

ASSESSMENT TOOLS

Exercise Health Education Self-Assessment Packet for Adults with Developmental Disabilities: Baseline Interview Questionnaire

Aging Studies Program
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Participant's ID#: _____

Interviewer's ID#: _____

Date: _____

“Hello, my name is (insert your name) from (insert affiliation). I am going to ask you questions about your health and how you are feeling. I will also be asking you questions about exercise and how you feel about it. You don't have to answer any question you don't want to, and I'll stop anytime you want me to. There are no right or wrong answers. I will not be telling anyone about what you say. Okay, let's get started.”

“Let's start with some questions about your overall health.”

GH1. In general, would you say your health is:

- 1 Excellent or very good
- 2 Good
- 3 Fair
- 4 Poor

Energy Fatigue Scale⁶

“These questions are about how you feel and how things have been with you during the past month.”

EF1. Do you feel worn out or do you not feel worn out?

- 3 Feel Worn out 1 Not Feel Worn out 2 Neither or Both

EF2. Do you have a lot of energy or do you have little energy?

- 3 Have a lot of Energy 1 Have little Energy 2 Neither or Both

Ef3. Do you feel tired or do you not feel tired?

- 3 Feel Tired 1 Not Feel Tired 2 Neither or Both

Ef4. Do you have enough energy to do the things you want or do you not have enough energy to do things you want to do?

- 3 Enough Energy 1 Not Enough Energy 2 Neither or Both

ASSESSMENT TOOLS, continued

Jette Pain Measures⁷

"How much does it hurt when you:"

- JP1. Walk inside
0 Doesn't hurt 1 Hurts a little 2 Hurts a lot
- JP2. Climb stairs
0 Doesn't hurt 1 Hurts a little 2 Hurts a lot
- JP3. Get in and out of chairs
0 Doesn't hurt 1 Hurts a little 2 Hurts a lot
- JP4. Wash all the parts of your body
0 Doesn't hurt 1 Hurts a little 2 Hurts a lot
- JP5. Put on pants
0 Doesn't hurt 1 Hurts a little 2 Hurts a lot
- JP6. Put on a shirt
0 Doesn't hurt 1 Hurts a little 2 Hurts a lot

Life Satisfaction Scale for Adults with Developmental Disabilities (Adapted from Hawkins, Eklund, & Martz, 1997)^{8,9}

"Now I will ask you questions about your life. I will ask about how you feel about your work, your home, things you do in your free time, and your friends."

"First we'll talk about things you do for fun."

Free Time

- SL1. What kind of things do you do for fun now?

- SL2. Are you happy with what you do in your free time or not happy with what you do in your free time?
3 Happy 1 Not Happy 2 Neither or both
- SL3. Do you have enough things to do in your free time or not enough things to do in your free time?
3 Enough Things to do 1 Not Enough Things to do 2 Neither or both

ASSESSMENT TOOLS, continued

Health and Wellness

“Now we talk about your health.”

SL4. What do you do to be healthy (to keep your body feeling good and not sick)?

SL5. What do you eat to be healthy? _____

SL6. What do you not eat to be healthy? _____

SL7. Do you feel that the food you eat is healthy or not healthy?

3 Healthy

1 Not Healthy

2 Neither or Both

SL8. Do you get as much exercise as you want, or not enough?

3 Enough Exercise

1 Not Enough

2 Neither or Both

Work and Retirement

“Now we will talk about your work.”

SL9. What kind of work do you do now?

SL10. Do you want to keep doing this work or not keep doing this work?

3 Keeping doing work

1 Not keep doing work

2 Neither or Both

SL11. How happy are you with the amount of money you make?

3 Happy

1 Not Happy

2 Neither or Both

SL12. How happy are you with the kind of work you do?

3 Happy

1 Not Happy

2 Neither or Both

SL13. How happy are you with your boss or employer?

3 Happy

1 Not Happy

2 Neither or Both

SL14. How happy are you with the people you work with?

3 Happy

1 Not Happy

2 Neither or Both

ASSESSMENT TOOLS, continued

Living Arrangement

"Now we'll talk about where you live."

SL15. Where do you live now?

- 1 With my family (own or foster)
- 2 Supervised apartment (1-2 people, with staff to help)
- 3 Small supervised residence (3-15 people, with staff to help)
- 4 Large supervised residence (>15 people; e.g., ICFDD, nursing home)
- 5 On my own (with or without roommates)
- 6 Other (please specify _____)

SL16. Do you like where you live or don't you like where you live?

- 3 Like Where Living 1 Not Like Where Living 2 Neither or Both

SL17. Would you like to live somewhere else or would you like to stay where you are living?

- 3 Like Where Living 1 Not Like Where Living 2 Neither or Both

SL18. How happy are you, where you live now, with the food?

- 3 Happy 1 Not Happy 2 Neither or Both

SL19. How happy are you, where you live now, with the neighborhood?

- 3 Happy 1 Not Happy 2 Neither or Both

SL20. How happy are you, where you live now, with the people you live with?

- 3 Happy 1 Not Happy 2 Neither or Both

SL21. How happy are you, where you live now, with the way it looks?

- 3 Happy 1 Not Happy 2 Neither or Both

SL22. How happy are you, where you live now, with rules (what you are allowed to do)?

- 3 Happy 1 Not Happy 2 Neither or Both

Social Support

"Now we are going to ask how happy you are with the help you get from other people."

SL23. Are you happy or not happy with the help you get from parents?

- 3 Happy 1 Not Happy 2 Neither or Both

SL24. Are you happy or not happy with the help you get from other relatives?

- 3 Happy 1 Not Happy 2 Neither or Both

ASSESSMENT TOOLS, continued

SL25. Are you happy or not happy with the help you get from friends?
3 Happy 1 Not Happy 2 Neither or Both

SL26. Are you happy or not happy with the help you get from staff?
3 Happy 1 Not Happy 2 Neither or Both

Community Integration Scale^{16,17}

"Now we want to ask you about how you spend your time."

In the last month, did you:

<i>Social Participation [SP]</i>	YES	NO
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SP1. Talk to family/friends on the phone?	1	0
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SP2. Visit with friends?	1	0
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SP3. Visit with friends who don't live in your home?	1	0
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Community Integration [CI]

CI1. Go to movies, sports events, concerts, etc.?	1	0
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CI2. Go shopping?	1	0
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CI3. Go to restaurants/bars?	1	0
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CI4. Go to the park, YMCA, or health club?	1	0
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CI5. Do volunteer work?	1	0
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CI6. Go to church/temple?	1	0
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CI7. Do any other activities outside of your home & work?	1	0
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CI7a. If YES, specify: _____

ASSESSMENT TOOLS, continued

Choice-Making Scale¹⁰

“Do YOU, or does SOMEONE ELSE get to choose:”

{If respondent says it is “someone else” then ask “Who does choose; is it a relative, friend, or staff?” Remember that friends may include any neighbors, co-workers, or nonrelative residents, and "staff" may include any paraprofessional or professional persons. Circle “1” for the person(s) they name (circle all that apply).}

		Self	Someone Else	Relative	Friend	Staff
CHO1.	What food you eat?	1	0	1	1	1
CHO2.	What food is cooked in your home?	1	0	1	1	1
CHO3.	How much you eat?	1	0	1	1	1
CHO4.	What clothes you wear?	1	0	1	1	1
CHO6.	Who you spend your free time with?	1	0	1	1	1
CHO7.	Where you go in your free time?	1	0	1	1	1
CHO8.	What TV shows you watch?	1	0	1	1	1
CHO9.	How you spend your money?	1	0	1	1	1
CHO10.	What time you go to bed?	1	0	1	1	1
CHO11.	How you decorate your room?	1	0	1	1	1
CHO12.	When you clean your room?	1	0	1	1	1
CHO13.	When you have guests visit in your room?	1	0	1	1	1
CHO14.	What job you have or what work you do at your workplace?	1	0	1	1	1
CHO15.	Who lives on your street?	1	0	1	1	1

(If the respondent is "1" for CHO15, question further to see if he/she understands the scale.)

“Now I'm going to ask you about exercise.”

Exercise Knowledge Scale^{8,10}

- EK1. Is the person in this picture exercising or not exercising? {Show one person EXERCISING and one person EATING}
- 2 Both correct
 - 1 One correct
 - 0 Neither correct

ASSESSMENT TOOLS, continued

- Ek2. What are two good things that happen when you exercise?
- 2 An answer that indicates getting more fit, weight control, feeling good, more energy, strong heart, less stress, fun
 - 1 Naming one
 - 0 Incorrect or irrelevant response
- EK3. Think of an exercise you like (e.g., running, jogging) and show me (or tell me) how to do it.
- 2 Saying and showing
 - 1 Naming one but not being able to demonstrate
 - 0 Incorrect or irrelevant response
- EK4. Is this a good or not good outfit to wear when exercising? (SHOW PICTURE OF PERSON DRESSED FOR CHURCH OR PARTY AND OF PERSON IN EXERCISE CLOTHES, e.g., JOGGING SUIT)
- 2 Both correct
 - 1 One correct
 - 0 Neither correct
- EK5. What are two things you should do before you begin a new exercise?
- 2 Two of the following: doctor okay; learn safety rules; warm up; go slow first;
 - 1 One on the list
 - 0 Irrelevant response - I like to exercise

Exercise and Activity Inventory¹¹

- EP1. Do you do any exercises?
- 1 YES
 - 0 NO

“What kind of exercise are you doing now to be healthy? How many days a week do you do these exercises?”

	A. Exercise Activity	B. Type Aerobic, Strength Flexibility (Score after interview)	C. Frequency How often per week? 1 A little (< 1 day) 2 Some (1-2 days) 3 A lot (3-7 days)
EP2.			
EP3.			
EP4.			
EP5.			
EP6.			
EP7.			

ASSESSMENT TOOLS, continued

Ep12. Do you play any sports?

1 YES 0 NO

(ASK IF PERSON ANSWERS YES): " **What type of sports do you play?** (*Show the pictures of each type of sport and check which they do*)

EP12	A. Sport Activity	A.		B. If No, Would you like to do it?.	
		YES	NO	YES	NO
a.	Volleyball	1	0	1	0
b.	Basketball	1	0	1	0
c.	Baseball	1	0	1	0
d.	Tennis	1	0	1	0
e.	Jogging / running	1	0	1	0
f.	Swimming	1	0	1	0
g.	Rowing a boat	1	0	1	0
h.	Bicycling	1	0	1	0
i.	Golfing	1	0	1	0
j.	Snow skiing	1	0	1	0
k.	Water skiing	1	0	1	0
l.	Riding a horse	1	0	1	0
m.	Skating / rollerblading	1	0	1	0
n.	Bowling	1	0	1	0
o.	Dancing	1	0	1	0

EP13. Are you in special Olympics?

1 YES 0 NO

Stages of Change

SC1. Would you say that you exercise a lot (3 times or more a week)?

1 A Lot 0 Not A Lot 9 Don't Know

(Ask if person answers NOT A LOT or DON'T KNOW)

SC1a. Would you like to start exercising a lot?

- 1 Right away
- 2 In a few months
- 3 Never
- 9 Don't Know

SC1a. Did you ever exercise a lot?

1 YES 0 NO

ASSESSMENT TOOLS, continued

(Ask if the person answers A Lot)

SC1c. How long have you been exercising this often?

- 1 Less than a few months
- 2 More than a few months
- 9 Don't Know

Exercise Perception¹²

“I am going to read you some possible reasons why you might want to exercise.”

Do you think that exercise would:

EPC1. Help you lose/control your weight or not help you lose/control your weight?

- 3 Help 1 Not Help 2 Neither or Both

EPC2. Make you feel less tired or make you feel more tired?

- 3 Less Tired 1 More Tired 2 Neither or Both

EPC3. Make your body feel good or not make your body feel good?

- 3 Feel Good 1 Not Feel Good 2 Neither or Both

EPC4. Make you feel happier or not make you feel happier?

- 3 Feel Happier 1 Not Feel Happier 2 Neither or Both

EPC5. Make you hurt less or not make you hurt less?

- 3 Hurt Less 1 Not Hurt Less 2 Neither or Both

EPC6. Help you meet new people or not help you meet new people?

- 3 Help 1 Not Help 2 Neither or Both

EPC7. Help you get in shape or not help you get in shape?

- 3 Help 1 Not Help 2 Neither or Both

EPC8. Make you look better or not make you look better?

- 3 Look Better 1 Not Look Better 2 Neither or Both

EPC9. Improve your health or not improve your health?

- 3 Improve 1 Not Improve 2 Neither or Both

Barriers to Exercise Scale¹³

“I am going to read you a list of things that might or might not make it hard for you to exercise.”

Do you think that:

BE1. Exercise costs too much money or that it doesn't cost too much money?

ASSESSMENT TOOLS, continued

- 3 It Does 1 It Doesn't 2 Neither or Both
- BE2. It's hard to find a way of getting to an exercise program or it is not hard to get to an exercise program?
- 3 Hard 1 Not Hard 2 Neither or Both
- BE3. You don't have enough time to exercise or that you do have enough time to exercise?
- 3 Not Enough 1 Enough 2 Neither or Both
- BE4. You feel like exercising or you don't feel like exercising?
- 3 Feel Like 1 Don't Feel Like 2 Neither or Both
- BE5. You get too tired to exercise or that you do not get too tired to exercise?
- 3 Too Tired 1 Not too tired 2 Neither or Both
- BE6. Exercise is boring or not boring?
- 3 Boring 1 Not boring 2 Neither or Both
- BE7. Exercise will not make you healthier or that it will make you healthier?
- 3 Not Healthier 1 Healthier 2 Neither or Both
- BE8. Exercise will make you sick or that it will not make you sick?
- 3 Sick 1 Not Sick 2 Neither or Both
- BE9. Exercising is too hard or that it is not too hard?
- 3 Hard 1 Not Hard 2 Neither or Both
- BE10. You don't know how to exercise or you do know how to exercise?
- 3 Don't know how 1 Know How 2 Neither or Both
- BE11. You don't know where to exercise or you do know where to exercise?
- 3 Don't Know Where 1 Know Where 2 Neither or Both
- BE12. Your health keeps you from exercising or does not keep you from exercising?
- 3 Keep from exercising 1 Not keep from exercising 2 Neither or Both
- BE13. You are too lazy to exercise or that you are not too lazy to exercise?
- 3 Too lazy 1 Not too lazy 2 Neither or Both
- BE14. You don't have anyone to do exercise with you or that you do have someone to exercise with?
- 3 Don't Have 1 Do Have 2 Neither or Both
- BE15. The equipment (like machines/weights) is hard for you to use or not hard for you to use?

ASSESSMENT TOOLS, continued

- 3 Hard 1 Not Hard 2 Neither or Both
- BE16. People might make fun of you or do you not worry that people might make fun of you?
 3 Worry 1 Not worry 2 Neither or Both
- BE17. You don't have anyone to show you how to exercise or that you do have someone to show you how to exercise?
 3 Don't have 1 Do have 2 Neither or Both
- BE18. You would have a hard time using a fitness center (health club, YMCA, park district) or not have a hard time using a fitness center?
 3 Have hard time 1 You can 2 Neither or Both

Social/Environmental Support¹⁴

“Now I will ask you about things that might help you exercise.”

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

Does anyone : (Circle all that apply)		No one	Family	Friends	Doctor	Nurse/ Therapist	Other Staff	DK
SES1.	Tell you to exercise?	1	2	3	4	5	6	9
SES2.	Take you to an exercise program?	1	2	3	4	5	6	9
SES3.	Pay for an exercise program?	1	2	3	4	5	6	9
SES4.	Show you how to exercise?	1	2	3	4	5	6	9
SES5.	Exercise with you?	1	2	3	4	5	6	9
SES6.	Tell you not to exercise?	1	2	3	4	5	6	9

EX1. Do you prefer exercising by yourself, with another person, or with a group?

- 1 By yourself
- 2 With another friend
- 3 With a group

EX2. Do you have a place where you can exercise?

- 1 YES 0 NO 9 Don't Know

(ASK IF PERSON ANSWERS YES):

EX2a. Where?

- 1 Room at day program
- 2 Room at home
- 3 In a fitness center (e.g., health club, YMCA, park district)
- 4 Other, please specify: _____

ASSESSMENT TOOLS, continued

EX3. Do you have any exercise equipment that you can use?

1 YES 0 NO 9 Don't Know

(ASK IF PERSON ANSWERS YES):

Ex3a. Where?

- 1 At home
- 2 At work
- 3 At a fitness center (e.g., health club, YMCA, park district)
- 4 Other, please specify: _____

EX4. Is there an exercise group activity (e.g., class) that you can attend?

1 YES 0 NO 9 Don't Know

(ASK IF PERSON ANSWERS YES):

EX4a. Where?

- 1 At home
- 2 At work
- 3 At a fitness center (e.g., health club, YMCA, park district)
- 4 Other, please specify: _____

Self-Efficacy¹⁵

“I would like to know how sure you are that you can do certain activities.”

Do you think that you can:

SEE1. Do exercises to stretch your muscles?

0 Not at all Sure 1 A Little Sure 2 Totally Sure

SEE2. Do exercises to make your muscles stronger?

0 Not at all Sure 1 A Little Sure 2 Totally Sure

SEE3. Do an exercise that makes you sweat or breathe hard, such as walking, swimming, or bicycling?

0 Not at all Sure 1 A Little Sure 2 Totally Sure

SEE4. Do you think you can use an exercise machine?

0 Not at all Sure 1 A Little Sure 2 Totally Sure

SEE5. Do you think you can exercise with weights?

0 Not at all Sure 1 A Little Sure 2 Totally Sure

“Thank you for taking the time to talk with me today. I appreciate your telling me how you feel about exercise and about your life.”