

## Traditional Foods SDE Reporting Form – Time 6

Form Approved

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## Traditional Foods Shared Data Elements Form

1. Name of person to contact for questions regarding this submission:  
(First, Last Name)

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 Community Action, Arizona  
 United Indian Health Services, Inc., California

3. You are reporting on activities held during what six month period?

	Months	Years
Months and years of activities	drop-down menu	drop-down menu
	April to September	2012
	...	...

## Gardening Activities Across Domains

For the questions below, please consider ALL gardening activities together (across all domains).

4. Are you reporting on Planting/Gardening?  
[Skip pattern: if “no,” skip to question **22**]
  
5. Which domains were included in Planting/Gardening activities?  
(Please check all that apply.)
  - Traditional foods
  - Physical activity
  - Social support
  
6. Did Planting/Gardening activities include:  
(Please check all that apply.)
  - Soil preparation (tilling, amending with compost, etc.)
  - Weeding
  - Harvesting
  - Food processing
  - Other
  - Describe

## Community Gardens

7. Are you reporting on Community garden(s)?

[Skip pattern: if “no,” skip to question **10**]

8. Describe Community garden(s).

(Please use numbers ONLY except for the “Describe” text box.)

Number of gardens \_\_\_\_\_

Total size of gardens in square feet \_\_\_\_\_

Total number of participants for this six month reporting period \_\_\_\_\_

Of the participants for this six month reporting period, how many participated for the first time? \_\_\_\_\_

Describe \_\_\_\_\_

9. Did Community gardens include:

(Please check all that apply.)

- Raised beds
- Plots
- Box garden(s)
- Greenhouse

## School Gardens

10. Are you reporting on School garden(s)?

[Skip pattern: if “no,” skip to question 13]

11. Describe School garden(s).

(Please use numbers ONLY except for the “Describe” text box.)

Number of gardens \_\_\_\_\_

Total size of gardens in square feet \_\_\_\_\_

Total number of participants for this six month reporting period \_\_\_\_\_

Of the participants for this six month reporting period, how many participated for the first time? \_\_\_\_\_

Describe \_\_\_\_\_

12. Did School gardens include:

(Please check all that apply.)

- Raised beds
- Plots
- Box garden(s)
- Greenhouse

## Program Gardens

13. Are you reporting on Program garden(s) (Elders' gardens, youth gardens, etc.)?

[Skip pattern: if "no," skip to question 16]

14. Describe Program garden(s).

(Please use numbers ONLY except for the "Describe" text box.)

Number of gardens \_\_\_\_\_

Total size of gardens in square feet \_\_\_\_\_

Total number of participants for this six month reporting period \_\_\_\_\_

Of the participants for this six month reporting period, how many participated for the first time? \_\_\_\_\_

Describe \_\_\_\_\_

15. Did Program gardens include:

(Please check all that apply.)

- Raised beds
- Plots
- Box garden(s)
- Greenhouse

## Family Gardens

16. Are you reporting on Family garden(s)?  
[Skip pattern: if “no,” skip to question **19**]
17. Describe Family garden(s).  
(Please use numbers ONLY except for the “Describe” text box.)
- Number of gardens \_\_\_\_\_  
Total size of gardens in square feet \_\_\_\_\_  
Total number of participants for this six month reporting period \_\_\_\_\_  
Of the participants for this six month reporting period, how many participated for the first time? \_\_\_\_\_  
Describe \_\_\_\_\_
18. Did Family gardens include:  
(Please check all that apply.)
- Raised beds
  - Plots
  - Box garden(s)
  - Greenhouse

## Other Gardens

19. Are you reporting on Other garden(s)?

[Skip pattern: if “no,” skip to question 22]

20. Describe Other garden(s).

(Please use numbers ONLY except for the “Describe” text box.)

Number of gardens \_\_\_\_\_

Total size of gardens in square feet \_\_\_\_\_

Total number of participants for this six month reporting period \_\_\_\_\_

Of the participants for this six month reporting period, how many participated for the first time? \_\_\_\_\_

Describe \_\_\_\_\_

21. Did Other gardens include:

(Please check all that apply.)

- Raised beds
- Plots
- Box garden(s)
- Greenhouse



## Permaculture Sites

22. Are you reporting on Permaculture sites created, developed, or maintained during this six month reporting period?

[Skip pattern: if “no,” skip to question **24**]

23. Describe Permaculture site(s).

(Please use numbers ONLY except for the “Describe” text box.)

Number of permaculture site(s) \_\_\_\_\_

Total size of permaculture site(s) in square feet \_\_\_\_\_

Total number of participants for this six month reporting period \_\_\_\_\_

Of the participants for this six month reporting period, how many participated for the first time? \_\_\_\_\_

Describe \_\_\_\_\_

## Heirloom Seeds

24. Are you using Heirloom seeds?

[Skip pattern: if "no," skip to question **26**]

25. Describe Heirloom seeds. \_\_\_\_\_

## Starter Plants

26. Are you reporting on Starter plants?

[Skip pattern: if "no," skip to question **28**]

27. Describe Starter plants.

Total number distributed (please put a number in this box) \_\_\_\_\_

Describe type of starter plants \_\_\_\_\_

## Irrigation

28. Are you reporting on Irrigation?  
[Skip pattern: if “no,” skip to question **30**]
29. Describe Irrigation type (e.g. rainfall, flooding, drip, sprinkler, hose, other, etc.)  

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## Composting

30. Are you reporting on Composting?

[Skip pattern: if “no,” skip to question **32**]

31. Describe Composting activities.

(Please use numbers ONLY except for the “Describe” text box.)

How many composting sites were created, developed, or maintained during this six month reporting period? \_\_\_\_\_

How many gardens were fertilized with compost? \_\_\_\_\_

Total number of participants for this six month reporting period \_\_\_\_\_

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

Describe \_\_\_\_\_

## Using and Harvesting Produce

32. Are you reporting on using or harvesting Produce?

[Skip pattern: if "no," skip to question **34**]

33. What types of produce were used or harvested in this six month reporting period?

Describe produce \_\_\_\_\_

How was produce used? \_\_\_\_\_

## Farmers' Markets

34. Are you reporting on Farmers' markets?

[Skip pattern: if "no," skip to question **38**]

35. Describe Farmers' markets.

(Please use numbers ONLY except for the "Describe" text box)

Number of days of farmers markets \_\_\_\_\_

Number of markets \_\_\_\_\_

Number of vendors/producers \_\_\_\_\_

Number of community shoppers/consumers \_\_\_\_\_

Number of vouchers used \_\_\_\_\_

Describe \_\_\_\_\_

## Selling Produce

36. Did Traditional Foods participants sell produce at farmers markets?

[Skip pattern: if "no," skip to question **38**]

37. Describe produce selling activities.

(Please use numbers ONLY except for the "Type" text box)

Total number of participants for this six month reporting period \_\_\_\_\_

Of the participants for this six month reporting period, how many participated for the first time? \_\_\_\_\_

Number of days produce was sold \_\_\_\_\_

Type(s) of produce sold (describe) \_\_\_\_\_



## Other Produce and Traditional Healthy Foods Outlets

38. Are you reporting on other produce/traditional healthy foods outlets (e.g. health fairs, local events)?

[Skip pattern: if “no,” skip to question **40**]

39. Describe other produce/traditional healthy food outlets.  
(Please use numbers ONLY except for the “Type” and “Describe” text boxes)

Type(s) of produce/traditional foods \_\_\_\_\_

Type(s) of events \_\_\_\_\_

Total number of participants for this six month reporting period \_\_\_\_\_

Of the participants for this six month reporting period, how many participated for the first time? \_\_\_\_\_

Describe \_\_\_\_\_

## Healthy Foods Selections in Different Venues

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

[Skip pattern: if “no,” skip to question **42**]

41. Describe venues for healthy food selections:  
(Please check all that apply.)

- Work-site
- Agency
- Supermarket/market/mini-mart
- Vending machines
- Restaurants
- Other
- Describe

## Incentives, Coupons, and Discounts

42. Are Incentives, coupons, and discounts available to purchase healthy foods?

[Skip pattern: if “no,” skip to question **44**]

43. Describe incentives, coupons, and discounts.

(Please use numbers ONLY except for the “Type” and “Describe” text boxes)

Type(s) incentives, coupons, discounts \_\_\_\_\_

Number of distributed (if applicable) \_\_\_\_\_

Number used this reporting period \_\_\_\_\_

Describe \_\_\_\_\_

## Subsistence Activities—Gathering, Fishing, Hunting

44. Are you reporting on Subsistence Activities?  
[Skip pattern: if “no,” skip to question **54**]
45. Which domains were included in your subsistence activities?  
(Please check all that apply.)
- Traditional foods
  - Physical activity
  - Social support

## Gathering

46. Are you reporting on Gathering?

[Skip pattern: if “no,” skip to question **48**]

47. Describe Gathering activities.

(Please use numbers ONLY except for the “Type” and “Describe” text boxes.)

Type(s) of gathering activities \_\_\_\_\_

Number of activities \_\_\_\_\_

Total number of participants for this six month reporting period \_\_\_\_\_

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

Describe \_\_\_\_\_

## Fishing

48. Are you reporting on Fishing?

[Skip pattern: if “no,” skip to question **50**]

49. Describe Fishing activities.

(Please use numbers ONLY except for the “Type” and “Describe” text boxes.)

Type(s) of fishing activities \_\_\_\_\_

Number of activities \_\_\_\_\_

Total number of participants for this six month reporting period \_\_\_\_\_

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

Describe \_\_\_\_\_

## Hunting

50. Are you reporting on Hunting?

[Skip pattern: if “no,” skip to question **52**]

51. Describe Hunting activities.

(Please use numbers ONLY except for the “Type” and “Describe” text boxes.)

Type(s) of hunting activities \_\_\_\_\_

Number of activities \_\_\_\_\_

Total number of participants for this six month reporting period \_\_\_\_\_

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

Describe \_\_\_\_\_

## Other Subsistence Activities

52. Are you reporting on Other subsistence activities (other than gardening, gathering, fishing, and hunting)?

[Skip pattern: if “no,” skip to question 54]

53. Describe Other subsistence activities.

(Please use numbers ONLY except for the “Type” and “Describe” text boxes.)

Type(s) of activities \_\_\_\_\_

Number of activities \_\_\_\_\_

Total number of participants for this six month reporting period \_\_\_\_\_

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

Describe \_\_\_\_\_



## Storytelling

54. In the past six months, have your program activities included Storytelling of any type, including narrative, digital, GIS/posters, etc.?

[Skip pattern: if “no,” skip to question **66**]

55. Which domains were included in your Storytelling activities?  
(Please check all that apply.)

- Traditional foods
- Physical activity
- Social support

## Stories—Narratives, Testimony, and Written Stories

56. Have your program activities included Narratives, testimony, or written stories?

[Skip pattern: if “no,” skip to question **58**]

57. Describe Narratives, testimony, or written stories.

(Please use numbers ONLY except for the “Type” and “Describe” text boxes.)

Type(s) of narratives, testimony, or written stories \_\_\_\_\_

Number of stories \_\_\_\_\_

Total number of participants for this six month reporting period \_\_\_\_\_

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

Describe \_\_\_\_\_

## Stories—Digital and Photo Stories

58. Have your program activities included Digital voice, photo voice, or photo, journalism stories?

[Skip pattern: if “no,” skip to question **60**]

59. Describe Digital voice, photo voice, or photo journalism stories.  
(Please use numbers ONLY except for the “Type” and “Describe” text boxes.)

Type(s) of digital voice, photo voice, or photo journalism stories \_\_\_\_\_

Number of stories \_\_\_\_\_

Total number of participants for this six month reporting period \_\_\_\_\_

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

Describe \_\_\_\_\_

## Stories—GIS, Poster, and Traditional Food Map Stories

60. Have your program activities included GIS, poster, or traditional food map stories?

[Skip pattern: if “no,” skip to question **62**]

61. Describe GIS, poster, or traditional food map stories.

Describe \_\_\_\_\_

## Stories—Music, Plays, and Art Stories

62. Have your program activities included Music, plays, or art stories?

[Skip pattern: if “no,” skip to question **64**]

63. Describe Music, plays, or art stories.

(Please use numbers ONLY except for the “Type” and “Describe” text boxes.)

Type(s) of music, plays, or art stories \_\_\_\_\_

Number of stories \_\_\_\_\_

Total number of participants for this six month reporting period \_\_\_\_\_

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

Describe \_\_\_\_\_

## Stories—Other

64. Have your program activities included Other kinds of stories?

[Skip pattern: if “no,” skip to question **66**]

65. Describe Other kinds of stories.

(Please use numbers ONLY except for the “Type” and “Describe” text boxes.)

Type(s) of Other stories \_\_\_\_\_

Number of stories \_\_\_\_\_

Total number of participants for this six month reporting period \_\_\_\_\_

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

Describe \_\_\_\_\_

## Health Education

Instructions: For the three questions below, health education activities and materials may focus on a variety of topics, e.g., the importance of healthy foods, the value of traditional foods, the relationship between food and health/illness, physical activity as a component of health, social activity as a component of health, etc.

66. Are you reporting on Health Education activities or materials?

[Skip pattern: if “no,” skip to question **72**]

67. Which domains were included in your health activities or materials?  
(Please check all that apply.)

- Traditional foods
- Physical activity
- Social support

## Health Education Implementation

68. Have any Health Education activities been implemented in the past six months?  
[Skip pattern: if “no,” skip to question 70]

69. Describe implemented Health Education activities.  
(Please use numbers ONLY except for the “Type” and “Describe” text boxes.)

Type(s) of education provided \_\_\_\_\_

Number of times education activity provided \_\_\_\_\_

Total number of participants for this six month reporting period \_\_\_\_\_

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

Describe \_\_\_\_\_



## Health Education Materials

70. Were any new health education materials developed during the last six months?  
[Skip pattern: if “no,” skip to question **72**]

71. Describe developed health education materials.  
(Please use numbers ONLY except for the “Type” and “Describe” text boxes.)

Type(s) of materials developed \_\_\_\_\_

Number of materials distributed \_\_\_\_\_

Estimated number of persons impacted \_\_\_\_\_

Describe \_\_\_\_\_

## Health Practice (Including Policy) Activities

Instructions: Please note that health policies should be included here, as health practices.

72. Have any NEW Health Practices (behaviors, resolutions, policies, etc.) been implemented in the past six months? (For example, incentives to purchase healthy foods, distribution of affordable traditional foods at farmers' markets, distribution of affordable traditional healthy foods at community events, composting, safe places for physical activities, inclusion of gardening in school curricula)?

[Skip pattern: if "no," skip to question **75**]

## Health Practice Implementation

73. Which domains are affected by the new health practice(s)?  
(Please check all that apply.)

- Traditional foods
- Physical activity
- Social support

74. Describe health practices implemented.  
(Please use numbers ONLY except for the “Type” and “Describe” text boxes.)

Type(s) of health practice implemented (e.g. school, local government, community, grocery stores, restaurants, other) \_\_\_\_\_

How many new health practices were implemented? \_\_\_\_\_

Estimated number of persons impacted \_\_\_\_\_

Describe process - effectiveness, barriers, etc. \_\_\_\_\_

## Media Outreach and Materials

75. Are you reporting on Media Outreach and Materials?  
[Skip pattern: if “no,” skip to question **81**]
76. Which domains were included in the media outreach and materials?  
(Please check all that apply.)
- Traditional foods
  - Physical activity
  - Social support

## Media Outreach Activities

77. In the past six months, has your program implemented media outreach Activities relating to any of the three domains (Traditional Foods, Physical Activity, Social Support)?

[Skip pattern: if “no,” skip to question **79**]

78. Describe implemented media outreach.  
(Please use numbers ONLY except for the “Type” and “Describe” text boxes.)

Type(s) of media outreach \_\_\_\_\_

Number of media outreach events \_\_\_\_\_

Estimated number of persons impacted \_\_\_\_\_

Describe \_\_\_\_\_

## Media Materials

79. Have any media Materials been developed in the past six months relating to any of the three domains (e.g., brochures, PSAs, television/radio spots, flyers)?

[Skip pattern: if “no,” skip to question **81**]

80. Describe media materials developed.  
(Please use numbers ONLY except for the “Type” and “Describe” text boxes.)

Type(s) of materials developed \_\_\_\_\_

Number of materials distributed \_\_\_\_\_

Estimated number of persons impacted \_\_\_\_\_

Describe \_\_\_\_\_

## Collaboration With Other Agencies And Programs

81. In the past six months, have you collaborated with other agencies or programs on activities?

[Skip pattern: if “no,” skip to question **85**]

82. Which domains were included in your collaborative projects?  
(Please check all that apply.)

- Traditional foods
- Physical activity
- Social support

## Collaboration Types and Resources

83. Describe collaborative activities.

What types of agencies and organizations did you collaborate with (e.g., schools, clubs, health programs, etc.)? \_\_\_\_\_

How many activities involved collaboration with other organizations (number of collaborations)? (Please use a number to answer this question) \_\_\_\_\_

Describe \_\_\_\_\_

84. What resources were provided by collaborating organizations?

(Please check all that apply.)

- Financial Support (e.g. vouchers, funds, etc.)
- Staff
- Educational Materials
- Traditional Foods
- Marketing/Media/Outreach (newspaper, radio ads, etc.)
- Space



## Questions Focusing On Specific Domains—Physical Activity

85. In the past six months, did your program focus on exercise or other physical activities?  
[Skip pattern: if “no,” skip to question **90**]

86. Are there places, facilities, or equipment available to conduct physical activities?  
[Skip pattern: if “no,” skip to question **88**]

87. Describe availability of places, facilities, or equipment.  
(Please write a number in the “number of places” question.)

Number of places, including facilities \_\_\_\_\_

Describe places and facilities \_\_\_\_\_

Describe equipment available \_\_\_\_\_

## Organized Physical Activities

88. In the past six months, has your program included organized physical activities?  
[Skip pattern: if “no,” skip to question 90]

89. Describe organized physical activities.  
(Please use numbers ONLY except for the “Type” and “Describe” text boxes.)

Type(s) of organized physical activities \_\_\_\_\_  
Number of organized physical activities \_\_\_\_\_  
Total number of participants for this six month reporting period \_\_\_\_\_  
Of the participants for this six month reporting period, how many participated for the  
first time? \_\_\_\_\_  
Describe \_\_\_\_\_

## Questions Focusing On Specific Domains—Social Support

90. In the past six months, has your program included activities to provide Social Support for healthy living?

[Skip pattern: if “no,” skip to question **92**]

91. Describe Social Support for healthy living activities.  
(Please use numbers ONLY except for the “Type” and “Describe” text boxes.)

Type(s) of social support activities \_\_\_\_\_

Number of social support Activities \_\_\_\_\_

Total number of participants for this six month reporting period \_\_\_\_\_

Of the participants for this six month reporting period, how many participated for the first time? \_\_\_\_\_

Describe \_\_\_\_\_

## Outcomes for Traditional Foods Activities

92. In the past six months, did your program measure participant change related to the production, availability, or use of Traditional Foods (e.g. pre/post questionnaires, follow cohort, BMI or weight loss measures, testimony that includes participants' change, other measures)?

[Skip pattern: if "no," skip to question **94**]

93. Describe program participant changes traditional foods.  
(Please use numbers ONLY except for the "Type" and "Describe" text boxes.)

Type(s) of interventions/activities \_\_\_\_\_

Type(s) of methods to measure change \_\_\_\_\_

Type(s) of change (attitudes, behavior, skills, knowledge, weight loss, stories, community activism) \_\_\_\_\_

Total number of participants for this six month reporting period \_\_\_\_\_

Of the participants for this six month reporting period, how many participated for the first time? \_\_\_\_\_

Number of participants changed \_\_\_\_\_

Describe \_\_\_\_\_

## Ecological and Environmental Outcomes for Traditional Foods

94. Were there Ecological or Environmental Traditional Foods change Outcomes in the past six months (e.g., affordable and available healthy foods)?  
[Skip pattern: if “no,” skip to question **98**]
95. Describe Ecological/Environmental traditional foods change Outcomes.  
Describe \_\_\_\_\_
96. Were the Traditional Foods Ecological/Environmental changes/outcomes designed for sustainability?  
[Skip pattern: if “no,” skip to question **98**]
97. Describe Traditional Foods Ecological/Environmental changes/outcomes designed for sustainability.  
Describe \_\_\_\_\_

## Outcomes for Physical Activities

98. In the past six months, did your program measure participant change related to Physical Activities (e.g. pre/post questionnaires, follow cohort, fitness or strength measures, testimony that includes participants' change, other measures)?

[Skip pattern: if "no," skip to question **100**]

99. Describe participant change for physical activity.  
(Please use numbers ONLY except for the "Type" and "Describe" text boxes.)

Type(s) of interventions/activities \_\_\_\_\_  
Type(s) of methods to measure change \_\_\_\_\_  
Type(s) of change (attitudes, behavior, skills, knowledge, weight loss, stories, community activism) \_\_\_\_\_  
Total number of participants for this six month reporting period \_\_\_\_\_  
Of the participants for this six month reporting period, how many participated for the first time? \_\_\_\_\_  
Number of participants changed \_\_\_\_\_  
Describe \_\_\_\_\_

## Ecological and Environmental Outcomes for Physical Activity

100. Were there Ecological or Environmental Physical Activities change Outcomes in the past six months (e.g., safer walking areas)?  
[Skip pattern: if “no,” skip to question **104**]
101. Describe Ecological/Environmental Physical Activity change outcomes.  
Describe \_\_\_\_\_
102. Were the Physical Activities Ecological/Environmental changes/outcomes designed for sustainability?  
[Skip pattern: if “no,” skip to question **104**]
103. Describe Physical Activities Ecological/Environmental changes/outcomes designed for sustainability.  
Describe \_\_\_\_\_

## Outcomes for Social Support Activities

104. In the past six months, did your program measure participant change related to Social Support (e.g. pre/post questionnaires, follow cohort, fitness or strength measures, testimony that includes participants' change, other measures)?

[Skip pattern: if "no," you have reached the end of the survey]

105. Describe participant change for social support.  
(Please use numbers ONLY except for the "Type" and "Describe" text boxes.)

Type(s) of interventions/activities \_\_\_\_\_

Type(s) of methods to measure change \_\_\_\_\_

Type(s) of change (attitudes, behavior, skills, knowledge, weight loss, stories, community activism) \_\_\_\_\_

Total number of participants for this six month reporting period \_\_\_\_\_

Of the participants for this six month reporting period, how many participated for the first time? \_\_\_\_\_

Number of participants changed \_\_\_\_\_

Describe \_\_\_\_\_