Michigan Partners on the PATH

Participant Information Form - Step 4

For All PATH Workshops

Please answer the following questions by filling in the circles all the way. Thank you for your time.

Mark like this ● Not like this ⊗ ✓

1. Has a health care provider ever told you that you have any of the these health conditions? (mark all that apply)

- O Alzheimers or related dementia
- O Arthritis (or related conditions)
- O Asthma
- O Cancer or Cancer Survivor
- O Chronic Kidney Disease
- O Chronic Pain
- O Depression or Anxiety Disorders
- O Diabetes
- O Emphysema or other lung disease
- O Eye Disease
- O Heart Disease
- O High Blood Pressure (Hypertension)
- O High Cholesterol
- O Lupus
- O Multiple Sclerosis
- O Osteoporosis (Low Bone Density)
- O Obesity
- O Serious Mental Illness
- O Stroke
- O Other (specify): _____
- O Care giver for person with health/disabling conditions
- O None (no chronic conditions)

2. What is your race? (mark all that apply)

- O American Indian or Alaska Native
- O Asian or Asian-American
- O Black or African American
- O Native Hawaiian or Pacific Islander
- O White or Caucasian
- O Unsure

3. Are you of Hispanic, Latino or Spanish Origin? O Yes O No O Unsure

4. What is your Zip Code? [ ][ ][ ][ ][ ]

5. What YEAR were you born? [1][9][ ][ ]

6. What is your sex? O Female O Male

7. Today, how many people live in your household (including you)? [ ][ ] *(number in household)*

8. Do you now have any health problem that requires you to use special equipment, such as a cane, wheelchair, special bed or special telephone? O Yes O No

9. Are you limited in any activities because of physical, mental or emotional problems? O Yes O No

10. Do you currently use any form of tobacco on most days? (like cigarettes, cigars/cigarillos, chewing tobacco, e-cigarettes, cloves/kreteks or a pipe) O Yes O No

11. What is the highest level of education you have completed? (mark one)

- O Less than high school
- O Some high school
- O High school graduate
- O Some college or vocational school
- O College graduate
- O Graduate school

12. What is your monthly household income?

- O Less than $1,000
- O $1,000 - $1,249
- O $1,250 - $1,599
- O $1,600 - $1,999
- O $2,000 - $2,999
- O More than $3,000

Please turn over to complete page 2.

13. Do you have health insurance?

O Yes O No

If Yes, what type of insurance do you have? (mark all that apply)

O Medicare O Medicaid O Veterans Benefits

O Private insurance: _____ O Other: _____

14. How did you hear about this workshop? (mark all that apply)

O A story or ad on radio, TV, or in newspaper
O A printed brochure, flyer or poster
O A friend, family member, coworker
O Someone who took the workshop before
O Someone who teaches this or other classes
O A doctor's office of any kind (specify): _____
O Community Health Worker/Patient Navigator
O A website
O Church
O Senior Center
O The building where I live
O Other (specify): _____

If you are in a DIABETES PATH workshop, please answer these questions. This information will stay private.

15. What kind of diabetes do you have?

O Prediabetes O Type 1 diabetes O Type 2 diabetes O I don't have diabetes O I don't know

16. When did your doctor tell you that you have diabetes or prediabetes?

O Less than one year ago O Less than two years ago O Less than three years ago
O Less than four years ago O Four or more years ago O I don't know/I don't remember

17. In the last year, about how many times has a doctor or nurse checked your feet?

O Write the number of times: _____ O Never O Don't know or not sure

18. Have you ever taken a course or class in how to manage your diabetes yourself?

O Yes O No O I don't know/Not sure

19. Do you speak a language other than English at home?

O Yes O No

If yes, what is that language?

O Spanish O Korean
O Chinese O Other language (tell us): _____

Thank you!

For Office Use

Course ID#	Location ID#	Start Date of Workshop (Month / Day / Year)	Participant ID#
		/ /	

Workshop Location: _____