

Lupus Optimal Health Support Group Member

Intake Form

(your answers will be confidential)

Date:

Age	<1	1-5	6-10	11-14	15-19	20-24	25-34	35-44	45-54	55-64	65-75	>75	Total
Sex	M												
	F												

For Sections IV – IX, Report NEW Persons ONLY

IV. Race/Ethnicity	Clients	Caregivers	VI. Household Income (Lupus Clients ONLY)					
African American			Number of Persons in House hold		<\$9,999	\$10,000-\$14,999	\$15,000-\$24,999	>\$25,000
Asian				1				
Cambodian				2				
Hmong				3				
Laotian				4				
Vietnamese				5+				
Hispanic/Latino								
Mexican American								
Puerto Rican				VII. Last interaction with Health care System			VIII. Service Most Often Used	
Cuban				Less than 3 months			Emergency Room	
Other Hispanic/Latino				3-6 months			Family Physician	
White/Non Hispanic				6 months-1year			Health Center/Clinic	
Native American				1 Year or more			Traditional Healer	

V. Insurance (Lupus Clients ONLY)	IX. Why are you interested in a Support Group?		
Private		Diagnosed with Lupus	Spouse has Lupus
Public (Medicare/Medicaid)		Friend has Lupus	Other:
Uninsured			

Survey Questions

City/region in which the group meets:

Have you been diagnosed with Lupus? Yes No

Have you been diagnosed with a disease other than Lupus that has symptoms similar to Lupus? Yes No

If yes, what disease have you been diagnosed with?

When were you diagnosed?

(If you answered no to the last two questions, please skip to SECTION II)

Have you belonged to a lupus group before? Yes No

If yes, was it: This group Another group

About how long did you attend?

Where did you hear about this Lupus Support Group?

Newspaper Radio Church TV Health Fair Other

Where does your group meet?

Religious/spiritual building Hospital Community Center School Library Another location

SECTION I (FOR LUPUS PATIENTS)

1) Please indicate your level of agreement with the following statements:

It is important for me to learn

How to manage daily responsibilities during flare-ups.

1 Disagree 2 Slightly Disagree 3 Slightly Agree 4 Agree

How to manage the physical symptoms of flare-ups.

1 Disagree 2 Slightly Disagree 3 Slightly Agree 4 Agree

How to cope with stress.

1 Disagree 2 Slightly Disagree 3 Slightly Agree 4 Agree

About the concerns of my friends and family related to my lupus.

1 Disagree 2 Slightly Disagree 3 Slightly Agree 4 Agree

How to come to terms with being diagnosed with lupus.

1 Disagree 2 Slightly Disagree 3 Slightly Agree 4 Agree

How to manage symptoms of lupus.

1 Disagree 2 Slightly Disagree 3 Slightly Agree 4 Agree

About lupus education.

1 Disagree 2 Slightly Disagree 3 Slightly Agree 4 Agree

2) What else would you like to get from your lupus support group experience?

SECTION II (FOR FAMILY OR FRIENDS OF LUPUS PATIENTS)

3) Please indicate your level of agreement with the following statements:

It is important for me to be able to help my family member/friend learn:

How to manage daily responsibilities during flare-ups.

1 Disagree 2 Slightly Disagree 3 Slightly Agree 4 Agree

How to manage the physical symptoms of flare-ups.

1 Disagree 2 Slightly Disagree 3 Slightly Agree 4 Agree

How to cope with stress.

1 Disagree 2 Slightly Disagree 3 Slightly Agree 4 Agree

How to come to terms with being diagnosed with lupus.

1 Disagree 2 Slightly Disagree 3 Slightly Agree 4 Agree

How to manage symptoms of lupus.

1 Disagree 2 Slightly Disagree 3 Slightly Agree 4 Agree

About lupus education.

1 Disagree 2 Slightly Disagree 3 Slightly Agree 4 Agree

4) What else would you like to get from your lupus support group experience?