)- 2011

**Traditional Local Healthy Foods Section**

**4. Reporting on Traditional Foods Domain only:**

Yes

No

**Traditional Local Healthy Foods Section**

**5. Reporting on Traditional Foods Domain(s):**

	Yes	No
Traditional Food Domain includes Physical Activity	jñ	jñ
Traditional Food Domain includes Social Support	jñ	jñ

**Traditional Local Healthy Foods Section**

Traditional foods/alternative healthy foods - Activities

**6. Are you reporting on Planting/Gardening?**

Yes

No

**Traditional Local Healthy Foods Section**

**7. Are you reporting on community garden(s)?**

Yes

No

Traditional Local Healthy Foods Section

8. Type of community garden(s):

Raised Beds

Plots

Box garden(s)

Greenhouse

Other

Other (please specify)

9. Community Garden(s)

Number of gardens

Total size of garden(s)-  
square feet

Total Number of  
participants for this 6 month  
reporting period

Of the total number of  
participants for this 6 month  
reporting period, how many  
participated for the first  
time?

Describe



**Traditional Local Healthy Foods Section**

**10. Are you reporting on school garden(s)?**

Yes

No

**Traditional Local Healthy Foods Section**

**11. Type of school garden(s):**

Raised Beds

Plots

Box garden(s)

Greenhouse

Other

Other (please specify)

**12. School Garden(s)**

Number of gardens

Total size of garden(s)-  
square feet

Total Number of  
participants for this 6 month  
reporting period

Of the total number of  
participants for this 6 month  
reporting period, how many  
participated for the first  
time?

Describe

**Traditional Local Healthy Foods Section**

**13. Are you reporting on program garden(s)? (e.g. Elders' garden, youth garden, etc.)**

Yes

No

Traditional Local Healthy Foods Section

14. Type of program garden(s):

Raised Beds

Plots

Box garden(s)

Greenhouse

Other

Other (please specify)

15. Program Garden(s)

Number of gardens

Total size of garden(s)-  
square feet

Total Number of  
participants for this 6 month  
reporting period

Of the total number of  
participants for this 6 month  
reporting period, how many  
participated for the first  
time?

Describe

**Traditional Local Healthy Food Section**

**16. Are you reporting on Individual/Family garden(s)?**

Yes

No

**Traditional Local Healthy Foods Section**

**17. Type of Individual/Family garden(s):**

Raised Beds

Plots

Box garden(s)

Greenhouse

Other

Other (please specify)

**18. Individual/Family Garden(s)**

Number of gardens

Total size of garden(s)-  
square feet

Total Number of  
participants for this 6 month  
reporting period

Of the total number of  
participants for this 6 month  
reporting period, how many  
participated for the first  
time?

Describe

**Traditional Local Healthy Foods Section**

**19. Are you reporting on Starter Plants?**

Yes

No

**Traditional Local Healthy Foods Section**

**20. Starter Plants**

Type (describe)

Total Number Distributed



**Traditional Local Healthy Foods Section**

**21. Are you reporting on composting?**

Yes

No

Traditional Local Healthy Foods Section

**22. Composting**

How many composting sites

How many gardens fertilized

Total Number of participants for this 6 month reporting period

Of the total number of participants for this 6 month reporting period, how many participated for the first time?

Describe

**Traditional Local Healthy Foods Section**

Community/Individual Gardens Production and Distribution of Produce

**23. Produce**

Type(s) of produce	<input type="text"/>
Describe	<input type="text"/>
How produce used - describe	<input type="text"/>

**24. Farmers Market Availability**

Yes

No

Traditional Local Healthy Foods Section

**25. Farmers Market Availability**

Number of days of farmers markets

Number of markets

How often held

Number of vendors/producers

Number of community shoppers/consumers

Number of vouchers used

Describe

**Traditional Local Healthy Foods Section**

**26. Traditional foods participants in farmers markets**

Yes

No

**Traditional Local Healthy Foods Section**

**27. Traditional foods participants in farmers markets**

Total Number of   
participants for this 6 month  
reporting period

Of the total number of   
participants for this 6 month  
reporting period, how many  
participated for the first  
time?

Number of days sold   
produce

Type(s) of produce sold   
(describe)

**Traditional Local Healthy Foods Section**

**28. Other produce/traditional healthy foods outlets (e.g. health fairs, local events)**

Type(s) of produce/traditional foods

Type(s) of events

How often events held

Total Number of participants for this 6 month reporting period

Of the total number of participants for this 6 month reporting period, how many participated for the first time?

Describe

**Traditional Local Healthy Foods Section**

**29. Health Policy Implemented (e.g. distribution of affordable traditional foods at farmer markets, distribution of affordable traditional healthy foods at community events)**

Yes

No



**Traditional Local Healthy Foods Section**

**30. Health Policy Implemented (e.g. distribution of affordable traditional foods at farmer markets, distribution of affordable traditional healthy foods at community events)**

Type(s) of health policy

(e.g. school, local government, community, grocery store, restaurants, other)

Number of policies

Date(s) implemented

Describe process

(effectiveness, barriers, limitations, sustainability)

**Traditional Local Healthy Foods Section**

Traditional foods/alternative healthy foods - Activities

**31. Gathering**

Yes

No

**Traditional Local Healthy Foods Section**

**32. Traditional foods/alternative healthy foods - Activities**

Type

Number of activities

Total Number of participants for this 6 month reporting period

Of the total number of participants for this 6 month reporting period, how many participated for the first time?

Describe

**Traditional Local Healthy Foods Section**

Traditional foods/alternative healthy foods - Activities

**33. Fishing**

Yes

No

**Traditional Local Healthy Foods Section**

**34. Traditional foods/alternative healthy foods - Activities**

Type

Number of activities

Total Number of participants for this 6 month reporting period

Of the total number of participants for this 6 month reporting period, how many participated for the first time?

Describe

**Traditional Local Healthy Foods Section**

Traditional foods/alternative healthy foods - Activities

**35. Hunting**

Yes

No

**Traditional Local Healthy Foods Section**

**36. Traditional foods/alternative healthy foods - Activities**

Type

Number of activities

Total Number of participants for this 6 month reporting period

Of the total number of participants for this 6 month reporting period, how many participated for the first time?

Describe

**Traditional Local Healthy Foods Section**

Traditional foods/alternative healthy foods - Activities

**37. Other(s) - not listed**

Yes

No



**Traditional Local Healthy Foods Section**

**38. Traditional foods/alternative healthy foods - Activities**

Type

Number of activities

Total Number of participants for this 6 month reporting period

Of the total number of participants for this 6 month reporting period, how many participated for the first time?

Describe

**Traditional Local Healthy Foods Section**

Storytelling for traditional foods or alternative healthy foods - Activities

**39. Stories: narratives/testimony/written stories**

Yes

No

**Traditional Local Healthy Foods Section**

**40. Stories: narratives/testimony/written stories**

Type(s) of story

Number of stories

Total Number of participants for this 6 month reporting period

Of the total number of participants for this 6 month reporting period, how many participated for the first time?

Describe

**Traditional Local Healthy Foods Section**

**41. Stories: digital voice/photo voice/photo journalism**

Yes

No

**Traditional Local Healthy Foods Section**

**42. Stories: digital voice/photo voice/photo journalism**

Type(s) of story

Number of stories

Total Number of participants for this 6 month reporting period

Of the total number of participants for this 6 month reporting period, how many participated for the first time?

Describe

**Traditional Local Healthy Foods Section**

**43. Stories: GIS traditional foods maps**

Yes

No

**Traditional Local Healthy Foods Section**

**44. Stories: GIS traditional foods maps**

Describe (e.g. type(s) of  
foods, time frame)

Traditional Local Healthy Foods Section

**45. Stories: music/plays/art**

Yes

No



**Traditional Local Healthy Foods Section**

**46. Stories: music/plays/art**

Type(s) of story

Number of stories

Total Number of participants for this 6 month reporting period

Of the total number of participants for this 6 month reporting period, how many participated for the first time?

Describe

**Traditional Local Healthy Foods Section**

**47. Other kinds of traditional foods stories:**

Yes

No

**Traditional Local Healthy Foods Section**

**48. Other kinds of traditional foods stories:**

Type(s) of stories

Number of stories

Total Number of participants for this 6 month reporting period

Of the total number of participants for this 6 month reporting period, how many participated for the first time?

Describe

**Traditional Local Healthy Foods Section**

Healthy foods selections in different venues

**49. Are healthy food selections provided in different venues? (e.g. work-site, agency, supermarket, vending machines, restaurants, etc.)**

Yes

No

**Traditional Local Healthy Foods Section**

**50. Are healthy food selections provided in different venues? (e.g. work-site, agency, supermarket, vending machines, restaurants, etc.)**

**Check all that apply:**

- Work-site
- Agency
- Supermarket/Market/Mini-mart
- Vending Machines
- Restaurants
- Other

Describe

**Traditional Local Healthy Foods Section**

**51. Are incentives, coupons, discounts available to purchase healthy foods?**

Yes

No

**Traditional Local Healthy Foods Section**

**52. Are incentives, coupons, discounts available to purchase healthy foods?**

Type(s) incentives, coupons, discounts

Number distributed (if applicable)

Number used this reporting period

Describe

**Traditional Local Healthy Foods Section**

**53. Health Policy Implemented (e.g. affordable, lower cost of healthy food; prohibit sale of less healthy foods, incentives to purchase healthy foods)**

Yes

No



**Traditional Local Healthy Foods Section**

**54. Health Policy Implemented (e.g. affordable, lower cost of healthy food; prohibit sale of less healthy foods, incentives to purchase healthy foods)**

Type(s) of health policy

(e.g. school, local government, community, grocery store, restaurants, other)

Number of policies

Date implemented

Describe process

(effectiveness, barriers, limitations, sustainability)

**Traditional Local Healthy Foods Section**

Traditional Healthy Foods Education

**55. Traditional Healthy Foods Education Activity**

Yes

No

**Traditional Local Healthy Foods Section**

**56. Traditional Healthy Foods Education Activity**

Type(s) of education	<input type="text"/>
How often education activity provided	<input type="text"/>
Total Number of participants trained	<input type="text"/>
Total Number of new participants trained	<input type="text"/>
Describe	<input type="text"/>

**Traditional Local Healthy Foods Section**

**57. Traditional foods health education materials developed**

Yes

No

**Traditional Local Healthy Foods Section**

**58. Traditional foods health education materials developed**

Type(s)	<input type="text"/>
Number distributed	<input type="text"/>
Describe	<input type="text"/>

**Traditional Local Healthy Foods Section**

**59. Health Policy Implemented (e.g. health education about traditional foods in schools/after school programs)**

Yes

No

**Traditional Local Healthy Foods Section**

**60. Health Policy Implemented (e.g. health education about traditional foods in schools/after school programs)**

Type(s) of health policy

(e.g. school, local government, community, grocery store, restaurants, other)

Number of policies

Date implemented

Describe process

(effectiveness, barriers, limitations, sustainability)

**Traditional Local Healthy Foods Section**

Traditional Foods Media and Outreach

**61. Traditional Foods Media Outreach**

Yes

No



**Traditional Local Healthy Foods Section**

**62. Traditional Foods Media Outreach**

Type(s) of media/outreach

Number of media/outreach events

Est. number persons impacted

Describe

**Traditional Local Healthy Foods Section**

**63. Traditional Foods Media materials developed**

Yes

No

**Traditional Local Healthy Foods Section**

**64. Traditional Foods Media materials developed (brochures, psas, television/radio spots, flyers)**

Type(s) of materials	<input type="text"/>
Number distributed	<input type="text"/>
Est. Number persons impacted	<input type="text"/>
Describe	<input type="text"/>

**Traditional Local Healthy Foods Section**

Collaboration with other agencies and programs

**65. Traditional foods collaboration with other agencies and programs**

Yes

No

**Traditional Local Healthy Foods Section**

**66. Collaborative agency/program/dept/organization**

Describe

**67. Type of traditional foods collaboration**

Describe

**Traditional Local Healthy Foods Section**

**68. Co-sponsored traditional foods events with other agencies and programs**

Yes

No

**Traditional Local Healthy Foods Section**

**69. Co-sponsored traditional foods events with other agencies and programs**

Number of events this reporting period

Number of total co-sponsors

Total Number of participants for this 6 month reporting period

Of the total number of participants for this 6 month reporting period, how many participated for the first time?

Describe

Traditional Local Healthy Foods Section

**70. Success of the traditional foods co-sponsor/collaborations**

	not successful	somewhat successful	successful	very successful	N/A
Success of the co-sponsor/collaborations	jn	jn	jn	jn	jn



**Traditional Local Healthy Foods Section**

Outcomes for traditional local healthy foods activities

**71. Did the program measure participant change (e.g. pre/post questionnaires, follow cohort, BMI measures, weight loss measures, testimony that includes participants change, other measures)?**

Yes

No

**Traditional Local Healthy Foods Section**

**72. Participant traditional foods change outcomes (e.g. behavior, skills, knowledge, weight loss, stories)**

Type(s) of interventions/activities

Type(s) of methods to measure change

Type(s) of change (behavior, skills, knowledge, weight loss, stories)

Total Number of participants for this 6 month reporting period

Of the total number of participants for this 6 month reporting period, how many participated for the first time?

Number of participants changed

Describe

**Traditional Local Healthy Foods Section**

**73. Ecological/Environmental traditional foods change outcomes (e.g. affordable and available healthy foods)**

Yes

No

**Traditional Local Healthy Food Section**

**74. Ecological/Environmental traditional foods change outcomes (e.g. affordable and available healthy foods)**

Describe

**Traditional Local Healthy Foods Section**

**75. Are the traditional foods environmental changes/outcomes designed for sustainability?**

Yes

No

**Traditional Local Healthy Foods Section**

**76. Are the traditional foods environmental changes/outcomes designed for sustainability?**

Describe

**Physical Activity Section**

**77. Reporting on Physical Activity Domain only?**

Yes

No

Physical Activity Section

78. Reporting on Physical Activity Domain(s):

	Yes	No
Physical Activity Domain includes Traditional Foods	jñ	jñ
Physical Activity Domain includes Social Support	jñ	jñ



**Physical Activity Section**

Availability of places for/and physical activities

**79. Are there places/equipment available to conduct physical activities provided through the grant action plan?**

Yes

No

Physical Activity Section

**80. Places/Facilities/Equipment**

Number of   
Places/Facilities/Equipment

Describe

**Physical Activity Section**

**81. Does the grant action plan include organized physical activities?**

Yes

No

**Physical Activity Section**

**82. Grant action plan include organized physical activities**

Type(s)

Number of Physical Activities

Total Number of participants for this 6 month reporting period

Of the total number of participants for this 6 month reporting period, how many participated for the first time?

Describe

**Physical Activity Section**

**83. Health Policy Implemented (e.g. safe places for physical activities, extra curricular physical activity in schools as a result of the grant action plan)**

Yes

No

**Physical Activity Section**

**84. Health Policy Implemented (e.g. safe places for physical activities, extra curricular physical activity in schools as a result of the grant action plan)**

Type(s) of health policy

(e.g. school, local government, community, grocery store, restaurants, other)

Number of policies

Date implemented

Describe process

(effectiveness, barriers, limitations, sustainability)

Physical Activity Section

Community/Individual Gardens Physical Activities

**85. Participants time in garden (plowing, planting, watering, weed pulling, harvesting)**

Total Number of participants for this 6 month reporting period

Of the total number of participants for this 6 month reporting period, how many participated for the first time?

Total participants' time in garden (hr/min)

Describe gardening activities

**Physical Activity Section**

**86. Health Policy Implemented (e.g., inclusion of student gardening in physical education curricula, as extra credit in core curricula for science, math, etc.)**

Yes

No



**Physical Activity Section**

**87. Health Policy Implemented (e.g., inclusion of student gardening in physical education curricula, as extra credit in core curricula for science, math, etc.)**

Type(s) of health policy

(e.g. school, local government, community, grocery store, restaurants, other)

Number of policies

Date implemented

Describe process

(effectiveness, barriers, limitations, sustainability)

Physical Activity Section

Storytelling for physical activities

**88. Stories: narratives/testimony/written stories**

Yes

No

**Physical Activity Section**

**89. Stories: narratives/testimony/written stories**

Type(s) of stories

Number of stories

Total Number of participants for this 6 month reporting period

Of the total number of participants for this 6 month reporting period, how many participated for the first time?

Describe

**Physical Activity Section**

**90. Stories: digital voice/photo voice/photo journalism**

Yes

No

**Physical Activity Section**

**91. Stories: digital voice/photo voice/photo journalism**

Type(s) of stories

Number of stories

Total Number of participants for this 6 month reporting period

Of the total number of participants for this 6 month reporting period, how many participated for the first time?

Describe

Physical Activity Section

**92. Stories: GIS physical activity maps**

Yes

No

**Physical Activity Section**

**93. Stories: GIS physical activity maps**

Total Number of   
participants for this 6 month  
reporting period

Of the total number of   
participants for this 6 month  
reporting period, how many  
participated for the first  
time?

Describe type(s) of physical   
activity

Physical Activity Section

**94. Stories: music/plays/art**

Yes

No



**Physical Activity Section**

**95. Stories: music/plays/art**

Type(s) of stories

Number of stories

Total Number of participants for this 6 month reporting period

Of the total number of participants for this 6 month reporting period, how many participated for the first time?

Describe

Physical Activity Section

**96. Other kinds of physical activity stories**

Yes

No

**Physical Activity Section**

**97. Other kinds of physical activity stories**

Type(s) of stories

Number of stories

Total Number of participants for this 6 month reporting period

Of the total number of participants for this 6 month reporting period, how many participated for the first time?

Describe

**Physical Activity Section**

Physical Activity Health Education

**98. Physical Activity included in Health Education Programs**

Yes

No

**Physical Activity Section**

**99. Physical Activity included in Health Education Programs**

Type(s) of education	<input type="text"/>
Number of education activity provided	<input type="text"/>
How often education activity provided	<input type="text"/>
Total Number of participants trained	<input type="text"/>
Total Number of new participants trained	<input type="text"/>
Describe	<input type="text"/>

**Physical Activity Section**

**100. Health education materials developed that are focused on physical activity**

Yes

No

**Physical Activity Section**

**101. Health education materials developed that are focused on physical activity**

Type(s)	<input type="text"/>
Number distributed	<input type="text"/>
Describe	<input type="text"/>

**Physical Activity Section**

**102. Health Education Policy Implemented (e.g. school policy for physical activity and education)**

Yes

No



**Physical Activity Section**

**103. Health Education Policy Implemented (e.g. school policy for physical activity and education)**

Type(s) of health policy

(e.g. school, local government, community, grocery store, restaurants, other)

Number of policies

Date implemented

Describe process

(effectiveness, barriers, limitations, sustainability)

Physical Activity Section

Physical Activity Media and Outreach

**104. Physical Activity Media/Outreach**

Yes

No

Physical Activity Section

**105. Physical Activity Media/Outreach**

Type(s) of media/outreach

Number of media/outreach events

Est. number persons impacted

Describe

**Physical Activity Section**

**106. Physical Activity Media (brochures, psas, television/radio spots, flyers)**

Yes

No

**Physical Activity Section**

**107. Physical Activity Media Materials Developed**

Type(s) of materials	<input type="text"/>
Number distributed	<input type="text"/>
Est. number of persons impacted	<input type="text"/>
Describe	<input type="text"/>

**Physical Activity Section**

Collaboration with other agencies and programs

**108. Physical activity collaboration with other agencies and programs**

Yes

No

**Physical Activity Section**

**109. Collaborative agency/program/dept/organization**

Describe

**110. Type of physical activity collaboration**

Describe

**Physical Activity Section**

**111. Co-Sponsored physical activity events with other agencies and programs**

Yes

No



**Physical Activity Section**

**112. Physical activity co-sponsored events**

Number of co-sponsored event this reporting period

Number of total co-sponsors

Total Number of participants for this 6 month reporting period

Of the total number of participants for this 6 month reporting period, how many participated for the first time?

Describe

Physical Activity Section

**113. Success of the physical activity co-sponsor/collaborations**

	not successful	somewhat successful	successful	very successful	N/A
Success of the co-sponsor/collaborations	jn	jn	jn	jn	jn

**Physical Activity Section**

Outcomes for physical activity activities

**114. Did the program measure participant change (e.g. pre/post questionnaires, follow cohort, BMI measures, weight loss measures, testimony that includes participants change, other measures)?**

Yes

No

**Physical Activity Section**

**115. Participant physical activity change outcomes (e.g. behavior, skills, knowledge, weight loss, stories)**

Type(s) of interventions/activities

Type(s) of methods to measure change

Type(s) of change (behavior, skills, knowledge, weight loss, stories)

Total Number of participants for this 6 month reporting period

Of the total number of participants for this 6 month reporting period, how many participated for the first time?

Number of participants changed

Describe

**Physical Activity Section**

**116. Ecological/Environmental physical activity change outcomes (e.g. safer walking areas)**

Yes

No

**Physical Activity Section**

**117. Ecological/Environmental physical activity change outcomes (e.g. safer walking areas)**

Describe

**Physical Activity Section**

**118. Are the physical activity environmental changes/outcomes designed for sustainability?**

Yes

No

**Physical Activity Section**

**119. Are the physical activity environmental changes/outcomes designed for sustainability?**

Describe



**Social Support for Healthy Living Section**

**120. Reporting on Social Support Domain Only?**

Yes

No

# Traditional Foods Shared Data Elements Reporting Form - revised Sept.

## Social Support for Healthy Living Section

### 121. Reporting on Social Support Domain(s):

	Yes	No
Social Support Domain includes Traditional Foods	jñ	jñ
Social Support Domain includes Physical Activity	jñ	jñ

**Social Support for Healthy Living Section**

Social Support Activities (e.g. talking circles, healthy food pot lucks, lifestyle coaches)

**122. Are there planned/available activities to provide social support for healthy living?**

Yes

No

**Social Support for Healthy Living Section**

**123. Social Support for healthy living activities**

Type(s)

Number of activities

Total Number of participants for this 6 month reporting period

Of the total number of participants for this 6 month reporting period, how many participated for the first time?

Describe

**Social Support for Healthy Living Section**

**124. Health Policy Implemented (e.g. talking circles for breastfeeding mothers, Eagle Book talking circles)**

Yes

No

**Social Support for Healthy Living Section**

**125. Health Policy Implemented (e.g. talking circles for breastfeeding mothers, Eagle Book talking circles)**

Type(s) of health policy

(e.g. school, local government, community, grocery store, restaurants, other)

Number of policies

Date implemented

Describe process

(effectiveness, barriers, limitations, sustainability)

Social Support for Healthy Living Section

Storytelling for social support

**126. Stories: narratives/testimony/written stories**

Yes

No

**Social Support for Healthy Living Section**

**127. Stories: narratives/testimony/written stories**

Type(s) of stories

Number of stories

Total Number of participants for this 6 month reporting period

Of the total number of participants for this 6 month reporting period, how many participated for the first time?

Describe



**Social Support for Healthy Living Section**

**128. Stories: digital voice/photo voice/photo journalism**

Yes

No

**Social Support for Healthy Living Section**

**129. Stories: digital voice/photo voice/photo journalism**

Type(s) of stories

Number of stories

Total Number of participants for this 6 month reporting period

Of the total number of participants for this 6 month reporting period, how many participated for the first time?

Describe

**Social Support for Healthy Living Section**

**130. Stories: music/plays/art**

Yes

No

**Social Support for Healthy Living Section**

**131. Stories: music/plays/art**

Type(s) of stories

Number of stories

Total Number of participants for this 6 month reporting period

Of the total number of participants for this 6 month reporting period, how many participated for the first time?

Describe

**Social Support for Healthy Living Section**

**132. Other kinds of social support stories**

Yes

No

**Social Support for Healthy Living Section**

**133. Other kinds of social support stories**

Type(s) of stories

Number of stories

Total Number of participants for this 6 month reporting period

Of the total number of participants for this 6 month reporting period, how many participated for the first time?

Describe

**Social Support for Healthy Living Section**

Collaboration with other agencies and programs

**134. Social support collaboration with other agencies and programs**

Yes

No

**Social Support for Healthy Living Section**

**135. Collaborative agency/program/dept/organization**

Describe

**136. Type of social support collaboration**

Describe



**Social Support for Healthy Living Section**

**137. Co-sponsored social support events with other agencies and programs**

Yes

No

**Social Support for Healthy Living Section**

**138. Co-sponsored social support events with other agencies and programs**

Number of co-sponsored events

Number of total co-sponsors

Total Number of participants for this 6 month reporting period

Of the total number of participants for this 6 month reporting period, how many participated for the first time?

Describe

Social Support for Healthy Living Section

**139. Success of the social support co-sponsor/collaborations**

	not successful	somewhat successful	successful	very successful	N/A
Success of the co-sponsor/collaborations	jn	jn	jn	jn	jn

**Social Support for Healthy Living Section**

Outcomes for social support activities

**140. Did the program measure participant change (e.g. pre/post questionnaires, follow cohort, BMI measures, weight loss measures, testimony that includes participants change, other measures)?**

Yes

No

**Social Support for Healthy Living Section**

**141. Participant social support change outcomes (e.g. behavior, skills, knowledge, weight loss, stories)**

Type(s) of interventions/activities

Type(s) of methods to measure change

Type(s) of change (behavior, skills, knowledge, weight loss, stories)

Total Number of participants for this 6 month reporting period

Of the total number of participants for this 6 month reporting period, how many participated for the first time?

Number of participants changed

Describe

**THE END OF SURVEY**

Thank you for completing the survey.