

Date:

Location:

Class Session:

Instructors:

Code: _____

Background

1. Ethnic origin (*check ✓ only one*):

- | | |
|---|---|
| <input type="checkbox"/> White not Hispanic | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> Black not Hispanic | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> American Indian/Alaskan Native |
| | <input type="checkbox"/> Other: _____ |

2. Please circle the **highest** year of school completed:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23+
(primary) (high school) (college/university) (graduate school)

3. Are you currently (*check ✓ only one*):

- | | | |
|----------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> married | <input type="checkbox"/> separated | <input type="checkbox"/> widowed |
| <input type="checkbox"/> single | <input type="checkbox"/> divorced | |

4. Please indicate below which chronic condition(s) you have:

- | | | |
|---|-------------------------------------|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Asthma | <input type="checkbox"/> Emphysema or COPD |
| <input type="checkbox"/> Other lung disease | <i>Type of lung disease:</i> _____ | |
| <input type="checkbox"/> Heart disease | <i>Type of heart disease:</i> _____ | |
| <input type="checkbox"/> Arthritis or other rheumatic disease | <i>Specify type:</i> _____ | |
| <input type="checkbox"/> Cancer | <i>Type of cancer:</i> _____ | |
| <input type="checkbox"/> Other chronic condition | <i>Specify:</i> _____ | |

General Health

1. In general, would you say your knowledge about managing your chronic conditions is:

(Circle one)

- Excellent.....1
- Very good.....2
- Good.....3
- Fair.....4
- Poor.....5

2. In general, would you say your health is:

Very good.....2

- Poor.....3
- Good.....4
- Excellent.....5
- Fair.....6

(Circle one)

Symptoms

How much time during the **past month**...

None of the time	A little of the time	Some of the time	A good bit of the time	Most of the time	All of the time
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1. Were you discouraged by your

2. Were you fearful about your
future health?

3. Was your health a worry in your life?

4. Were you frustrated by your
health problems?

	0	1	2	3	4	5
	0	1	2	3	4	5
	0	1	2	3	4	5

