

Wellness Survey Use Criteria

Program Duration:

1. At least 2 sessions

Setting:

1. Group

Content:

A. Healthy Eating:

Focus on increasing fruit/vegetables, fiber and low fat dairy/foods

Decreasing sweetened beverages and increasing water consumption

Nutrition fact label education

Awareness of BMI

B. Physical Activity:

Focus on regular exercise

Exercising safely

C. Physiological Well Being

Relaxation strategies

Stress management

Mental health awareness

D. Responsible Health Practices

Information on chronic disease

How and when to contact health care providers

Medication management

Tobacco and alcohol use

Sites would enter to data base:

1. Don't use names; give a unique ID that will be assigned linking Pre-tests to Post-tests.
2. Name of institution / facility
3. Name of data entry person
3. Date of data entry
4. Name of program being evaluated
5. Type of program (e.g., drop down menu for behavior change targets of program)
6. Setting where program is delivered (e.g., drop down menu for clinical office, community-based center, home?)
7. Total number of sessions possible (if 100% of sessions were completed, how many?)
8. Cost of program participation (to the patient/client)? Is it varied, out of pocket, covered by insurance, partially covered?
9. Date that client/patient started program (date client/patient started program)
10. Date that client/patient completed the Pre-test
11. Date that client/patient completed the Post-test
12. Number of sessions of program actually completed by client/patient