

Living Well with Chronic Conditions

Participant Information

(to be completed by participants at the end of their first session)

Thank you for completing this form. We do not need your name!
This information will help us evaluate and expand the program in Oregon.

1. What COUNTY do you live in? _____

2. Gender ___ Male ___ Female

3. What is your age? _____ years

4. What chronic condition(s) do you have? (*check all that apply*)

- | | | | |
|---|---------------------------------------|--|---|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Chronic Lung | <input type="checkbox"/> Diabetes | <input type="checkbox"/> High Blood |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Disease/COPD | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Pressure |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Depression | <input type="checkbox"/> | <input type="checkbox"/> Stroke |

___ Other – please list _____

___ None – here to support family or friend

5. What is your race/ethnicity? (*check all that apply*)

- | | |
|---|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> White | <input type="checkbox"/> Other – please list _____ |

6. Do you have any kind health insurance (including HMOs, Medicare, or Oregon Health Plan)? ___ Yes ___ No

7. Is this your first time attending this workshop? ___ Yes ___ No

8. How did you hear about this workshop?

- | | |
|---|--|
| <input type="checkbox"/> Through a doctor or nurse's office | <input type="checkbox"/> From a poster |
| <input type="checkbox"/> From an announcement at work | <input type="checkbox"/> From a friend |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Other: _____ |

Thank you for taking the time to fill out this survey!

Updated 5/06