

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.

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1. Has a health care provider ever told y	you that you have any of	the these health	h 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 Eye Disease O Heart Disease O High Blood Pressure (Hypertension) O High Cholesterol O Lupus	O Obesity O Serious Men O Stroke O Other (specif	
O Depression or Anxiety Disorders O Diabetes O Emphysema or other lung disease	O Multiple Sclerosis O Osteoporosis (Low Bone Density)		or person with ling conditions ronic conditions)
2. What is your race? (mark all that apply) O American Indian or Alaska Native O O Asian or Asian-American O			/hite or Caucasian nsure
3. Are you of Hispanic, Latino or Spani	sh Origin? O Yes	O No O Unsu	re
4. What is your Zip Code? 5. What	YEAR were you born? 1 9	6. What is yo	our sex? O Male
7. Today, how many people live in your	household (including yo	u)?	(number in household)
8. Do you now have any health problem equipment, such as a cane, wheelchai	O Yes O No		
9. Are you limited in any activities becare emotional problems?	use of physical, mental o	r	O Yes O No
10. Do you currently use any form of to (like cigarettes, cigars/cigarillos, chewing to	•	kreteks or a pipe)	O Yes O No
11. What is the highest level of education	you have completed? (n	nark one)	
O Less than high school O Some college or vocational school	O Some high school O College graduate	O High scho	_
12. What is your monthly household inco		•	
O Less than \$1,000	• • •		



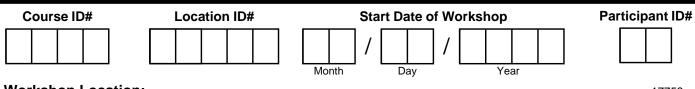


Michigan Partners on the PATH Participant Information Form (Page 2) If Yes, what type of insurance do you have? (mark all that apply) 13. Do you have health insurance? O Medicare O Veterans Benefits O Medicaid O Yes O_{No} O Private insurance: O Other: 14. How did you hear about this workshop? (mark all that apply) O A story or ad on radio, TV, or in newspaper O Community Health Worker/Patient Navigator O A printed brochure, flyer or poster O A website O Church O A friend, family member, coworker O Someone who took the workshop before O Senior Center O Someone who teaches this or other classes. O The building where I live O A doctor's office of any kind (specify): 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 four years ago	O Less than two year	J	O Less than three 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 O Spanish O Chinese	O Korea	0 0		
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Thank you!

For Office Use



Workshop Location:

