Fit and Strong! Participant Pre-Survey

Participant Number or Name: ____

Workshop ID: ___________ **Site Name:** ____

Start date of program: ______ / ______ / ______ (e.g., 05/01/23)

Program Name:
☒ Fit and Strong!

1. How did you hear about this class?
   - ☐ Physician or member of my healthcare team
   - ☐ Insurance Company
   - ☐ Community Organization
   - ☐ Care Coordinator
   - ☐ Family member/friend
   - ☐ Flyer
   - ☐ Facebook
   - ☐ Instagram
   - ☐ Twitter
   - ☐ Other social media
   - ☐ Health fair/ community event
   - ☐ Congregate/ home delivered meal notification
   - ☐ Information Session/ presentation
   - ☐ Email
   - ☐ Newsletter/ mass communication
   - ☐ Print ad/ newspaper
   - ☐ Radio/ pod cast
   - ☐ Religious Institution
   - ☐ Other: ____________________________

6. What is your current gender? **Select ONE.**
   - ☐ Man
   - ☐ Woman
   - ☐ Non-binary
   - ☐ ______________________________ (please specify)
   - ☐ Prefer not to answer

7. Do you consider yourself to be transgender?
   ☐ Yes ☐ No ☐ Prefer not to answer

8. Which of the following best represents how you think of yourself? **Select ONE.**
   - ☐ Lesbian or gay
   - ☐ Straight, that is, not gay or lesbian
   - ☐ Bisexual
   - ☐ [If respondent is AIAN:] Two-Spirit
   - ☐ I use a different term (please specify) ________
   - ☐ Don’t know
   - ☐ Prefer not to answer

IDPH Pre-Survey

Hello. Thank you for your participation in the Fit & Strong! program. As a class participant we are asking you to fill out this brief survey that will ask you questions about your general health and exercise habits. We ask you to complete this survey at the start and end of your Fit & Strong! class. This information is used to assess the impact the Fit & Strong! program is having on its participants.

Your name will NOT be attached to your survey, instead an anonymous ID will be used (e.g., Participant 01).

Your participation is voluntary. You may skip any questions you do not wish to answer.

If you have any questions about this survey, please ask your Fit & Strong! class instructor

Thank you!

1) Your Name/Identifier

(Note: Names will not be sent to the Fit & Strong! project team, only anonymous identifiers, like Participant 01).

____

2) Today's Date

____

3) Name of Organization Hosting this Class:

____

4) Name of Instructor(s) Leading this Class:

____

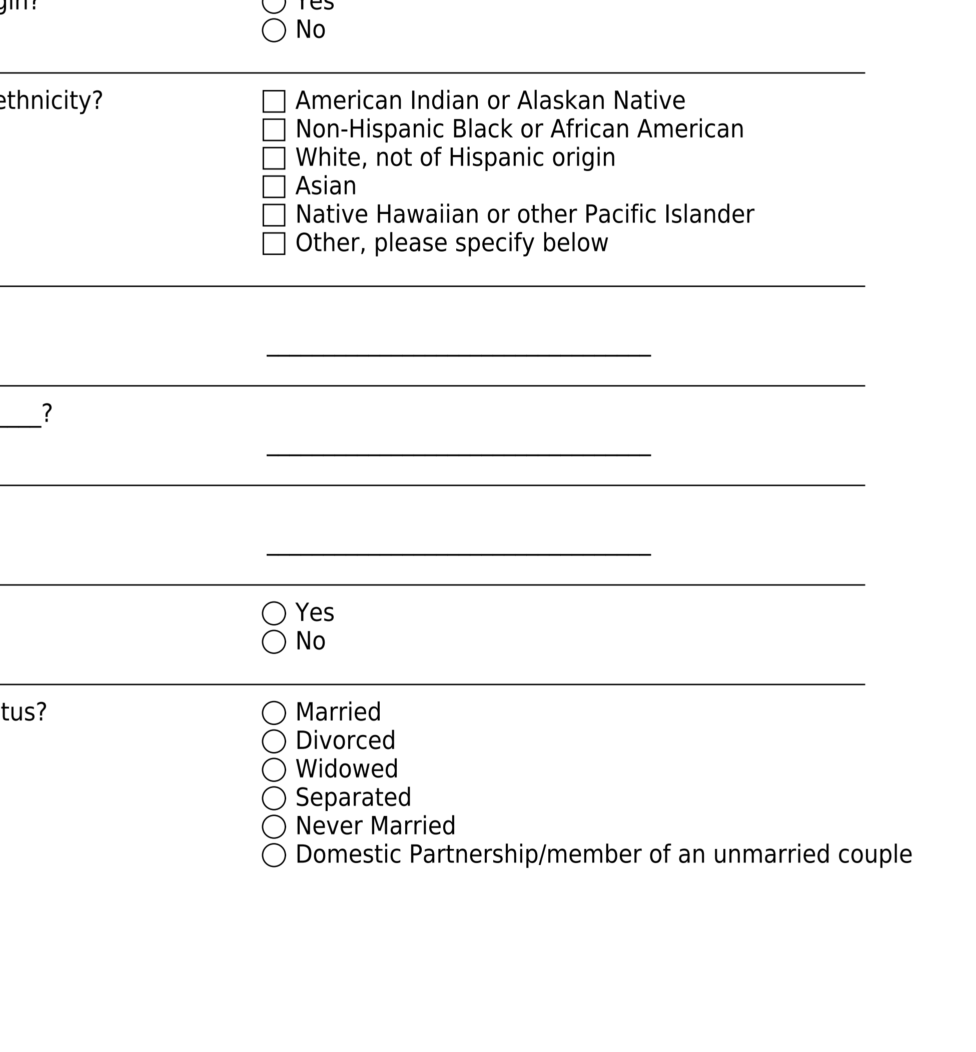
Please complete the questions below that asks about DEMOGRAPHIC INFORMATION. You can skip any questions you do not feel comfortable answering.

What choice best describes your gender?
- ◯ Female
- ◯ Male
- ◯ Other, specify below

If other, please specify
____

What is the highest grade or level of school you have completed?
- ◯ Never attended school or only attended kindergarten
- ◯ Grades 1 through 8 (Elementary)
- ◯ Grades 9 through11 (Some High school)
- ◯ Grade 12 or GED (High school graduate)
- ◯ College 1 year to 3 years (Some college or technical school)
- ◯ College 4 years or more (College graduate)

What is your age?
____



Are you of Hispanic, Latino, or Spanish origin?
- ◯ Yes
- ◯ No

Which choice best describes your race or ethnicity?
- ☐ American Indian or Alaskan Native
- ☐ Non-Hispanic Black or African American
- ☐ White, not of Hispanic origin
- ☐ Asian
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Other, please specify below

If Other, please describe
____

What is your height in feet____ and inches____?
____

What is your weight in pounds?
____

Do you live alone?
- ◯ Yes
- ◯ No

Which best describes your relationship status?
- ◯ Married
- ◯ Divorced
- ◯ Widowed
- ◯ Separated
- ◯ Never Married
- ◯ Domestic Partnership/member of an unmarried couple

Which best describes your current employment status?	◯ Employed for wages ◯ Self-employed ◯ Out of work for more than 1 year ◯ Out of work for less than 1 year ◯ Retired ◯ Homemaker ◯ Unable to work
What is your annual household income from all sources?	◯ $0-$9,999 ◯ $10,000-$14,999 ◯ $15,000-$19,999 ◯ $20,000-$24,999 ◯ $25,000-$34,999 ◯ $35,000-$49,999 ◯ $50,000-$74,999 ◯ $75,000+
Have you ever served in the military?	◯ Yes ◯ No

Please complete the questions below that asks about your GENERAL HEALTH. You can skip any questions you do not feel comfortable answering.

Did your doctor or healthcare provider suggest that you attend this program?

- ◯ Yes
- ◯ No

During the last year, did you provide regular care or assistance to a friend or family member who has a long-term health problem or disability?

- ◯ Yes
- ◯ No

In general, how would you describe your health?

- ◯ Excellent
- ◯ Very Good
- ◯ Good
- ◯ Fair
- ◯ Poor

Has a healthcare provider ever told you that you have any of the following chronic conditions (i.e. one that has lasted for three months or more)? Please check all that apply.

- ☐ Alzheimer's Disease or other Dementia
- ☐ Anxiety Disorder
- ☐ Arthritis/Rheumatic Disease
- ☐ Asthma/Emphysema/Other
- ☐ Cancer or Cancer Survivor
- ☐ Chronic Breathing or Lung Problem
- ☐ Chronic Pain
- ☐ Depression
- ☐ Diabetes (high blood sugar)
- ☐ Heart Disease
- ☐ High Cholesterol
- ☐ Hypertension (high blood pressure)
- ☐ Kidney Disease
- ☐ Obesity
- ☐ Malnutrition
- ☐ Osteoporosis (low bone density)
- ☐ Post-Traumatic Stress Disorder
- ☐ Schizophrenia or other Psychotic Disorder
- ☐ Stroke
- ☐ Substance Use Disorder
- ☐ Urinary Incontinence
- ☐ Other Chronic Condition

If other, please describe ______________________________

Please answer YES or NO to the following questions.

	Yes	No
Are you deaf of do you have serious hearing difficulty?	◯	◯
Are you blind or do you have serious difficulty seeing, even when wearing glasses?	◯	◯
Do you have serious difficulty walking or climbing stairs?	◯	◯

Do you have difficulty dressing or bathing?	◯	◯
Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	◯	◯
Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	◯	◯

How often do you feel lonely?

◯ Always
◯ Often
◯ Sometimes
◯ Rarely
◯ Never

How often do you feel isolated from those around you?

◯ Always
◯ Often
◯ Sometimes
◯ Rarely
◯ Never

On a scale from 1-10, how sure are you that you can manage your condition so you can do the things you need or want to do? 1 being totally unsure and 10 being totally sure.

◯ 1 ◯ 2 ◯ 3 ◯ 4
◯ 5 ◯ 6 ◯ 7 ◯ 8
◯ 9 ◯ 10

Please complete the questions below that asks about FALLS. You can skip any questions you do not feel comfortable answering.

In the past 3 months, have you fallen?	◯ No ◯ Yes
How many times?	__________________________________
If you fell in the last 3 months, how many of these falls caused an injury? (By injury we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor)	__________________________________
How fearful are you of falling?	◯ Not at All ◯ A Little ◯ Somewhat ◯ A Lot
During the last 4 weeks, to what extent has your concern about falling interfered with your normal social activities with family, friends, neighbors, or groups?	◯ Extremely ◯ Quite a Bit ◯ Moderately ◯ Slightly ◯ Not at All
I have made safety modifications in my home, such as installing grab bars or securing loose rugs to reduce my risk of falling.	◯ True ◯ False

Please complete the survey below that asks about how often you feel the way desribed below. You can skip any questions that you do not feel comfortable answering.

39) How often do you feel a lack of companionship?
- ◯ Hardly ever/never
- ◯ Some of the time
- ◯ Often

40) How often do you feel left out?
- ◯ Hardly ever/never
- ◯ Some of the time
- ◯ Often

41) How often do you feel isolated from others?
- ◯ Hardly ever/never
- ◯ Some of the time
- ◯ Often

Please complete the survey below that asks about how often you feel the way desribed below. You can skip any questions that you do not feel comfortable answering.

	During the past 7 days...	Not at all	A little bit	Somewhat	Quite a bit	Very much
42)	I feel fatigued	○	○	○	○	○
43)	I have trouble starting things because I am tired	○	○	○	○	○
44)	How run-down did you feel on average?	○	○	○	○	○
45)	How fatigued were you on average?	○	○	○	○	○

	In the past 7 days...	Very poor	Poor	Fair	Good	Very good
46)	My sleep quality was	○	○	○	○	○

	In the past 7 days...	Not at all	A little bit	Somewhat	Quite a bit	Very much
47)	My sleep was refreshing	○	○	○	○	○
48)	I had a problem with my sleep	○	○	○	○	○
49)	I had difficulty falling asleep	○	○	○	○	○

	Ability to Participate in Social Roles and Activities	Never	Rarely	Sometimes	Usually	Always
50)	I have trouble doing all of my regular leisure activities with others	○	○	○	○	○
51)	I have trouble doing all of the family activities that I want to do	○	○	○	○	○
52)	I have trouble doing all of my usual work (include work at home)	○	○	○	○	○
53)	I have trouble doing all of the activities with friends that I want to do	○	○	○	○	○

Please complete the survey below that ask about your use of HEALTHCARE SERVICES. You can skip any questions that you do not feel comfortable answering.

Question	Response
Have you ever had a total joint replacement?	◯ Yes ◯ No
Check all total joint replacement surgeries you've had.	☐ Right Hip ☐ Right Knee ☐ Left Hip ☐ Left Knee ☐ Other
If Other, please specify.	__________________________________
Please list the date of the joint replacement/s (month and year)	____
Are you considering having joint replacement surgery at this time?	◯ Yes ◯ No
On a scale from 1-10, how strongly do you feel that you will need HIP surgery in the next year? 1 being not strongly and 10 being very strongly.	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯ 6 ◯ 7 ◯ 8 ◯ 9 ◯ 10
On a scale from 1-10, how strongly do you feel that you will need KNEE surgery in the next year? 1 being not strongly and 10 being very strongly.	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯ 6 ◯ 7 ◯ 8 ◯ 9 ◯ 10

Please complete the survey below that asks about PAIN, STIFFNESS, AND FUNCTION OF YOUR KNEES AND HIPS. Select one number only for each question.

The following questions concern the amount of PAIN you are currently experiencing in your hips and/or knees. For each situation, please indicate the amount of pain you recently experienced using the following scale: None, Mild, Moderate, Severe, Extreme.

QUESTION: How much PAIN do you have?

		None	Mild	Moderate	Severe	Extreme
61)	Walking on a flat surface	○	○	○	○	○
62)	Going up or down stairs	○	○	○	○	○
63)	At night while in bed	○	○	○	○	○
64)	Sitting or lying	○	○	○	○	○
65)	Standing upright	○	○	○	○	○

The following questions concern the amount of joint STIFFNESS (not pain) you are currently experiencing in your hips and/or knees. Stiffness is a sensation of restriction or slowness in the ease with which you move your joints. Select one number only for each question.

		None	Mild	Moderate	Severe	Extreme
66)	How severe is your stiffness after first waking in the morning?	○	○	○	○	○
67)	How severe is your stiffness after sitting, lying, or resting later in the day?	○	○	○	○	○

The following questions concern your PHYSICAL FUNCTION. By this we mean your ability to move around and to look after yourself. For each of the following activities, please indicate the degree of difficulty you are currently experiencing due to arthritis in your hips and/or knees. Select one number only for each question.

QUESTION: What degree of difficulty do you have with...

		None	Mild	Moderate	Severe	Extreme
68)	Descending (walking DOWN) stairs	○	○	○	○	○
69)	Ascending (walking UP) stairs	○	○	○	○	○
70)	Rising from sitting	○	○	○	○	○
71)	Standing	○	○	○	○	○
72)	Bending to the floor	○	○	○	○	○
73)	Walking on a flat surface	○	○	○	○	○
74)	Getting in/ out of a car	○	○	○	○	○

75)

	Going shopping	○	○	○	○	○
76)	Putting on socks/ stockings	○	○	○	○	○
77)	Rising from bed	○	○	○	○	○
78)	Taking off socks/ stockings	○	○	○	○	○
79)	Lying in bed	○	○	○	○	○
80)	Getting in/ out of the bathtub	○	○	○	○	○
81)	Sitting	○	○	○	○	○
82)	Getting on/ off of the toilet	○	○	○	○	○
83)	Heavy domestic duties	○	○	○	○	○
84)	Light domestic duties	○	○	○	○	○

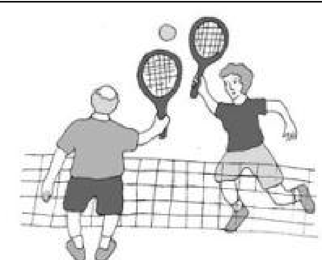
Please complete the survey below that asks about your current LEVEL OF PHYSICAL ACTIVITY.

Rapid Assessment of Physical Activity

Physical Activities are activities where you move and increase your heart rate above its resting rate, whether you do them for pleasure, work, or transportation.

The following questions ask about the amount and intensity of physical activity you usually do. The intensity of the activity is related to the amount of energy you use to do these activities.

Examples of Activities:

Intensity	Examples
Light activities • your heart beats slightly faster than normal • you can talk and sing	Walking Leisurely Stretching Vacuuming or Light Yard Work
Moderate activities • your heart beats faster than normal • you can talk but not sing	Fast Walking Aerobics Class Strength Training Swimming Gently
Vigorous activities • your heart rate increases a lot • you can't talk or your talking is broken up by large breaths	Stair Machine Jogging or Running  Tennis, Racquetball, Pickleball or Badminton

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89) I rarely or never do physical activity.
- ◯ Yes
- ◯ No

90) I do some LIGHT or MODERATE physical activities, but not every week.
- ◯ Yes
- ◯ No

91) I do some LIGHT physical activity every week.
- ◯ Yes
- ◯ No

92) I do MODERATE physical activity every week, but less than 30 minutes a day or 5 days a week.
- ◯ Yes
- ◯ No

93) I do VIGOROUS physical activity every week, but less than 20 minutes, 3 or more days per week.
- ◯ Yes
- ◯ No

94) I do 30 minutes or more per day of MODERATE physical activities, 5 or more days a week
- ◯ Yes
- ◯ No

95) I do 20 minutes of more a day of VIGOROUS physical activities, 3 or more days a week
- ◯ Yes
- ◯ No

96) I do activities to increase muscle STRENGTH, such as lifting weights or calisthenics, once a week or more.
- ◯ Yes
- ◯ No

97) I do activities to increase FLEXIBILITY, such as stretching or yoga, once a week or more.
- ◯ Yes
- ◯ No

98) Sometimes I feel unsteady when I am walking.
- ◯ Yes
- ◯ No

99) I steady myself by holding onto furniture when walking at home.
- ◯ Yes
- ◯ No