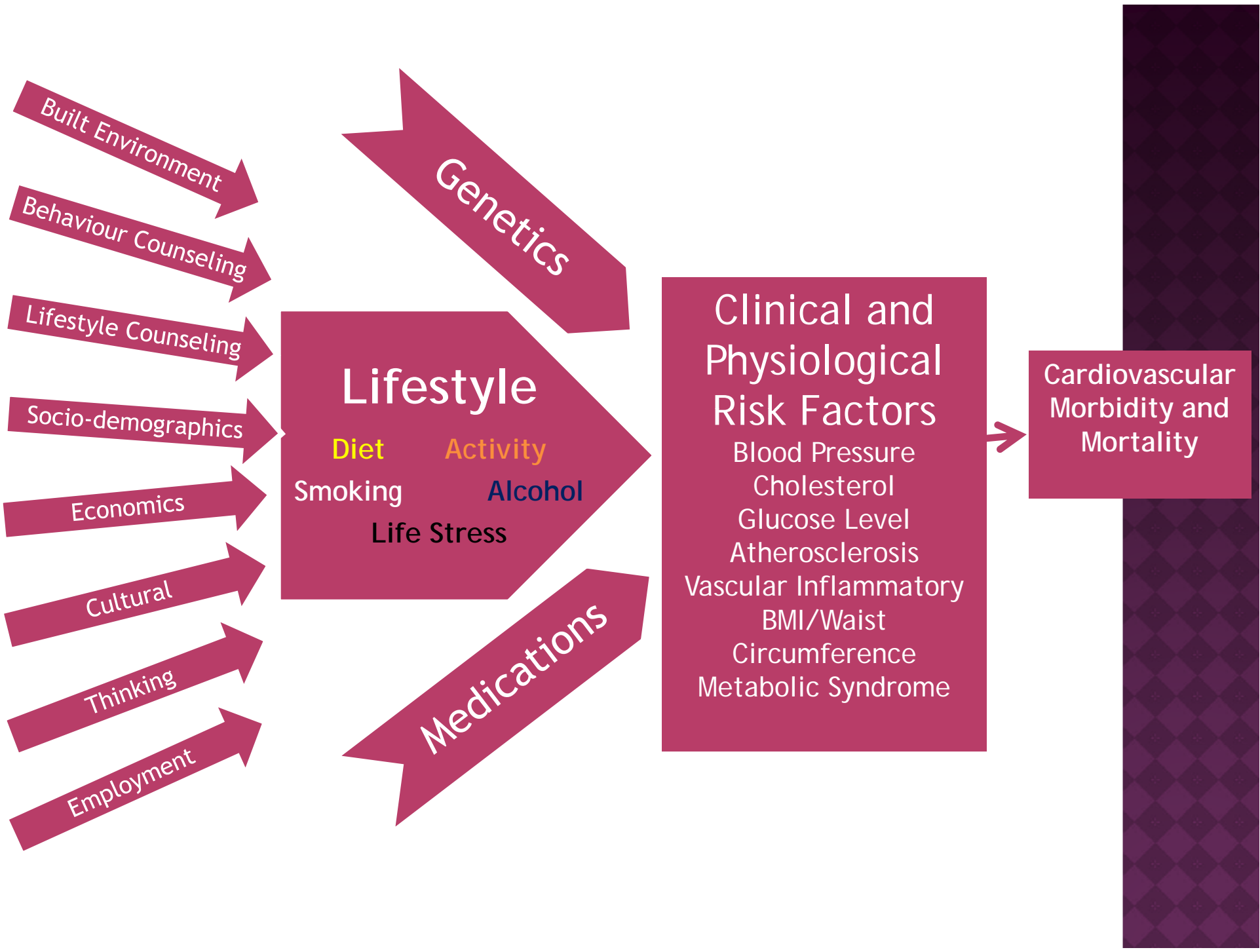


CRITERION VALIDITY AND POPULATION NORMS FOR THE SHORT LIFESTYLE INDICATOR QUESTIONNAIRE IN THE ELDERLY

Marshall Godwin
Cheri Bethune
Allison Kirby



Built Environment

Behaviour Counseling

Lifestyle Counseling

Socio-demographics

Economics

Cultural

Thinking

Employment

Genetics

Medications

Lifestyle

Diet

Activity

Smoking

Alcohol

Life Stress

Clinical and Physiological Risk Factors

Blood Pressure

Cholesterol

Glucose Level

Atherosclerosis

Vascular Inflammatory

BMI/Waist

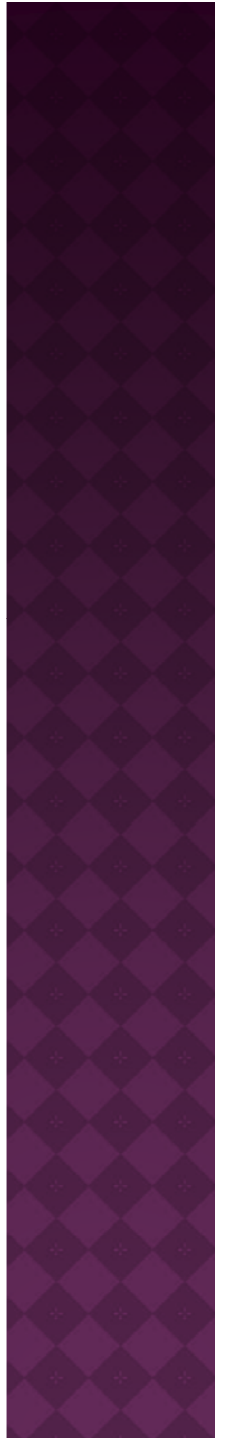
Circumference

Metabolic Syndrome

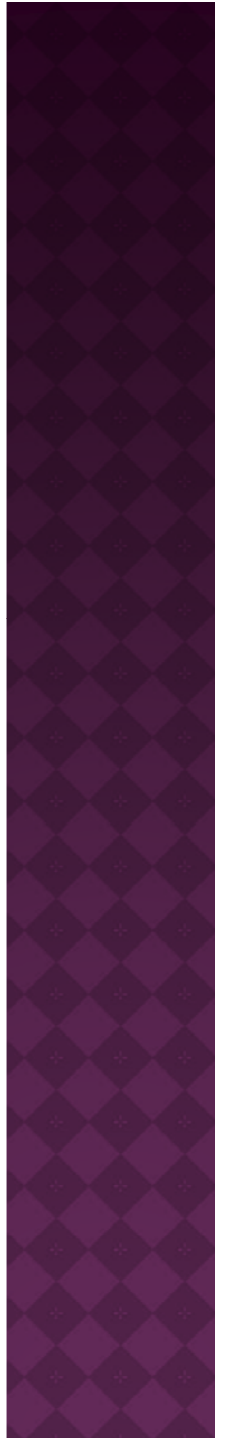
Cardiovascular Morbidity and Mortality

BACKGROUND

- ◉ Initial Development
- ◉ Initial Reliability and Validity Testing
 - Face and Content Validity
 - ◉ Patients, staff, nutritionists, family physicians
 - Test-Retest reliability
 - ◉ 0.63-0.97
 - Scoring Template Validity
 - ◉ Nurse, Family Physician, Nutritionist
 - ◉ Overall 0.77 correlation with allocation of unhealthy, moderately healthy, healthy



Godwin M, Streight S, Dyachuk E, van den Hooven EC,
Ploemacher J, Seguin R, Cuthbertson S. Testing the Simple
Lifestyle Indicator Questionnaire (SLIQ) Initial Psychometric Study.
Canadian Family Physician. 2008;54:76-77



DOES THE SLIQ MEASURE LIFESTYLE?... CRITERION VALIDITY

◎ Concurrent Validity

- How well does the three diet questions correlate with a more extensive assessment of diet?
- How well does the three alcohol questions correlate with a more extensive assessment of alcohol consumption?
- How well does the three exercise questions correlate with measurement of activity using a pedometer.
- How well does the stress question correlate with a more detailed assessment of stress?
- Expectation ... correlation > 0.6

DOES THE SLIQ MEASURE LIFESTYLE?... CRITERION VALIDITY

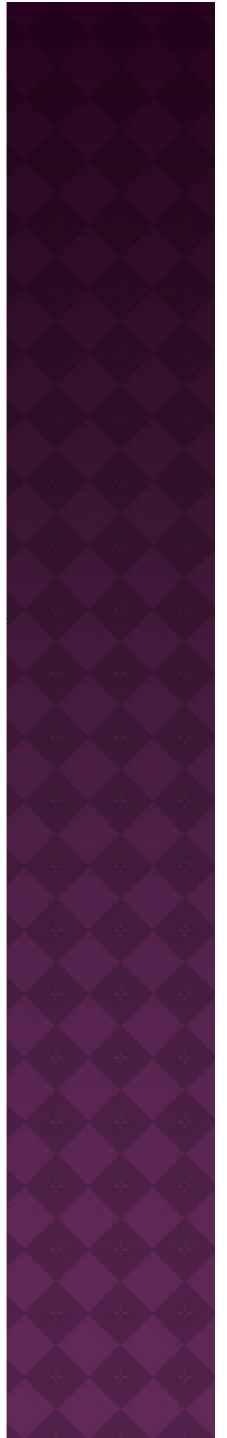
◉ Convergent Validity

- What is the correlation between the SLIQ and the SF36?
- Expectation correlation 0.25 - 0.6



WHAT IS A 'NORMAL' SCORE ON THE SLIQ

- Development of population norms
 - General population
 - Patients
 - Fitness sorts
 - Young people
 - Old people



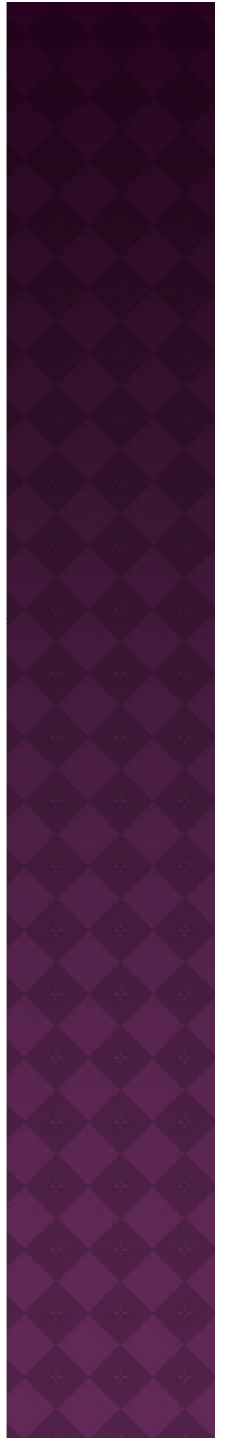
OBJECTIVE 1: ASSESSING CRITERION VALIDITY

○ Patient Enrolment

- Three family medicine clinics in St. John's
- List of 300 patients 50 years of age and older
- 100 from each of age 50-64; 65-79; and 80+
- a letter, on clinic letterhead and signed by their physician, describing study
- Telephone number to contact RA
- RA meets with patient
 - SLIQ, DHQ, SRRS, SF36
 - Demographics (age, sex, education, income, marital status, weight and height)
- Pedometer to wear for three days.

OBJECTIVE 2: DETERMINING POPULATION NORMS

- General population
 - Mall surveys
- Primary Care Population
 - Family Physician Clinics
- Gym Users and Trail Walkers



Simple Lifestyle Indicator Questionnaire

Diet: To answer these questions, think about your eating habits in the past year. Indicate how often you eat the following foods. Please include all meals, snacks and eating out

1. Lettuce or green leafy salad, with or without other vegetables

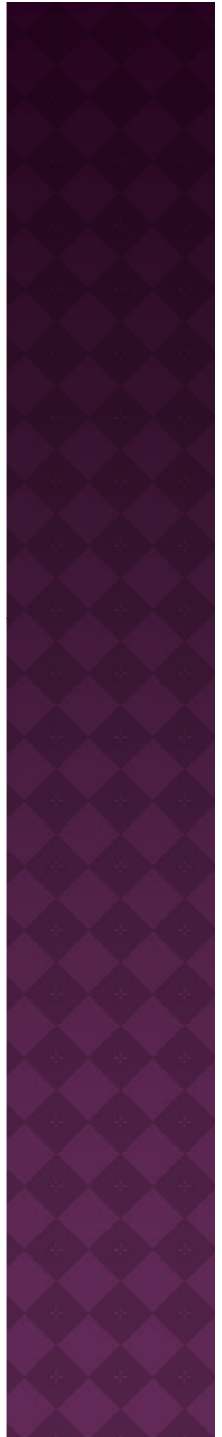
less than 1/week 1/week 2-3x/week 4-6x/week once/day 2+/day

2. Fruit: include fresh, canned or frozen, but do not include juices

less than 1/week 1/week 2-3x/week 4-6x/week once/day 2+/day

3. High fiber cereals or whole grain breads: this includes cereal such as Raisin bran, Fruit and Fiber, cooked oatmeal, and breads which are whole wheat, multigrain, rye or pumpernickel

less than 1/week 1/week 2-3x/week 4-6x/week once/day 2+/day



Exercise: To answer the following questions please indicate how many times per week you take part in the following activities for a duration of at least 30 minutes or more at a time:

I. Light exercise, such as:

- light gardening and light housework (dusting, sweeping, vacuuming)
- leisurely walking (walking your dog)
- bowling, fishing, carpentry, playing a musical instrument
- volunteer work

0/week 1-3x/week 4-7x/week 8 and more/week

II. Moderate exercise, for example:

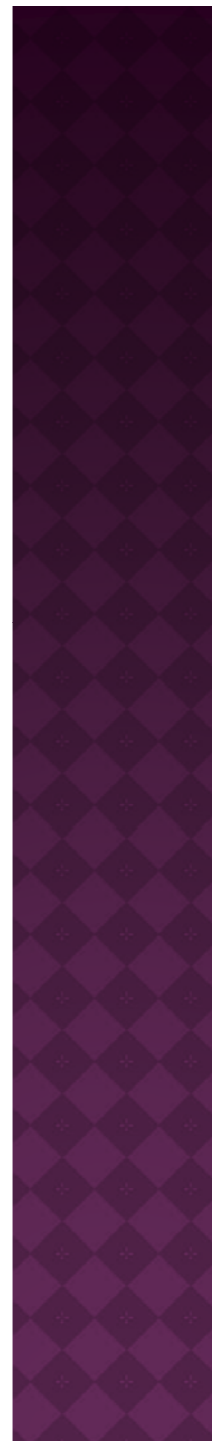
- brisk walk
- bicycling, skating, swimming, curling
- gardening (raking, weeding, spading)
- dancing, Tai Chi or moderate exercise classes

0/week 1-3x/week 4-7x/week 8 and more/week

III. Vigorous exercise, for example:

- running, bicycling, x-country skiing, lap swimming, aerobics
- heavy yard work
- weight training
- soccer, basketball or other league sports

0/week 1-3x/week 4-7x/week 8 and more/week



Alcohol: Please indicate how many drinks of the following types of alcohol you consume in an average week:

- ✓ Wine: _____ drinks (3-5 oz.)
- ✓ Beer: _____ drinks (10-12 oz or 1 bottle)
- ✓ Spirits: _____ drinks (1-1 ½ oz.)

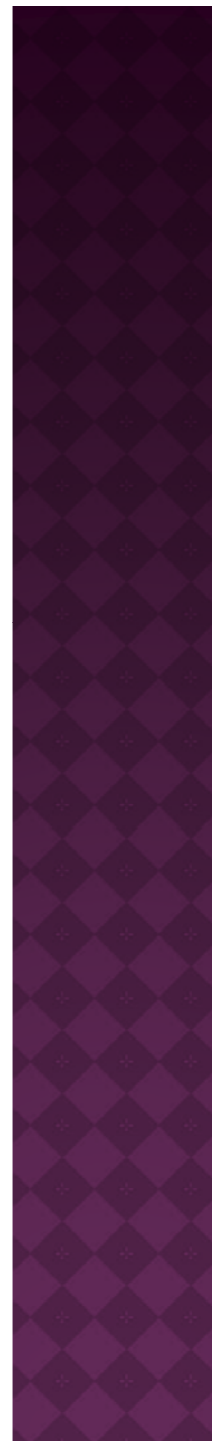
Smoking: Please indicate your smoking habits below:

Are you a smoker? Yes No

If yes, how long have you been smoking? _____ years

If no, did you ever smoke? Yes No

If yes, how many years ago did you quit? _____ years

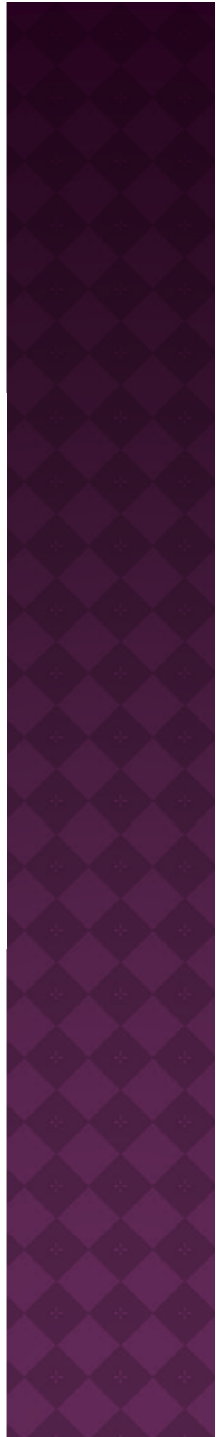


Life Stress: To answer this question please circle the number which you feel best corresponds to the level of stress in your everyday life

1 2 3 4 5 6

Not at all stressful

Very stressful



Diet:

1. Lettuce or green leafy salad, with or without other vegetables

less than 1/week 1/week 2-3x/week 4-6x/week once/day 2+/day
0 **1** **2** **3** **4** **5**

2. Fruit: include fresh, canned or frozen, but do not include juices

less than 1/week 1/week 2-3x/week 4-6x/week once/day 2+/day
0 **1** **2** **3** **4** **5**

3. High fiber cereals or whole grain breads: this includes cereal such as Raisin bran, Fruit and Fiber, cooked oatmeal and breads which are whole wheat, rye or pumpernickel

less than 1/week 1/week 2-3x/week 4-6x/week once/day 2+/day
0 **1** **2** **3** **4** **5**

DietRawScore = _____
Q1+Q2+Q3

DietCategoryScore = _____
0 If DietScore 0-5
1 If DietScore 6-10
2 If DietScore 11-15

Exercise:

<p>1. <u>Light exercise</u>, such as:</p> <ul style="list-style-type: none"> • light gardening and light housework (dusting, sweeping, vacuuming) • leisurely walking (walking your dog) • bowling, fishing, carpentry, playing a musical instrument • volunteer work <p style="text-align: center;"> <input type="checkbox"/> 0/week <input type="checkbox"/> 1-3x/week <input type="checkbox"/> 4-7x/week <input type="checkbox"/> 8 and more/week 0 2 3 4 </p>	<p>ActivityRawScore = $\frac{\quad}{Q1+Q2+Q3}$</p>
<p>2. <u>Moderate exercise</u>, for example:</p> <ul style="list-style-type: none"> • brisk walk • bicycling, skating, swimming, curling • gardening (raking, weeding, spading) • dancing, Tai Chi or moderate exercise classes <p style="text-align: center;"> <input type="checkbox"/> 0/week <input type="checkbox"/> 1-3x/week <input type="checkbox"/> 4-7x/week <input type="checkbox"/> 8 and more/week 0 4 6 8 </p>	<p>ActivityCategoryScore = <u> </u></p> <p>0 If Light Exercise Only 1 If Any Moderate Activity 2 If Any Vigorous Activity</p>
<p>3. <u>Vigorous exercise</u>, for example:</p> <ul style="list-style-type: none"> • running, bicycling, x-country skiing, lap swimming, aerobics • heavy yard work • weight training • soccer, basketball or other league sports <p style="text-align: center;"> <input type="checkbox"/> 0/week <input type="checkbox"/> 1-3x/week <input type="checkbox"/> 4-7x/week <input type="checkbox"/> 8 and more/week 0 6 9 12 </p>	

Alcohol: (per week)

- ✓ Wine: _____ drinks (3-5 oz.)
- ✓ Beer: _____ drinks (10-12 oz or 1 bottle)
- ✓ Spirits: _____ drinks (1-1 ½ oz.)

AlcoholRawScore _____
Wine + Beer + Spirits

AlcoholCategoryScore _____

0 If Alcohol Score 14 or more
1 If Alcohol Score 8-13
2 If Alcohol Score 0-7

Smoking:

Are you a smoker?

Yes No

0

If no, did you ever smoke?

Yes No

1

2

SmokingRawScore _____
(0,1, or 2)

SmokingCategory Score _____
(Same as Smoking Score)

Life Stress:



Not at all stressful

Very stressful

StressRawScore = _____
As indicated on Line

StressCategoryScore _____

0 If Life Stress 1 or 2

1 If Life Stress 3 or 4

2 If Life Stress 5 or 6

SLIQScore = DietCategory + ActivityCategory + AlcoholCategory + SmokingCategory + StressCategory