

Living Well with Chronic Conditions/ Living well with Diabetes

or other programs in Stanford suite

Participant Information Survey

Participant I.D. (first two letters of your first name, first two letters of your last name, last two numbers of your birth year): _ _ _ _ _

1. How old are you today? _____ years
2. Are you: Male or Female?
3. Are you of Hispanic, Latino, or Spanish origin?
 Yes No
4. What is your race? Mark all that apply.
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or other Pacific Islander
 - White
5. Has a health care provider ever told you that you have any of the following chronic conditions? (Please mark all that apply.)

<input type="radio"/> Arthritis/Rheumatic Disease	<input type="radio"/> Hypertension (High Blood Pressure)
<input type="radio"/> Asthma/Emphysema/Other Chronic Breathing or Lung Problem	<input type="radio"/> Kidney Disease
<input type="radio"/> Cancer or Cancer Survivor	<input type="radio"/> Osteoporosis (Low Bone Density)
<input type="radio"/> Chronic Pain	<input type="radio"/> Obesity
<input type="radio"/> Depression or Anxiety Disorders	<input type="radio"/> Schizophrenia or Other Psychotic Disorder
<input type="radio"/> Diabetes (High Blood Sugar)	<input type="radio"/> Stroke
<input type="radio"/> Heart Disease	<input type="radio"/> Other Chronic Condition
<input type="radio"/> High Cholesterol	<input type="radio"/> None (No Chronic Conditions)

6. During the past year, did you provide regular care or assistance to a friend or family member who has a long-term health problem or disability?
 Yes No

Please turn over



