

Appendix C:

Evaluation Surveys: Description

The surveys used in the pilot testing as well as, the self-efficacy survey used in the evaluation study of the FOOD STEPS program are included with this Leader's Guide. The surveys were administered at baseline (i.e., time zero or as close to registration time as possible), at six months and at twelve months.

Baseline survey: The first page of the baseline survey collects data on demographic variables such as: sex, age, height, weight, income level, education level, who is responsible for shopping and preparation of food in the household, how many individuals are in the household, how people found out about the program and staging data (staging algorithm is the question: "Do you consistently avoid eating high-fat foods?" Adjust the data on this page to suit your own needs.

The first question on the survey asks the exclusion criteria asked at registration, i.e., does the client follow a special diet because they have a medical condition. We found that some clients would state on telephone registration that they did not have a medical condition but on receiving the questionnaire would answer yes. For research purposes we could not accept individuals with medical conditions other than obesity and high cholesterol. Your site needs to consider what medical conditions you will accept and which you will exclude. Remember though, that *FOOD STEPS* does not address the needs of individuals with specific medical conditions and may require supplemental information and counselling if used with people with diabetes for example.

The second page contains the Fat and Fruit and Vegetable Diet Habits Scale which we call the **Fat Score** instrument. This scale was designed by Alan Kristal from the Fred Hutchinson Cancer Research Centre in Seattle, Washington. This scale assesses fat-related dietary behaviour and provides a "Fat-Score" and a "Fruit and Vegetable Score."

The scale has been *reversed scored* so that a *higher score* indicates that individuals are engaging in *more fat-reducing behaviours*, and should therefore have a *lower-fat intake*

Similar versions of this questionnaire have been validated previously, correlating against a food frequency questionnaire with 0.53 for fat and 0.50 for fibre. The scale is meant to serve as an index of usual fat and fibre intake to help evaluate intervention programs and to understand the types of dietary habits people adopt and keep. It was designed within a framework where dietary change to reduce fat intake operates through various behavioural domains. Therefore, the instrument measures a person's activity along the following 6 behavioural domains: 1) substituting high-fat foods with specially manufactured fat-modified foods; 2) modifying meat to be lower in fat; 3) avoiding frying; 4) replacing high-fat foods with fruits and vegetables; 5) avoiding fat as a flavouring; and 6) eating more fruits and vegetables.

The Fat Score should correlate with stage of change. That is, someone in the Precontemplation stage who doesn't want to change, should have a **low** Fat Score (i.e., high-fat intake) whereas, someone in Maintenance who has successfully changed, should have a **high** Fat Score (i.e., low fat intake). The same would apply to the Fruit and Vegetable score. The Fat Score and the Fruit

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and Vegetable score should correlate with each other, but may not as some individuals significantly reduce their fat intake, but may not also significantly increase their consumption of fruits and vegetables. More detailed information on how to score the Fat Score follows later.

Sixth and Twelve Month Surveys: The sixth and twelve month survey are the same surveys and only the first page is different from the baseline survey. The front page of both of these surveys asks for feedback on the *FOOD STEPS* program. It provides information on whether the program is meeting the needs of the clients and whether anything needs to be changed. This page can be adjusted to suit your purposes.

These surveys were the instruments the pilot sites used in their dissemination study. The purpose of this study was to examine the opportunities and barriers to disseminating the program through various service providers and not to test the effectiveness of the program. Therefore, these surveys provided a crude measure of behaviour change which, with the staging information, enabled the sites to predict if the program was helping people in their communities change their eating behaviour. The addition of a self-efficacy scale would strengthen the results of these scales in measuring behaviour change. For this reason, the self-efficacy scale used in the outcome study of *FOOD STEPS* is included. The details of this scale and how to score it follow. To conduct a full outcome study of the *FOOD STEPS* program with your population, additional scales measuring *decisional balance and the processes of change* are required. These are available from the Windsor-Essex County Health Unit.

To Use the Surveys:

Adapt the surveys to include your organization's logo, address and telephone numbers. Determine the demographic data you want to collect, any qualitative data you want to collect and make alterations to the questionnaires.

The questionnaires have been designed to conduct over the telephone or to be sent through the mail. The surveys are collected at three time points: baseline, six months and at twelve months. For those surveys sent through the mail, you may need to send out a prompt or reminder notice after four weeks for those who haven't returned their survey data. Examples of prompts are included in the program materials in Appendix B.

Response rates are generally poor with surveys. The Windsor-Essex County Health Unit and the four pilot sites had a response rate of approximately 50% to 60% for the baseline survey. Response rates at the subsequent time points decreased substantially. The size of the questionnaire does not seem to influence the response rate. The pilot site surveys were two double-sided, legal-size pages long and averaged a response rate of 50% at three sites. The surveys used in the outcome study by the Windsor-Essex County Health Unit were four double-sided, legal-size pages long and the response rate was 60% on the baseline survey. Response rates improve with incentives such as a draw for fifty dollars, a voucher for food at a local supermarket, cookbooks, etc.

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The loss of respondents can significantly influence your statistical analysis, so keep this in mind if you use this method of evaluation. You may need to recruit a larger sample to accommodate this loss or do more telephone follow-up to prevent the loss of respondents. The volunteers of the Central West Region site of the Canadian Cancer Society conducted all surveys over the telephone and therefore, had very little loss of respondents on all three surveys. However, this is very time consuming and you need to determine if you have the human resources (staff or and/or volunteers) to conduct telephone surveys or if it is more economical to recruit more people to offset the loss of respondents completing surveys through the mail.

Recording data: Evaluation data from the surveys can be entered directly into SPSS (Statistics Program for the Social Sciences) or a similar statistical package for analysis. Alternatively, you can design your own software program based on your evaluation methods and needs. Your data would need to include: an identification number (linked to a name), sex, age, stage at registration, employment, income, education level, how people found out about the program, stage at baseline, weight, height, baseline body mass index (weight in kilograms divided by height in metres (squared) (ideal BMI = 20 - 25), baseline fat score, baseline fruit and veg score, baseline self-efficacy in the three domains (difficult situations, negative affective situations, positive social situations), and any additional information you wish to collect. The information from Body mass Index through to self-efficacy would be repeated for six months data and twelve month data. At these time points you would also add in any quantitative information about the program. Qualitative information such as open-ended questions giving feedback on the program, has to be recoded to a numerical number for a statistical package and it may be more work to analyse it that way. It is often simpler to analyse it by hand or use a qualitative software package if you are collecting a lot of qualitative information.

Note: The surveys on the next few pages have been reformatted to fit the dimensions of the Leader's Guide and may appear differently on the compact disc.