Please turn over

## 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: O Male or O Female?					
3.	Are you of Hispanic, Latino, or Spanish origin? O Yes O No					
4.	What is your race? Mark all that apply.					
	<ul> <li>O American Indian or Alaska Native</li> <li>O Asian</li> <li>O Black or African American</li> <li>O Native Hawaiian or other Pacific Islander</li> <li>O White</li> </ul>					
5. Has a health care provider ever told you that you have any of the following ch conditions? (Please mark all that apply.)						
	O Arthritis/Rheumatic Disease	O Hypertension (High Blood Pressure)				
	O Asthma/Emphysema/Other Chronic Breathing or Lung Problem	O Kidney Disease				
	O Cancer or Cancer Survivor	O Osteoporosis (Low Bone Density)				
	O Chronic Pain	O Obesity				
	O Depression or Anxiety Disorders	O Schizophrenia or Other Psychotic Disorder				
	O Diabetes (High Blood Sugar)	O Stroke				
•	O Heart Disease	O Other Chronic Condition				
	O High Cholesterol	O None (No Chronic Conditions)				
6.	<ul><li>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?</li><li>O Yes</li><li>O No</li></ul>					
	O 169 O INO					

7.	Are you deaf o O Yes	r do you have seriou O No	s difficulty hearing?				
8.	<ul> <li>Are you blind or do you have serious difficulty seeing even with glasses?</li> <li>O Yes</li> <li>O No</li> </ul>						
9.	-	ohysical, mental, or e bing stairs, dressing or shopping? O No		•	-		
10	. Do you live ald	one? O Yes	O No				
	O Some O High s O Some O Colleg	ghest grade or year of elementary, middle, school graduate or G e college or technical ge 4 years or more ld you say that your h	or high school ED school	leted?			
	Excellent	O Very good	O Good	O Fair	O Poor		
_	Yes C	or other health care position of the position		t you take this pr	rogram?		

Please circle the number that best matches how confident you are feeling.

14. After taking this workshop, I am more confident that I can manage my chronic condition(s).

Totally Not at all confident confident