The PILI ‘Ohana Lifestyle Program

Assessment MOP

Section 1: Protocol-Based Assessment

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Developed by the PILI ‘Ohana Project; phone: (808) 692-1040 Facsimile: (808) 692-1255
e-mail: clairemt@hawaii.edu

Supported by the National Center on Minority Health and Health Disparities, National Institutes
of Health (R24 MD001660).
Section 1: Protocol-Based Assessment

The PILI ‘Ohana Project’s (POP) Lifestyle intervention is to be assessed according to the POP Protocol developed by the Department of Native Hawaiian Health of the University of Hawaii and approved by the POP Intervention Steering Committee.

The Protocol specifies the following:

- The primary and secondary outcomes to be achieved and measured (section 2).
- The mediating factors operating to achieve desired outcomes (section 3).
- The frequency of assessment to occur for all participants in the study across all three groups (section 4).
- The assessment instruments and measurements to be used (section 5).
- The collection and recording of assessment data (section 6)
- The role and training of the POP community assessors (section 7).
Section 2: Primary and Secondary Outcomes

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of Health (R24 MD001660).
Section 2: Primary and Secondary Outcomes

The PILI ‘Ohana Project (POP) aims to achieve and measure 2 primary outcomes and 3 secondary outcomes. Three assessment points will occur over a 9-month period: Baseline (at start of study), 3-month follow-up (post-weight loss program), and 9-month (end of study). At each assessment point, all the primary and secondary outcomes will be measured.

The primary outcomes to achieve are:

- Participants achieve $\geq 5\%$ weight loss and maintain this weight loss over 9-months.
- Participants improve physical functioning from baseline to 9-month follow-up

The primary outcomes will be measured as follow:

- Change in weight (kg)
- Change in distance walked (ft) in 6 minutes

The secondary outcomes are:

- Change in systolic and diastolic blood pressure
- Change in eating and exercise habits
The PILI ‘Ohana Lifestyle Program

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Section 3: Mediating Factors Affecting Outcomes

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PILI 9-mo. Assessment MOP 9/26/2012
Section 3: Mediating Factors Affecting Outcomes

The PILI ‘Ohana Project is not only interested in the primary and secondary outcomes (section 2) but also on factors that operate or cause (mediators and moderators of change) the intervention to have an effect on the outcomes.

The mediating/moderating variables of interest and to be measured are:

- Eating self-efficacy
- Exercise self-efficacy
- Locus of weight control (external vs. internal)
- Degree of perceived family support
- Degree of perceived community support

These variables were chosen because they are foci of the behavioral strategies being encouraged in the PILI Lifestyle Intervention. They have also been shown in past studies to be associated with making and sustaining behavior change in people who participated in a health-related intervention.
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Section 4: Frequency of Assessment

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Section 4: Frequency of Assessment

The PILI ‘Ohana Project (POP) intends to collect data on the primary and secondary outcomes (section 2) and mediating/moderating variables (section 3) at three assessment points over the 9-month study. These three assessment points are: Baseline (at start of study), 3-month follow-up (post-weight loss program), and 9-month (end of study). All study participants will be evaluated at each and every assessment point. Figure 1 below summarizes the assessment points over the 9-months.

Figure 1. Assessment Points over 9 Months

- **Assessment point 1**: Baseline Assessment (Conducted within 2 weeks prior to starting weight loss)
- **Assessment point 2**: 3-Month Follow-up Assessment (Conducted within 2 weeks after completing weight loss program)
- **Assessment point 3**: 9-Month Follow-up Assessment (Conducted within 2 weeks after completing Lesson 6 of the weight loss maintenance program)
Section 4:3

As depicted in Figure 1, assessment points 1 (baseline) and 2 (3-month follow-up) will allow for the evaluation of the weight loss program. Assessment points 2 (3-month follow-up) and 3 (9-month follow-up) will allow for the evaluation of the weight loss maintenance program. Again, all primary and secondary outcomes and mediating/moderating variables will be assessed at each and every assessment point.

Baseline assessment (point 1) will occur within 2 weeks of starting lesson 1 of the weight loss program.

Three-month follow-up assessment (point 2) will occur within 2 weeks of completing the weight loss program (after Lesson 8).

Nine-month follow-up assessment (point 3) will occur within 2 weeks of Lesson 6 of the weight loss maintenance program.
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Section 5: Assessment Instruments and Measurements

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Section 5: Assessment Instruments and Measurements

The PILI ‘Ohana Project (POP) will assess primary and secondary outcomes and mediating/moderating variables with a variety of assessment instruments and measurements. Each assessment instrument and its measurement are outlined here.

**Primary Outcomes**

1. **Weight change**
   a. Assessment instrument: *Tanita BWB800AS scale* is to be used to measure weight.
   
   b. Measurement: weight in kilograms

2. **Physical Functioning**
   a. Assessment instrument: *6-minute walk test*.
      
   b. Measurement: distance walked in feet in 6 minutes.
      
   c. Description: 6-minute Walk Test (6MWT)
      
      i. **Purpose:** To assess the sub-maximal level of functional capacity of an individual
      
      ii. **Description:** The 6MWT is a practical test that requires a 100-ft hallway but no exercise equipment or advanced training for technicians. The test measures the distance that an individual can quickly walk on a flat, hard surface in a period of 6 minutes.

**Secondary outcomes**

1. **Blood pressure**
   a. Assessment instrument: *HEM-907XL IntelliSense* automatic blood pressure device is to be used to measure blood pressure and pulse.
      
   b. Measurement: systolic blood pressure (SBP) and diastolic blood pressure (DBP) measured in mmHg and pulse (hearts beats per minute).
      
   c. Description: A SBP ≥ 140 and/or DBP ≥ 80 indicate hypertension (high blood pressure).
2. **Average dietary fat intake**

   a. Assessment instrument: **PILI ‘Ohana Eating Habits Questionnaire** is used to briefly assess eating behavior over the past month.

   b. Measurement: % daily fat intake

   c. Description: **PILI ‘Ohana Eating Habits Questionnaire**

      i. Purpose: To estimate the frequency and types of foods (and their preparation) a participant consumed in the past month.

      ii. Description: The modified version of the Eating Habit Questionnaire is an 18-item instrument that assesses the following food items consumed and their frequency: 1) red meat, fish, chicken, and pasta, 2) milk and cheese products, 3) fruits, vegetables, and salads, and 4) bread, rolls, muffins, and cereals. In addition, food preparation and the use of mayonnaise are also assessed. Frequency of consumption is assessed using a 4-point Likert type scale ranging from 1 (Always) to 4 (Never).


3. **Physical Activity Intensity**

   a. Assessment instrument: **PILI ‘Ohana Physical Activity Questionnaire**

   b. Measurement: Physical intensity score (1 to 5) and change in intensity

   c. Description:

      i. Purpose: To estimate a participant’s frequency and intensity (moderate and vigorous) of exercise and change in activity level in the past month.

      ii. Description: The Brief Physical Activity Questionnaire was designed by the DASH 2 Project to assess physical activity levels in the past month. It consists of 3 items: one item to assess moderate activity level, one item to assess vigorous activity level, and one item to assess change in activity level. The responses for the first two items range from 1 (More than 4 times a week) to 5 (Rarely or never). The change in activity item has a response range of 1 (More active) to 3 (About the same).

**Mediating/Moderating Variables**

1. **Locus of weight control**
   
   a. Assessment instrument: The *Weight Locus of Control Scale* (WLOC)
   
   b. Measurement: internality scores versus externality scores
   
   c. Description:
      
      i. The WLOC is a 4-item questionnaire composed of two internally and two externally worded items, presented in a six-point Likert scale format. The scoring is from 1 for strongly disagree to 6 for strongly agree. The WLOC is scored in the external direction and the Lifert format is reverse scored for the internally worded items. The possible range of scores is from 4 to 24 with 4 indicating extreme internality and 24 extreme externality.
      

2. **Exercise Self-efficacy**
   
   a. Assessment instrument: Self-*Efficacy for Exercise Scale* (SEE)
   
   b. Measurement: self-efficacy scores for exercise
   
   c. Description: The SEE is a 9-item scale measuring self-efficacy expectations related to the ability to continue to exercise in the face of perceived barriers.
   

3. **Eating Self-efficacy**
   
   a. Assessment instrument: Eating *Self-Efficacy Scale* (ESE)
   
   b. Measurement: self-efficacy scores for eating
c. Description: The ESE is a 9-item scale measuring self-efficacy expectations related to the ability to resist or control eating in the face of barriers or tempting situations.

d. Source: Adapted from: Unknown

4. Family and Community Resources/Support

a. Assessment instrument: Family and Community Support Scale (FCSS)

b. Measurement: family support scores and community support scores

c. Description: The FCSS is an 11-item scale measuring perceptions of family support (6 items) in helping to achieve and maintain healthy eating and exercise and perceptions of community support/resources (5 items) in helping to achieve and maintain a healthy lifestyle.

Section 6: Data Collection Tools and Recording Instruments
Section 6: Data Collection Tools and Recording Instruments

The PILI ‘Ohana Project (POP) will collect and record all assessment data detailed in Section 5 on standardized data collection forms and based on standardized assessment procedures. This section details all the data collection forms and recording procedures applied to all assessments. It is presented in the order data are to be collected from each participant.

Here is the list of data collection tools:

1. Visit Guide Form
2. Contact Information Form
3. Demographic Information Form
4. Clinical Data Form
5. Physical Activity Questionnaire
6. Eating Habits Questionnaire
7. 6-Minute Walk Test
8. Health Behavior Packet
9. Missed Visit Form
1. Visit Guide Form

a. Purpose: To organize data collection and to ensure complete data collection.

<table>
<thead>
<tr>
<th>Community site</th>
<th>1= Hawaii Maoli</th>
<th>2= Ke Ola Mamo</th>
<th>3= Kokua Kalihi Valley</th>
<th>4= Kula no na Po’e Hawaii</th>
</tr>
</thead>
</table>

Participant number starting at 001

Document:
- Unusual responses/behaviors.
- Reminders to assessor to follow-up.
- Reasons for incomplete data collection.
- Questionable data/responses.
- Any issues around assessment.
- Participant’s comments.

PILI ‘Ohana Program
Visit Guide Form

Instructions: Complete this at the end of each visit before participant leaves to ensure that all procedures and forms have been completed.

Date of Visit

PROCEDURES/FORMS COMPLETED:

<table>
<thead>
<tr>
<th>Procedure/Form</th>
<th>a) completed</th>
<th>b) required</th>
<th>c) pending</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Consent Form (baseline only)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Visit Guide Form</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Contact Information Form (baseline only; update as needed)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Demographic Information Form (baseline only)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Clinical Data Form</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Physical Activity Questionnaire</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Eating Habits Questionnaire</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. 6-minute Walk Test (including BORG rating)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Missed Visit Form</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes: ____________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________
2. Contact Information Form

a. Purpose: To document participant’s contact information and support person information. This is completed at baseline only and updated as needed in subsequent assessments. Important to avoid losing track of participants.

- Support person can be a family member, friend, or co-worker.
- An ideal support person is one who shares at least one meal a week and/or activities.

PILI 9-mo. Assessment MOP 9/26/2012
3. Demographic Information Form

a. Purpose: To record participant’s basic demographic information: DOB, sex, marital status, education level, ethnicity, and ethnic identification. This is completed at baseline only.

Participant ID: [ ] - [ ] - [ ]
Assessor ID: [ ]

Date of Visit: [ ] - [ ] - [ ]

PILI 'Ohana Program
Demographic Information Form

1. Date of birth: [ ] - [ ] - [ ]

2. What is your sex?
   1. [ ] Male
   2. [ ] Female

3. What is your marital status?
   1. [ ] Never married
   2. [ ] Currently married
   3. [ ] Divorced or separated
   4. [ ] Widowed/divorced

4. What is your highest level of education you completed?
   1. [ ] Less than high school
   2. [ ] High school diploma/GED
   3. [ ] Some college/technical training
   4. [ ] College degree
   5. [ ] Graduate/Professional degree

5. What are the ethnic groups you identify with (Check all that apply)?
   1. [ ] Caucasian
   2. [ ] Chinese
   3. [ ] Filipino
   4. [ ] Hawaiian
   5. [ ] Latino
   6. [ ] Japanese
   7. [ ] Korean
   8. [ ] Marshallese
   9. [ ] Micronesian (specify): ________________
   10. [ ] Native American
   11. [ ] Portuguese
   12. [ ] Samoan
   13. [ ] Other (Specify): __________________

6. Of the ethnic groups you chose above, which one do you most identify with (Select only one)?
   1. [ ] Caucasian
   2. [ ] Chinese
   3. [ ] Filipino
   4. [ ] Hawaiian
   5. [ ] Latino
   6. [ ] Japanese
   7. [ ] Korean
   8. [ ] Marshallese
   9. [ ] Micronesian (specify): ________________
   10. [ ] Native American
   11. [ ] Portuguese
   12. [ ] Samoan
   13. [ ] Other (Specify): __________________

PILI 9-mo. Assessment MOP 9/26/2012
4. Clinical Data Form

a. Purpose: To record participant’s height (m), weight (kg), blood pressure (SBP, DBP), and pulse. Each measurement is taken twice per participant at each assessment point, with the exception of height taken only at baseline.

- Right arm is used for BP, unless for some reason cannot (e.g., amputation, swelling).
- Use left arm when cannot use right.

- All measurements on this form are taken twice following protocols (section 7).

<table>
<thead>
<tr>
<th>Participant ID:</th>
<th>-</th>
<th>-</th>
<th>-</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessor ID:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Visit</th>
<th>-</th>
<th>-</th>
<th>-</th>
<th>Baseline</th>
<th>3-Month F/up</th>
<th>12-Month F/up</th>
<th>18-Month F/up</th>
</tr>
</thead>
</table>

**PILI ‘Ohana Program Clinical Data**

1. Blood Pressure

   a. [ ] mm Hg
   b. [ ] mm Hg

   Arm used for measurement
   - [ ] Right
   - [ ] Left

2. Pulse

   a. [ ] bpm
   b. [ ] bpm

   Arm used for measurement
   - [ ] Right
   - [ ] Left

3. Height (only at baseline)

   a. [ ] cm (round to the nearest 10th; e.g., if 69.5 cm then round up to 70 cm or if 109.4 cm then round down to 100 cm)
   b. [ ] cm

4. Weight

   a. [ ] kg
   b. [ ] kg

   - Round to the nearest 10th as stated here but, if in doubt record the entire height.
5. Brief Physical Activity Questionnaire

a. Purpose: To record participant’s frequency in moderate to vigorous physical activity in the past month and change in frequency since the past month. This form is completed at all assessment points by all participants.

- Vigorous physical activities are mostly aerobic type exercise.
- Aerobic type exercise usually involves arms and legs moving at the same time vigorously.
- Another way to assess whether it is vigorous is “difficulty holding a conversation or singing a tune while performing the activity.”

PILI 'Ohana Program
Brief Physical Activity Questionnaire

I would like to ask you some questions about your activities in the past month.

1. For the past month, about how often have you taken part in moderate physical activity (such as bowling, golf, light sports or physical exercise, gardening, taking long walks)?
   - More than 4 times a week □ 1
   - 2-4 times a week □ 2
   - About once a week □ 3
   - 2-3 times over the month □ 4
   - Rarely or never □ 5

2. For the past month, about how often have you taken part in vigorous physical activity (such as jogging, running, swimming, aerobics, strenuous sports)?
   - More than 4 times a week □ 1
   - 2-4 times a week □ 2
   - About once a week □ 3
   - 2-3 times over the month □ 4
   - Rarely or never □ 5

3. How does the amount of activity you have done for the past month compare with your usual physical activity level?
   - More active □ 1
   - Less active □ 2
   - About the same □ 3
6. Eating Habits Questionnaire

a. Purpose: To record what the participant has eaten in the past month in broad general type of food categories, frequency of consumption, and cooking preparation. It is designed to provide an estimate of daily fat consumption. This form is completed at all assessment points by all participants.

<table>
<thead>
<tr>
<th>Participant ID:</th>
<th>-</th>
<th>-</th>
<th>-</th>
<th></th>
<th>Assessor ID:</th>
<th>-</th>
<th>-</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Visit:</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
<td>Baseline:</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>PILI ‘Ohana Program</td>
<td>Eating Habits Questionnaire</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

These next questions I will ask you are about the way you ate over the PAST MONTH.

**MEAT, FISH & MAIN DISHES**

In the PAST MONTH...

1. Did you eat fish?
   - [ ] YES
   - [ ] NO

<table>
<thead>
<tr>
<th>Always</th>
<th>Often</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

   1a. If YES, how often did you have it broiled or baked?
   - [ ] 1
   - [ ] 2
   - [ ] 3
   - [ ] 4

   1b. How often did you have it fried?
   - [ ] 1
   - [ ] 2
   - [ ] 3
   - [ ] 4

2. Did you eat chicken?
   - [ ] YES
   - [ ] NO

<table>
<thead>
<tr>
<th>Always</th>
<th>Often</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

   2a. If YES, how often did you have it broiled or baked?
   - [ ] 1
   - [ ] 2
   - [ ] 3
   - [ ] 4

   2b. How often did you have it fried?
   - [ ] 1
   - [ ] 2
   - [ ] 3
   - [ ] 4

   2c. How often did you take off the skin?
   - [ ] 1
   - [ ] 2
   - [ ] 3
   - [ ] 4

3. Did you eat spaghetti or pasta?
   - [ ] YES
   - [ ] NO

<table>
<thead>
<tr>
<th>Always</th>
<th>Often</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

   3a. If YES, how often did you have a meatless tomato sauce?
   - [ ] 1
   - [ ] 2
   - [ ] 3
   - [ ] 4

*Modified 10-05-2009 1 of 6 pages*
• Red meat here means: beef, pork, lamb, goat, oxtail, deer, venison, etc.

<table>
<thead>
<tr>
<th>Section 6:9</th>
</tr>
</thead>
</table>

In the **PAST MONTH**

4. Did you eat red meat?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4a. If <strong>YES</strong>, how often did you eat only small portions?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
</tr>
<tr>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4b. How often did you trim the visible fat?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
</tr>
<tr>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. How often did you have a vegetarian dinner?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
</tr>
<tr>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. Did you eat fish or chicken instead of red meat?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>YES</strong></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6a. If <strong>YES</strong>, how often did you eat fish or chicken instead of red meat?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
</tr>
<tr>
<td>1</td>
</tr>
</tbody>
</table>
Section 6:10

- This does not include soy milk products.
- Only milk from animal fat.

**Milk and Cheese**

In the **Past Month**...

7. Did you drink milk or use milk on cereal?  
   - **YES**  
   - **NO**
     - Always
     - Often
     - Sometimes
     - Never

7a. If **YES**, how often was it very low (1%) or non-fat skim milk?
   - Always
   - Often
   - Sometimes
   - Never

8. Did you eat cheese (include sandwiches or in cooking)?
   - **YES**
   - **NO**
     - Always
     - Often
     - Sometimes
     - Never

8a. If **YES**, how often was it specially made, low-fat (diet) cheese?
   - Always
   - Often
   - Sometimes
   - Never

9. Did you eat frozen desserts (ice cream, sherbet, etc.)?
   - **YES**
   - **NO**
     - Always
     - Often
     - Sometimes
     - Never

9a. If **YES**, how often did you choose frozen yogurt, sherbet, or non-fat ice cream instead of regular ice cream?
   - Always
   - Often
   - Sometimes
   - Never

Modified 01-02-2007  
3 of 6 pages
**FRUITS, VEGETABLES AND SALADS**

In the **PAST MONTH**, . . .

10. Did you eat cooked vegetables?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Always</th>
<th>Often</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>10a. If YES, how often did you put butter or margarine on the vegetables?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

11. Did you eat potatoes?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Always</th>
<th>Often</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>11a. If YES, how often were they fried? (French fries, hash browns)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11b. How often were they boiled or baked?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11c. How often did you eat potatoes with butter, margarine, or sour cream?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

12. Did you eat green salads?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Always</th>
<th>Often</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>12a. If YES, how often did you use no dressing?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12b. How often did you use low-calorie, diet dressing?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
Section 6:12

### Breads, Rolls, Muffins, and Cereals

In the **PAST MONTH**...

16. Did you eat bread, rolls, or muffins?  

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Always</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Often</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sometimes</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Never</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

16a. If YES, how often did you eat breads, rolls, or muffins without butter or margarine?  

<table>
<thead>
<tr>
<th></th>
<th><strong>Always</strong></th>
<th><strong>Often</strong></th>
<th><strong>Sometimes</strong></th>
<th><strong>Never</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

### Food Preparation

In the **PAST MONTH**...

17. Did you cook or prepare meals or snacks?  

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Always</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Often</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sometimes</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Never</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

17a. How often did you use Pam or other non-stick spray instead of oil, margarine, or butter?  

<table>
<thead>
<tr>
<th></th>
<th><strong>Always</strong></th>
<th><strong>Often</strong></th>
<th><strong>Sometimes</strong></th>
<th><strong>Never</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

18. Did you use mayonnaise?  

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Always</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Often</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sometimes</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Never</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

18a. If YES, how often did you use diet, low calorie mayonnaise instead of regular mayonnaise?  

<table>
<thead>
<tr>
<th></th>
<th><strong>Always</strong></th>
<th><strong>Often</strong></th>
<th><strong>Sometimes</strong></th>
<th><strong>Never</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
7. 6 Minute Walk Test

a. Purpose: To record the distance a participant walks in feet over a 6 minute period to estimate physical functioning. This form is completed at all assessment points by all participants and requires two assessors.

- 50 ft one way is preferred but can be done at 30 ft if space is limited. If cones are spread out over 50 ft, a lap would then be 100 ft. If cones are spread out over 30 ft, a lap would be equal to 60 ft (see section 7).

- Enter the number of tick or check marks in the box below here. Each tick or check mark is a complete lap.

- Enter the remaining feet here, since the participant will probably stop in between a lap.

- Enter tick or check marks here. Each tick or check mark represents 1 lap. This is to be completed in real-time when the participant is performing this test.

Reminder: The measurement for the distance to set up for the 6-minute walk is **50 feet** so that a lap is equal to 100 feet. For example, from one end to the other is **50 feet** and there should be marks every 10 feet in between.

1. What is the total number of laps completed? + remaining feet __________

   Note that the "total number of laps completed" is the number of tick or hash marks recorded in the box below. The "remaining feet" is distance in feet when stopped following the last completed lap. For example, if you counted 10 laps and recorded 10 hash marks, you would place the number "10" in the first blank space above. If the person completed 20 feet after his or last full lap (the 10" lap in this case), then you would place "20 ft" in the second blank space above. So, this person walked 10 laps plus 20 more feet in 6 minutes.

2. What is the participant's BORG Score? ______

   (Show participant the BORG Rating Scale to answer immediately after completing 6-minute walk test)

Record each lap in this space above using tick or hash marks. Each tick or hash mark equals 1 lap. Count the total number of laps and write it in the first blank space of questions 2.b. above and, in the second blank space, write-in the remaining feet.

PILI 9-mo. Assessment MOP 9/26/2012
8. Health Behavior Packet

a. Purpose: To record participant’s perceptions of family and community support in achieving and maintaining a healthy lifestyle, locus of weight control, and self-efficacy in exercise and eating healthy. This form is completed at all assessment points by all participants.

<table>
<thead>
<tr>
<th>Family Support</th>
<th>Very Often</th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. My family encourages me to start or stick with my exercise program.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>2. My family encourages me to lose weight.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3. My family complains or makes fun of me for eating low-fat and low cholesterol foods.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>4. My family reminds me not to eat high-fat foods.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>5. My family also avoids eating the foods I am avoiding.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>6. My family criticizes or makes fun of me for exercising.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Community Support</th>
<th>Very Often</th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. My community has the resources, such as gyms and parks, to help me start or stick with my exercise program.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>2. My community has food stores or markets with healthy food choices, such as low-fat foods and fresh vegetables.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3. My community is safe for me to walk around or exercise in.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>4. My community adds more stress or anxiety to my life.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>5. My community as a whole does not support my healthy lifestyle plan.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
Instructions: Below are statements about your attitude toward your own weight. For each statement, circle the number that best describes your attitude to that statement. If you circle “5” this means you strongly agree with the statement. If you circle “1” this means you strongly disagree with the statement. The higher the number, the more you agree with the statement. Read carefully and circle your best response.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Not Sure</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Whether I gain, lose, or maintain my weight is entirely up to me.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>2. Being the right weight is largely a matter of good fortune.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3. No matter what I intend to do, if I gain or lose weight, or stay the same in the near future, it is just going to happen.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>4. If I eat properly and get enough exercise and rest, I can control my weight in the way I desire.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

PILI Questionnaire Packet created 10-13-09
**Instructions:** Now I am going to give you 9 situations that might affect your participation in exercise. For each one, use this scale where “5” is **very sure** and “1” is **not sure at all**, to tell me how confident or sure you are right now that you could exercise for at least a **total of 60 minutes each week** in each of the situations below. Read carefully and **circle your best response**.

<table>
<thead>
<tr>
<th>I can exercise at least 60 minutes in total each week even if….</th>
<th>Completely Sure</th>
<th>Very Sure</th>
<th>Don’t know</th>
<th>Somewhat Sure</th>
<th>Not sure at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The weather was bothering me.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>2. I were bored by the exercise program or activity.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3. I felt discomfort when exercising.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>4. I had to exercise alone.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>5. I did not enjoy it.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>6. I were too busy with other activities.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>7. I felt tired.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>8. I felt stressed.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>9. I felt depressed.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
**Instructions:** Now I am going to give you 9 situations that might affect your eating habits. For each one, use this scale where “5” is very sure and “1” is not sure at all, to tell me how confident or sure you are right now that you could resist eating in each of the situations below. Read carefully and carefully circle your best response.

<table>
<thead>
<tr>
<th></th>
<th>Completely Sure</th>
<th>Very Sure</th>
<th>Don’t know</th>
<th>Somewhat Sure</th>
<th>Not sure at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>I can control eating when I am watching T.V.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>2.</td>
<td>I can control eating when there are many different kinds of foods available.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>3.</td>
<td>I can control eating even when I am at a party.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>4.</td>
<td>I can control my eating on the weekends.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>5.</td>
<td>I can resist eating even when high-fat foods are available.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>6.</td>
<td>I can resist eating even when I feel it’s impolite to refuse a second helping.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>7.</td>
<td>I can resist eating even when I have to say “no” to others.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>8.</td>
<td>I can resist eating even when others are pressuring me to eat.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>9.</td>
<td>I can control eating when I feel stressed out or tired.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>
9. Missed Visit Form

a. Purpose: To record participant’s reasons for missing an assessment visit and to document follow-up. This form is completed whenever a participant misses an assessment visit.

<table>
<thead>
<tr>
<th>Participant ID:</th>
<th>-</th>
<th>-</th>
<th>-</th>
<th>Assessor ID:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Visit:</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>Baseline</td>
</tr>
</tbody>
</table>

**PILI ‘Ohana Program**
**Missed Visit Report Form**

*Instructions: Complete this form any time a scheduled assessment visit is missed for each participant.)*

1. What was the reason for the missed visit?
   1. ☐ Work responsibilities
   2. ☐ Family responsibilities
   3. ☐ Transportation problems
   4. ☐ Illness
   5. ☐ Forgot/didn’t remember
   6. ☐ Other (describe): ___________________________

2. Scheduled follow-up?
   1. ☐ Yes
   2. ☐ No

3. Was personal contact established regarding missed visit?
   1. ☐ Yes
   2. ☐ No

4. What was the method of contact?
   1. ☐ Home visit
   2. ☐ Direct telephone contact
   3. ☐ Telephone contact (proxy)
   4. ☐ Other (specify): ___________________________
The PILI ‘Ohana Lifestyle Program

Assessment MOP

Section 7: Data Collection and Recording
Instructions and Procedures

Copyright © 2009 by the University of Hawaii
Developed by the PILI ‘Ohana Project; phone: (808) 692-1042 Facsimile: (808) 692-1255
e-mail: clairemt@hawaii.edu

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Section 7: Data Collection and Recording Instructions and Procedures

The PILI ‘Ohana Project (POP) will collect and record all assessment data (detailed in Section 5) on standardized data collection forms (detailed in Section 6). This section details all the data collection and recording instructions and procedures applied to all assessments. It is presented in the order data are to be collected from each participant in a step-by-step manner.

I. Assessments:

A. Each community site/partner will be responsible for conducting all assessments for all of their participants.
B. Every participant will undergo three assessment occasions at each community site, which are described in more detail in this section and in other sections of this MOP.
C. Each community site/partner will be responsible for maintaining the physical records of their participants and the issuing of a unique Identification Number (ID) for each participant. The assignment of participant’s ID number is described in more detail later in this section.
D. DNHH will be responsible for data entry of all participant data into a database.

II. Assessment Occasions:

Each participant will undergo 3 assessments: First assessment is baseline (2 weeks prior to receiving the 3-month weight loss intervention). Second assessment is after the 3-month PILI Lifestyle Intervention (within 2 weeks of finishing the PILI Lifestyle Intervention). Third assessment is at the 9-month follow-up point (within 2 weeks of completing the PILI Lifestyle Weight Loss Maintenance Phase).

Specifically, the assessment occasions are as follow:

A. Baseline assessment = the first assessment occasion. This is to be done within the 2 weeks prior to Lesson 1 of the 3-month PILI Lifestyle Intervention (weight loss component), no sooner or later. It must be done prior to receiving Lesson 1. For example, if participant is to start Lesson 1 on February 1, 2010, his or her baseline assessment needs to be completed between January 18, 2010 and February 1, 2010.

B. 3-month follow-up assessment = The second assessment occasion and is to be done within 2 weeks just after completing Lesson 8 of the 3-month PILI Lifestyle Intervention. Again, the 3-month follow-up assessment must be completed within 2 weeks after finishing Lesson 8 of the weight loss component, no sooner or later. For example, if a participant finishes Lesson 8 of the PILI Lifestyle Intervention on April 29, 2010, his or her 3-month follow-up assessment must be done between April 29, 2010 (after completion of Lesson 8) and May 13, 2010.

C. 9-month follow-up assessment = The third assessment occasion and is to be done within 2 weeks of the participant’s 9-month point of his or her participation in the study. It should fall in the month of Lesson 6 of the PILI Lifestyle Weight Loss Maintenance
Phase or simply month 9. For example, if a participant completed Lesson 1 of the weight loss component on February 1, 2013, his or her 9-month follow-up assessment must be done in October 2013.

If you are unable to perform an assessment for a participant within the 2-week assessment period, an assessment is still needed as soon as possible. A note should be made on the PILI Visit Guide Form that the assessment was outside of the two week assessment period.

III. Assessment Instruments: (More details about each measurement is provided later in this section and in Sections 5 and 6)

A. **Seca 222 stadiometer** is to be used to measure height.
B. **Tanita BWB800AS scale** is to be used to measure weight
C. **HEM-907XL IntelliSense** automatic blood pressure device is to be used to measure blood pressure and pulse.
D. **PILI ‘Ohana Clinical Data Form** is to be used to document height (2x), weight (2x), blood pressure (2x), pulse (2x), 6-minute walk results, and BORG rating.
E. **PILI ‘Ohana Contact Information Form** is used at baseline (updated as needed) to gather participant’s address, phone number, and other relevant contact information.
F. **PILI ‘Ohana Participant Demographic Form** is used at baseline to collect birth date, sex, education level, marital status, and ethnic information.
G. **PILI ‘Ohana Eating Habits Questionnaire** is used to briefly assess eating behavior over the past month.
H. **PILI ‘Ohana Brief Physical Activity Questionnaire** is used to briefly assess level of physical activity in the past month.
I. **PILI ‘Ohana Assessment Visit Guide Form** is used to ensure proper collection of assessment measures.
J. **6-minute walk test** is used to assess physical functioning.
K. **BORG Rating Scale** is used to assess perception of difficulty with 6-minute walk test.
L. **Health Attitude and Behavior Packet** is to assess perceived family and community support, locus of weight control, and self-efficacy in eating healthy and exercise.

IV. Assessment Compensation:

Each participant will be compensated with a scale and PILI Pack.
V. Assignment of Participant ID Numbers:

A. Each community site/partner is responsible for assigning and managing their participants’ ID numbers.

B. Each participant will have a unique ID number assigned based on the following format:

```
Screening ID#  __ __ __  
Community partner’s two digit ID number.  

The community ID numbers are:
01 Papakolea
02 Hawaii Maoli
03 Ke Ola Mamo
04 Kokua Kalihi Valley
```

VI. Step-by-Step Assessment Guide:

STEP 1: Step-up of Assessment Area/Location

A. Assessment Area/Location

   a. The assessment area/location should be large enough to comfortably accommodate the number of participants to be assessed and provide them with adequate privacy for answering questions and undergoing clinical exams.

   b. Be sure that the assessment area/location is free from unnecessary distractions, such as noise, clinic traffic, and people not associated with the study.

   c. Be sure that posters, displays, or any other materials or objects in the room cannot influence the participants’ responses to any assessment question or their behaviors during the assessment. For example, a poster promoting regular physical activity might influence the response of a person’s physical activity level. A provocative smoking prevention poster could raise the blood pressure of a participant while he or she is reading it during a blood pressure measurement.

   d. Each type of assessment should have its own station area. For example, one station will be for height and weight measurements and the next station will be for blood
pressure and pulse, and so on. Each station should be at least 3 feet apart to ensure privacy.

e. The following stations should be set up:

- **Station** for informed consent (only for baseline visit)
- **Station** for height and weight measurements
- **Station** for blood pressure and pulse measurements
- **Station** for diet and physical activity questionnaires
- **Station** for 6-minute walk test
- **Station** for additional health attitude and behavior packet
- **Station (Optional)** for any additional questionnaires

f. Have the needed assessment tools and instruments at each station and test them ahead of time. Have extra batteries or other needed power supplies available.

B. Inventory

a. The following assessment tools and devices are needed:

i. Seca 222 stadiometer (for height)
ii. Tanita BWB800AS scale (for weight)
iii. HEM-907XL IntelliSense automatic blood pressure device.
iv. PILI ‘Ohana Clinical Data Form
v. PILI ‘Ohana Contact Information Form (only for baseline)
vi. PILI ‘Ohana Participant Demographic Form (only for baseline)
vii. PILI ‘Ohana Eating Habits Questionnaire
viii. PILI ‘Ohana Brief Physical Activity Questionnaire
ix. PILI ‘Ohana Assessment Visit Guide Form
x. Six-minute walk test equipment: testing form, BORG scale, red cones to mark boundaries, tape to mark every 10 feet, timer, and chair.
xii. Health Attitude and Behavior Packet
xii. Any optional questionnaires that will be administered (to be determined by community PI).

b. Informed Consent forms are also needed for baseline visits.

C. Review assessment protocols in the PILI ‘Ohana Manual of Procedures for Assessment (this MOP) prior to conducting assessments.

**STEP 2: Initial Data and Forms**

A. Consent Form (only at baseline)

a. If this is the baseline visit, obtain informed consent from each participant prior to collecting any data from them.

i. Review the informed consent form with each participant carefully.
ii. Be sure the participant fully understands the study and their involvement.
iii. Obtain participant’s signature and begin clinical exams.
iv. If participant declines participation, allow them to leave at that time.

B. Contact information (only recorded at baseline visit and updated as needed)
Section 7:6

a. The PILI ‘Ohana Contact Information form is to be used to collect contact information.

b. Be sure to place participant’s ID number on the upper right hand corner of each page of the PILI ‘Ohana Contact Information form. Double check ID number to ensure it is the correct one.

c. Be sure to record today’s date on the form.

d. The contact form is to be updated as needed throughout the study.

C. Demographic information (only recorded at baseline assessment)

a. The PILI ‘Ohana Participant Demographic form is to be used to record all demographic data.

b. Be sure to place participant’s ID number on the upper right hand corner of each page of the PILI ‘Ohana Participant Demographic Form. Double check ID number to ensure it is the correct one.

c. Be sure to record today’s date on the PILI ‘Ohana Participant Demographic Form and the assessment occasion, which will be either baseline, 3-month follow-up, or 9-month follow-up.

d. Demographic data are to be recorded following the protocol explained later in this MOP.

e. The following demographic data are to be collected: date of birth, sex, marital status, education level, and ethnicity information.

STEP 3: Obtain Clinical Data

A. Height measurements (only recorded at baseline assessment)

a. The PILI ‘Ohana Clinical Data form is to be used to record height data.

b. Be sure to place participant’s ID number on the upper right hand corner of each page of the PILI ‘Ohana Clinical Data Form. Double check ID number to ensure it is the correct one.

a. Be sure to record today’s date on the PILI ‘Ohana Clinical Data Form and the assessment occasion, which will be either baseline, 3-month follow-up, or 9-month follow-up.

c. Height measurements are to be taken following the protocol explained later in this MOP.

d. Only the Seca 222 stadiometer is to be used for all height measurements.

e. Two height measurements are to be taken and recorded on the PILI ‘Ohana Clinical Data Form. Have participants step away and reset the stadiometer for the second measurement.

B. Weight measurements (recorded at every assessment occasion)

a. The PILI ‘Ohana Clinical Data form is to be used to record weight data.

b. Weight measurements are to be taken following the protocol explained later in this MOP.

c. Only the Tanita BWB800AS scale is to be used for all weight measurements.
Section 7:7

d. Two weight measurements are to be taken and recorded on the PILI ‘Ohana Clinical Data Form. Have participants step off and reset the scale for the second measurement.

C. Blood pressure and pulse measurements (recorded at every assessment occasion)
   a. The ‘Ohana Clinical Data form is to be used to record blood pressure and pulse data.
   b. Blood pressure and pulse measurements are to be taken following the protocol explained later in this MOP.
   c. Only the HEM-907XL IntelliSense automatic blood pressure device is to be used for all blood pressure and pulse measurements.
   d. Two blood pressure and two pulse measurements are to be taken and recorded on the PILI ‘Ohana Clinical Data Form. After first blood pressure and pulse measurements are taken, remove the blood pressure cuff and reapply for second blood pressure and pulse measurements.

STEP 4: Diet and Physical Activity Data

A. Eating Habit Questionnaire (completed at every assessment occasion)
   a. The PILI ‘Ohana Eating Habit Questionnaire is to be used to gather past month diet information from the participant.
   b. Be sure to place participant’s ID number on the upper right hand corner of each page of the PILI ‘Ohana Eating Habit Questionnaire. Double check ID number to ensure it is the correct one.
   c. Be sure to record today’s date on the questionnaire and indicate the assessment occasion, which will be either baseline, 3-month follow-up, or 9-month follow-up.
   d. Diet information is to be gathered following the protocol explained later in this MOP.
   e. Be sure that all questions are answered. If participant absolutely cannot answer a question after prompted to do so, please make a note near that item so that it is clear to the data entry person that response is unknown rather than missing. E.g., write “unable to answer” or “refused to answer” next to the question.

B. Brief Physical Activity Questionnaire (completed at every assessment occasion)
   a. The PILI ‘Ohana Brief Physical Activity Questionnaire is to be used to gather past month physical activity information from the participant.
   b. Be sure to place participant’s ID number on the upper right hand corner of each page of the PILI ‘Ohana Physical Activity Questionnaire. Double check ID number to ensure it is the correct one.
   c. Be sure to record today’s date on the questionnaire and indicate the assessment occasion, which will be either baseline, 3-month follow-up, or 9-month follow-up.
   d. Physical activity information is to be gathered following the protocol explained later in this MOP.
   e. Be sure that all questions are answered. If participant absolutely cannot answer a question after prompted to do so, please make a note near that item so that it is
clear to the data entry person that response is unknown rather than missing. E.g., write “unable to answer” or “refused to answer” next to the question.

STEP 5: Physical Functioning Data

A. 6-Minute Walk test and BORG rating scale (completed at every assessment occasion)
   a. The PILI ‘Ohana Clinical Data is used to gather data from the 6-minute walk test.
   b. Be sure to place participant’s ID number on the upper right hand corner of the 6-Minute Walk test and BORG rating scale form. Double check ID number to ensure it is the correct one.
   c. Be sure to record today’s date on the form and indicate the assessment occasion, which will be either baseline, 3-month follow-up, or 9-month follow-up.
   d. 6-minute walk test is to be conducted following the protocol explained later in this MOP.
   e. At least two assessors are needed for this test: one person is to keep count of laps and accurately record them on the data form and the other person is to keep time, stop the participant when time is up, and also read prompts to the participant.
   f. Complete the BORG rating scale immediately after the 6-minute walk test and record response on the PILI ‘Ohana Clinical Data form.

STEP 7: Health Attitude and Behavior (HAB) Packet

A. Give participant the HAB packet, which they can complete on their own in a private area of the assessment room/area.
   a. The HAB packet is used to gather data on participants’ health attitudes and behaviors.
   b. Be sure to have participant’s ID on the packet and check the correct assessment point.
   c. Participant is to return the packet upon completion.
   d. Participants may be allowed to complete the HAB packet at home only if they are unable to complete it at the assessment point. However, it needs to be returned with in two weeks.

STEP 8: Data Check and Quality Assurance

B. Before the participant is released, double-check all data forms and questionnaires to ensure that they have been properly completed and that all questions or items have been answered and all needed data have been collected.
   a. Collect any missing data at this time while participant is still present.
   b. Be sure that the participant’s correct ID number is on all forms and questionnaires, and on every page.
   c. Be sure that the correct assessment occasion is marked on each form, which can only be baseline, 3-month follow-up, or 9-month follow-up.

   C. Complete the PILI ‘Ohana Assessment Visit Guide Form as a final check (completed at every assessment occasion).
Section 7:9

a. This form will help you keep track of what has been completed and what is needed from the participant.
b. This form can also be used to document assessor’s comments and observations about the participant.

VII. Management of Assessment Data

A. Every participant will have a folder to store all of their assessment data (all PILI ‘Ohana Assessment Forms and Questionnaires).
   a. Lesson notes and forms can also be filed in this folder.
   b. The Participant Folder should allow for division of data by assessment occasion.
   c. All documentation pertaining to a participant should be filed in his or her Participant Folder.
   d. A participant’s folder should only be labeled on the outside with his or her ID number to ensure privacy.
   e. Each community site/partner will be responsible for storing the physical records of all participants in a safe, secure, and confidential location, such as in a locked file cabinet in a locker room which can only be assessed by PILI ‘Ohana Program Staff.

B. DNHH will be responsible for entering all participant data into a master database.
   a. Each community site/partner will hand deliver their participant folders to DNHH PILI ‘Ohana Program staff after each assessment occasion for immediate data entry.
   b. DNHH PILI ‘Ohana staff will return (hand deliver) the original physical records to their community site/partner after data entry is complete.
   c. No physical records will be kept at DNHH and no records of participants’ names will be kept at DNHH or entered into the PILI ‘Ohana Program master database.
   d. After data entry of each assessment occasion into the master database, each community site/partner will receive from DNHH an electronic database of their participants.
The PILI ‘Ohana Lifestyle Program

Assessment MOP

Section 8: Role, Responsibilities, and Training of Community Assessors

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Section 8: Role, Responsibilities, and Training of Community Assessors

Only trained community assessors of the PILI ‘Ohana Project (POP) will collect and record participants’ data in accordance with this MOP. This section describes the role, responsibilities and required training of the community assessor.

Role and Responsibilities of a Community Assessor

1. Each community assessor is responsible for collecting and accurately recording data from study participants at each assessment point over the course of the study.
2. Each community assessor is responsible for following the protocols set forth in this MOP and adhering to them at all times.
3. Each community assessor is responsible for keeping up to date on his or her human subject protection training (see below) and adhering to federal guidelines.
4. Each community assessor is responsible for setting up of assessment areas, tools, instruments, and equipment.
5. Each community assessor is responsible for ensuring that all assessment devices and instruments are in working order prior to assessing participants. This includes checking the batteries of the blood pressure device and scale and the equipment for the 6-minute walk test.
6. Each community assessor is responsible for the maintenance and storage of assessment equipment, tools, and instruments.

Training of a Community Assessor

1. Each community assessor is required to complete human subjects training and certification prior to conducting any assessments. This training can be completed online at: http://phrp.nihtraining.com/users/login.php
2. Each community assessor needs to complete a face-to-face training with DNHH researchers prior to conducting their first assessment.
3. Throughout the duration of the study, each community assessor needs to complete refresher trainings on a quarterly basis provided by DNHH researchers.
4. Each community assessor needs to read and familiarize him or herself with this MOP prior to conducting assessments.
Section 8:3

5. Community Principal Investigators (PIs) are ultimately responsible for their respective community assessors and their compliance with this MOP.