



Project Age Well Baseline Questionnaire (June 2022)

We appreciate your completing this survey prior to participating in Project Age Well. We expect it will take about 10 minutes.

Your responses will help guide us on how to best support you and how to improve the program for future groups. Thank you for your time and attention!

* Required

1

First name: *

2

Last Initial: *

3

In general, how would you rate your health? *

- Poor
- Fair
- Good
- Very Good
- Excellent

4

One goal I have related to my health is...

5

One thing that works for me when trying to reach my health goals is...

6

One challenge I have in meeting my nutrition or other health goals is...

Nutrition and Health

7

Please select the option that most applies to you. *

1 - Not at
all
confident

2

3

4

5

6

7 - Totally
confident

How
confident do
you feel in
your ability to
address your
nutritional
health needs?

8

Read the next two statements that people have made about their food situation. For each statement, please check whether the statement was often true, sometimes true, or never true for your household in the last 3 months.

"We worried whether our food would run out before we got money to buy more."

In the last 3 months, was this often true, sometimes true, or never true for your household?

*

Often true

Sometimes true

Never true

9

"The food that we bought just didn't last, and we didn't have money to get more."

In the last 3 months, was this often, sometimes, or never true for your household? *

- Often true
- Sometimes true
- Never true

10

In the last 6 months, have you made changes to your diet to meet the needs of a medical condition, such as diabetes or heart disease? *

- Yes
- No
- I don't know

11

You answered YES, that you have changed what you eat due to a medical condition. How have you changed what you eat to meet the needs of your medical condition?

12

In the last 3 months, how often have you been able to eat foods that you feel meet the needs required by your medical condition(s)? *

- Never
- Sometimes
- Often
- Always

13

You answered that you are sometimes or never able to eat the foods you need to meet the needs of your medical condition(s). This is because: (check all that apply)

- I don't know which foods I need to eat.
- I don't know where to find the foods I need.
- I can't always afford the foods I need.
- I don't buy or prepare my own foods.
- I don't enjoy the foods I need to eat.
- Other

14

In the last week, how many total meals and/or snacks do you eat on an average day?

- 1
- 2
- 3
- 4 or more

15

In the last week, how many servings of vegetables did you eat during an average day? This includes fresh, frozen, and canned vegetables.

A serving is 1/2 cup of raw or cooked vegetables or 1 cup of leafy greens. *

RAW LEAFY VEGETABLE



= 1 CUP

FRESH, FROZEN OR CANNED



= 1/2 CUP

- I don't eat vegetables
- 1 - 2 servings per day
- 3 - 4 servings per day
- 5 or more servings per day

16

In the last week, how often did you eat more than one TYPE of vegetable each day?

- Never
- Sometimes
- Often
- Always

17

In the last week, how often did you eat whole grains when eating grain foods?

Whole grains include: whole grain or whole wheat bread, whole wheat pasta, brown rice, quinoa, farro, buckwheat, oatmeal, amaranth. *

- Never
- Less than half the time
- About half the time
- More than half the time
- All the time
- Not applicable; I don't eat grain foods.

18

In the last week, how often did you cook your meals at home?

- Never
- Less than half the time
- About half the time
- More than half the time
- All the time

19

What kitchen items do you have access to?

- Refrigerator
- Stove
- Microwave
- Toaster Oven
- Oven
- Freezer
- Hot Plate
- Sink
- None

In the last 30 days, how often has your physical health kept you from shopping for or preparing your own food?

- Never
- Sometimes
- Often
- Always

21

You answered that your physical health keeps you from shopping or preparing food **SOMETIMES, OFTEN** or **ALWAYS**. Do you feel you have the support you need in shopping and preparing food?

- Yes, I have consistent support.
- No, I need support.

Are you currently connected with or interested in any of the following food resources?
Please select all that apply.

	I already use this resource	I am interested in this resource	I am not interested in this resource
CalFresh / SNAP (money for food, sometimes called food stamps)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food pantry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home- delivered meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Volunteers to help with grocery shopping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Congregate meals (hot meals served in a group setting)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

On a scale of 1 (not willing) to 5 (very willing), please indicate your readiness/willingness to do the following to improve your health:

	1- Not at all willing	2	3	4	5 - Very willing
Eat foods that meet my nutritional needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Add variety to the types of foods I eat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use tools such as portion sizes and food labels to make decisions about food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Physical Activity and Health

24

Please select the option that most applies to you. *

1 - Not at
all
confident

2

3

4

5

6

7 - Totally
confident

How
confident are
you in your
ability to be
physically
active?

25

What types of physical activity do you enjoy? (Examples: stretching, yoga, walking, riding a bike, dance, team sports, strength training, chair exercises)

26

Please describe anything that limits you from getting physical activity:

On a scale of 1 (not willing) to 5 (very willing), please indicate your readiness/willingness to do the following to improve your health:

	1- Not at all willing	2	3	4	5 - Very willing
Engage in regular physical activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Stress and Mental Health

28

For each statement below, please select the option that most applies to you. *

1 - Not at
all
confident

2

3

4

5

6

7 - Totally
confident

How
confident are
you in your
ability to
address your
mental health
needs?

29

In the past month, how often have you felt nervous and stressed?

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

30

On average how many hours of sleep do you get (excluding naps)?

- Less than 4 hours
- 4-6 hours
- 6-8 hours
- 8-10 hours
- 10 or more hours

31

On a scale of 1 (not willing) to 5 (very willing), please indicate your readiness/willingness to do the following to improve your health:

	1- Not at all willing	2	3	4	5 - Very willing
Adjust my sleep patterns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Social Connection and Health

32

Please select the option that most applies to you. *

1 - Not at
all
confident

2

3

4

5

6

7 - Totally
confident

How
confident are
you in your
ability to
maintain
connections
with others &
your
community?

33

How often do you feel you lack companionship? *

Hardly ever

Some of the time

Often

34

How often do you feel left out? *

- Hardly ever
- Some of the time
- Often

35

How often do you feel isolated from others? *

- Hardly ever
- Some of the time
- Often

36

On a scale of 1 (not willing) to 5 (very willing), please indicate your readiness/willingness to do the following to improve your health:

	1- Not at all willing	2	3	4	5 - Very willing
Engage in regular social activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Access, Ability and Health

37

Please select the option that most applies to you. *

1 - Not at
all
confident

2

3

4

5

6

7 - Totally
confident

How
confident are
you in your
ability to use
health care
services?

38

On a scale of 1 (not willing) to 5 (very willing), please indicate your readiness/willingness to do the following to improve your health:

1- Not at all
willing

2

3

4

5 - Very
willing

Use health
care services

39

Please select the option that most applies to you. *

1 - Not at all confident 2 3 4 5 6 7 - Totally confident

How confident are you in your ability to develop or maintain healthy habits?

40

On a scale of 1 (not willing) to 5 (very willing), please indicate your readiness/willingness to do the following to improve your health:

1- Not at all willing 2 3 4 5 - Very willing

Develop or maintain healthy habits

41

Please select the option that most applies to you. *

1 - Not at
all
confident

2

3

4

5

6

7 - Totally
confident

How
confident are
you in your
ability to
think, learn
and
remember?

42

On a scale of 1 (not willing) to 5 (very willing), please indicate your readiness/willingness to do the following to improve your health:

1- Not at all
willing

2

3

4

5 - Very
willing

Engage in
activities that
may improve
your ability to
think, learn,
and
remember

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