



Healthy U

Participant Information Survey

WORKSHOP LEADER ONLY – PARTICIPANTS ATTENDANCE					
1	2	3	4	5	6

Please answer the following brief survey questions. This information will help us to demonstrate how this program is serving people who will benefit the most. Your responses are extremely helpful.

This survey asks for basic information about you. Your form will be kept confidential with Healthy U program staff. Your responses will not affect any services or programs you are getting. If you have any questions about what is being asked, please ask your Group Leader.

Instructions:

Please use a pen to answer the questions on both sides of this form. Please print clearly. Mark your choice within the box, like this:

Name/nickname: _____

1. What is your age range and year of birth?

Under 30	_____	Year of birth:	_____
30-39	_____	Year of birth:	_____
40-49	_____	Year of birth:	_____
50-59	_____	Year of birth:	_____
60-69	_____	Year of birth:	_____
70 +	_____	Year of birth:	_____

2. What is your gender?

- Female
 Male

3. Are you of Hispanic, Latino, or Spanish origin?

- Yes
 No
 Unknown

4. What is your race? (Mark all that apply.)

- American Indian or Alaska Native
- Asian or Asian-American
- Black or African-American
- Hawaiian Native or Pacific Islander
- White or Caucasian
- Other: _____

5. Has a health care provider ever told you that you have any of the following chronic conditions? (Please mark all that apply.)

- Arthritis/ Rheumatic Disease
- Breathing/ Lung Disease (e.g., asthma, emphysema, bronchitis)
- Cancer
- Depression or Anxiety Disorders
- Diabetes
- Heart Disease
- Hypertension (high blood pressure)
- Stroke
- Osteoporosis (low bone density)
- Other Chronic Condition: _____
- None (no chronic conditions)

6. What is your Zip Code? _____

7. How many people live in your household including yourself? _____
Number

8. Have you ever taken a Stanford chronic disease self-management workshop before?

- Yes
- No
- Unsure

Thank you!