

Web-based Data Collection Tools for Living Healthier, Living Longer

As noted in Living Healthier Living Longer Part A Supporting Statement, 26 questions (one survey) will be available to participants in electronic PDF-format (form completion) for email or paper format (Attachment Living Healthier Living Longer Health History Questionnaire_Form).

Additionally, 83 questions (two surveys) will be available to participants in an online or paper format. The following links preview the test versions of each of these survey tools:

Survey	Hyperlink
Baseline Survey	Survey Available Here
Study Completion Survey	Survey Available Here

The introduction to each of the online surveys will read as follows:

“Thank you for participating in the **Living Healthier, Living Longer** [survey title]. This survey will take approximately **YYY** minutes to complete, and your participation is completely voluntary. If you prefer not to answer a question, skip it and continue on with the survey. We are collecting this information for research purposes only. Your answers will be combined with the answers of others and reported in such a way that no single individual could ever be identified. You can be assured that the information you give us on the survey will be kept private under the guidelines of the Privacy Act.”

Selected Screenshots

The full online survey tools can be access at the hyperlinks provided above; however, the following are select screenshots from each of the survey tools.

Baseline Survey 1

Living Healthier Living Longer Baseline Survey

Demographics and Background

1. Are you of Hispanic or Latino origin?

Yes

No

Don't Know

2. Which category most closely describes your race? (check all that apply)

Black or African American

Asian

White

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

3. What is your current employment status? (check all that apply)

Working part-time

Working full-time

Baseline Survey 2

Living Healthier Living Longer Baseline Survey

General Health

18. In general, would you say your health is:

- Excellent
 Very good
 Good
 Fair
 Poor

19. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

	Yes, limited a lot	Yes, limited a little	No, not limited at all
Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing several flights of stairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

Accomplished less than you would like.	<input type="text"/>
Were limited in the kind of work or other activities.	<input type="text"/>

Baseline Survey 3

Living Healthier Living Longer Baseline Survey

Nutrition and Consumption: Beverages

For alcohol, a drink is equal to half an ounce of absolute alcohol (e.g. a 12 ounce can or glass of beer or cooler, a 5 ounce glass of wine, or a drink containing 1 shot of liquor).

43. During the last 30 days, how often did you usually have any kind of drink containing alcohol? Choose only one.

- Every day
 5 to 6 times a week
 3 to 4 times a week
 twice a week
 once a week
 2 to 3 times a month
 once a month
 I did not drink any alcohol in the past month, but I did drink in the past
 I never drank any alcohol in my life

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End of Study Survey 1

Living Healthier Living Longer Study Completion Survey

1. Which of the following did you accomplish with your participation in this program (select all that apply):

- Improved overall health
- Improved endurance
- Improved balance/ coordination
- Improved exercise knowledge
- Improved nutritional knowledge
- Reduced stress
- Increased energy
- Increased flexibility
- Increased strength
- Had fun/socialized
- Lost weight (____ pounds)
- NONE OF THE ABOVE

2. How much do you feel each of the following contributed to improving your health or facilitating weight loss during this program?

	Did not contribute at all	Contributed very little	Contributed somewhat	Strongly contributed
Pedometer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theraband	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group Sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Socialization with other program participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improved eating habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="text"/>			

End of Study Survey 2

Living Healthier Living Longer Study Completion Survey

General Health

3. In general, would you say your health is:

- Excellent
- Very good
- Good
- Fair
- Poor

4. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf?

Climbing several flights of stairs?

5. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?











Accomplished less than you would like.

Were limited in the kind of work or other activities.

End of Study Survey 3

Living Healthier Living Longer Study Completion Survey

Physical Activity

<p>LIGHT activities</p> <ul style="list-style-type: none"> Your heart beats slightly faster than normal You can talk and sing 	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  Walking leisurely </div> <div style="text-align: center;">  Stretching </div> <div style="text-align: center;">  Vacuuming, light yard work </div> </div>
<p>MODERATE activities</p> <ul style="list-style-type: none"> Your heart beats faster than normal You can talk but not sing 	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  Fast walking </div> <div style="text-align: center;">  Aerobics class </div> <div style="text-align: center;">  Strength training </div> <div style="text-align: center;">  Swimming gently </div> </div>
<p>VIGOROUS activities</p> <ul style="list-style-type: none"> Your heart rate increases a lot You can't talk or your talking is broken up by large breaths 	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  Stair machine </div> <div style="text-align: center;">  Jogging or running </div> <div style="text-align: center;">  Tennis, racquetball, or badminton </div> </div>

11. During the last 7 days, on how many days did you do vigorous physical activities? Vigorous activities are activities during which your heart rate increases a lot and you can't talk (or talking is broken up by taking large breaths).