

Office on Women’s Health (OWH)  
 Longer

Living Healthier, Living

QUESTION	QUESTION TYPE
1. How has your participation in this project improved your health?	Engagement
2. What aspects of the project contributed to your ability to improve your health (potential prompts: weekly group sessions (follow-on: what is it about the group sessions?); pedometer; theraband)	Exploration
3. What aspects of the project can be improved?	Exploration
4. Are there ways in which your friends and family (including your partner) supported your efforts to increase your physical activity or improve your eating? (Follow-on: Are there ways in which your friends and family (including your partner) did NOT support your efforts to increase your physical activity or improve your eating. (GIVE EXAMPLES IF NECESSARY: WILLINGESS TO WALK RATHER THAN DRIVE; ACCOMODATING SCHEDULES; WILLINGNESS TO TRY NEW FOODS)	Exploration
5. What was the most challenging part about the intervention? (GIVE EXAMPLES IF NECESSARY: MAKING TIME, FRUSTRATIONS WITH PROGRESS, PARTNER/FAMILY/FRIENDS)	Exploration
6. Is there anything else you would like to share?	Exit

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-xxxx . The time required to complete this information collection is estimated to average 4 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer