

# Login Screen

## LIHC Login

Enter your E-mail address and Password to access the Wellness Program Profile and/or Program Survey.

[Forgot your password?](#)

# After Login Screen

## Long Island Health Collaborative Wellness Project

Welcome *Bill Redman*

Friday October 23, 2015

STEP 1 - ENTER PROGRAM PROFILE INFORMATION\*\*

Continue

STEP 2 - ENTER PRE-PARTICIPATION SURVEY RESULTS

Continue

STEP 3 - ENTER POST-PARTICIPATION SURVEY RESULTS

ENTER PARTICIPANT ID NUMBER

Continue

*\*\*THIS STEP SHOULD ONLY NEED TO BE DONE ONE (1) TIME FOR EACH PROGRAM*

# Program Profile Screen

## Wellness Program Profile

A Red asterisk (\*) means that at least one (1) choice is required.

Institution Name:

Topic Addressed:

Does Program follow Evidence Based Guidelines? \*

Yes  No  Don't Know

If Yes, Which?

- Active Living Every Day (ALiE)
- Arthritis Foundation Walk With Ease Program (WWE)
- Asthma Self-Management Training (ASMT)
- Diabetes Prevention Program (DPP)
- Diabetes Self-Management Education (DSME)
- Stanford Chronic Disease Self-Management Program (CDSMP)
- Stanford Diabetes Self-Management Program (DSMP)
- CDSMP plus (Stanford Chronic Disease Self-Management Program plus Hypertension Module)

County Where Program Delivered \*

Suffolk  Nassau  Both Suffolk and Nassau

Setting Where Program is Delivered (check all that apply) \*

- Group
- Individual
- Phone-based
- Internet-based
- Home-Visit
- Inpatient Clinic/In Hospital
- Outpatient Clinic/Center
- Community-based Organization
- School-based
- College campus
- Local Health Department
- Other

Does the Program relate to the NYS Prevention Agenda Priority "Prevent Chronic Diseases"?

Yes  No

If Yes, what Focus Area(s) from among the "Prevent Chronic Diseases" Priority does the Program relate to? \*

- Focus Area One: Reduce obesity in children and adults
- Focus Area Two: Increase access to high-quality chronic disease preventive care and management in clinical and community settings
- Both
- Not Applicable

Does the Program relate to efforts to promote mental health/substance abuse prevention, management, and/or treatment? \*

Yes  No

What is the Focus of Program? (check all that apply) \*

- Smoking cessation
- Substance abuse
- Physical activity only
- Nutrition education only
- Physical activity and Nutrition Education combined
- Diabetes education prevention
- Diabetes education management
- Stress management
- Medication management
- Mental health
- Weight management
- Chronic disease self management (overall)
- Asthma education/management
- Chronic pain management
- Mindful meditation
- Falls injury prevention
- Walking program

What is the Target Population for this Program? (check all that apply) \*

- Parents of pre-school age children (child up to age 6)
- Parents of school age elementary children (1 to 5th grade)
- Parents of school age middle school children (6 to 8th grade)
- Parents of high school children (9th to 12 grade)
- Pregnant women (pre-natal)
- New mothers (post-natal)
- College students
- Young adults (18 to 24 years)
- Adults (25 to 64 years)
- Seniors (65+)

Does this Program Target Primary or Secondary prevention? \*

Primary (At risk, not yet diagnosed)  Secondary (Already diagnosed)  Both

Number of Sessions of Program (number of sessions or NA) \*

Minutes per Session (minutes per session or NA) \*

Duration of Program:  (minutes or NA)

Access to Program: \*

- Referral to program from a clinician required.  Yes  No  Don't Know  Other
- Open sign up (no clinical eligibility).  Yes  No  Don't Know

Is Program free (no out-of-pocket and no co-pay) to participant?  Yes  No  Don't Know \*

If the program is not free, what is the total out of pocket cost of the entire program (all sessions combined)?

1.  Don't Know
2.  It varies based on ability to pay / insurance status.
  - How much do MOST PEOPLE pay to participate?
    1.  Don't Know
    2.  Less than \$25
    3.  Between \$26 and \$50
    4.  Between \$51 and \$100
    5.  Between \$101 and \$150
    6.  More than \$150

# Survey Entry Screen

This is the same for both the Pre & Post Survey. The only difference is that when entering the Post Survey data some of the fields are pre-populated.

### Pre-Program Wellness Survey

*A Red asterisk (\*) means that a response is required.*

**Institution Name:**  \*

**Participant ID:**  \*

**Survey Type (Pre vs. Post Participation in Program):**  Pre-Participation

**Date Pre-Program Survey Completed by Participant:**  \*

**Date Patient/Participant Started Program:**  \*

**Gender:**  Male  Female  Other \*

**Age (in years):**  \*

**5-digit Zip Code:**  \* (If unknown enter 00000)

**County of Residence:**  Suffolk  Nassau  Queens  Kings (Brooklyn)  New York (Manhattan)  Bronx  Missing Response \*

**Race/Ethnicity:**  Asian  African-American  Multi Racial  Native American  Caucasian  Not Applicable \*

**Hispanic/Latino?:**  Yes  No  Missing Response \*

**Reason for Participating in Program:** \*

- Referred by Health Care Provider
- Heard about it from a Family Member or Friend
- Found out about it on my own/interest in program

**Question 1 - Self-rated Health \***

Excellent  Very Good  Good  Fair  Poor  Missing Response

**Question 2 - BMI Knowledge \***

Yes  No  Missing Response

**Question 3 - Find a Doctor or Nurse \***

Yes  No  Missing Response

**Question 4 - Action in the past 3 months (90 days) \***

Thoughts of Eating Habits:  Yes  No  Missing Response

Changed Eating Habits:  Yes  No  Missing Response

Thought About Exercise:  Yes  No  Missing Response

Participated in Exercise:  Yes  No  Missing Response

**Question 5 - In a typical week \***

Foods within Budget:  Always  Often  Sometimes  Rarely  Not at all  Missing Response

Fruit Servings:  Always  Often  Sometimes  Rarely  Not at all  Missing Response

Vegetable Servings:  Always  Often  Sometimes  Rarely  Not at all  Missing Response

Low Fat/Cholesterol:  Always  Often  Sometimes  Rarely  Not at all  Missing Response

Think of Weight/BMI:  Always  Often  Sometimes  Rarely  Not at all  Missing Response

Eat High Fiber Foods:  Always  Often  Sometimes  Rarely  Not at all  Missing Response

Drink Soda/Sweet Beverages:  Always  Often  Sometimes  Rarely  Not at all  Missing Response

Water Intake:  Always  Often  Sometimes  Rarely  Not at all  Missing Response

Relax:  Always  Often  Sometimes  Rarely  Not at all  Missing Response

Feel Lonely:  Always  Often  Sometimes  Rarely  Not at all  Missing Response

Do Feel-Good Things:  Always  Often  Sometimes  Rarely  Not at all  Missing Response

Feel Bored:  Always  Often  Sometimes  Rarely  Not at all  Missing Response

Talk to Friends/Family:  Always  Often  Sometimes  Rarely  Not at all  Missing Response

Reduce Stress:  Always  Often  Sometimes  Rarely  Not at all  Missing Response

Active 20+ Minutes/Day:  Always  Often  Sometimes  Rarely  Not at all  Missing Response

Exercise Routine:  Always  Often  Sometimes  Rarely  Not at all  Missing Response

Exercise Enjoy:  Always  Often  Sometimes  Rarely  Not at all  Missing Response

Exercise in Community:  Always  Often  Sometimes  Rarely  Not at all  Missing Response

Exercise Safely:  Always  Often  Sometimes  Rarely  Not at all  Missing Response

Stretching Exercises:  Always  Often  Sometimes  Rarely  Not at all  Missing Response

Where to Get Information:  Always  Often  Sometimes  Rarely  Not at all  Missing Response

Watch Body Changes:  Always  Often  Sometimes  Rarely  Not at all  Missing Response

Call Doctor/Nurse:  Always  Often  Sometimes  Rarely  Not at all  Missing Response

Use Medication Correctly:  Always  Often  Sometimes  Rarely  Not at all  Missing Response

Use Tobacco:  Always  Often  Sometimes  Rarely  Not at all  Missing Response

Alcohol Above One (1):  Always  Often  Sometimes  Rarely  Not at all  Missing Response

Get Help When Needed:  Always  Often  Sometimes  Rarely  Not at all  Missing Response

**For questions about accessing the portal (username/password),  
please contact: Bill Redman, Programmer Analyst, Stony Brook  
Medicine Information Technology at: (631) 444-6960**

**[William.redman@stonybrookmedicine.edu](mailto:William.redman@stonybrookmedicine.edu)**

**For questions about how to use the portal, please contact the Long  
Island Health Collaborative at: (631) 257-6959 [LIHC@nshc.org](mailto:LIHC@nshc.org)**