

Community Readiness

degree to which a community is **ready to take action** on an issue

SPECIFIC CHARACTERISTICS to remember:

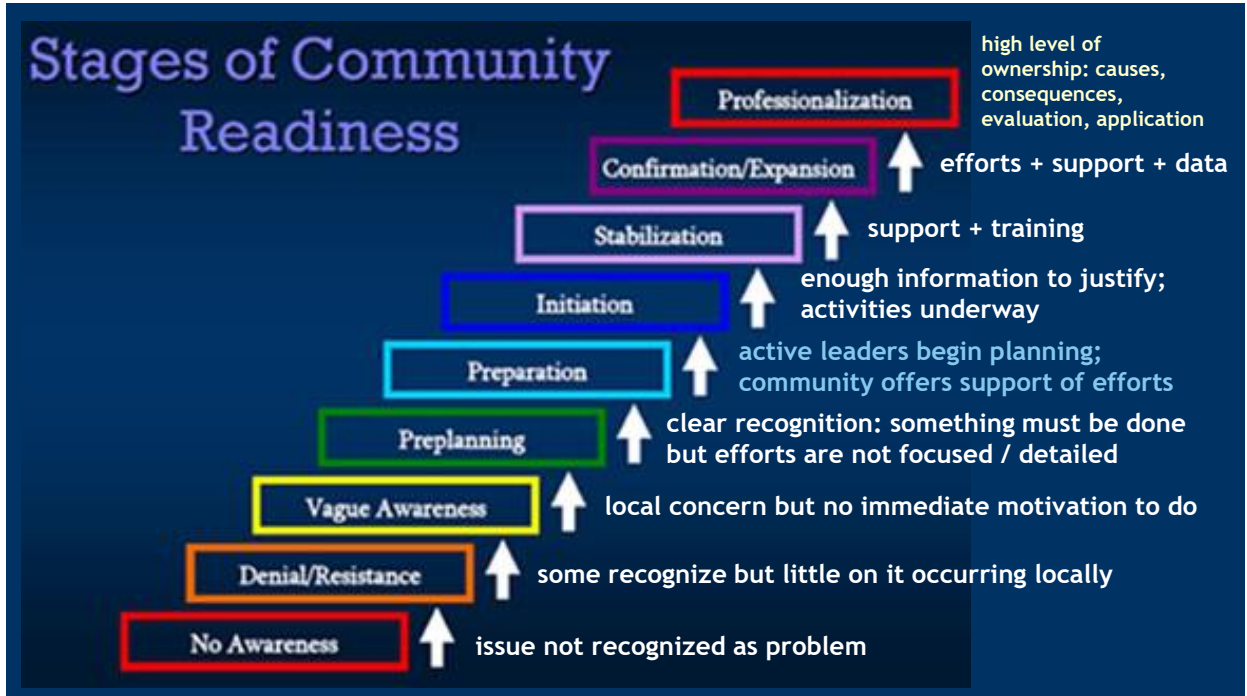
- issue-specific
- can vary across dimensions and segments

When?

- ✓ planning an effort that involves a participatory process
- ✓ each time you tackle a new issue

Who should be involved?

- ✓ policy makers and planners
- ✓ population of focus
(e.g. teenage pregnancy: adolescents)



Community Readiness Assessment Instrument

A. Community Efforts

- Programs, activities, policies

B. Community Knowledge of Efforts

1. Using a scale from 1-10, how much of a **concern** is this issue in your community (with 1 being "not at all" and 10 being "a very great concern")? Please explain.
2. Please describe the **efforts** that are available in your community to address this issue. (A)
3. How **long** have these efforts been going on in your community? (A)
4. Using a scale from 1-10, how **aware** are people in your community of these efforts (with 1 being "no awareness" and 10 being "very aware")? Please explain. (B)


5. What does the community **know** about these efforts or activities? (B)
6. What are the **strengths** of these efforts? (B)
7. What are the **weaknesses** of these efforts? (B)
8. Who do these programs **serve**? (A)
9. Would there be any segments of the community for which these efforts/services may appear **inaccessible**? (A)
10. Is there a need to **expand** these efforts/services? If not, why not? (A)
11. Is there any **planning** for efforts/services going on in your community surrounding this issue? If yes, please explain. (A)
12. What formal or informal **policies, practices and laws** related to this issue are in place in your community, and for how long? (A)
13. Are there segments of the community for which these policies, practices and laws may **not apply**? (A)

14. Is there a need to **expand** these policies, practices and laws? If so, are there plans to expand them? Please explain. (A)
15. How does the community **view** these policies, practices and laws? (A)


C. Leadership

1. Who are the "**leaders**" specific to this issue in your community?
2. Using a scale from 1 to 10, how much of a **concern** is this issue to the leadership in your community (with 1 being "not at all" and 10 being "of great concern")? Please explain.
3. How are these leaders **involved** in efforts regarding this issue? Please explain.
4. Would the leadership **support** additional efforts? Please explain.

D. Community Climate

1. **Describe** the community.
 2. Are there ever any circumstances in which members of your community might think that this issue should be **tolerated**? Please explain.
 3. How does the community **support** the efforts to address this issue?
 4. What are the primary **obstacles** to efforts addressing this issue in your community?
 5. Based on the answers that you have provided so far, what do you think is the overall **feeling** among community members regarding this issue?
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E. Knowledge about the Issue

1. How **knowledgeable** are community members about this issue? Please explain.
 2. What type of **information** is available in your community regarding this issue?
 3. What **local data** are available on this issue in your community?
 4. How do people **obtain** this information in your community?
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F. Resources for Prevention Efforts (*time, money, people, space, etc.*)

1. To whom would an individual affected by this issue **turn to first** for help in your community? Why?
2. On a scale from 1 to 10, what is the level of **expertise and training** among those working on this issue (with 1 being “very low” and 10 being “very high”)? Please explain.
3. Do efforts that address this issue have a broad base of **volunteers**?
4. What is the community’s and/or local business’ **attitude** about supporting efforts to address this issue, with people volunteering time, making financial donations, and/or providing space?
5. How are current efforts **funded**? Please explain.
6. Are you aware of any **proposals or action plans** that have been submitted for funding that address this issue in your community? If yes, please explain.

7. Do you know if there is any **evaluation** of efforts that are in place to address this issue? If yes, on a scale of 1 to 10, how sophisticated is the evaluation effort (with 1 being “not at all” and 10 being “very sophisticated?”)?
8. Are the **evaluation results** being used to make changes in programs, activities, or policies or to start new ones?

Tool: Scoring Sheet and Anchored Rating Scales

Community Readiness Assessment Scoring Sheet

Scorer: _____ Date: _____

INDIVIDUAL SCORES: Record each scorer's independent results for each interview for each dimension. The table provides spaces for up to six interviews.

Interviews	#1	#2	#3	#4	#5	#6
Dimension A	_____	_____	_____	_____	_____	_____
Dimension B	_____	_____	_____	_____	_____	_____
Dimension C	_____	_____	_____	_____	_____	_____
Dimension D	_____	_____	_____	_____	_____	_____
Dimension E	_____	_____	_____	_____	_____	_____
Dimension F	_____	_____	_____	_____	_____	_____

COMBINED SCORES: For each interview, the two scorers should discuss their individual scores and then agree on a single score. This is the COMBINED SCORE. Record it below and repeat for each interview in each dimension. Then, add across each row and find the total for each dimension. Use the total to find the calculated score below.

Interviews	#1	#2	#3	#4	#5	#6	TOTAL
Dimension A	_____	_____	_____	_____	_____	_____	_____
Dimension B	_____	_____	_____	_____	_____	_____	_____
Dimension C	_____	_____	_____	_____	_____	_____	_____
Dimension D	_____	_____	_____	_____	_____	_____	_____
Dimension E	_____	_____	_____	_____	_____	_____	_____
Dimension F	_____	_____	_____	_____	_____	_____	_____

CALCULATED SCORES: Use the combined score TOTAL in the table above and divide by the number of interviews conducted. Add the calculated scores together and enter it under total.

Stage Score

TOTAL Dimension A ____ ÷ # of interviews ____ = ____

TOTAL Dimension B ____ ÷ # of interviews ____ = ____

TOTAL Dimension C ____ ÷ # of interviews ____ = ____

TOTAL Dimension D ____ ÷ # of interviews ____ = ____

TOTAL Dimension E ____ ÷ # of interviews ____ = ____

TOTAL Dimension F ____ ÷ # of interviews ____ = ____

Average Overall Community Readiness Score: ____

OVERALL STAGE OF READINESS: Take the TOTAL calculated score and divide by 6 (the number of dimensions). Use the list of stages below to match the result with a stage of readiness. Remember, round down instead of up.

TOTAL Calculated Score ____ ÷ 6 = ____

Score Stage of Readiness

- No Awareness
- Denial / Resistance
- Vague Awareness
- Pre-planning
- Preparation
- Initiation
- Stabilization
- Confirmation / Expansion
- High Level of Community Ownership

Interviews #1 #2 #3 #4 #5 #6 TOTAL

Dimension A 3.5 5.0 4.25 4.75 5.5 3.75 26.75

TOTAL Dimension A $26.75 \div \# \text{ of interviews } 6 = 4.46$

Repeat for all dimensions, and then total the scores.

- To find the overall stage of readiness OVERALL STAGE OF READINESS, take the total of all calculated scores and divide by the number of dimensions (6). For example:
 - Dimension A: 4.46
 - Dimension B: 5.67
 - Dimension C: 2.54 Dimension
 - D: 3.29 Dimension
 - E: 6.43 Dimension F: 4.07

$$26.46 \div 6 = 4.41$$

- The result will be the overall stage of readiness of the community.

The scores correspond with the numbered stages and are “rounded down” rather than up, so a score between a 1.0 and a 1.99 would be the first stage, a score of 2.0 to 2.99 would be the second and so forth. In the above example, the average 4.41 represents the fourth stage or Preplanning.

Program Plan

Program Title: “Hawak Kamay tungo sa Buhay” (Kasilag et al., 2011)

Program Goal: To improve the quality of life of 60% of the senior citizens in Zones 1-4 of Sta. Ana, Pateros

Program Objectives:

Increase the percentage of senior citizens who do not have degenerative diseases

Increase the percentage of senior citizens who do not have lifestyle diseases

Sub-objectives	Strategy Objectives	Strategy Activities	Target	Tasks per Activity	Input / Resources Needed	Responsible Person	Time Allotment	Output
Increase the percentage of senior citizens who utilize health services	Increase the number of senior citizens who have their blood pressure regularly monitored	Identify possible volunteers who could monitor blood pressure readings of senior citizens	Non-senior citizens who can volunteer to read blood pressure Senior citizens of Zones 1-4	<ol style="list-style-type: none"> 1. Meet with possible caretakers who can volunteer to read blood pressure 2. Orient the prospective caretakers to their tasks 3. Train them on how to read blood pressure correctly 	-List of volunteers -Apparatus for training -Training guide	-Student nurses -Volunteers	-1 week: preparation -3 weeks: implementation after procurement of instruments -2-3 hours: meeting with volunteers -1 day training on how to read blood pressure -1 day return demonstration -1 day evaluation and feedback	-written agreement of the proposal -number of volunteers -number of correctly read blood pressure



EVALUATION

Determining the Outcomes
of Community Health and Development
Efforts

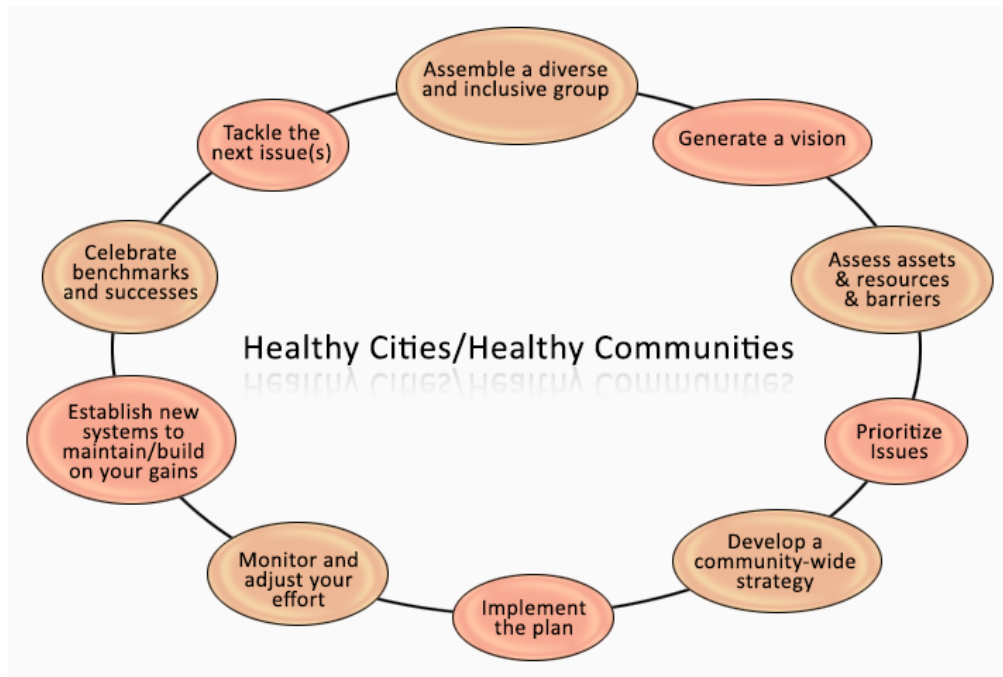
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Healthy Cities/Healthy Communities

theoretical framework for a participatory process
by which citizens can **create** healthy communities

- all systems work well (and work together)
- all citizens enjoy a good quality of life
- health of community is affected by **social determinants**
-> make becoming a healthy community a **priority**

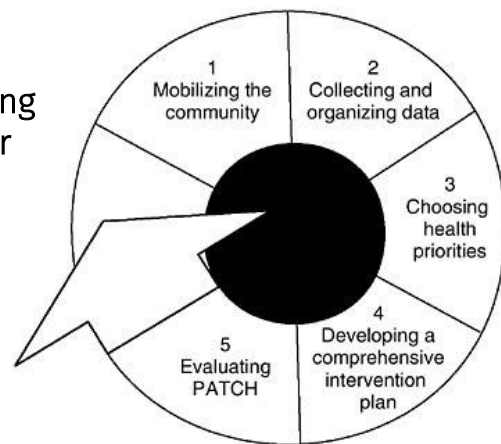


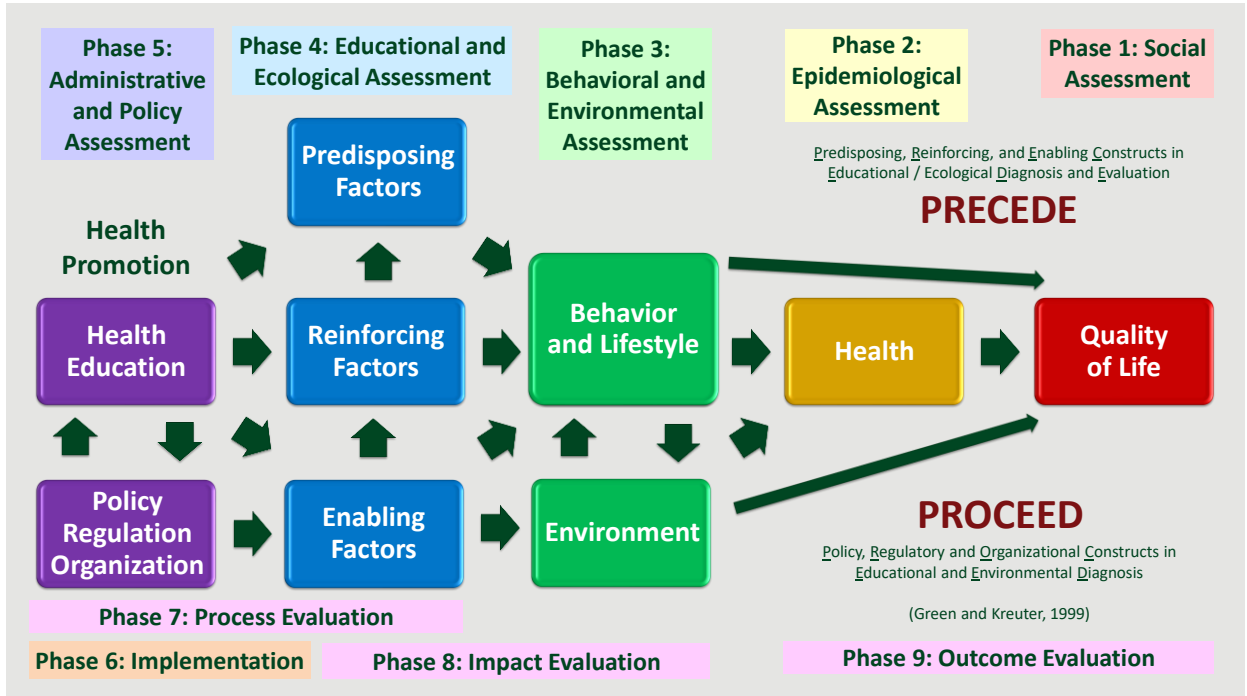


Planned Approach to Community Health (PATCH)

process to plan, conduct, evaluate health promotion & disease prevention programs

- health promotion: process of enabling people to **increase control** over their health and to **improve** their health





Why EVALUATE?

- ◆ Understand how initiatives develop: offer lessons
- ◆ Encourage continuous adjustments: programs, policies, interventions
- ◆ Involve community members: opportunity to improve
- ◆ Being accountable to the community we serve

systematic investigation of the merit, worth, or significance of an object or effort

program evaluation

systematic collection of information

- extent of attainment of objectives?
 - needed and likely to be used?
- carried out as planned?
 - inconsistencies between objectives and activities?
 - strong and weak points of operation?
- helped the people it was intended to help?
 - changes as results?
 - results worth the effort?

PRINCIPLES, ASSUMPTIONS, and VALUES of Community Evaluation

- Initiatives are complex and EVER-CHANGING.
- Evaluation must understand and reflect the CONTEXT.
- Evaluation should INVOLVE PEOPLE throughout the community.
- Evaluation information should be linked to QUESTIONS OF IMPORTANCE to key stakeholders.
- Evaluation should enhance community members' ABILITY to understand what's going on, improve practices, and increase self-determination.
- Evaluation should BEGIN EARLY AND BE ONGOING.
When? Prior implementation, in the middle, and end-stage

participatory evaluation

Involve all stakeholders (*those directly affected by the program or by carrying it out*) in contributing to the understanding of it, and in applying that understanding.

.....
**Evaluation needs to be an integral part
from the beginning.**

(Rabinowitz, 2024)

who evaluates the program?

- ✓ community where the program was implemented
- ✓ those who planned
- ✓ those who implemented
- ✓ administrators and supervisors
- ✓ external evaluators / ad hoc research group

Challenges

to Community Participatory
EVALUATION

- 01 **CAUSES** of problems aren't very well understood -> *What to be done? Success?*
- 02 **DIFFICULT** to **MEASURE** (e.g. accomplish goals, quality of life)
- 03 **COMPLEX INITIATIVES** (e.g. many levels, different people)
- 04 **UNGENERALIZABLE INFORMATION** (e.g. initiative or something else? circumstance?)
- 05 **PEOPLE** see things differently (e.g. conflicting ways)

what to evaluate in a program?

resources / inputs

- funds, infrastructure, facilities, human resources, organizational structure, program itself

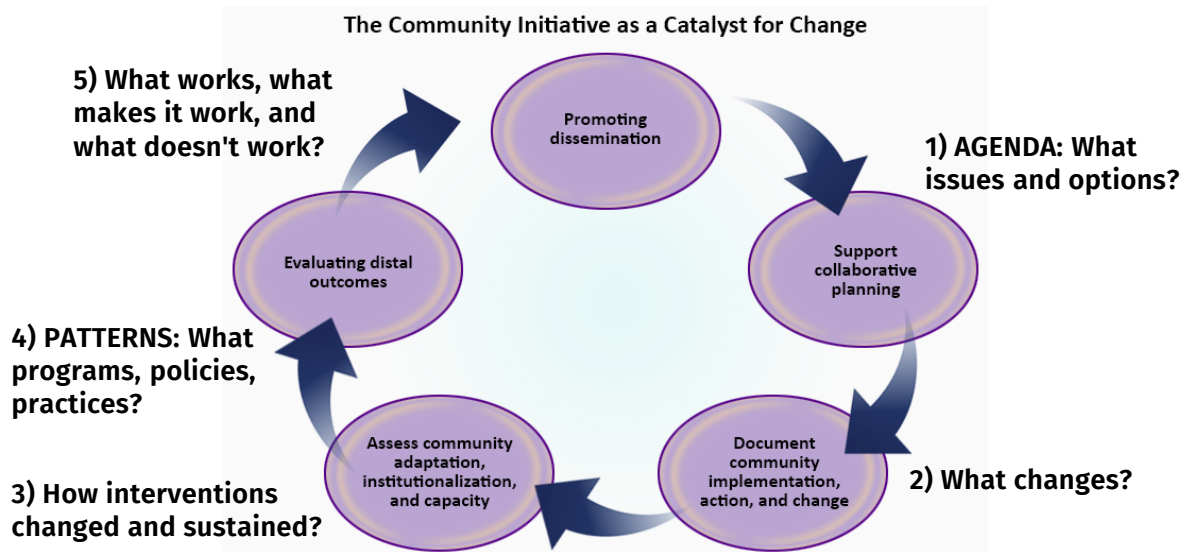
process / the how of implementation

- activities done to achieve the objectives

results / outputs / outcomes

- immediate, intermediate, desired end
- intended, unintended

Logic Model for Community Evaluation



relevance

rationale / need for having the program
WAS THE PROGRAM NECESSARY?

- consequences of not having it
- community needs
- national health goals and priorities
- national resources and capabilities
- national social, economic, and health policies

aspects of program evaluation (Veney & Kaluzny, 2008)

right to solve / reduce the problem

appropriateness

- **ALLOCATED RESOURCES:** right kind? right amount?
 - problem situation and program objectives
- **STRATEGIES, ACTIVITIES, INTERVENTION MEASURES:** solve / correct the problem situation?
- **OUTCOMES:** right? expected results?

addresses the extent of the need / problem

quantity and quality

- inputs, resources
- activities, services in relation to need

comprehensiveness

- all necessary components included?
- necessary activities performed?

Is the program **large enough** to make a positive difference in the problem / need?

adequacy

effectiveness

- degree of attainment of objectives and targets / results of efforts
- quantity of problem reduction

efficiency

- program outcomes in relation with resources spent: cost, inputs utilized to attain objectives

effectiveness, efficiency, impact

impact (long-term changes in population)

- expression of positive effect on overall health development (e.g. morbidity, mortality)

EFFICIENCY

How do **costs** of the program compare with those of a similar program to meet the same goal?

Although the program costs more / less than expected, is it **needed**? Why?

What are the **benefits** of the program to the client served? To the community?

Are the **benefits important enough** to continue the program?

effectiveness, efficiency, impact

EFFECTIVENESS

Is the **client satisfied** with the program as designed?

Is the **community satisfied** with the program outcomes?

Did the program meet its **stated goal**?

effectiveness,
efficiency, impact

Are the **client needs** being met?

Was the **problem solved** for which the program was designed?

IMPACT

Has there been **change** in the community's health? In individuals' health status?

What are the **changes seen** (e.g. morbidity / mortality rates, teen pregnancy rates)?

effectiveness,
efficiency, impact

Has the initial problem been **resolved** or has it returned?

Is **new or revised** program needed? Why?
Should the program be **discontinued**? Why?

other than attainment of objectives

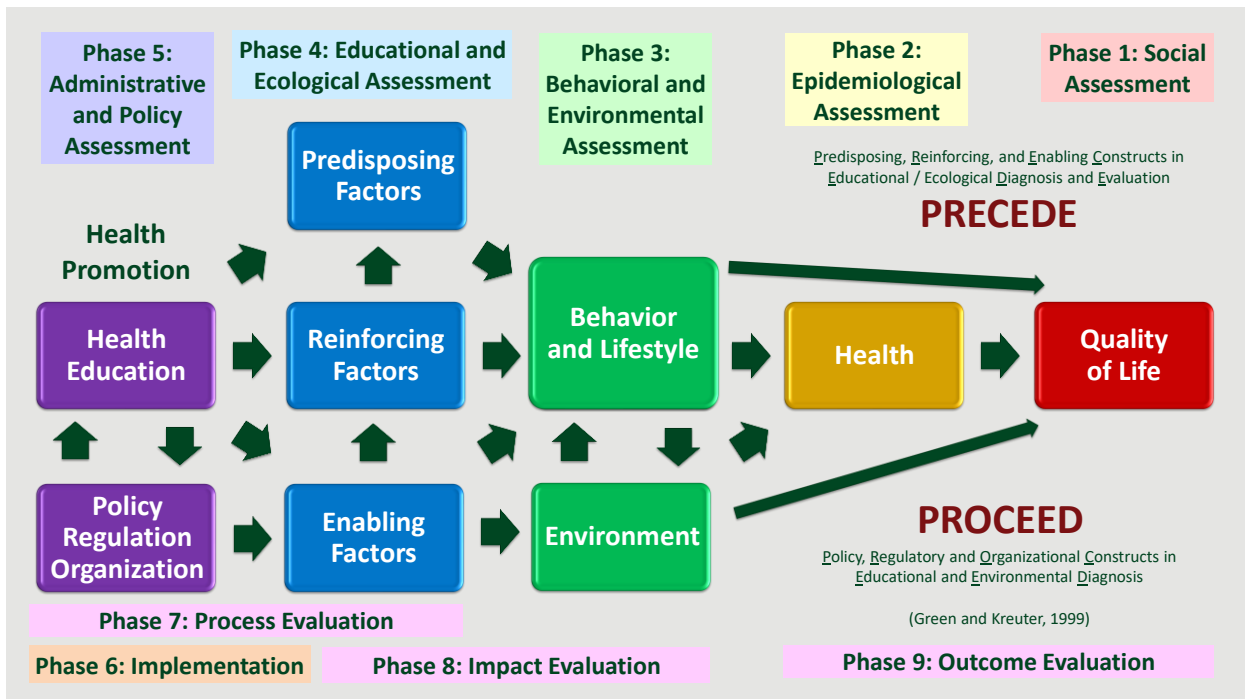
- desirable? undesirable?
- anticipated? unexpected?
- immediate? delayed?

program side effects

types of evaluation

formative	summative
<ul style="list-style-type: none"> <input type="checkbox"/> Are objectives met? <input type="checkbox"/> Are planned activities completed? • begins with assessment of need for the program • efficiency 	<ul style="list-style-type: none"> • Assess program outcomes. • follow up of the results of the activities • efficiency, effectiveness, impact

ongoing	terminal	ex-post
<ul style="list-style-type: none"> ▪ during implementation ❑ continuing relevance ❑ efficiency, effectiveness ❑ present, likely future outputs ❑ effects, impacts 	<ul style="list-style-type: none"> • 6-12 months after project completion 	<ul style="list-style-type: none"> • some years after • full benefits and impact expected to have been realized



PROCESS EVALUATION: *in implementation of activities*

ACCEPTABILITY:

Were the strategies and activities acceptable?

REACH:

Is the target reached? (e.g. 50% of the population)

FIDELITY:

Were activities implemented as originally planned?

Were changes made? (e.g. due to availability)

CLIENT SATISFACTION

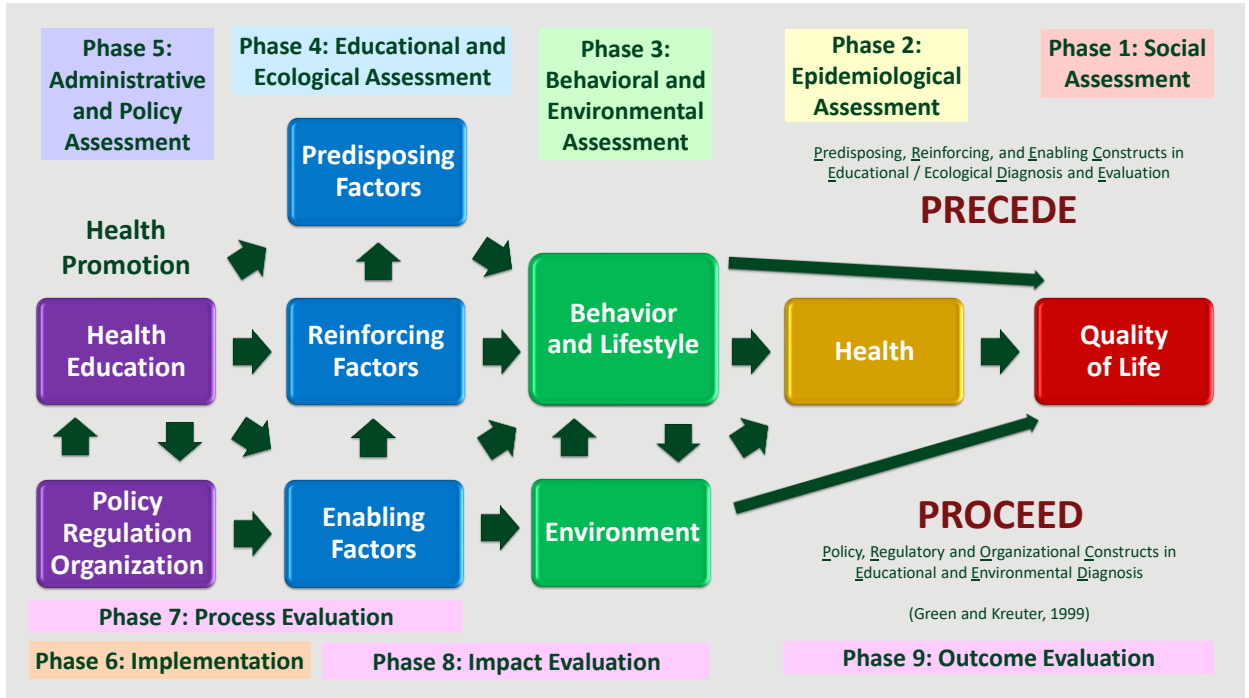
Challenges encountered

Strengths and weaknesses

Indicator	Standard	Method	Tools
The number of people with hypertension and at-risk for hypertension that received and read printed brochures on hypertension	At least 60% of the people with hypertension and 25% of the people at-risk for hypertension have received and read the brochures on hypertension	Survey Interview Records review	Structured evaluation questionnaire
The overall satisfaction of the target population that participated in the health teaching sessions about hypertension	The people who participated in health teaching sessions about hypertension reported an overall satisfaction of greater than 3/4.	Survey Records review	Structured evaluation questionnaire

Standard	Outcome	Methods	Tools
Program Accessibility: <i>Were the strategies and activities acceptable to the target population?</i>			
At least 25% of the 6-12 children will attend the health fair	102 (28.02%) of the 6-12 children attended the health fair	Attendance count	Attendance sheet, Paper and pen
Client Satisfaction: <i>Were they satisfied with the activity?</i>			
At least 50% of the participants will rate their understanding of the information during the program with a 5/5	14% (14 out of 102) participants answered a 4/5 (exceed expectation) satisfaction rate. 86% (88 out of 102) participants answered a 5/5 (outstanding) satisfaction rate.	Question and answer	Client Evaluation form

Standard	Outcome	Methods	Tools
Program Reach: <i>Was the target number of participants for the health fair reached?</i>			
At least 100 individuals from the population will attend the health fair.	102 people from the population attended the health fair.	Attendance count	Attendance sheet
Fidelity: <i>Were the activities implemented as originally planned? Did you make changes along the way?</i>			
Timeline of the health fair	Implemented as planned	Observation	Program plan



Term	Description	What it corresponds to
GOAL	<ul style="list-style-type: none"> Desired end: <i>total change, improvement, maintenance</i> 	Health Problem
OBJECTIVE	<ul style="list-style-type: none"> What changes you want to bring in terms of <u>behavior</u>: end point of activities 	Risk Factor
SUB-OBJECTIVE	<ul style="list-style-type: none"> Change in <u>prerequisite factor</u> for behavior change 	Contributing Risk Factor

ASPECTS	WHAT IS MEASURED in the program
Process	<ul style="list-style-type: none"> • Activities (Quality, Reach) • <u>Strategy Objectives</u> • <i>Implementation responses</i>
Impact	<ul style="list-style-type: none"> • Immediate effects • <u>Objectives and Sub-objectives</u> • <i>Changes in behavior and lifestyle, environment</i> • <i>Knowledge, perceptions, beliefs, skills, attitudes, access to resources, social support</i>
Outcome	<ul style="list-style-type: none"> • Long-term effects • <u>Goal</u> • <i>Incidence, prevalence, morbidity, mortality, quality of life</i>

IMPACT EVALUATION: *objectives and sub-objectives*

Behavioral changes

(e.g. Did they really quit smoking?
Did they really have sufficient knowledge
about hypertension?)

Objectives / Sub-objectives	Indicators	Standard	Method	Tools
Objective: To decrease the number of adults engaging in behaviors that increase their risk for hypertension Sub-objective: To increase knowledge of the adult residents of Barangay 720 on hypertension in terms of: -nature -risk factors -complications	Increased awareness on the nature of hypertension	At least 85% of the residents at-risk for hypertension who completed the health talk on hypertension are able to identify hypertension as a chronic disease and not just an acute increase of blood pressure	Question and answer Interview	Interview questionnaire
	Increased awareness on the risk factors for hypertension	At least 85% of the residents at-risk for hypertension are able to enumerate at least 4 of 8 modifiable risk factors for hypertension which are indicated in the teaching materials	Question and answer Interview	Interview questionnaire

Indicator	Standard	Method	Tools
After the program implementation: There will be an increase of school-aged children following the WHO guidelines in handwashing.	Increase from 38.1% to 50% after 4 weeks	Return demonstration Observation	Handwashing checklist
There will be an increase of school-aged children vaccinated against flu and pneumonia.	Increase by 25% after 2 months	Survey Interview Records review	Survey questionnaire Vaccination records

OUTCOME EVALUATION: *program goal and quality of life*

☐ Long-term change

**(e.g. Did it reduce the number of new cases?
Did it improve their quality of life?)**

Indicators	Standard	Method	Tools
There will be a reduction in the prevalence of raised high blood pressure among adults aged 20 years old and above from Barangay 720, Malate, Manila within one year	From 22.6% to 18.1% prevalence of raised blood pressure for 2022 according to DOH standards	Records review	Records review checklist
There will be an increase in the control rate of blood pressure among adults aged 20 years old and above from Barangay 720, Malate, Manila within one year	Increase from 20% control rate according to the DOH standards	Records review	Records review checklist

Indicator	Standard	Method	Tools
There will be a reduction in the incidence of upper respiratory tract infections of children aged 6-12 years old	Reduce from 24.45% to 10% in 6 months	Survey Interview Physical examination	Survey questionnaire Interview guide Physical examination checklist

methods

case study -> adequacy to meet stated needs

- **anytime during program:** observation, reports, unstructured conversations, statistical summaries, structured / unstructured interview, questionnaires

surveys -> relevance

- cost-efficient, effective
- difficult to measure impact

experimental design

- Did it make the difference?

monitoring -> difference between plan and what happened

- sequence of activities, by whom, when

cost-benefit analysis

- comparison of inputs and resources vis-à-vis benefits realized

cost-effective analysis

- outcomes (e.g. morbidity, mortality)
- not monetary costs and benefits

Developing an Evaluation Plan

01

Clarify objectives and goals.

- What are the main things you want to accomplish?
- How have you set out to accomplish them?

02

Develop evaluation questions.

Evaluation Plan

Program Title: "Hawak Kamay tungo sa Buhay" (Kasilag et al., 2011)
Program Goal: To improve the quality of life of 60% of the senior citizens in Zones 1-4 of Sta. Ana, Pateros
Program Objectives:
 Increase the percentage of senior citizens who do not have degenerative diseases
 Increase the percentage of senior citizens who do not have lifestyle diseases

Objectives	Outcome Indicators	Impact Indicators		Output Indicators	Evaluation Strategies	
		Evaluation of objectives	Evaluation of Sub-objectives		Sources	Methods
Sub-objectives: Increase the percentage of senior citizens who utilize health services Strategy objectives: Increase the number of senior citizens who have their blood pressure regularly monitored	No reported case of occurrence of complications among those diagnosed hypertensive individuals	There will be an increase in percentage of senior citizens who will comply with preventive management	There will be an increase in the percentage of diagnosed hypertensive senior citizens who have their regular blood pressure monitoring.	The number of senior citizen volunteers that are skilled to read blood pressure The skill of the non-senior citizen volunteers to read blood pressure based on post test results and actual number of correct blood pressure readings	Registration of the names of volunteers who attended the blood pressure reading trainings Improvement in the skills of the non-elderly volunteers, as evidenced by: -Scores of both pretest and posttest -Total of 10 correctly identified blood pressure readings of the volunteers	-Registration of attendees -Pretest and post test evaluation -Actual blood pressure monitoring of trainees

CATEGORY	QUESTIONS	METHODS TO ANSWER
<u>PLANNING AND IMPLEMENTATION:</u> How well was the program planned out , and how well was that plan put into practice ?	<input type="checkbox"/> Who participates? Is there diversity among participants? <input type="checkbox"/> Why do participants enter and leave your programs? <input type="checkbox"/> Are there a variety of services and alternative activities generated? <input type="checkbox"/> Do those most in need of help receive services? <input type="checkbox"/> Are community members satisfied that the program meets local needs?	<input type="checkbox"/> monitoring system: track actions and accomplishments <input type="checkbox"/> survey of satisfaction with goals [done before the initiative begins - how they think you're going to do?] and outcomes [done after the initiative is finished - how did you do?]

CATEGORY	QUESTIONS	METHODS TO ANSWER
<p><u>ATTAINMENT OF OBJECTIVES:</u> How well has the program met its stated objectives?</p>	<input type="checkbox"/> How many people participate? <input type="checkbox"/> How many hours are participants involved?	<input type="checkbox"/> monitoring system <input type="checkbox"/> survey of satisfaction with outcomes <input type="checkbox"/> goal attainment scaling
<p><u>EFFECT ON PARTICIPANTS:</u> How much and what kind of a difference has the program made for its targets of change?</p>	<input type="checkbox"/> How has behavior changed as a result of participation in the program? <input type="checkbox"/> Are participants satisfied with the experience? <input type="checkbox"/> Were there any negative results from participation in the program?	<input type="checkbox"/> survey of satisfaction with goals and outcomes <input type="checkbox"/> behavioral surveys <input type="checkbox"/> interviews with key participants

CATEGORY	QUESTIONS	METHODS TO ANSWER
<p><u>EFFECT ON COMMUNITY:</u> How much and what kind of a difference has the program made on the community as a whole?</p>	<input type="checkbox"/> What resulted from the program? <input type="checkbox"/> Were there any negative results from the program? <input type="checkbox"/> Do the benefits of the program outweigh the costs?	<input type="checkbox"/> behavioral surveys <input type="checkbox"/> interviews with key informants

Example: Survey of goals for school/community initiative to prevent adolescent pregnancy

PROPOSED GOAL	IMPORTANCE (How much impact it will have on the problem?)					FEASIBILITY (chances of accomplishing the goal? Barriers?)				
	Unimportant		Very important			Not feasible		Very feasible		
Distribute written materials to schools concerning the problem of teen pregnancy.	1	2	3	4	5	1	2	3	4	5
Provide support group training for youth.	1	2	3	4	5	1	2	3	4	5
Train teachers involved in drama clubs, journalism clubs, and other clubs to begin youth presentations and support group activities about teen sexuality.	1	2	3	4	5	1	2	3	4	5

Example: Satisfaction

	Very dissatisfied	Somewhat dissatisfied	Somewhat satisfied	Satisfied	Very satisfied
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Example: Behavioral survey

How often have you smoked electronic cigarettes in the last 30 days?

- Never
- One to three times
- Once a week
- More than three times a week
- At least once a day

How often have you had sexual intercourse without using some method of birth control in the last 30 days?

- I used birth control every time I had sexual intercourse
- I sometimes used birth control
- I usually didn't use birth control
- I never used birth control
- I am not sexually active

Example: Behavioral survey

How many cigarettes have you smoked during the past 30 days?

- None
- Less than one cigarette per day
- One to five cigarettes per day
- About one-half pack per day
- About one pack per day
- About one and one-half packs per day
- Two packs or more per day

Yesterday I ate:

- ___ Three to five servings of fruits and vegetables
- ___ One to three servings of fruits and vegetables
- ___ No fruits and vegetables