

Participant ID

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**LIFE**

Date of Session

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year

Visit Code: NSV

Interventionist ID

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## Successful Aging First Face-to-Face Contact

Participant Name (preferred name): \_\_\_\_\_

Accommodation Needs: ☐ low vision    ☐ hearing impairment    ☐ seating needs

Permission to Acknowledge Birthday:    ☐ yes    ☐ no

Resides with: \_\_\_\_\_

Allergies: \_\_\_\_\_

### First Individual Face-to-Face Contact

Welcome to the **LIFE** (Lifestyle Interventions and Independence for Elders) Successful Aging Program

**Objectives:** In this session the interventionist will:

- Build a working relationship with the participant
- Discuss the participant's **past health education experiences, motives/incentives, intended outcomes, and factors that may inhibit and facilitate participation**
- Receive an **overview** of the successful aging program
- Review the **goals** of the program and why they are important

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**A. Greeting / your background & role in LIFE / other intervention staff**

**B. Program Overview-***Provide a brief overview of the program; workshop day and time.*

**C. Phase I of Collaborative Discussion:** *Open-ended questions should be used to elicit information about participants and allow them to talk about the issues that are most important to them.*

|   |
|---|
| <b>1. What led you to join the LIFE Study?</b>  |
|   |
| <b>2. Now that you have been randomized to the SA group and I have reviewed the content with you, what benefits do you hope to achieve?</b> |
|   |
| <b>3. What has been your past experience with health education programs?</b>  |
|   |
| <b>4. Favorite Activities:</b>  |
|   |
| <b>5. Interests you would like to pursue:</b>   |
|   |
| <b>6. Other:</b>  |
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**D. Barriers/Facilitating Factors**

|  |                              |                            |                                      |                           |                             |                            |
|--|------------------------------|----------------------------|--------------------------------------|---------------------------|-----------------------------|----------------------------|
| <ul style="list-style-type: none"> <li>Are there things that may get in the way of your participating fully in the LIFE Successful Aging Program such as talking care of a spouse or other family member, volunteer or paid work, health issues, or current physical symptoms? If no, circle 0 below; if yes, check either 1, 2, or 3 for the degree of conflict that exists.</li> </ul> |                              |                            |                                      |                           |                             |                            |
| 0<br>None  | 1<br>Slight                  | 2<br>Moderate              | 3<br>Severe                          |                           |                             |                            |
| <ul style="list-style-type: none"> <li><b>Family and Friends</b><br/>Do you think your family and friends will be positive, negative or really won't care either way (a rating of 0) about your participation in the Successful Aging Program?</li> </ul>  |                              |                            |                                      |                           |                             |                            |
| -3<br>Extremely<br>Negative  | -2<br>Moderately<br>Negative | -1<br>Slightly<br>Negative | 0<br>Really Don't<br>Care Either Way | 1<br>Slightly<br>Positive | 2<br>Moderately<br>Positive | 3<br>Extremely<br>Positive |
| <ul style="list-style-type: none"> <li><b>Your Doctor</b><br/>Do you think your family physician is positive, negative or really doesn't care either way (a rating of 0) about your participation in the Successful Aging Program?</li> </ul>  |                              |                            |                                      |                           |                             |                            |
| -3<br>Extremely<br>Negative  | -2<br>Moderately<br>Negative | -1<br>Slightly<br>Negative | 0<br>Really Don't<br>Care Either Way | 1<br>Slightly<br>Positive | 2<br>Moderately<br>Positive | 3<br>Extremely<br>Positive |
| <ul style="list-style-type: none"> <li>Do you have transportation to get to the scheduled workshops each week? <b>Yes or No</b></li> </ul>   |                              |                            |                                      |                           |                             |                            |

**E. At this point in time, how confident are you that you will be able to do what we are asking you to do?**

Using a 0 to 10 scale where 0 = Not at all Confident and 10 = Extremely Confident \_\_\_\_\_

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**F. Personal Goals and Concerns--It is very important to discuss personal goals and concerns regarding your participation in the LIFE study. Goals should be generated by the participant and consistent with his/her abilities.**

**Discussing other commitments and health concerns such as having COPD may help in realistic goal setting.**

- **Long Term Goals** (e.g., decrease medication, self-management, increase knowledge)

**Considering everything in your life at the present time, how much do you value these goals?**

Use a scale from 0 to 10, where 0 = not at all, 5 = moderate and 10 = the most important goal(s) in my life. \_\_\_\_\_

- **Short term goals** (e.g., attend workshops each week for first 4 weeks).

**G. When will you start your first center based group session?** Expected Start Date:

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| month |  | day |  | year |  |

**H. CLOSE**

Is there anything else that we can do to help you be successful in this program?

Do you have any questions that we can answer for you?

Your first SA session is on \_\_\_\_\_ @ \_\_\_\_\_ am/pm

It was a pleasure to meet you and we look forward to seeing you next time.

Thank you for coming in today.