Instructions

This survey is meant to be administered by staff to person with IDD. The staff person will read the question and circle the response person with IDD offers. Staff should not offer or influence answers. The survey is meant to evaluate the knowledge and attitudes of person with IDD. Please fill out the survey in a private place with each person with IDD.

1. Read each question out loud.
2. Read and point to each answer.
3. Repeat, if necessary, the question and the answers.
4. Circle the response person with IDD offers.

This table describes measures/sections of this survey. For each measure, there are corresponding lessons that focus on specific goals.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Goal/Objective</th>
<th>Description</th>
<th>Health Matters Curriculum Lessons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Behaviors</td>
<td>Improve overall health behaviors</td>
<td>What people are doing to be healthy</td>
<td>1, 3-6, 8, 13-16, 21-23, 26, I, J, K, L, M, N, O, U, V</td>
</tr>
<tr>
<td>Nutrition and Activity Knowledge</td>
<td>Improved knowledge of exercise and healthy food choices</td>
<td>Assesses knowledge of physical activity and healthy food choices</td>
<td>6-8, 15, 21-23, J, K, L, M, N, O, P, Q, R, S</td>
</tr>
<tr>
<td>Confidence to Exercise</td>
<td>Increase confidence to engage in physical activity/exercise</td>
<td>A person’s degree of certainty (or confidence) to engage in physical activity/exercise</td>
<td>8, 9, 24, 27, 29, 30-32, 34, A, B, G</td>
</tr>
<tr>
<td>Supports for Exercise and Nutrition</td>
<td>Increase social and environmental supports</td>
<td>Assess how much support person has so they can exercise and eat nutritious foods more</td>
<td>8-9, 12, 18, 24, 27, 29, 30-32, 34, A, B, E, G</td>
</tr>
</tbody>
</table>
12 Week HealthMatters Program
Participant with IDD Questionnaire
Before Program (Time 1)

Participant ID#: _______________ Date: ________________________________

Participant Name: _______________ Date/Initial Entered: ________________

Instructions
The staff person will read the question to person with IDD and circle the response person with IDD offers. Staff should not offer or influence answers. The survey is meant to evaluate the knowledge and attitudes of person with IDD. Please fill out the survey in a private place with each person with IDD.

Health Behaviors

1. What do you do to be healthy (to keep your body feeling good and not sick)?

2. What do you eat to be healthy?

3. What do you not eat to be healthy?

4. Do you feel that the food you eat is healthy or not healthy?

   1 Healthy  2 Not Healthy  3 Neither or Both

5. Do you get as much exercise as you want, or not enough?

   1 Enough Exercise  2 Not Enough Exercise  3 Neither or Both
Nutrition and Activity Knowledge

1. Which activity needs the most energy? Circle 1, 2, 3, or 4.

1. Reading
2. Jogging
3. Eating
4. Sleeping

2. What burger do you think this man might have been eating? Circle Burger 1 or Burger 2.

Burger 1
Burger 2

www.HealthMattersProgram.org
3. If you want to lose weight, you should? Circle 1, 2, 3, or 4.

1. Sleep
2. Cook
3. Walk
4. Read

4. Which is the healthiest breakfast? Circle 1, 2, or 3.

1. Coffee, 2 eggs, and 2 strips of bacon
2. Pancakes with butter and syrup, a glass of milk
3. Cereal with milk and a glass of orange juice
5. Which person do you think might lose the most weight? Circle 1, 2, 3, or 4.

1. Running
2. Mailing letter
3. Walking
4. Speed walking

6. If you want to lose weight you should? Circle 1, 2, 3, or 4.

1. Exercise
2. Watch TV
3. Talk on the phone
4. Eat
7. This woman is going on a long walk with her dog.

What breakfast should she eat?
Circle 1, 2, or 3.

1. Tea  Toast with butter

2. Pancakes with butter and syrup  2% Milk

3. Cereal with milk and orange juice  Coffee  2 eggs  Toast with butter
8. Which foods are best to keep your heart healthy? Circle 1 or 2.

1. Hamburger  Egg  Milk and cheese
   French fries  Ice Cream  Popcorn
   Hot dog  Taco

2. Apple  Pears  Tomato
   Bananas  Fish  Strawberries
   Carrot  Peas  Onions
9. Which foods should you not have too often? Circle 1, 2, 3, or 4.

1. Cheese, Milk

2. Egg, Chicken, Fish, Pork chop

3. Candy bar, Chocolate chip cookie, Chocolate cake, French fries

4. Apple, Mushrooms, Corn, Asparagus, Strawberries, Grapes, Bananas, Broccoli, Carrot, Pears, Green peas
10. Which man will put on the most weight? Circle 1, 2 or 3.

1. 

2. 

3. 

11. Which one of these foods has the most protein? Circle 1, 2, 3, or 4.

1. Apple

2. Fish

3. French Fries

4. Apple juice
12. If you want to lose weight you should? Circle 1, 2, 3, or 4.

1. Read  
2. Relax  
3. Eat ice-cream  
4. Ride bike

13. Which food has the most fat? Circle 1, 2, 3, or 4.

1. Green peas  
2. Tomato  
3. Mushrooms  
4. Baked potato with butter
14. Which activity would help you lose the most weight? Circle 1, 2, 3, or 4.

1. Relaxing
2. Hiking
3. Watering plants
4. Eating

15. Which activity needs the most energy? Circle 1, 2, 3, or 4.

1. Playing ball
2. Washing car
3. Reading
4. Sleeping
16. Which group of foods has the most sugar? Circle 1, 2, 3, or 4.

1. Apple pie, Cake, Candy bar, Ice cream, Doughnut

2. Asparagus, Orange, Corn, Banana

3. Egg, Fish, Chicken, Cheese

4. French fries, Hot dog, Taco, Popcorn
17. Which group of foods would cause you to put on the most weight? Circle 1, 2, 3, or 4.

1.
- Peas
- Tomato
- Mushrooms
- Carrot
- Broccoli
- Corn
- Onions

2.
- Strawberries
- Grapes
- Pear
- Orange
- Bananas
- Apple

3.
- Chocolate chip cookies
- Ice cream
- French fries
- Doughnut
- Chocolate pudding

4.
- Egg
- Fish
- Chicken
- Pork chop
18. This man is going for a long walk.

Which breakfast should he eat?
Circle 1, 2 or 3.

1. Pancakes with butter and syrup and hot tea.

2. Orange, cereal with milk, orange juice, two eggs, two pieces of bacon and coffee

3. Coffee and toast with butter
Confidence to Exercise

Do you think that you can:
1. Do exercises to stretch your muscles
   1. Not at all Sure  2. A Little Sure  3. Totally Sure
2. Do exercises to make your muscles stronger?
   1. Not at all Sure  2. A Little Sure  3. Totally Sure
3. Do an exercise that makes you sweat, breathe hard, or increase your heart rate (such as walking or bicycling)?
   1. Not at all Sure  2. A Little Sure  3. Totally Sure
4. Do exercises to help your balance (keep you from falling/tripping)?
   1. Not at all Sure  2. A Little Sure  3. Totally Sure

Supports for Exercise and Nutrition

First ask if anyone provides the following supports and then probe who.

Does anyone: (Circle all that apply)

<table>
<thead>
<tr>
<th>Support</th>
<th>No one</th>
<th>Family</th>
<th>Friends</th>
<th>Doctor/Nurse</th>
<th>Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tell you to exercise?</td>
<td></td>
<td></td>
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<tr>
<td>Take you to an exercise program?</td>
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<tr>
<td>Pay for an exercise program?</td>
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<tr>
<td>Show you how to exercise?</td>
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<tr>
<td>Exercise with you?</td>
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</tr>
<tr>
<td>Tell you not to eat “junk foods” such as candy, cake, and chips?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Remind you to eat more fruits and vegetables?</td>
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<td></td>
<td></td>
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<tr>
<td>Compliment you on trying to eat healthier (“Good job,” “Keep it up,” “We are proud of you.”)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Give you fruits and vegetables as a snack during the day?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
Demographics

1. Gender (circle one): Male Female

2. Age: __________________________ years

3. Height: __________ feet _____ inches

4. Weight: ________________________ pounds

5. Does participant routinely engage in moderate physical activity? (circle one):
   (Please Note: Moderate physical activity is an activity that causes some increase in breathing or heart rate. Examples include but are not limited to brisk walking swimming bicycling cleaning and gardening.)
   Yes  No

6. How often does participant exercise 30 minutes at a time per Week?
   1. N/A, Does Not Do Activity for at Least Thirty Minutes
   2. Five Times or More Per Week
   3. Three to Four Times Per Week
   4. One to Two Times Per Week

7. Does this participant smoke/chew tobacco?
   Yes  No