

**Living Well Alaska: Better Choices, Better Health**

**Workshop Participant Form**

Participant # \_\_\_\_\_

1. Where is this Workshop being held? \_\_\_\_\_

2. Were you referred or recommended to this workshop by any of the following? *Check all that apply.*  
 healthcare provider  healthcare worker  healthcare agency  social services provider/agency  
 other: \_\_\_\_\_

3. Are you (*circle one*): **Female** **Male**      4. How old are you? \_\_\_\_\_ *Age in years*

5. Race/Ethnicity: *Check all that apply.*

- White/Caucasian**                       **Asian**                       **Other:** \_\_\_\_\_
- Black/African American**                       **Pacific Islander**
- Alaska Native/American Indian**                       **Hispanic/Latino**

6. Education: *Please check the highest level of education you have completed.*

- Less than high school**                       **Some college or vocational school**
- Some high school**                       **College graduate**
- High school graduate**                       **Graduate school**

7. What type of health insurance or health benefit program do you have? *Check all that apply.*

- None**                       **Private Insurance**                       **I.H.S.**
- Medicare**                       **Veterans Administration**
- Medicaid**                       **Other (specify):** \_\_\_\_\_

8. Have you ever been told by a doctor that you have? *Circle ALL that apply.*

- a) **Arthritis**                      f) **Hypertension**                      l) **Heart Disease**
- b) **Cancer**                      g) **Lung Disease (e.g. asthma, bronchitis, emphysema)**
- c) **Depression/Anxiety**                      h) **Stroke**                      m) **None**
- d) **Diabetes**                      j) **Osteoporosis**
- k) **Another condition (please specify):** \_\_\_\_\_

9. In general, would you say your health is..... *Circle one response.*

- Good.....1**
- Fair.....2**
- Poor.....3**

10. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as cooking, bathing, household chores, exercise, work, or play?

\_\_\_\_\_ **Number of days**