



Living Healthy Participant Information Form



Name:	Mailing Address:
	County:
Telephone:	Date of Birth: ____/____/____
(2) I am: <input type="checkbox"/> Female <input type="checkbox"/> Male	(3) I live: <input type="checkbox"/> Alone <input type="checkbox"/> Not alone
(4) I am: <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never Married <input type="checkbox"/> Partnered (living with someone)	
(5) I am: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian (country of origin) _____ <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Filipino) <input type="checkbox"/> White / Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other (country of origin) _____	(6) What level of education did you complete? <input type="checkbox"/> Less than high school <input type="checkbox"/> Some high school <input type="checkbox"/> High school graduate <input type="checkbox"/> Some college or vocational school <input type="checkbox"/> College graduate <input type="checkbox"/> Graduate school

(7) What is your yearly household income:

- Less than \$15,000
- \$15,000 - \$24,999
- \$25,000 - \$49,999
- \$50,000 - \$75,000
- More than \$75,000

(8) Do you have health insurance?

- Yes
- No

If yes, what is your health insurance?

- Medicare
- Medicaid
- Veterans
- Private
- Other

(9) I speak a language other than English at home:

- Yes
- No

If yes, what language? _____

(10) I sometimes have difficulty speaking English:

- Yes
- No

(11) I sometimes have difficulty understanding (not hearing) English:

- Yes
- No

(12) If you have one or more chronic conditions, check all that apply:

- Arthritis/rheumatic disease
- Cancer
- Osteoporosis
- Lung Disease (Asthma, COPD, emphysema)
- Depression
- Diabetes
- Other chronic condition - please specify _____
- Heart disease
- Hypertension (high blood pressure)

(13) How did you hear about this class?

- Church / Faith based group
- Newspaper
- Friend/Family member
- Flyer
- Senior center announcement
- Healthcare provider
- Other _____

(14) In general, would you say your health is: (check one)

- Excellent
- Very Good
- Good
- Fair
- Poor

(Participant completes at session 1 or session 2)

(16) During the past two weeks, how much: (check one)

Not at all Slightly Moderately Quite a bit Almost totally

Has your health interfered with your normal social activities with family, friends, neighbors or groups?

Has your health interfered with your hobbies or recreational activities?

Has your health interfered with your household chores?

Has your health interfered with your errands and shopping?